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

1	2			3a PAT. CNTL #		4 TYPE OF BILL	
		1		b. MED. REC.# CFED TAX NO. 6 STATEMENT COVERS PERIOD 7			
				5 FED. TAX NO.		ROUGH	
8 PATIENT	IAME a	9 PATIENT ADDRESS a					
b	u u	b			c d	e	
10 BIRTHDA	ADMISSION 16 DF	IR 17 STAT 18 19 20	CONDITION 21 22 2	CODES 3 24 25 26	27 28 29 ACDT 30 STATE	0	
Box	42: Revenue Codes						
	patient Clinic: 510	34 OCCURRENCE 35 CODE DATE CODE	OCCURRENC FROM	E SPAN 36 THROUGH CODE	OCCURRENCE SPAN FROM TH	ROUGH 37	
	attent child. 310 as requiring detailed coding:					а	
636			39 VALUE	CODES 40	ALUE CODES 41	VALUE CODES	
030 39 VALUE CODES 40 VALUE CODES 41 VALUE CODES   Note: Other revenue codes may a a a a a a						ODE AMOUNT	
apply							
c c							
		d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS 47	7 TOTAL CHARGES	48 NON-COVERED CHARGES 49	
510	Outpatient clinic	67028-RT				1	
² 636	N461314062594ML0.05	Q5128		5		2	
					Box 4	6: Units	
Box	43: Description of Product or	Box 44: H	CPCS/CF	т	Billabl	le units for CIMERL	
	cedure	For exam	ple:		are in	0.1 mg increments	
For	For example: Administration: 670				For ex	ample:	
	Product: Enter gualifier "N4", the intravitreal injection.				0.5 m	g = 5 billable units	
11-digit National Drug Code, the To denot			te site of administration, 0.3 mg - 3 billable units				
	UOM (mL) and the unit quantity at enter appropriate				nodifiers, –LI, –		
the end. RT, or $-50$ for bi					÷	13	
4	Drug: Q5128 for					14	
5				r JZ to denote		15	
6		administr	ation of fl	) if applicable.		16	
7		uiscaluet	anounts	s) il applicable.		17	
8						18	
0						20	
1						21	
2						22	
3	PAGE OF	CREATION DAT	E	TOTALS		23	
50 PAYER N	AME 51 HEALTH PLAN	ID 52 REL 53 ASG. INFO BEN.	54 PRIOR PAYMEN	TS 55 EST. AMOUNT DUE	56 NPI		
<b>^</b>					57	A	
3					OTHER PRV ID	В	
58 INSURED	'S NAME 59 P BEL	60 INSURED'S UNIQUE ID	6	I GROUP NAME	62 INSURANCE G	BOUP NO.	
						A	
в	Box 67: Diagnosis					в	
c	Code Enter the			1		c	
63 TREATM	appropriate ICD-10-	64 DOCUMENT CONTROL NUMBER		65 EMPL	OYER NAME		
	CIVICOUE					A	
						B	
66 DX XXX.X	X A B B C		E II	F C	G H	68	
	Î J K Î	M	N	O I			
69 ADMIT DX	70 PATIENT REASON DX	C 71 PPS CODE	72 ECI	a b	С	73	
74 CO	RINCIPAL PROCEDURE DE DATE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI	QU	AL	
				LAST	FIRST		
c. CO	OTHER PROCEDURE d. OTHER PROCEDURE DE DATE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI			
80 REMARK	81CC			LAST 78 OTHER NPI	FIRST		
OU NEWIAHK	5 a b			LAST	FIRST		
	c			79 OTHER NPI	au		
	d			LAST	FIRST		
UB-04 CMS-1	450 APPROVED OMB NO. 0938-0997			THE CERTIFICATIONS ON THE	REVERSE APPLY TO THIS BI	LL AND ARE MADE A PART HEREOF.	

NUBC<sup>®</sup> National Uniform Billing Committee

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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