

**Field 42 – Revenue Code(s)**  
Enter the appropriate revenue code corresponding to the HCPCS or CPT code for field 44.

*Example: for HCPCS J9179, the appropriate revenue code may be 0636 for drugs and biologicals that require specific identification as required by the payer.*

**Field 44 HCPCS/Rate/HIPPS Code**  
Enter the appropriate HCPCS, CPT codes, and modifiers if applicable (modifiers directly follow the code without a space).

*Example: J9179*

**Field 43 – Description**  
Provide a description of product/service.

*Example: Halaven, 1 mg/2 ml, 62856-0389-01*

**Field 46 – Service Units**  
Enter the appropriate number of units for the product/service.

*Example: 1 unit for each 0.1 mg of Halaven (eribulin mesylate) injection given*

**Field 47 – Total Charges**  
Enter the amount of the facility's actual charges for the product/service.

**Field 67 – Diagnosis Code**  
Enter appropriate ICD-10 diagnosis code.

**Field 56 – National Provider Identifier**  
Enter the appropriate NPI as assigned by CMS.

*(Note: see also Boxes 76, 77, 78, 79)*

The image shows a sample CMS-1450 (UB-04) form with several callout boxes highlighting specific fields. The form includes sections for patient information, provider information, service details, charges, and diagnosis codes. The callouts are as follows:

- Field 42 – Revenue Code(s)**: Located in the top right section of the form, pointing to the revenue code field.
- Field 43 – Description**: Located in the middle left section, pointing to the description field.
- Field 44 HCPCS/Rate/HIPPS Code**: Located in the middle left section, pointing to the HCPCS code field.
- Field 46 – Service Units**: Located in the middle left section, pointing to the service units field.
- Field 47 – Total Charges**: Located in the middle right section, pointing to the total charges field.
- Field 56 – National Provider Identifier**: Located in the bottom right section, pointing to the NPI field.
- Field 67 – Diagnosis Code**: Located in the bottom left section, pointing to the diagnosis code field.

Eisai cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payor, plan, patient and setting of care. Actual coverage and reimbursement decisions are made by individual payors following the receipt of claims. For additional information, customers should consult with their payors for all relevant coding, reimbursement and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of documentation used in seeking coverage or reimbursement. All services must be medically appropriate and properly supported in the patient medical record.