## Sample UB-04 (also known as CMS 1450) Claim Form for Hospital Outpatient Department Billing: KEYTRUDA® (pembrolizumab) Injection 100 mg

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.

9 PATIENT ADDRESS

44 HCPCS / RATE / HIPPS CODE

ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT

#### **Locator 43**

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

#### **Locator 42**

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

### **Locator 66**

# **Locator 44**

- Use J9271 to bill for KEYTRUDA® (pembrolizumab)
- The infusion time corresponds to CPT code 96413

#### **Locator 46**

- Enter the appropriate number of units. For J9271, each unit corresponds to 1 mg of KEYTRUDA® (pembrolizumab)
- 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)

• Enter appropriate diagnosis code(s)

4 TYPE OF BILL

STATEMENT COVERS PERIOD FROM THROUGH

28 29 ACDT STATE

The suggestions contained on this form are compiled from sources believed to be accurate for the Medicare Part B program, but Merck makes no representation that the information is accurate or that it will comply with the requirements of any particular Medicare Administrative Contractor (MAC) or payer. You are solely responsible for determining the billing and coding requirements applicable to any payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor or any instructions provided by a payer or MAC. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. Merck makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and cautions that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

CREATION DATE

64 DOCUMENT CONTROL NUMBER

59 P. REL 60 INSURED'S UNIQUE ID

b

d

TOTALS

61 GROUP NAME

76 ATTENDING

78 OTHER

79 OTHER

77 OPERATING NPI

PRV ID

65 EMPLOYER NAME

62 INSURANCE GROUP NO.

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TO THIS BILL AND ARE MADE A PAR

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8 PATIENT NAME

10 BIRTHDATE

2 REV. CD. 43 DESCRIPTION

PAGE

63 TREATMENT AUTHORIZATION CODES

58 INSURED'S NAME

OF