

Hospital outpatient: sample CMS-1450 (UB-04) form

LEQVIO® and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 claim form for billing LEQVIO is provided below.¹

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, payment policies, and fee schedules.

1		2		3a PAT CNTL # 3b MED REC #		4 TYPE OF BILL																																	
5 FED. TAX. NO.				6 STATEMENT COVERS PERIOD FROM				7 THROUGH																															
8 PATIENT NAME				9 PATIENT ADDRESS				10																															
11 SEX		12 DATE		13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ADJ1		30 STATE	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44		45		46		47		48		49			
42 RE		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55		56		57		58		59		60			
0636		N400078100060ML15		J1306 JZ				284																															
0500		Outpatient clinic		96372				1																															
PAGE		OF		CREATION DATE		TOTALS																																	
50 PAYER NAME				51 HEALTH PLAN ID				52 BILL PERIOD				53 PRIOR PAYMENTS				54 EST AMOUNT DUE				55 NPI																			
58 INSURED'S NAME				59 FREL				60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.																							
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME																															
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 EQ		73		74		75		76 ATTENDING NPI		77		78		79		80		81		82		83		84		85		86					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE					
80 REMARKS		81 CC		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97					

Box 42

Enter the appropriate revenue code corresponding with the HCPCS code in Box 44 (eg, 0636 revenue code for drugs requiring detailed coding, and/or 0250 for general pharmacy). Then enter the appropriate revenue code corresponding with the CPT code in Box 44 (eg, 0500 for general outpatient services or 0510 for general clinic services).²

Box 43

Enter a detailed drug description for the payer. The N4 indicator is listed first, the T1-digit National Drug Code number is listed second, a code describing the unit of measurement qualifier is listed third (eg, mL for milliliters), and the unit quantity is listed at the end. Example N400078100060ML15

Box 44

Enter the appropriate HCPCS code J1306 for LEQVIO use as required by the payer.³ The HCPCS code must be accompanied by the JZ modifier, indicating zero drug wasted.* To report the administration procedure, enter an appropriate CPT code, 96372.⁴

Box 46

Include the appropriate number of billing units for LEQVIO: 284 mg=284 billing units.³ Some payers may refer to the actual quantity administered via Box 43.

Box 63

Treatment authorization codes

Box 66

Relevant diagnosis code(s) (ICD-10-CM).
NOTE: A list of ICD-10 codes can be found within the Billing and Coding Guide at [LEQVIO-access.com](https://www.access.com).

*Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.⁵

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist health care providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains, at all times, with the provider.

References: **1.** Centers for Medicare & Medicaid Services. Accessed November 7, 2023. <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450> **2.** Noridian Healthcare Solutions. Revenue Codes. Accessed November 7, 2023. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> **3.** Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed November 7, 2023. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf> **4.** Codify by AAPC. CPT® 96372. Accessed November 7, 2023. <https://codier.aapc.com/cpt-codes/96372> **5.** Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed November 7, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

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