Miscellaneous Coding & Billing Reference Guide
Example CMS-1500 Claim Form – Physician Office Setting

This example form is provided for guidance and reference only.

ZYNYZ™ (retifanlimab-dlwr) and the associated services provided in the physician's office are billed on the CMS-1500 Claim Form or its electronic equivalent. An example CMS-1500 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 19
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

Box 21
Enter appropriate diagnosis code(s)

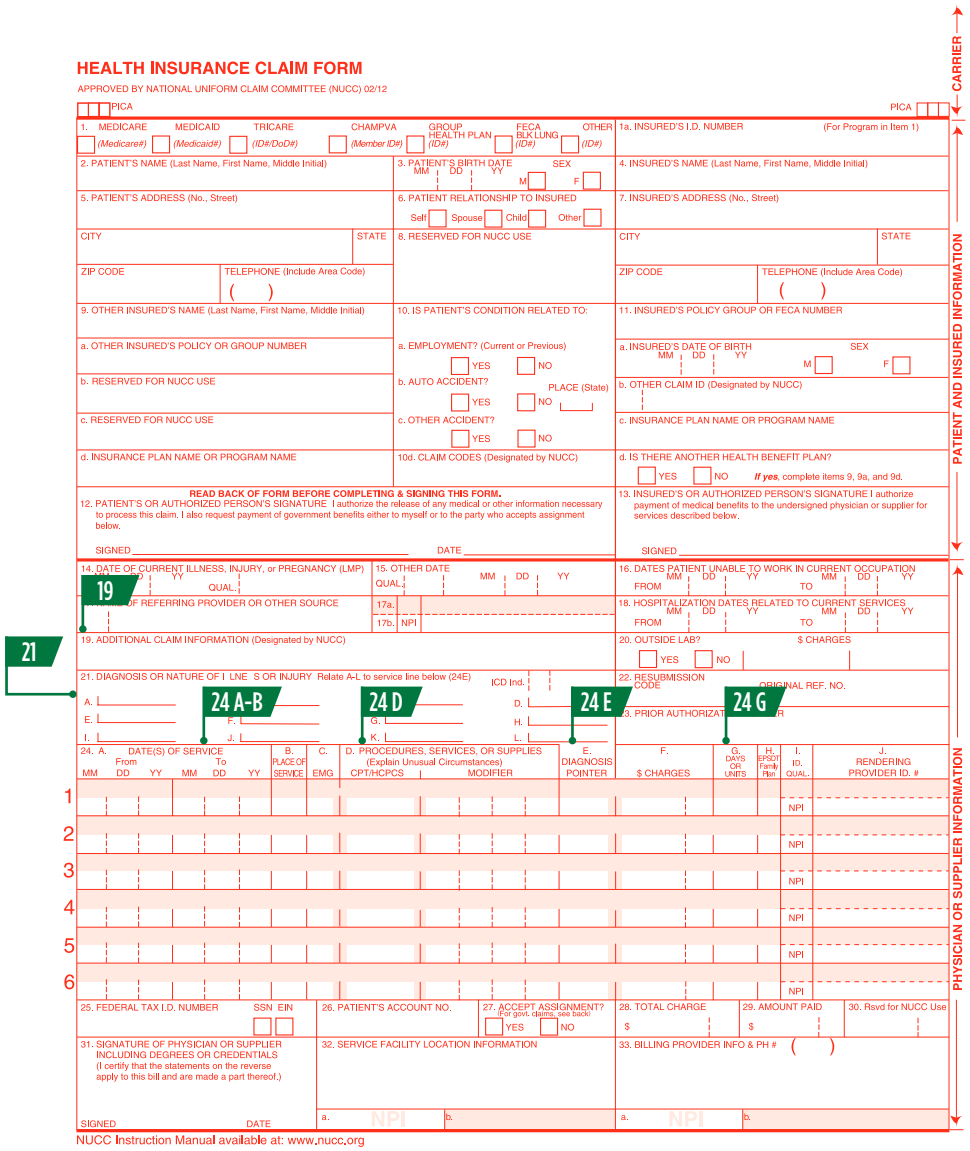
Box 24 A–B
Enter the date of service and the appropriate place of service code

Box 24 D
Enter the appropriate drug and administration codes, for example:

- Drug - J9999
- Administration - 96413

Box 24 E
Specify the diagnosis, from Box 21, that relates to the drug or procedure listed in Box 24 D

Box 24 G
Enter the number of service units for each line item



NDC – National Drug Code.

ZYNYZ™
retifanlimab-dlwr
Injection 500 mg