

Sample UB-04 (also known as CMS 1450) Claim Form for Hospital Outpatient Department Billing: GARDASIL®9 (Human Papillomavirus 9-valent Vaccine, Recombinant), 0.5 mL

Note: For questions on billing if a portion of a package is wasted, consult the applicable payer's policy regarding wastage. Record the amount of drug administered and the amount wasted in the patient's medical record. Medicare requires the use of the JW modifier on all claims that include wasted product.

1		2		3a PAT CNTL # b. MED REC #		4 TYPE OF BILL	
8 PATIENT NAME		9 NO.		6 STATEMENT COVERS PERIOD FROM THROUGH		7	
10 BIRTH DATE		11 SEX		ADMN 137		25	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
						46 SERV. UNITS	
						47 TOTAL CHARGES	
						48 NON-COVERED CHARGES	
						49	
PAGE ____ OF ____		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO.		53 ASSO. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX		67		68		68	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		76 ATTENDING NPI	
80 REMARKS		81CC a		b		77 OPERATING NPI	
		c		d		78 OTHER NPI	
		d				79 OTHER NPI	

Locator 43

- For each line item, enter the description of the revenue code used.
- For the line item for GARDASIL®9 (Human Papillomavirus 9-valent Vaccine, Recombinant), also enter the drug's brand and generic names.

Locator 42

- Enter appropriate revenue code for each line item.

Locator 46

- Enter the number of units in this field.
- Note that 1 unit equals one 0.5-mL dose of GARDASIL 9.

Locator 67

- Enter the appropriate diagnosis code.

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 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.

CMS=US Centers for Medicare & Medicaid Services; MAC=Medicare Administrative Contractor.