

Billing Codes and National Drug Codes (NDCs)

Below is a list of codes that may be relevant for KEYTRUDA QLEX and its administration. This information is current as of September 2025. The information provided here is compiled from sources believed to be accurate, but Merck makes no representation that it is accurate. Information about HCPCS codes is based on guidance issued by the Centers for Medicare & Medicaid Services applicable to Medicare Part B and may not apply to other public or private payers. Consult the relevant manual and/or other guidelines for a description of each code to determine the appropriateness of a particular code and for information on additional codes. Diagnosis codes should be selected only by a healthcare professional. This information is subject to change. Merck cautions that payer coding requirements vary and can frequently change, so it is important to regularly check with each payer as to payer-specific requirements.

You are solely responsible for determining the appropriate codes and for any action you take in billing. The information provided here is not intended to be definitive or exhaustive and is not intended to replace the guidance of a qualified professional advisor. Merck and its agents make no warranties or guarantees, express or implied, concerning the accuracy or appropriateness of this information for your particular use given the frequent changes in public and private payer billing. The use of this information does not guarantee payment or that any payment received will cover your costs.

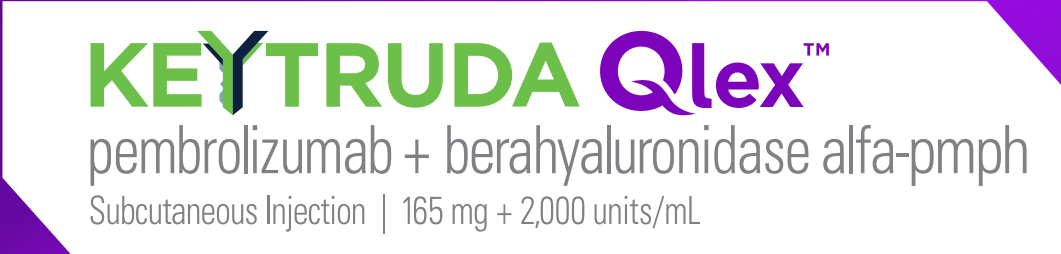
NDC and Packaging Information

The NDC is typically required when submitting a claim with a miscellaneous HCPCS code. Please consult with the payer to understand specific billing requirements.

PRODUCT		
KEYTRUDA QLEX		
PACKAGE	10-Digit NDC	11-Digit NDC
Carton containing one 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa per 2.4 mL (165 mg/2,000 units per mL), single-dose vial	0006-3083-01	00006-3083-01
Carton containing one 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa per 4.8 mL (165 mg/2,000 units per mL), single-dose vial	0006-5083-01	00006-5083-01

HCPCS=Healthcare Common Procedure Coding System.

Billing Codes and National Drug Codes (NDCs)



Billing Codes

Below is a list of codes that might be used (depending on payer requirements) when submitting a claim for KEYTRUDA QLEX. Please consult with the applicable payer to understand the payer’s specific billing requirements.

HCPCS Codes¹

These miscellaneous codes are for use until a unique HCPCS code is assigned to KEYTRUDA QLEX.

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.

HCPCS CODE	DESCRIPTOR
J3590	Please refer to the most recent Alpha-Numeric HCPCS Quarterly Update File for a complete description of the code
J9999	
J3490	
C9399	

CPT^a Code for Administration²

CPT Code	Descriptor
96401	Please refer to the AMA CPT 2025 Professional Edition manual for a complete description of the code

^aCPT Copyright 2024 American Medical Association. All rights reserved.

Revenue Code³

Revenue Code
0636

Diagnosis Codes

Check with the relevant payers regarding guidance on which diagnoses they will recognize and the applicability of secondary codes. Healthcare professionals are solely responsible for selecting codes that appropriately reflect the patient’s diagnosis, the services rendered, and the applicable payer’s guidelines.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; AMA=American Medical Association.

For more information

 VISIT merckaccessprogram.com

 CONTACT The Merck Access Program (Monday–Friday, 8 AM–8 PM) at 855-257-3932

Before prescribing KEYTRUDA QLEX, please read the accompanying [Prescribing Information](#). The [Medication Guide](#) also is available.

References

1. Healthcare Common Procedure Coding System (HCPCS) quarterly update: July 2025 alpha-numeric HCPCS. Centers for Medicare & Medicaid Services. Updated June 17, 2025. Accessed July 8, 2025. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>
2. AAPC Codify - CPT® Code 96401. Accessed July 30, 2025. <https://www.aapc.com/codes/cpt-codes/96401>
3. Chapter 17 - Medicare Claims Processing Manual. Centers for Medicare and Medicaid Services. Last revised February 15, 2024. Accessed July 8, 2025. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>