

YCANTH[®] (cantharidin) topical solution 0.7%

Billing and Coding Guide

Verrica Announces the approval of a permanent
J Code: J7354 for YCANTH (cantharidin) for topical
administration, 0.7%, single dose applicator (3.2 mg).

J-code
J7354
Effective
April 1, 2024

YCANTH (cantharidin) topical solution 0.7% is indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older.

Please see Important Safety Information on page 3 and full Prescribing Information enclosed. See disclaimer on page 5.

Please see Important Safety Information and
Full Prescribing Information at [YCANTHPro.com](https://www.ycanthpro.com)



Ycanth[®]
(cantharidin) TOPICAL SOLUTION 0.7%

Table of Contents

3.....	Important Safety Information
4.....	Sample Coding
6.....	Sample CMS-1450 (UB-04) Form
8.....	Sample CMS-1500 Form
10.....	Site of Care Information
11.....	Y-Access Support Solutions

YCANTH[®] (cantharidin) topical solution 0.7%

Indication

YCANTH (cantharidin) topical solution, 0.7% is indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older.

Important Safety Information

CONTRAINDICATIONS:

None.

WARNINGS AND PRECAUTIONS:

- YCANTH is for topical use only. YCANTH is not for oral, mucosal, or ophthalmic use. Life threatening or fatal toxicities can occur if YCANTH is administered orally. Avoid contact with the treatment area, including oral contact, after treatment. Ocular toxicity can occur if YCANTH comes in contact with eyes. If YCANTH gets in eyes, flush eyes with water for at least 15 minutes.
- Local Skin Reactions: Reactions at the application site may occur, including vesiculation, pruritus, pain, discoloration, and erythema. Avoid application near eyes and mucosal tissue, and to healthy skin. If YCANTH contacts any unintended surface, or healthy skin, immediately remove. If severe local skin reactions occur, remove prior to the recommended 24 hours after treatment.
- YCANTH is flammable, even after drying. Avoid fire, flame or smoking near lesion(s) during treatment and after application until removed.

ADVERSE REACTIONS:

The most common (incidence $\geq 1\%$) reactions are the following local skin reactions at the application site: vesiculation, pain, pruritus, scabbing, erythema, discoloration, application site dryness, edema, and erosion. Local skin reactions at the application site were observed in 97% of subjects treated with YCANTH during clinical trials. These local skin reactions are expected and related to the anticipated blistering response of the skin to cantharidin.

DRUG INTERACTIONS:

No studies evaluating the drug interaction potential of cantharidin have been conducted.

USE IN SPECIFIC POPULATIONS:

Pregnancy: There are no available data with use of YCANTH in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Given that systemic exposure to cantharidin following topical administration is low, maternal use is not expected to result in fetal exposure to the drug.

Lactation: Avoid application of YCANTH topical solution to areas with increased risk for potential ingestion by or ocular exposure to the breastfeeding child.

OVERDOSAGE:

Oral ingestion of cantharidin has resulted in renal failure, blistering and severe damage to the gastrointestinal tract, coagulopathy, seizures, and flaccid paralysis.

Please see accompanying full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact Verrica Pharmaceuticals Inc. at 1-877-VERRICA (1-877-837-7422), or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. Local skin reactions are expected and should be reported if they are severe.

Sample Coding

Molluscum Contagiosum

Type	Code		Description
Diagnosis: ICD-10-CM	B08.1		Molluscum contagiosum
Drug: HCPCS	J7354		Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Drug: NDC	10-digit	11-digit	
Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference	71349-070-01	71349-0070-01	To be recognized by payers, the NDC number must be formatted into an 11-digit 5-4-2 sequence. Add a leading zero to the second sequence to meet the 5-4-2 format requirement.
Administration procedures: CPT	17110		14 LESIONS OR FEWER Destruction (e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative up to 14 lesions
	17111		15 LESIONS OR GREATER Destruction (e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative 15 or more lesions

CPT= Current Procedural Terminology **HCPCS=** Healthcare Common Procedure Coding System
ICD-10-CM= International Classification of Diseases, 10th Revision, Clinical Modification **NDC=** National Drug Code

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care, and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and billing requirements.

Verrica Pharmaceuticals Inc. does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

HCPCS J-code for YCANTH

The Centers for Medicare and Medicaid Services (CMS) has approved a new permanent HCPCS J-code for YCANTH effective for dates of service on or after April 1, 2024:

J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)

HCPCS code J7354 should be used on physician office and hospital outpatient claims with dates of service on or after April 1, 2024.

In accordance with the code descriptor, providers should report 1 unit of J7354 for each single-use applicator administered. For example:

1 single-use applicator = 1 unit of J7354

2 single-use applicators = 2 units of J7354

For dates of service prior to April 1, 2024, HCPCS coding for YCANTH will vary.

Disclaimer

The use of this guide is strictly for information purposes. The information contained in this document is not intended for purposes of providing clinical practice guidelines for the use of YCANTH (cantharidin) topical solution 0.7%. Please see the package insert for more information.

Verrica Pharmaceuticals Inc. specifically disclaims liability or responsibility for the results or consequences of any action taken in reliance on information in this sample coding guide. Verrica Pharmaceuticals cannot guarantee nor is responsible for the payment of any claim. The coding, coverage, and payment for YCANTH may vary by payer, plan, patient, and setting of care. For more information, healthcare professionals should check with individual payers for specific coding, coverage, and payment requirements in the use of YCANTH. It is the sole responsibility of the healthcare professional to properly code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient's medical records.

