Akynzeo®

netupitant 235 mg/ palonosetron 0.25 mg injection | fosnetupitant 235 mg/ palonosetron 0.25 mg for injection

HELSINN Cares™

Sample CMS-1500 Claim Form

Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of documentation used in seeking coverage or reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

Field 21 – Diagnosis Code(s)

Enter the appropriate diagnosis codes.

Examples:

R11.2 Nausea with vomiting, unspecified
R11.0 Nausea
R11.10 Vomiting, unspecified
R11.11 Vomiting without nausea
R11.12 Projectile vomiting

Field 24D – Procedures, Services, or Supplies

Enter the appropriate HCPCS and CPT codes.

Examples:

- CPT code: 96367, intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
- HCPCS code: J1454, injection, fosnetupitant 235mg and palonosetron 0.25mg

Field 24G - Days or Units

Enter the appropriate number of units.

Example: Enter "1" for a single-dose vial of fosnetupitant 235 mg/palonosetron 0.25 mg

HEALTH INSURANCE CLAIM FORM

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

SAMPLE

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

Please see adjacent webpage for AKYNZEO Indication, Important Safety Information and the full US Prescribing Information.

For more information, call 1-84HELSINN-U (1-844-357-4668, select prompt 2).

HELSINN

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