

SAMPLE CODING AND BILLING REFERENCE SHEET FOR THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

cocaine hydrochloride nasal solution, 4% (CII)

AMBULATORY SURGICAL CENTER SETTING

Sample CMS-1500 claim form for cocaine hydrochloride nasal solution, 4% (CII)¹

Although this sheet provides information that should facilitate the claims process, all coding information is for reference purposes only. Genus Lifesciences does not guarantee payment.

The healthcare billing environment is constantly evolving to keep pace with scientific advances and financial constraints. Information specific to billing and coding is subject to change and should be verified for each patient prior to treatment. A provider should contact their patient's payer directly for any revised or additional requirements, information, or guidance.

Box 21: Enter the appropriate ICD-10-CM diagnosis code. Code to the highest level of specificity.

Box 24A: In the non-shaded area, list the date of service. Also, for payers who require an NDC be reported for a specific code such as C9046, report this NDC in the shaded area of Box 24A.

Box 24B: List the place of service - 24 for ASC.

Box 24D: Enter C9046 (Cocaine hydrochloride nasal solution for topical administration, 1 mg)² or J3490 (Unclassified drugs)³ as appropriate.

Box 24E: The diagnosis pointer is listed as the assigned letter of the diagnosis related to the drug utilization (Box 21).

Box 24F: Enter the charges for each line item service or product.

Box 24G: Report the appropriate number of units of cocaine hydrochloride nasal solution, 4% (CII) which will be 1 if the code J3490 is used and 160 if the code C9046 is used.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (TRICARE#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> EACA (EACA#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S ID. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM DD YY) M DD YY	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
7. INSURED'S ADDRESS (No., Street)		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
11. INSURED'S POLICY GROUP OR FECA NUMBER		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)	
13. INSURED'S DATE OF BIRTH (MM DD YY) M DD YY		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY) QUAL. MM DD YY	
15. OTHER DATE (MM DD YY) QUAL. MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO) MM DD YY MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a, 17b, 17c, 17d, 17e, 17f, 17g, 17h, 17i, 17j, 17k, 17l, 17m, 17n, 17o, 17p, 17q, 17r, 17s, 17t, 17u, 17v, 17w, 17x, 17y, 17z)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) MM DD YY MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? (YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 10- A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		24. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$	
29. AMOUNT PAID \$		30. Rev'd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION	
33. BILLING PROVIDER INFO & PH # ()		34. SIGNATURE OF PHYSICIAN OR SUPPLIER	

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 healthcare 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 healthcare 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.

1 Centers for Medicare & Medicaid Services. CMS Manual System. Details for title: CMS-1500. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS1188854>. Accessed November 14, 2019.
 2 Find-A-Code. C9046. Cocaine hydrochloride nasal solution for topical administration. <https://www.findacode.com/code.php?set=HCPCS&c=C9046>. Accessed March 4, 2020.
 3 Find-A-Code. J3490. Unclassified drugs. <https://www.findacode.com/code.php?set=HCPCS&c=J3490>. Accessed February 4, 2020.

INDICATIONS AND USAGE

Cocaine hydrochloride nasal solution is an ester local anesthetic indicated for the induction of local anesthesia of the mucous membranes when performing diagnostic procedures and surgeries on or through the nasal cavities in adults.

IMPORTANT SAFETY INFORMATION

Cocaine hydrochloride nasal solution is a Schedule II controlled substance.

WARNING: ABUSE AND DEPENDENCE. CNS stimulants, including cocaine hydrochloride, have a high potential for abuse and dependence.

CONTRAINDICATIONS

Known hypersensitivity to cocaine hydrochloride, other ester-based anesthetics, or any other component of cocaine hydrochloride.

WARNINGS AND PRECAUTIONS

Seizures: Cocaine hydrochloride may lower the convulsive threshold. Monitor patients for development of seizures.

Blood Pressure and Heart Rate Increases: Monitor vital signs, including heart rate and rhythm, in patients after receiving cocaine hydrochloride. Avoid use of cocaine hydrochloride in patients with a recent or active history of uncontrolled hypertension, unstable angina, myocardial infarction, coronary artery disease, or congestive heart failure.

Toxicology Screening: Cocaine hydrochloride and its metabolites may be detected in plasma for up to one week after administration and in urine toxicology screening for longer than one week after administration.

ADVERSE REACTIONS

The most common adverse reactions (>0.5%) occurring in patients treated with cocaine hydrochloride were headache and epistaxis.

DRUG INTERACTIONS

Disulfiram: Increases plasma cocaine exposure. Avoid using cocaine hydrochloride in patients taking disulfiram.

Epinephrine, Phenylephrine: There have been reports of myocardial ischemia, myocardial infarction, and ventricular arrhythmias with concomitant use during nasal surgery. Avoid use of additional vasoconstrictor agents with cocaine hydrochloride nasal solution. If concomitant use is unavoidable, prolonged vital sign and ECG monitoring may be required.

USE IN SPECIFIC POPULATIONS

Pregnancy: May cause fetal harm.

Lactation: Avoid breastfeeding during treatment with cocaine hydrochloride; pump and discard breastmilk for 48 hours after treatment.

Hepatic Impairment: Monitor for adverse reactions such as headache, epistaxis, and clinically relevant increases in heart rate or blood pressure. Do not administer a second dose within 24 hours of the first dose.

OVERDOSAGE

No cases of overdose with cocaine hydrochloride were reported in clinical trials. In the case of an overdose, consult with a certified poison control center (1-800-222-1222) for up-to-date guidance and advice for treatment of overdose. Individual patient response to cocaine varies widely. Toxic symptoms may occur idiosyncratically at low doses.

Please note that this information is not comprehensive. Please visit www.GenusCocaine.com for the full prescribing information for cocaine hydrochloride nasal solution, 4% (CII).

To report SUSPECTED ADVERSE REACTIONS, contact Pharm-Olam at 1-866-511-6754 or the FDA at 1-800-FDA-1088 or through www.fda.gov/medwatch.