

Miscellaneous Coding & Billing Reference Guide

Example CMS-1450 Claim Form - Hospital Outpatient Setting

This example form is provided for guidance and reference only.

ZYNYZ® (retifanlimab-dlwr) 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 ZYNYZ 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 codes, for example:

- Drug - J9345 (Injection, retifanlimab-dlwr, 1 mg), effective 10/01/2023
- Administration - 96413

Note: 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

1		2		3a PAT CNTL # b. MED. PRG. #		4 TYPE OF BILL	
5 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
39 VALUE CODE		40 VALUE AMOUNT		41 VALUE CODE		42 VALUE AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ADD. BEN.	
58 INSURED'S NAME		59 PREL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NP1		77 OPERATING NP1	
80 PROCEDURE CODE		81 OTHER PROCEDURE CODE		78 OTHER NP1		79 OTHER NP1	
80 REMARKS		81CC		78 OTHER NP1		79 OTHER NP1	
PAGE		OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ADD. BEN.	
58 INSURED'S NAME		59 PREL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NP1		77 OPERATING NP1	
80 PROCEDURE CODE		81 OTHER PROCEDURE CODE		78 OTHER NP1		79 OTHER NP1	
80 REMARKS		81CC		78 OTHER NP1		79 OTHER NP1	

HCPCS – Healthcare Common Procedure Coding System; NDC – National Drug Code.



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