

SUSTOL[®] (granisetron) extended-release injection

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:

- SUSTOL 10 mg/0.4 mL
- NDC 47426-0101-06 (single-dose kit), 10 mg granisetron/0.4 mL

* Requirements for coding may differ by Payer.

FL 44: HCPCS code

Enter the appropriate HCPCS or CPT codes.

Examples:

- J1627 Injection, granisetron extended-release, 0.1 mg
- Procedural code 96372 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular)

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**. Providers may start using the modifier as of January 1, 2023, however, after July 1, 2023 use of the 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

FL 46: Service units

Enter the appropriate number of units.

Examples:

- Enter 100 units for one SUSTOL single-dose syringe, which contains 10 mg granisetron per 0.4 mL.

Please ensure the appropriate HCPCS modifier is used based on units administered.

For example:

- If 100 units are administered, the JZ modifier is required.

The image shows a sample CMS-1450 (UB-04) Claim Form. Red circles and lines highlight specific fields: FL 42 (Revenue code) in the top right, FL 43 (Description) in the middle section, FL 44 (HCPCS code) in the middle section, FL 67 (Diagnosis Code) in the bottom left, and FL 46 (Service units) in the bottom right. The form is marked with a large 'SAMPLE' watermark.

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.