EFFECTIVE JANUARY 1, 2018, THE FOLLOWING J-CODE CAN BE USED FOR ADMINISTRATIVE AND BILLING PURPOSES SPECIFIC TO LARTRUVO™ (OLARATUMAB) — J9285, INJECTION, OLARATUMAB, 10 MG.
All coding and documentation requirements for drugs should be confirmed with each payer.

**BOX 19: ADDITIONAL CLAIM INFORMATION**

Box 19 of the CMS-1500 claim form (or its electronic equivalent) is frequently utilized to obtain information regarding the use of drugs. The information will vary, but may include some or all of these items:

- Drug name
- Route of administration
- NDC
- Amount of drug wasted
- Total dose administered

**BOX 21: DIAGNOSIS OR NATURE OF ILLNESS OR INJURY**

Enter the appropriate diagnosis code on lines A-L to identify the patient’s diagnosis/condition and the applicable ICD indicator to identify which ICD code version is being reported. Use the highest level of specificity.

**BOX 24A: DATE(S) OF SERVICE**

When required by payers to provide the NDC, enter the code in the shaded areas of item number 24.

NDC=National Drug Code; ICD=International Classification of Diseases.

See additional CMS-1500 claim form information on page 3.

### NDC FOR LARTRUVO

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 mg/50 mL single-dose vial</td>
<td>00002-8926-01*</td>
</tr>
<tr>
<td>190 mg/19 mL single-dose vial</td>
<td>00002-7190-01*</td>
</tr>
</tbody>
</table>

*FDA standard NDC has been “zero-filled” to ensure creation of an 11-digit code that meets HIPAA standards. The zero-fill location is indicated in bold.

All coding and documentation requirements for drugs should be confirmed with each payer.

**BOX 24D: PROCEDURES, SERVICES, OR SUPPLIES**
Enter the HCPCS or CPT® code for the administration. The discarded drug should be billed on a separate line with the JW modifier.

**HCPCS:**
J9285: Injection, olaratumab, 10 mg

**CPT:**
96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug.

**BOX 24E: DIAGNOSIS POINTER**
Enter the diagnosis code reference letter, as shown in Box 21, to relate the date of service and the procedures performed to the primary diagnosis. Enter only one reference letter per line item. For connective tissue neoplasms (such as blood vessel, fascia, tendon, ligament, muscle, nerves and ganglia, synovia), refer to the index main term Connective tissue, then by site. Morphological types that indicate connective tissue appear in the alphabetic index with the instruction "see Neoplasm, connective tissue".

**BOX 24G: DAYS OR UNITS**
Specify the appropriate number of service units as designated by individual payers. Check to confirm the unit of use established by each payer, as there may be variation. The unit field should reflect the amount of drug discarded.


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Effective January 1, 2018

Lartruvo™ (OLARATUMAB)
Injection 10 mg/mL