

Annotated Claim Form

CMS-1450/UB-04 Claim Form for Hospital Outpatient Departments

The annotations on the CMS-1450 claim form below may help you as you complete your RYONCIL® (remestemcel-L-rknd) outpatient infusion claim submission.

Box 42

List the appropriate revenue code¹ for each service provided

Box 43

For each item, enter a description for the corresponding revenue code. When using a miscellaneous code, include the following*: *Product name+N4+11-digit NDC+ML+unit quantity (administered or discarded)*

Box 44

Enter the appropriate HCPCS,² modifier, and CPT® codes.³ For example*:

- Drug: HCPCS code[†]
- Modifier - JW (Discarded product from single-dose containers should be reported on a separate line with the JW modifier. If no wastage occurs, include the JZ modifier inline with the HCPCS code).
- Administration: CPT code

Box 45

Enter the date of service

Box 46

Enter the number of units for each line item. With miscellaneous codes, "1" is typically used, as these codes do not have a specific unit value, but payer requirements may vary

Box 63

Enter prior authorization referral number from the payer (if applicable)

Box 67


Enter the ICD-10-CM diagnosis code

Box 80

Include detailed information for proper processing*: *Product name, strength, route of administration, dosage administered, amount wasted (if applicable), and NDC*

1		2		3a PAT. CNTE #		4 TYPE OF BILL	
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		31		32	
33		34		35		36	
37		38		39		40	
41		42		43		44	
45		46		47		48	
49		50		51		52	
53		54		55		56	
57		58		59		60	
61		62		63		64	
65		66		67		68	
69		70		71		72	
73		74		75		76	
77		78		79		80	
81		82		83		84	
85		86		87		88	
89		90		91		92	
93		94		95		96	
97		98		99		100	

63
67
80

 *Always refer to specific payer policies, as billing requirements for miscellaneous codes may vary by payer.
†Please refer to payer policies, as other miscellaneous codes may be required.

If you have any questions or want to request a meeting with a Key Account Manager, please visit www.ryoncil.com or contact us at keyaccountmanager@mesoblast.com.

For Medicare, Medicaid, and other government payers, the use of the CMS-1450 claim form may be appropriate for treatment with RYONCIL® in a hospital outpatient department. For commercial claims, please consult with the applicable third-party payer. Note that payers may require use of the electronic version of the CMS-1450 claim form; we suggest that you adapt this information to electronic equivalent fields in your software systems.

Mesoblast provides this information for educational purposes only and cannot guarantee insurance coverage or reimbursement, which may vary significantly by payer, plan, patient, and site of care. It is the healthcare provider's sole responsibility to select proper codes and ensure statement accuracy for coverage and reimbursement.

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, ICD-10 Clinical Modification; NDC, National Drug Code.

References: 1. Noridian Healthcare Solutions. Medicare Part A Revenue Codes. Accessed January 22, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> 2. AAPC. Codify. Accessed January 22, 2025. <https://www.aapc.com/codes/hcpcs-codes> 3. AAPC. Codify. Accessed January 22, 2025. <https://www.aapc.com/codes/cpt-codes>