SAMPLE CMS-1500 CLAIM FORM FOR FERAHEME

Medicare and Medicaid

Although this sheet provides information that should facilitate the claims process, all coding information is for reference purposes only.

Box 19: List additional details—drug name, dose, administration and NDC number.

Box 21: Enter the ICD-10-CM code to the highest level of specificity. Ex: for Feraheme D50.0 for iron deficiency anemia for patients who have intolerance to oral iron or have had unsatisfactory response to oral iron or who have chronic kidney disease [CKD].

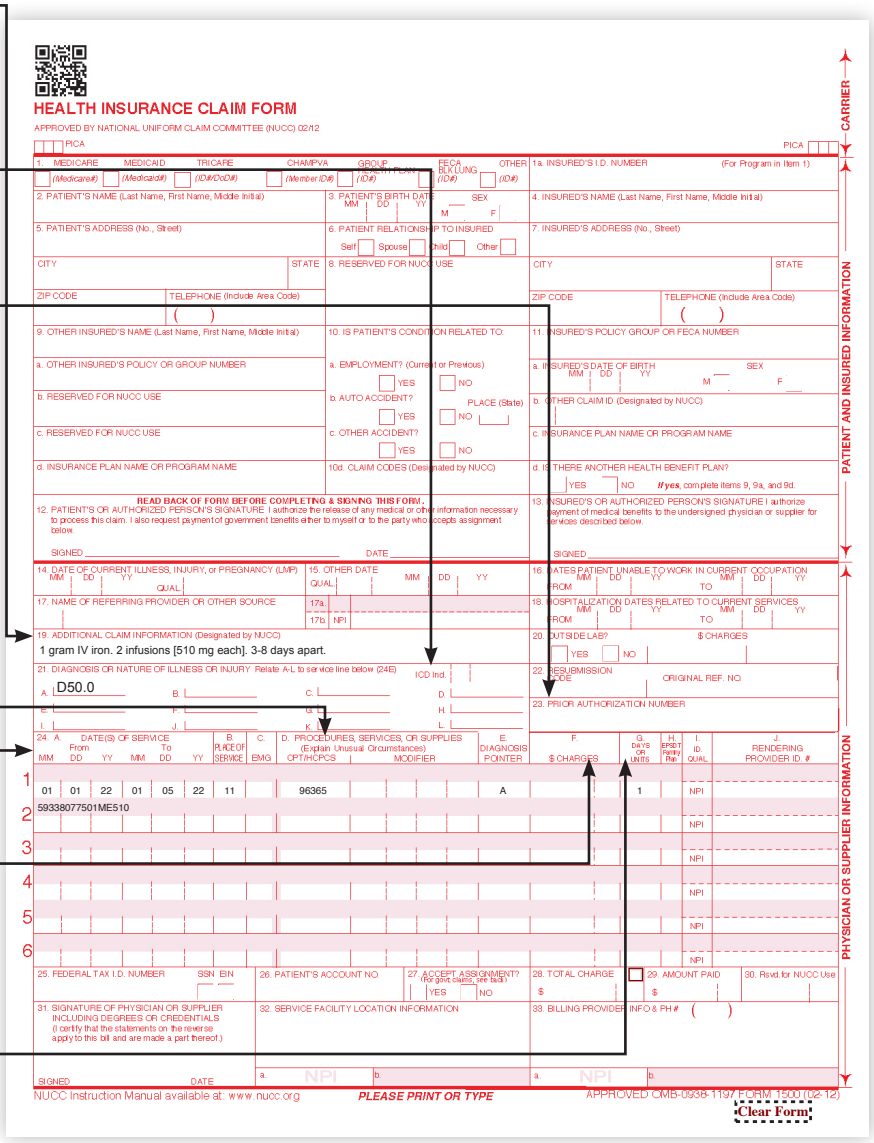
Box 23: Enter the prior authorization number.

Box 24A: In the non-shaded area, add date of service. In the shaded area, list a detailed drug description: the N4 indicator, NDC number, the unit of dosage (eg, ME for milligrams), and the unit quantity. Example: N4735949310O1ME1000.

Box 24D: Enter the appropriate HCPCS code for Feraheme, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour.[1] Include the appropriate CPT code to report the administration procedure (e.g., 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug)).[2]

Box 24F: Enter the charge for each listed service and the product.

