

Niktimvo™ (axatilimab-csfr) Example CMS-1450 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 (UB-40). 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 billed with HCPCS codes usually require revenue code 0636 (drugs requiring detailed coding)

Box 43

Enter a description for each revenue code. Each unique NDC used should be listed as its own line item

If NDC reporting is required, include the following*: *N4+11-Digit NDC+ML+Unit Quantity (administered or discarded)*

Box 44

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

- ▶ Drug - J9038 (Injection, axatilimab-csfr, 0.1 mg)†
- ▶ Modifier - JW (Discarded product should be reported on a separate line with the JW modifier. If no wastage, include the JZ modifier inline with the HCPCS code)
- ▶ Administration - 96413

Box 45

Enter the date of service

Box 46

Enter number of units for each line item. If a separate line was created for wastage, clearly indicate number of units discarded

- ▶ J9038 Billing Unit = 0.1 mg
- ▶ 1 Single Dose Vial = 9 mg or 22 mg
- ▶ 9 mg Vial = 90 Units
- ▶ 22 mg Vial = 220 Units

Box 67

Enter the ICD-10-CM diagnosis code

1		2		3a PAY CNTL # 3b MED REC #		4 TYPE OF BILL	
5 PATIENT NAME		6 PATIENT ADDRESS		7 STATEMENT COVERS PERIOD FROM		8	
9 BIRTHDATE		10 SEX		11 DATE		12	
13 ADMISSION 13 PRI 14 TYPE		15 SRC		16 DHR		17 STAT	
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