

# Coding & Billing Information

## CMS 1500 CLAIM FORM

While all coding decisions should be made by the physician based on independent review of the patient's condition, below is a list of codes you may find helpful.

### ITEM 19 - ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

To ensure individual insurance requirements are met, a concise description of the procedure may be included in both item 19 and item 24.

→ <b>Item 19</b>	<b>Qualifier</b> ADD (Additional information)	ADD 4 submucosal injections of 1 mL Solesta administered to bulk the tissue of the anal canal
------------------	---	---

### ITEM 21 - DIAGNOSIS CODES

The patient's diagnosis is only determined at the sole discretion and medical judgment of the treating physician. Enter the appropriate ICD-10-CM code in item 21 preceded by the number "0" to indicate the use of the ICD-10-CM code set.

→ <b>Item 21</b>	R15.0	Incomplete defecation
	R15.1	Fecal smearing
	R15.2	Fecal urgency
	R15.9	Full incontinence of feces

### FIELD 24D - PROCEDURES, SERVICES & SUPPLIES

Solesta is coded with HCPCS code L8605. Administration of Solesta does not have a unique CPT code. Physicians may file for reimbursement for the injection of Solesta using miscellaneous code 46999. Additional procedure information may be required by payers in association with miscellaneous code 46999.

→ <b>Field 24D</b>	<b>HCPCS</b> L8605	Injectable bulking agent, dextranomer/ hyaluronic acid copolymer implant, anal canal, 4 syringes of 1mL, includes shipping and necessary supplies
→ <b>Field 24D</b>	<b>CPT</b> 46999	Unlisted procedure, anus

### FIELD 24F - CHARGES

For procedure convenience, Solesta is supplied in one carton with 4 individual units.

- **Please note:** Solesta is always sold and administered in quantities of 4 1mL syringes (see below)
- Providers do not need to be a DME supplier to bill Medicare carrier for HCPCS code L8605

→ <b>Field 24F</b>	<b>L8605 Max Rate</b> \$643.59 - \$858.25 per mL	Medicare National Allowed Amount will fall within \$643.59 - \$858.25 per mL, depending on your state / MAC
--------------------	---	---

• Please note: for guidance and additional information regarding billing and administration of Solesta, check with your local Medicare carrier.  
 • Current Procedural Terminology 2021, American Medical Association. Chicago, IL 2020. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.  
 • The information contained in this document is for informational purposes only and is current as of August 2021. It is always the responsibility of the provider to determine if the services actually provided are accurately described by any specific code(s) and to report services consistent with specific payer requirements. This information is subject to change at any time, and Palette Life Sciences strongly recommends that you consult your payer organization with regard to its reimbursement policies. In all cases, services billed must be medically necessary, actually performed as reported and appropriately documented.

CODING AND BILLING - CMS 1500 CLAIM FORM



HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER  
 (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)

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. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
 a. EMPLOYMENT? (Current or Previous) YES NO  
 b. AUTO ACCIDENT? YES NO PLACE (State)  
 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.

13. INSURED'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.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)  
 ADD four submucosal injections of 1mL Solesta administered to bulk the tissue of the anal canal

20. OUTSIDE LAB? YES NO \$ CHARGES

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

22. RESUBMISSION CODE ORIGINAL REF. NO.

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 NPI

1	2	3	4	5	6
11			Solesta 1 carton (1 mL syringes x 4) N4 50004-0725-01 L8605	\$X,XXX	4 NPI
11			ZZ 4 submucosal injections administered to bulk anal canal 46999	\$X,XXX	1 NPI
					NPI
					NPI
					NPI
					NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov. 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. NPI

ITEM 19 - SOLESTA INFORMATION

Enter qualifier "ADD" (for additional information), then device name (Solesta), and precise description of the procedure  
 Note: additional information may be requested by payer

ITEM 21 - DIAGNOSIS CODES

Enter the appropriate ICD-10-CM code in Box 21 preceded by the number "0"  
 example: 0R15.9: Full incontinence of feces

FIELD 24B - PLACE OF SERVICE

Enter the appropriate code for Place of Service  
 example: 11

FIELD 24D - PROCEDURES, SERVICES OR SUPPLIES

Enter HCPCS Code and provide in shaded area supplemental information to support billed services. Include NHRIC number preceded by qualifier N4 (61 character max)  
 example: L8605: Solesta 1 carton (1 mL syringes x4) N4 50004-0725-01, N4 50004-0725-01

Enter appropriate CPT Code(s) and provide in shaded area supplemental information to support billed services. Include qualifier ZZ to denote narrative description of unspecified code (61 character max)  
 example: 46999 ZZ 4 submucosal injections administered to bulk anal canal

example: 45335 diagnostic sigmoidoscopy

FIELD 24G - UNITS

L8605 example: 4  
 46999 example: 1

FIELD 24F - CHARGES

L8605 example: Reference Medicare National Allowed Amount on Page 1 (per mL)  
 46999 example: Enter appropriate charge for the administration of Solesta

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

This document was developed in collaboration with JDL Access, LLC  
 The National Uniform Claim Committee (NUCC) Instruction Manual can be found here - [https://www.nucc.org/images/stories/PDF/1500\\_claim\\_form\\_instruction\\_manual\\_2021\\_07-v9.pdf](https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2021_07-v9.pdf)

For product information, adverse event reports, and product complaint reports, contact:  
 Palette Life Sciences - Medical Information Department Tel: 844.350.9656 Fax: 510.595.8183 Email: [palettecmcd@dlss.com](mailto:palettecmcd@dlss.com)

© 2021 Palette Life Sciences, Inc. Solesta® is a registered trademark. All rights reserved. 10.2021

