

# Sample UB-04 (also known as CMS 1450) Claim Form for Hospital Outpatient Department Billing: KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph) Injection 165 mg + 2,000 units/mL

Note: Please visit CMS.gov and contact other payers to obtain guidance on billing and coding for single-use vials and packages and wastage, including the appropriate use of the JW and JZ modifiers. Record the amount of drug administered and the amount wasted in the patient's medical record.

## LOCATOR 43

- For each line item, enter the description of the revenue code used
- For the line item for KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph), also enter the drug's brand and generic names

## LOCATOR 42

- Enter appropriate revenue code for each line item
- Drugs that are billed with HCPCS codes usually require revenue code 0636—*Drugs requiring detailed coding*

## LOCATOR 66

- Enter appropriate diagnosis code(s)

## LOCATOR 80

- Drug name: KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)
- Total strength: Specify total dosage given
- Method of administration: Subcutaneous Injection (SubQ or SC)
- 11-digit NDC: 00006-3083-01 or 00006-5083-01
- Note that some payers may have character limits in FL 80**, which may require abbreviations of the information included

## LOCATOR 44

- Use J9277 to bill for KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)
- The administration time corresponds to CPT code 96401

## LOCATOR 46

- Enter the appropriate number of units. For J9277, each unit corresponds to 1 mg of KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)
- Example: 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa-pmph (2.4mL): Enter 395 billing units
- On a separate line, enter the appropriate number of units discarded (if applicable) and include in Locator 44 (the JW or JZ modifiers as appropriate)

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 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 DATE		33 OCCURRENCE DATE	
34		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38		39 CODE		40 CODE		41 CODE	
		VALUE CODES AMOUNT		VALUE CODES AMOUNT		VALUE CODES AMOUNT	
		a		b		c	
		d					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1							
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3							
4							
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PAGE		OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57	
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	
66		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI		QUAL	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS		81CC a		81CC b		81CC c	
		81CC d					

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