

Sample UB-04 (also known as CMS 1450) Claim Form for Hospital Outpatient Department Billing: RENFLEXIS® (infliximab-abda) for Injection, for Intravenous Use 100 mg

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

Note: See <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/Part-B-Biosimilar-Biological-Product-Payment.html> for additional guidance from CMS on billing for RENFLEXIS (infliximab-abda), including important information about differences between claims with dates of service on or after April 1, 2018 versus claims with dates of service before April 1, 2018. 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.

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.*

Locator 43

- For each line item, enter the description of the revenue code used.
- For the line item for RENFLEXIS (infliximab-abda), also enter the drug's brand and generic names.

Locator 46

- Enter the number of units administered in this field.
- Note that 1 unit equals 10 mg of RENFLEXIS for Q5104 (used to bill for RENFLEXIS [infliximab-abda] for dates of service on or after April 1, 2018).

Locator 44

Please note that different payers may have different coding requirements for RENFLEXIS (infliximab-abda). 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 claims with dates of service on or after April 1, 2018:

- Use Q5104 to bill for RENFLEXIS (infliximab-abda).

For infusion procedure:

- The infusion time corresponds to CPT® codes 96413 and 96415. (Some payers may prefer use of 96365 and 96366. Check with the applicable payer.)

Locator 67

- Enter appropriate diagnosis code(s).

1	2	3a PAT. CNTL # 3b MED. REC. #	4 TYPE OF BILL
NO.		6 STATEMENT COVERS PERIOD FROM THROUGH 7	
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 ABS. 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		68	
69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 ECI
73	74 PRINCIPAL PROCEDURE CODE		75
76 ATTENDING NPI		QUAL	
LAST		FIRST	
77 OPERATING NPI		QUAL	
LAST		FIRST	
78 OTHER NPI		QUAL	
LAST		FIRST	
79 OTHER NPI		QUAL	
LAST		FIRST	
80 REMARKS		81CC a	b
		c	d

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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