

## SAMPLE UB-04 CMS-1450 CLAIM FORM<sup>1</sup> FOR MONOFERRIC | Hospital outpatient administration

The UB-04 claim form (also known as CMS-1450) is the standard claim form to bill Medicare Fee-For-Service (FFS). The sample here is intended to educate you on completing the form for billing MonoFerric and associated services. Although this sheet provides information that may facilitate the claims process, all coding information is for reference purposes only. Use of this sample claim form or the information in this sample claim form does not guarantee reimbursement of coverage.

**Box 42:** Enter the appropriate revenue code corresponding with the HCPCS code in box 44, 0510 for clinic services and 0636 revenue code for pharmacy drugs that require detailed coding.

**Box 43:** Enter a detailed drug description: the N4 indicator, the 11-digit National Drug Code number, a code describing the unit of measurement qualifier (e.g., ME for milligrams), and the unit quantity. Example: N473594931001ME1000.

**Box 44:** Enter the appropriate, HCPCS code for MonoFerric, J1437, Injection, ferric derisomaltose, 10 mg.<sup>2</sup> To report the administration procedure, enter an appropriate CPT code (e.g., 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug)).<sup>3</sup>

**Box 46:** Enter the total number of units of service for MonoFerric, J1437, Injection, ferric derisomaltose, 10 mg. The payer may refer to the actual quantity administered via Box 43 and Box 80. Note, MonoFerric's dosing is weight based and will vary by patient. When submitting the claim form, please remember that because the billing units are 10 mg, the total amount of drug being billed must be divided by 10.

**Box 63:** Enter the prior authorization number.

**Box 67A-67Q:** Enter the appropriate ICD-10-CM diagnosis code (e.g., D50.0 for iron deficiency anemia secondary to blood loss (chronic)). Code to the highest level of specificity.

**Box 80:** Enter additional details including the drug name, administered dose, route of administration, and NDC number.

**IMPORTANT INFORMATION:** The coding, coverage, and payment information contained herein is gathered from various sources, 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 health care 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 health care 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.

**References:** 1. Centers for Medicare & Medicaid Services. CMS Manual System. CMS 1450 (UB-04). <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450.html>. Accessed July 17, 2020. 2. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Decisions: Second Quarter, 2020 Coding Cycle for Drug and Biological Products. <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-2-2020-drugs-and-biologicals-updated-07312020.pdf>. Accessed July 17, 2020. 3. Find-A-Code. 96365 - CPT® Code in category: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug). InnoviHealth Systems, Inc. <https://www.findacode.com/code.php?set=CPT&c=96365>. Updated 2018. Accessed July 17, 2020.

## INDICATION

MonoFerric is indicated for the treatment of iron deficiency anemia (IDA) in adult patients:

- who have intolerance to oral iron or have had unsatisfactory response to oral iron
- who have non-hemodialysis dependent chronic kidney disease (NDD-CKD)

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

MonoFerric is contraindicated in patients with a history of serious hypersensitivity to MonoFerric or any of its components. Reactions have included shock, clinically significant hypotension, loss of consciousness, and/or collapse.

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving MonoFerric. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after MonoFerric administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer MonoFerric when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. MonoFerric is contraindicated in patients with prior serious hypersensitivity reactions to MonoFerric or any of its components. In clinical trials in patients with IDA and CKD, serious or severe hypersensitivity were reported in 0.3% (6/2008) of the MonoFerric treated subjects. These included 3 events of hypersensitivity in 3 patients; 2 events of infusion-related reactions in 2 patients and 1 event of asthma in one patient.

#### Iron Overload

Excessive therapy with parenteral iron can lead to excess iron storage and possibly iatrogenic hemosiderosis or hemochromatosis. Monitor the hematologic response (hemoglobin and hematocrit) and iron parameters (serum ferritin and transferrin saturation) during parenteral iron therapy. Do not administer MonoFerric to patients with iron overload.

### ADVERSE REACTIONS

Adverse reactions were reported in 8.6% (172/2008) of patients treated with MonoFerric. Adverse reactions related to treatment and reported by  $\geq 1\%$  of the treated patients were nausea (1.2%) and rash (1%). Adjudicated serious or severe hypersensitivity reactions were reported in 6/2008 (0.3%) patients in the MonoFerric group. Hypophosphatemia (serum phosphate  $< 2.0$  mg/dL) was reported in 3.5% of MonoFerric-treated patients in Trials 1 & 2.

To report adverse events, please contact Pharmacosmos at [1-888-828-0655]. You may also contact the FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Please [click here](#) for full Prescribing Information.