

SAMPLE MISCELLANEOUS CODING AND BILLING REFERENCE SHEET FOR NON-MEDICARE PAYERS

cocaine hydrochloride nasal solution, 4% (CII)

AMBULATORY SURGICAL CENTER SETTING - NON-MEDICARE

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 19: This area is used to list the drug name, the route of administration, and the amount administered. For example: cocaine hydrochloride nasal solution, 4% (CII); nasal administration; 4 ML.

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. In the shaded area, provide a detailed drug description. The N4 indicator is listed first, the 11-digit National Drug Code number is listed second, the unit of measurement qualifier is listed third, and the unit quantity is listed at the end. For example N464950036204ML4.

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

Box 24D: The C-code C9046² has been assigned to cocaine hydrochloride nasal solution, 4% (CII), however it may not be recognized by non-Medicare payers. Please determine individual payer requirements prior to submitting a claim. The non-specific code J3490³ may be appropriate instead.

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 charge for each listed service and the product.

Box 24G: Report the appropriate number of units of cocaine hydrochloride nasal solution, 4% (CII). Most payers request a quantity billing of 1 for unclassified codes, please refer to individual payer guidelines for J3490 billing requirements.

Box 32A: Enter required National Provider Identifier of the facility where the services were rendered.

Box 33A: Enter the billing provider's National Provider Identifier.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC), 02/12

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BOX LUNG OTHER 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 SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE 9. RESERVED FOR NUCC USE 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO 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. SIGNED _____ DATE _____ 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) QUAL. 15. OTHER DATE QUAL. 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NAME 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) cocaine hydrochloride nasal solution, 4% (CII); nasal administration; 4 ML 20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 22. REVISION ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To	DATE(S) OF SERVICE From To
02 15 20	02 15 20	02 24	J3490	A	\$S	1																							

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (Unusual Circumstances) YES NO 28. TOTAL CHARGE 29. AMOUNT PAID \$ \$ 30. Rev'd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____ 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. NPI 33. BILLING PROVIDER INFO & PH # a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

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 November 20, 2019.
3 Find-A-Code. J3490. Unclassified drugs. <https://www.findacode.com/code.php?set=HCPCS&c=J3490>. Accessed March 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.