Niktimvo™ (axatilimab-csfr) Example CMS-1.450 Claim Form

Hospital Outpatient Setting

This example form is provided for guidance and reference only.

Niktimvo and the associated services provided in a hospital outpatient setting are billed on the CMS-1450 Claim Form or its electronic equivalent. An example CMS-1450 Claim Form for billing Niktimvo is provided below. It is always the provider's responsibility to determine the appropriate healthcare setting, and to submit true and correct claims for the products and services rendered. Incyte cannot guarantee payment of any claim and providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.

Box 42

List the appropriate revenue code for each service provided

Drugs that are billed with HCPCS codes usually require revenue code 0636 (drugs requiring detailed coding)

Box 43

For each item, enter the description of the revenue code used

Box 44

Enter the appropriate HCPCS, CPT[®], and modifier codes. For example:

- Drug C9399 (Unclassified Drugs or Biologicals)
- Administration 96413
- Modifier Discarded product should be reported on a separate line using the JW modifier

Include the JZ modifier if no amount of drug was discarded

Box 45

Enter the service date

Box 46

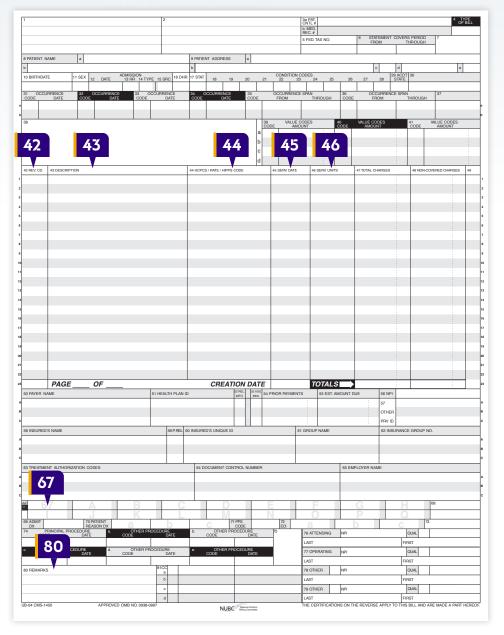
Enter the number of service units for each line item

Box 67

Enter the primary diagnosis code

Box 80

Payers require drug name, route of administration, NDC, and total dosage Check with your payer to verify specific requirements, including use of the 10-digit or 11-digit NDC



CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.