Coding determinations and analyses should always be independently researched and assessed. Providers are responsible for selecting the most appropriate diagnosis code for a specific patient. Providers should contact a patient's health plan, as health plans may have specific reimbursement requirements for YCANTH administration.

Content is informational only and does not constitute medical, legal, or reimbursement advice and represents no statement, promise, or guarantee of payment. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payer appropriate coding, medical necessity, site of service, documentation requirements and payment levels, and to submit appropriate codes, modifiers, and charges for services rendered. Although Verrica has made every effort to provide information that is current at the time of its issue, it is recommended you consult your legal counsel, reimbursement/compliance advisor, and/or payer organization(s) for interpretation of payer specific coding, coverage, and payment expectations.

Sample CMS-1450 (UB-40) Form

Enter the 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy

BOX 42

Enter a detailed description of the drug for the payer. List the 11-digit NDC number with the N4 qualifier

BOX 43

Enter the appropriate HCPCS code for YCANTH: J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (effective for dates of service on or after April 1, 2024).

Enter the appropriate CPT code for YCANTH application based on the actual service performed.

Example:
CPT code 17110 for destruction of up to 14 lesions
CPT code 17111 for destruction of 15 or more lesions

BOX 44

Report units of service for each HCPCS or CPT code in accordance with the code descriptor. For HCPCS code J7354, report 1 unit for each single-use applicator administered.

Example:
1 single-use applicator = 1 unit of J7354
2 single-use applicators = 2 units of J7354

BOX 46

Enter the appropriate ICD-10-CM diagnosis code. Example: B08.1

BOX 66

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM THROUGH			
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE	
34		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37	
38		39 CODE		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42		43		44		45	
46		47		48		49	
1		2		3		4	
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	

Sample CMS-1500 Form



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare#) (Medicaid#) (ID#/Doc#) (Member ID#) (ID#)</small>		1a. INSURED'S I.D. 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 <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> d. INSURANCE PLAN NAME OR PROGRAM NAME _____	
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. SIGNED _____ DATE _____		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 _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24B) ICD Ind. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. _____	
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) E. DIAGNOSIS (ICD-9-CM) F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ID. QUAL J. RENDERING PROVIDER ID.#		23. PRIOR AUTHORIZATION NUMBER _____	
25. FEDERAL TAX I.D. NUMBER SSN EIN _____		26. PATIENT'S ACCOUNT NO. _____	
27. ACCEPT ASSIGNMENT? (For govt claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		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.) SIGNED _____ DATE _____		32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____	
33. BILLING PROVIDER INFO & PH# () a. NPI b. _____			

Enter the ICD-10-CM diagnosis code that reflects the patient's condition.
Example: B08.1 (molluscum contagiosum)

BOX 21

In the non-shaded area, list the date of service. In the shaded area, give a detailed drug description (YCANTh cantharidin 0.7% single use applicator, 3.2 mg, N471349007001).

BOX 24A

Enter the appropriate site of service code:

- 11 - Physician Office
- 19 - Off Campus, Outpatient Hospital
- 21 - Inpatient Hospital
- 22 - On Campus, Outpatient Hospital
- 49 - Independent Clinic

BOX 24B

Enter the appropriate HCPCS code for YCANTh:
J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (effective for dates of service on or after April 1, 2024).

Enter the appropriate CPT code for YCANTh application based on the actual service performed.

Example:
CPT code 17110 for destruction of up to 14 lesions
CPT code 17111 for destruction of 15 or more lesions

BOX 24D

Bill for one or two YCANTh applicators based on the service provided.

Note: Depending on the service provided, provider should list 1 or 2 units of service in item 24G. The appropriate determination of the payment will be made by the insurance plan.

BOX 24G

Site of Care

Place of Service Codes for Professional Claims

Place of Service Code(s)	Place of Service Name	Place of Service Description
11	Office	Location, other than a hospital, skilled nursing facility, SNF, military treatment facility, community health center, State or public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

Y-Access[®] Support Solutions

One-stop support for patients and physicians

Program Services:

Y-Access provides support to all buy & bill offices. With a completed patient enrollment, healthcare professionals will receive support in the following categories:

- Benefits Investigation
- Prior Authorization Support
- Appeal Support
- Copay Eligibility and Enrollment (with completed patient enrollment)
- Patient Assistance Program Enrollment (with completed patient enrollment)
- Insurance Claims Support
- Product Replacement and Triage
- Safety Information Reporting (e.g., Adverse Events & Product Complaints)
- Medical Information
- General Inquiries (FAQs)

Y-Access Healthcare Professional (HCP) Portal:

- Secure messaging and exchange of documents between the Y-Access Support Solutions Team and the HCP for fast and efficient communication
- Allows the HCP to monitor the progress of their patient's case without the hassle and inconvenience of calling the support center
- Gives the HCP easy access to each patient's progress and needs in one location
- Patient enrollment form automation and submission
- Provides the HCP with alerts if an action is requested from the Y-Access Support Solutions Team
- The HCP can easily find any forms, letters, and brochures for information about the product and coverage
- Ability for multiple users to access and use the system simultaneously

Y-Access Support Solutions offers a purpose-built user portal to support offices throughout the buy & bill reimbursement cycle.

Y-AccessSupport.com

Phone: 1-855-YCANTHS (1-855-922-6847)

Fax : 1-844-YCANTHS (1-844-922-6847)

Hours: Monday through Friday 8:00am to 8:00pm EST

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