

Sample UB-04 (also known as CMS-1450) Claim Form for Inpatient and Hospital Outpatient Department Billing: BILDYOS® (denosumab-nxxp) injection 60 mg/mL

Before prescribing BILDYOS, please read the [Prescribing Information](#), including the Boxed Warning. The [Medication Guide](#) also is available.

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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50 PAYER NAME		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	69 ADMIT DX	70 PATIENT REASON	74 PRINCIPAL PROCEDURE CODE	OTHER PROCEDURE CODE	80 REMARKS																																																																												
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Form Locator 42

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

Form Locator 43

- Enter the modifier "N4" followed by the 11-digit NDC in positions 01-13, quantity qualifier (UN), and quantity administered (eg, N49999999999UN1).
- Form Locator 43 should contain the drug name, total dosage administered, and NDC.
- For the line item for BILDYOS, also enter the drug's brand and generic names.

Form Locator 46

- Enter the number of units administered in this field.
- Note that 1 unit equals 1 mg of BILDYOS for Q5162.

Form Locator 44

Please note that different payers may have different coding requirements for BILDYOS. Check with the payer for information on billing and coding if you have questions. The guidance below applies to Medicare Part B claims. Check with the payer for billing and coding information for commercial claims.

For dates of service on or after April 1, 2026, use Q5162 to bill for BILDYOS.
 For dates of service prior to April 1, 2026, use C9399 to bill for BILDYOS.

- To record waste: It is required to enter the HCPCS code with a JW modifier (eg, Q5162-JW) on the next line to record waste.
- For no wastage: Enter the HCPCS code with a JZ modifier (eg, Q5162-JZ) to attest that there were no discarded amounts.

For the administration procedure:

- Possible corresponding CPT® codes include 96372 and 96401.
- Health care providers should consult the payer or Medicare contractor to determine the code most appropriate for administration. It is the provider's responsibility to ensure that codes used are consistent with payer policy and reflect the service performed.

Form Locator 67

- Enter appropriate diagnosis code(s).

Form Locator 80

To report the use of BILDYOS, include the NDC number and name of the drug (both brand and generic), strength of drug administered, and dose. Note: If using an electronic medical record (EMR), confirm that the appropriate information is entered in the Form Locator 80 equivalent and conforms to any plan-specific character limits.

The suggestions contained on this form are compiled from sources believed to be accurate for the Medicare Part B program, but Organon 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. Organon 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.

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