



**C9088**

HOPD, ASC: Separate Payment Through 2027 (Medicare)

## REIMBURSEMENT AND BILLING GUIDE

For billing and coding questions, call **Heron Connect**® at **1-844-HERON11 (1-844-437-6611)** 8 AM to 5 PM ET, Monday through Friday.

**ZYNRELEF is the first and only extended-release dual-acting local anesthetic (DALA).**

### INDICATION

ZYNRELEF is indicated in adults for soft tissue or periarticular instillation to produce postsurgical analgesia for up to 72 hours after foot and ankle, small-to-medium open abdominal, and lower extremity total joint arthroplasty surgical procedures.

Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large multilevel spinal, and head and neck procedures.

### IMPORTANT SAFETY INFORMATION

#### WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS

- Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use.
- ZYNRELEF is contraindicated in the setting of coronary artery bypass graft (CABG) surgery.
- NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events.

See Important Safety Information throughout and full [Prescribing Information](#), including Boxed Warning.

## INTRODUCTION

Heron Therapeutics, Inc, is pleased to provide this reference guide to support patient access to ZYNRELEF.

The coding information contained herein is for informative purposes only and is not a guarantee of coverage or reimbursement for any product or service. This information is not intended to substitute for the physician's independent diagnosis or treatment of each patient.

Coding, coverage, and reimbursement for ZYNRELEF will vary based on the patient's health insurance and the reimbursement status per site of care.

### HERON CONNECT

Dedicated Heron Connect Reimbursement Counselors offer customized support for ZYNRELEF billing and coding questions. Reimbursement Counselors are available at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 5 PM ET, Monday through Friday.

For more information, visit [HeronConnect.com](http://HeronConnect.com)



## IMPORTANT SAFETY INFORMATION (CONT)

### Contraindications

ZYNRELEF is contraindicated in patients with a known hypersensitivity (eg, anaphylactic reactions and serious skin reactions) to any amide local anesthetic, NSAIDs, or other components of ZYNRELEF; with history of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs (severe, sometimes fatal, anaphylactic reactions to NSAIDs have been reported in such patients); undergoing obstetrical paracervical block anesthesia; or undergoing CABG.

### Warnings and Precautions

Dose-Related Toxicity: Monitor cardiovascular and respiratory vital signs and patient's state of consciousness after application of ZYNRELEF. When using ZYNRELEF with other local anesthetics, overall local anesthetic exposure must be considered through 72 hours.

Hepatotoxicity: If abnormal liver tests persist or worsen, perform a clinical evaluation of the patient.

Hypertension: Patients taking some antihypertensive medication may have impaired response to these therapies when taking NSAIDs. Monitor blood pressure.

Heart Failure and Edema: Avoid use of ZYNRELEF in patients with severe heart failure unless benefits are expected to outweigh risk of worsening heart failure.

**See Important Safety Information throughout and full [Prescribing Information](#), including [Boxed Warning](#).**

## ZYNRELEF REIMBURSEMENT AND BILLING SUMMARY

ZYNRELEF should be billed using C9088. The billable unit for C9088 is 1 mg/0.03 mg.

### Medicare Billing and Reimbursement

- ZYNRELEF is reimbursed separately in HOPDs and ASCs **through 2027**
- Through March 2025: ZYNRELEF is separately reimbursed at ASP + 6% in HOPDs and ASCs under 3-year transitional pass-through status
- April 2025 through December 2027: ZYNRELEF will maintain separate reimbursement in HOPDs and ASCs under legislation promoting access to non-opioids (HR 2617 §4135, signed December 2022)

### Commercial Billing and Reimbursement

- Commercial payers have been notified that C9088 has been assigned for ZYNRELEF; many customers have reported separate commercial payment
- Commercial reimbursement varies by payer and site of care; contact payers to verify coverage
- Heron offers resources to assist with billing and coding and to support separate payment requests

### ZYNRELEF Coding Information

HCPCS Code	Description	Billable Unit
C9088	Instillation, bupivacaine and meloxicam	1 mg/0.03 mg

NDC <sup>a</sup>	Bupivacaine/Meloxicam	Billable Units <sup>b</sup>
47426-0301-02	400 mg/12 mg	400
47426-0303-01	200 mg/6 mg	200

<sup>a</sup>11-digit NDCs for billing ZYNRELEF include a 0 before the 3 of the product code.

<sup>b</sup>Use the JZ modifier if there are no discarded amounts. Use the JW modifier to separately bill unused and discarded drug amounts.

