

Sample UB-04 (CMS-1450) Claim Form for Hospital Outpatient Billing: CIMERLI® (ranibizumab-eqrn)

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 ADMISSION DATE		13 DISCHARGE DATE	
14 DHR		15 STAT		16-21 CONDITION CODES		22-28	
29 ACDT STATE		30		31-33		34-37	
34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
510		Outpatient clinic		67028-RT			
636		N470114044101MLO.05		Q5128		5	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67 A		68 B		69 C	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 QUAL	
78 LAST		79 FIRST		80 LAST		81 FIRST	
82 OTHER NPI		83 QUAL		84 LAST		85 FIRST	
86 OTHER NPI		87 QUAL		88 LAST		89 FIRST	
90 REMARKS		91 CC a		92 b		93 c	
94 d		95		96		97	

Box 42: Revenue Codes
 Outpatient Clinic: 510
 Drugs requiring detailed coding: 636
 Note: Other revenue codes may apply

Box 43: Description of Product or Procedure
 For example:
 Product: Enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity at the end.

Box 44: HCPCS/CPT
 For example:
Administration: 67028 for intravitreal injection.
 To denote site of administration, enter appropriate modifiers, -LT, -RT, or -50 for bilateral injection.
Drug: Q5128 for CIMERLI
 Please use modifier JZ to denote administration of full vial (no discarded amounts) if applicable.

Box 46: Units
 Billable units for CIMERLI are in **0.1 mg** increments.
 For example:
 0.5 mg = 5 billable units
 0.3 mg = 3 billable units

Box 67: Diagnosis Code
 Enter the appropriate ICD-10-CM code

This sample claim form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Sandoz does not guarantee CIMERLI coverage or reimbursement.

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