

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)

1		2		3a PAT. CNTRL. # 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 HR. 14 TYPE 15 SRC 16 DHR 17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE 30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
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		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER PROCEDURE DATE		79 OTHER PROCEDURE DATE		80 REMARKS		81CC a b c d	

- LOCATOR 44**
- Use J3590, J9999, J3490, or C9399 to bill for KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)
 - These miscellaneous codes are for use until a unique HCPCS code is assigned to KEYTRUDA QLEX
 - The administration time corresponds to CPT code 96401

- LOCATOR 46**
- Enter the appropriate number of units. For J3590, J9999, J3490, or C9399, each unit (1) corresponds to either 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa-pmph (2.4mL) **or** 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa-pmph (4.8mL) of KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)
 - Enter the full NDC, route of administration, total pembrolizumab mg administered, and berhialuronidase alfa units in the line description or remarks section
 - 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)

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