Note: ZYNRELEF is supplied as a kit consisting of a single-dose nonsterile glass vial (containing sterile active ingredients) and the following sterile components: Luer lock syringe(s), a vented vial spike, Luer lock cone-shaped applicator(s), and syringe tip cap(s). ZYNRELEF should only be prepared and administered with the components provided in the ZYNRELEF kit.

Modifier	Description
JZ	Zero drug amount discarded/not administered to any patient
JW	Drug amount discarded/not administered to any patient (indicate quantity discarded)
JG	Modifier for drug or biological acquired with 340B drug pricing program discount, reported for informational purposes
TB	Modifier for drug or biological acquired with 340B drug pricing program discount; reported for informational purposes for select entities

Note: For dates of service on or after July 1, 2023, the JZ modifier is required on claims for single-dose containers when no amount was discarded.

## IMPORTANT SAFETY INFORMATION (CONT)

### Warnings and Precautions (cont)

**Renal Toxicity:** Monitor renal function in patients with renal or hepatic impairment, heart failure, dehydration, or hypovolemia. Avoid use of ZYNRELEF in patients with advanced renal disease unless benefits are expected to outweigh risk of worsening renal failure.

**Anaphylactic Reactions:** Seek emergency help if an anaphylactic reaction occurs.

See Important Safety Information throughout and full [Prescribing Information](#), including **Boxed Warning**.

## ASC COVERAGE AND BILLING FOR ZYNRELEF

Coverage for ZYNRELEF varies by health insurance plan and site of care. The table below summarizes the coverage and payment type for ASCs.

### ZYNRELEF Coverage and Reimbursement Policy in ASCs

<b>Medicare</b>	ZYNRELEF is reimbursed separately through 2027. <b>Through March 2025:</b> Separate reimbursement at <b>ASP + 6%</b> ( <i>pass-through status</i> ). <b>April 2025 through December 2027:</b> Separate reimbursement under law promoting access to non-opioids ( <i>HR 2617 §4135, signed December 2022</i> ).
<b>Medicaid</b>	Each State Medicaid Agency sets its own coverage policies and payment rates.
<b>Private Commercial Payer</b>	Separate payment for ZYNRELEF is available for many commercial patients. Commercial reimbursement varies by payer and site of care; contact payers to verify coverage.

## IMPORTANT SAFETY INFORMATION (CONT)

### Warnings and Precautions (cont)

Chondrolysis: Limit exposure to articular cartilage due to the potential risk of chondrolysis.

Methemoglobinemia: Cases have been reported with local anesthetic use.

Serious Skin Reactions: NSAIDs, including meloxicam, can cause serious skin adverse reactions. If symptoms present, evaluate clinically.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS): If symptoms are present, evaluate clinically.

Fetal Toxicity: Due to the risk of oligohydramnios/fetal renal dysfunction and premature closure of the ductus arteriosus with NSAIDs, limit use of ZYNRELEF between about 20 to 30 weeks gestation, and avoid use after about 30 weeks.

Hematologic Toxicity: Monitor hemoglobin and hematocrit in patients with any signs or symptoms of anemia.

### Drug Interactions

Drugs That Interfere with Hemostasis: Monitor patients for bleeding who are using ZYNRELEF with drugs that interfere with hemostasis (eg, warfarin, aspirin, SSRIs/SNRIs).

ACE Inhibitors, Angiotensin Receptor Blockers (ARBs), or Beta-Blockers: Use with ZYNRELEF may diminish the antihypertensive effect of these drugs. Monitor blood pressure.

ACE Inhibitors and ARBs: Use with ZYNRELEF in elderly, volume-depleted, or those with renal impairment may result in deterioration of renal function. In such high-risk patients, monitor for signs of worsening renal function.

Diuretics: NSAIDs can reduce natriuretic effect of furosemide and thiazide diuretics. Monitor patients to assure diuretic efficacy including antihypertensive effects.

**See Important Safety Information throughout and full [Prescribing Information](#), including [Boxed Warning](#).**

## ACUTE CARE (HOSPITAL INPATIENT DEPARTMENT, ED<sup>a</sup>, AND HOPD) COVERAGE AND BILLING FOR ZYNRELEF

Coverage for ZYNRELEF varies by health insurance plan and site of care. Reimbursement of ZYNRELEF in a surgical procedure occurring during a hospital inpatient admission would be included in the diagnosis-related group (DRG) payment.

