ZYNRELEF®
(bupivacaine and meloxicam)
extended-release solution
29.25 mg/mL and 0.88 mg/mL

C9088 SAMPLE CLAIM FORM CMS-1500

ASC (Medicare) and Physician Office

CMS requires ASCs to submit a CMS-1500 claim form when billing a Medicare Administrative Contractor (MAC). Physician office billing requires the submission of the CMS-1500 claim form for all plans.

Complete the information needed to bill for the procedure. ***ZYNRELEF must be billed using a separate line.***

Field 24 (Shaded Area):
Include the required additional information (eg, product name and NDC).

Example:

- **For 400 mg/12 mg (14 mL) kit:** ZYNRELEF, 47426-0301-02
- **For 200 mg/6 mg (7 mL) kit:** ZYNRELEF, 47426-0303-01

Payer NDC requirements and placement may vary; confirm with payer or Heron Connect.

Field 24D:
Specify HCPCS Code for ZYNRELEF, **C9088**.

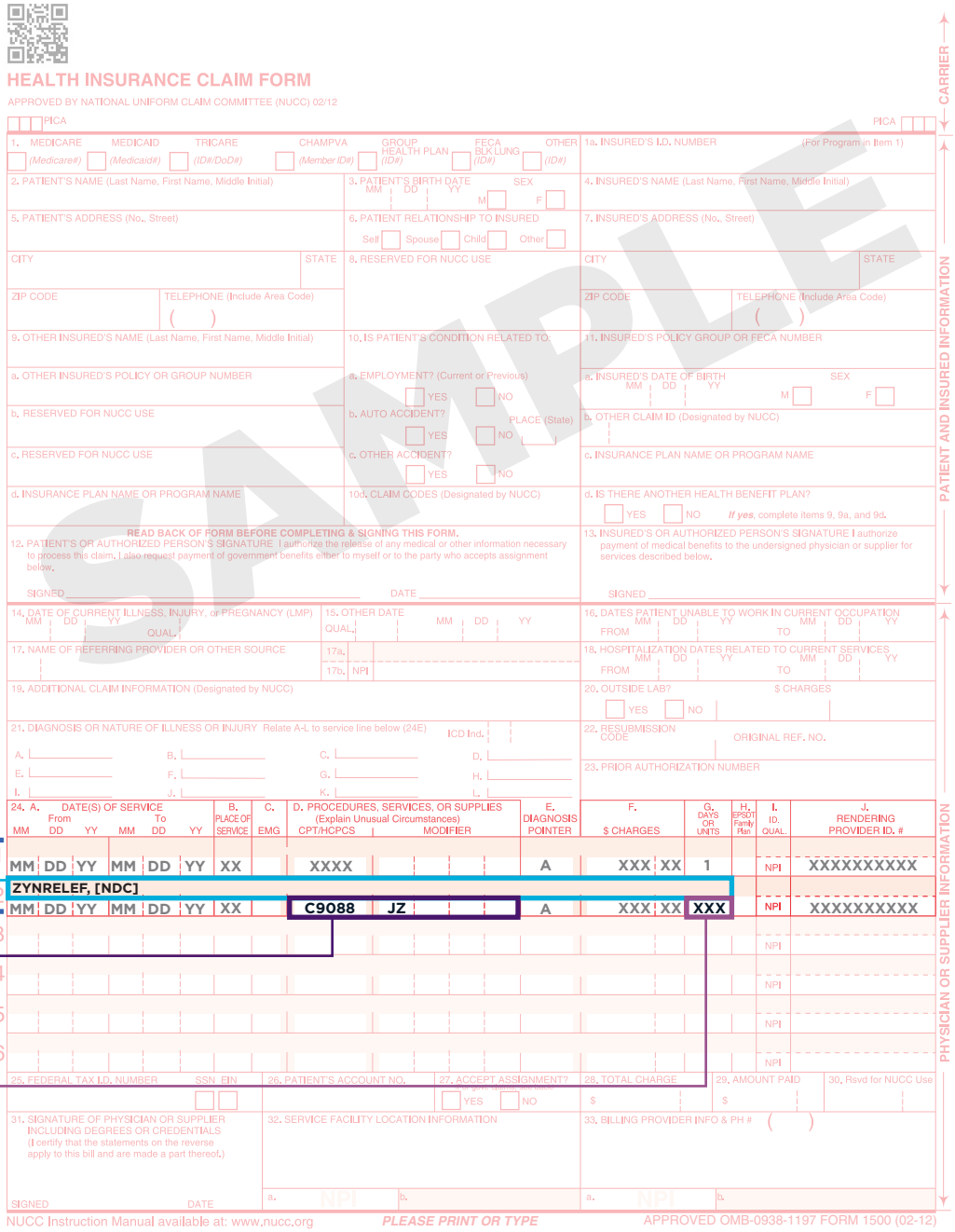
To indicate that the complete single-dose vial was administered, use the HCPCS modifier JZ.[a]

If a portion of the single-use vial was discarded, document it on a separate line using the HCPCS modifier JW.

Additional modifiers may be required, please confirm with commercial plans.

Field 24G:
Specify the number of units administered. **The billable unit for C9088 is 1 mg/0.03 mg.** For example, 400 mg/12 mg (14 mL) corresponds to 400 billable units.

[a]For dates of service on or after July 1, 2023, the JZ modifier is required on claims for single-dose containers when no amount was discarded.


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 MM DD YY	MM DD YY	XX		XXXX		A	XXX XX	1		NPI	XXXXXXXXXX
2 ZYNRELEF, [NDC]											
2 MM DD YY	MM DD YY	XX		C9088	JZ	A	XXX XX	XXX		NPI	XXXXXXXXXX
3										NPI	
4										NPI	
5										NPI	
6										NPI	

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

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.

For more information, visit **HeronConnect.com**

HERON CONNECT®

Please see full Prescribing Information, including Boxed Warning.

HERON THERAPEUTICS®

4242 CAMPUS POINT COURT, SUITE 200 • SAN DIEGO, CA 92121 • 858-251-4400