

Sample UB-04(CMS-1450) Claim Form for Hospital Outpatient Billing: CIMERLI™ (ranibizumab-eqrn) Injection Unclassified HCPCS Codes

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 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 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE		39 OCCURRENCE DATE		40 OCCURRENCE DATE		41 OCCURRENCE DATE		42 OCCURRENCE DATE		43 OCCURRENCE DATE		44 OCCURRENCE DATE		45 OCCURRENCE DATE		46 OCCURRENCE DATE		47 OCCURRENCE DATE		48 OCCURRENCE DATE		49 OCCURRENCE DATE					
39 CODE		40 CODE		41 CODE		42 CODE		43 CODE		44 CODE		45 CODE		46 CODE		47 CODE		48 CODE		49 CODE		50 CODE		51 CODE		52 CODE		53 CODE		54 CODE		55 CODE		56 CODE		57 CODE					
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		51		52		53		54		55		56		57		58		59		60					
510		Outpatient clinic		67028-RT				1																																	
636		N470114044101ML0.05		C9399																																					
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 OTHER PRV ID		58		59		60		61		62		63		64		65		66		67		68					
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		63 TREATM.		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73		74		75							
69 ADMIT DX		70 PATIENT REASON DX		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE		92 OTHER PROCEDURE CODE					
80 REMARKS		CIMERLI (ranibizumab-eqrn) injection, intravitreal injection		NDC: [70114-0441-01] Dose: [0.5 mg/0.05 mL]																																					

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: PHCPCS/CPT
For example:
Enter the appropriate CPT code. To denote site of administration, enter appropriate modifiers, -LT, -RT, or -50 for bilateral injection.
Enter HCPCS code C9399 to represent CIMERLI injection.

Box 46: Units
C9399 has a unit descriptor of 1.
This billing unit is used for unclassified codes.

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

Box 80: When using unclassified/miscellaneous HCPCS codes, additional information is required:

- Name of Drug: Brand/generic
- NDC number
 - 70114-0441-01: 0.5 mg/0.05 mL (10 mg/mL) vial
 - 70114-0440-01: 0.3 mg/0.05 mL (6 mg/mL) vial (one carton)
- Dose, strength, unit of measure and route of administration
 - Select the appropriate dose strength from between 0.5 mg/0.05 mL or 0.3 mg/0.05 mL

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. Coherus BioSciences does not guarantee CIMERLI™ coverage or reimbursement.