The table below summarizes the coverage and payment type for HOPDs.

### ZYNRELEF Coverage and Reimbursement Policy in HOPDs

<b>Medicare</b>	ZYNRELEF is reimbursed separately through 2027. <b>Through March 2025:</b> Separate reimbursement at <b>ASP + 6%</b> ( <i>pass-through status</i> ). <b>April 2025 through December 2027:</b> Separate reimbursement under law promoting access to non-opioids ( <i>HR 2617 §4135, signed December 2022</i> ).
<b>Medicaid</b>	Each State Medicaid Agency sets its own coverage policies and payment rates.
<b>Private Commercial Payer</b>	Separate payment for ZYNRELEF is available for many commercial patients. Commercial reimbursement varies by payer and site of care; contact payers to verify coverage.

<sup>a</sup>For patients covered by Medicare, when the surgery occurs in the ED, reimbursement is the same as in a HOPD; however, if a patient is admitted, inpatient reimbursement rules apply.

## IMPORTANT SAFETY INFORMATION (CONT)

### Use in Specific Populations

**Infertility:** NSAIDs are associated with reversible infertility. Consider avoidance of ZYNRELEF in women who have difficulties conceiving.

**Severe Hepatic Impairment:** Only use if benefits are expected to outweigh risks; monitor for signs of worsening liver function.

**Severe Renal Impairment:** Not recommended.

### Adverse Reactions

Most common adverse reactions (incidence  $\geq 10\%$ ) in controlled clinical trials with ZYNRELEF are constipation, vomiting, and headache.

Report side effects to Heron at 1-844-437-6611 or to FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See Important Safety Information throughout and full [Prescribing Information](#), including **Boxed Warning**.



**C9088**

## SAMPLE CLAIM FORM CMS-1450 (UB-04): HOPD, ASC (NON-MEDICARE PAYERS; CONFIRM WITH PAYER)

Complete the information needed to bill for the procedure.  
**ZYNRELEF must be billed using a separate line.**

**Field 42:**

Include revenue code 0636.

**Field 43:**

Include the required additional information (eg, product name and NDC).

Example:

- For 400 mg/12 mg (14 mL) kit:  
ZYNRELEF, 47426-0301-02
- For 200 mg/6 mg (7 mL) kit:  
ZYNRELEF, 47426-0303-01

*Payer NDC requirements and placement may vary; confirm with payer or Heron Connect.*

**Field 44:**

Specify HCPCS Code for ZYNRELEF, **C9088**.

To indicate that the complete single-dose vial was administered, use the HCPCS modifier JZ.<sup>a</sup>

If a portion of the single-use vial was discarded, document it on a separate line using the HCPCS modifier JW.

*Commercial: Confirm coding with payers or by contacting Heron Connect.*

**Field 46:**

Specify the number of units administered. **The billable unit for C9088 is 1 mg/0.03 mg.** For example, 400 mg/12 mg (14 mL) corresponds to 400 billable units.

1		2		3a PAT CNTRL #				4 TYPE OF BILL											
9 PATIENT NAME				9a PATIENT ADDRESS				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH							
10 BIRTHDATE		11 SEX	12 DATE	13 HR. TYPE		14 SRC	15 STAT	16 DHR	17 STAT	CONDITION CODES									
31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 THROUGH							
38		38a		38b		38c		40 VALUE CODES		41 VALUE CODES		42 VALUE CODES							
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
XXXX		XXXXXXXXXX				XXXXXX		XX-XX-XX		1		XXX XX		XXX XX					
0636		ZYNRELEF, [NDC]				C9088 JZ		XX-XX-XX		XXX		XXX XX		XXX XX					
PAGE OF				CREATION DATE				TOTALS											
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO.	53 MAR. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID			
58 INSURED'S NAME				59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.									
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME									
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73		76 ATTENDING				77 OPERATING		78 OTHER		79 OTHER	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE	
80 REMARKS				84a		84b		84c		84d		84e		84f		84g		84h	

<sup>a</sup>For dates of service on or after July 1, 2023, the JZ modifier is required on claims for single-dose containers when no amount was discarded.

**This document is provided for your guidance only. Coding requirements may vary by payer; please consult the payer to determine which codes are required.**

## SAMPLE CLAIM FORM CMS-1500: ASC (MEDICARE) AND PHYSICIAN OFFICE

CMS requires ASCs to submit a CMS-1500 claim form when billing a Medicare Administrative Contractor (MAC). Most commercial plans require a CMS-1450 (UB-04) claim form (see page 6 for an example). Please use the claim form that you are currently utilizing when submitting to a commercial plan. Physician office billing requires the submission of the CMS-1500 claim form for all plans.