Box 24G: Report the appropriate number of units for the procedure and the appropriate number of units for FERAHEME, 96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour. In the example claim form, 510 mg dose of Feraheme is billed in 1 mg increments for a total of 1 units billed.



HEALTH INSURANCE CLAIM FORM

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

PICA

CARRIER

PATIENT AND INSURED INFORMATION

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

1 gram IV iron. 2 infusions [510 mg each]. 3-8 days apart.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. D50.0

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	22	01	05	22	11		96365		A		1		NPI
2	59338077501ME510														NPI
3															NPI
4															NPI
5															NPI
6															NPI

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO | 28. TOTAL CHARGE $ | 29. AMOUNT PAID $ | 30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (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 #

SIGNED DATE

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

1. 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 November 5, 2021.

2. 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 Updated 2018. Accessed November 5, 2021.

Please see Important Safety Information on next page and Full Prescribing Information including Boxed Warning at www.feraheme.com.

To order Feraheme please call our product line: 877-411-2510

PP-FRH-US-00415 12/21

Feraheme® (ferumoxytol injection) Important Safety Information

WARNING: RISK FOR SERIOUS HYPERSENSITIVITY/ANAPHYLAXIS REACTIONS

Fatal and serious hypersensitivity reactions including anaphylaxis have occurred in patients receiving Feraheme. Initial symptoms may include hypotension, syncope, unresponsiveness, cardiac/cardiorespiratory arrest.

- Only administer Feraheme as an intravenous infusion over at least 15 minutes and only when personnel and therapies are immediately available for the treatment of anaphylaxis and other hypersensitivity reactions.
- Observe for signs or symptoms of hypersensitivity reactions during and for at least 30 minutes following Feraheme infusion including monitoring of blood pressure and pulse during and after Feraheme administration.
- Hypersensitivity reactions have occurred in patients in whom a previous Feraheme dose was tolerated.

Indication and Dosing

Feraheme 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 or
- Who have chronic kidney disease (CKD)

The recommended dose of FERAHEME is an initial 510 mg dose followed by a second 510 mg dose as early as 3 days and up to 8 days later, each dose infused over at least 15 minutes while the patient is in a reclined or semi-reclined position.

Contraindications

Feraheme is contraindicated in patients with known hypersensitivity to Feraheme or any of its components or a history of allergic reaction to any intravenous iron product.

Warnings and Precautions Hypersensitivity:

In addition to the fatal and serious adverse reactions in the Boxed Warning, other adverse reactions associated with hypersensitivity have occurred (pruritus, rash, urticaria, and wheezing). Allergic reactions have occurred following the first dose or subsequent doses in patients in whom a previous dose was tolerated. Patients with a history of multiple drug allergies may have a greater risk of anaphylaxis with parenteral iron products. Carefully consider the potential risks and benefits before administering Feraheme to these patients. Elderly patients with multiple or serious co-morbidities who experience hypersensitivity reactions and/or hypotension following administration of Feraheme may have more severe outcomes.

Hypotension: Feraheme may cause clinically significant hypotension. Monitor patients for signs and symptoms of hypotension following each Feraheme administration.

Iron Overload: Excessive therapy with parenteral iron can lead to excess storage of iron with the possibility of iatrogenic hemosiderosis. Regularly monitor the hematologic response during parenteral iron therapy. Do not administer Feraheme to patients with iron overload.

Magnetic Resonance (MR) Imaging Test Interference: Administration of Feraheme may transiently affect the diagnostic ability of MR imaging. Alteration of MR imaging studies may persist for up to 3 months following the last Feraheme dose. Maximum alteration of vascular MR imaging is anticipated to be evident for 1 – 2 days following Feraheme administration.

Adverse Reactions

The most common adverse reactions (≥ 2%) are diarrhea, headache, nausea, dizziness, hypotension, constipation, and peripheral edema.

You may report an adverse event related to AMAG Pharmaceuticals' products by calling 1-877-411-2510 or emailing medinfoUS@covispharma.com. If you prefer, you may contact the U.S. Food and Drug Administration (FDA) directly at fda.gov/medwatch or call 1-800-FDA-1088.

Please see full Prescribing Information, including Boxed Warning at www.feraheme.com.

COVIS PHARMA

Feraheme® ferumoxytol injection