

# CINVANTI<sup>®</sup> (aprepitant) injectable emulsion

## Sample CMS-1450 (UB-04) Claim Form

### Form locator (FL) 42: Revenue code

Enter the appropriate revenue code corresponding to the HCPCS code in FL 44.

#### Examples:

- Revenue code 0631 is used for a single-source drug
- Revenue code 0636 is used for drugs that require detailed coding

### FL 43\*: Description

Enter the name of the product and the description of the administration service.

#### Example:

- CINVANTI (aprepitant), NDC 47426-0201-01 (single-dose vial) 130 mg IV

\* Requirements for coding may differ by payer.

### FL 44: HCPCS code

Enter the appropriate HCPCS and CPT codes.

#### Examples:

- J0185 (Injection, aprepitant, 1 mg)
- 96367 (intravenous infusion, for therapy, prophylaxis, or diagnosis; additional sequential infusion of a new drug/substance, up to 1 hour)
- 96375 (Therapeutic, prophylactic or diagnostic IV push, new substance/drug)

Other administration codes may be applicable.

### Please use the appropriate HCPCS Modifier

Effective July 1, 2023, providers are **required** to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable **when there are no discarded amounts**. The modifier may be used as of January 1, 2023, however, after July 1, 2023 use of the modifier is required.

### FL 46: Service units

Enter the appropriate number of billing units.

#### Example:

- Enter 130 for a single-dose vial containing 130 mg/18 mL aprepitant injectable emulsion

**Please ensure that appropriate HCPCS modifier is used based on units administered**

#### Example:

- If 130 units are administered, the JZ modifier is required.

### FL 67: Diagnosis Code

Enter the appropriate ICD-10 diagnosis code.

#### Examples:

- R11.0 (nausea)
- R11.10 (vomiting, unspecified)
- R11.11 (vomiting without nausea)
- R11.12 (projectile vomiting)
- R11.13 (vomiting of fecal matter)
- R11.14 (bilious vomiting)

- R11.2 (nausea with vomiting, unspecified)
- T45.1X5\* (adverse effects of antineoplastic and immunosuppressive drugs)
- Z41.9\* (encounter for other procedures for purposes other than remedying health state)
- Z51.11\*† (encounter for antineoplastic chemotherapy)

\*Supplementary Classification Code

†Required when given within 48 hours of moderately or highly emetogenic chemotherapy

**This document is provided for your guidance only. Coding requirements may vary by payer; please consult the payer to determine which codes are required.**

Please contact Heron Connect at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 5 PM ET, Monday through Friday, to verify coding and claim information.