Complete the information needed to bill for the procedure. **ZYNRELEF must be billed using a separate line.**

**Field 24 (Shaded Area):** Include the required additional information (eg, product name and NDC).

Example:

- For 400 mg/12 mg (14 mL) kit: ZYNRELEF, 47426-0301-02
- For 200 mg/6 mg (7 mL) kit: ZYNRELEF, 47426-0303-01

Payer NDC requirements and placement may vary; confirm with payer or Heron Connect.

**Field 24D:** Specify HCPCS Code for ZYNRELEF, **C9088**.

To indicate that the complete single-dose vial was administered, use the HCPCS modifier JZ.<sup>a</sup>

If a portion of the single-use vial was discarded, document it on a separate line using the HCPCS modifier JW.

Additional modifiers may be required, please confirm with commercial plans.

**Field 24G:** Specify the number of units administered. **The billable unit for C9088 is 1 mg/0.03 mg.** For example, 400 mg/12 mg (14 mL) corresponds to 400 billable units.

<sup>a</sup>For dates of service on or after July 1, 2023, the JZ modifier is required on claims for single-dose containers when no amount was discarded.



### HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA <span style="float: right;"><input type="checkbox"/> PICA</span>											
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (TRICARE ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK/LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (ID#)	16. INSURED'S LD, NUMBER (For Program in Item 1)				
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		
CITY		STATE		CITY		STATE		ZIP CODE			
TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) (YES   NO)		b. INSURED'S DATE OF BIRTH (MM   DD   YY)					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? (YES   NO)		c. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? (YES   NO)		d. INSURANCE PLAN NAME OR PROGRAM NAME					
4. INSURANCE PLAN NAME OR PROGRAM NAME				10a. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES   NO) <i>If yes, complete items 9, 9a, and 9d.</i>					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.											
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 payment of medical benefits to the undersigned physician or supplier for services described below.)						
SIGNED _____ DATE _____					SIGNED _____						
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM   DD   YY)				15. OTHER DATE (MM   DD   YY)		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM   TO) (MM   DD   YY)					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. QUAL. (17b. NPI)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM   TO) (MM   DD   YY)					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? (YES   NO)		21. \$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind. #											
A. _____		B. _____		C. _____		D. _____		E. _____			
F. _____		G. _____		H. _____		I. _____		J. _____			
K. _____		L. _____		M. _____		N. _____		O. _____			
24. A. DATE(S) OF SERVICE (From   To) (MM   DD   YY   MM   DD   YY)		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST (Plan #)	I. ID. QUAL.	J. RENDERING PROVIDER ID, #
1   MM   DD   YY   MM   DD   YY   XX		XX	XXXX	A		XXX   XX	1	NPI	XXXXXXXXXX		
2   MM   DD   YY   MM   DD   YY   XX		C9088	JZ	A		XXX   XX	XXX	NPI	XXXXXXXXXX		
3								NPI			
4								NPI			
5								NPI			
6								NPI			
25. FEDERAL TAX ID, NUMBER		SSN, EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (YES   NO)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rev'd for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) 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 _____		SIGNED _____ DATE _____				SIGNED _____ DATE _____					

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

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

This document is provided for your guidance only. Coding requirements may vary by payer; please consult the payer to determine which codes are required.

**ZYNRELEF**<sup>®</sup>  
(bupivacaine and meloxicam)  
extended-release solution  
29.25 mg/mL and 0.88 mg/mL

**C9088**

**CLAIM SUBMISSION CHECKLIST**

**Have you included the HCPCS code for ZYNRELEF?**

C9088

**Have you included the following information to support utilization of C9088?**

Drug name       NDC

**Have you utilized the appropriate modifier to document use of the complete single-dose vial (JZ) or to document that a portion of the vial was discarded (JW)?**

Yes

**Have you included other modifiers as applicable, such as TB or JG for drugs acquired through the 340B Program?**

Yes

For billing and coding questions, call **Heron Connect**<sup>®</sup> at **1-844-HERON11 (1-844-437-6611)**  
8 AM to 5 PM ET, Monday through Friday.

For more information, visit **HeronConnect.com**

**Please see full Prescribing Information, including Boxed Warning.**