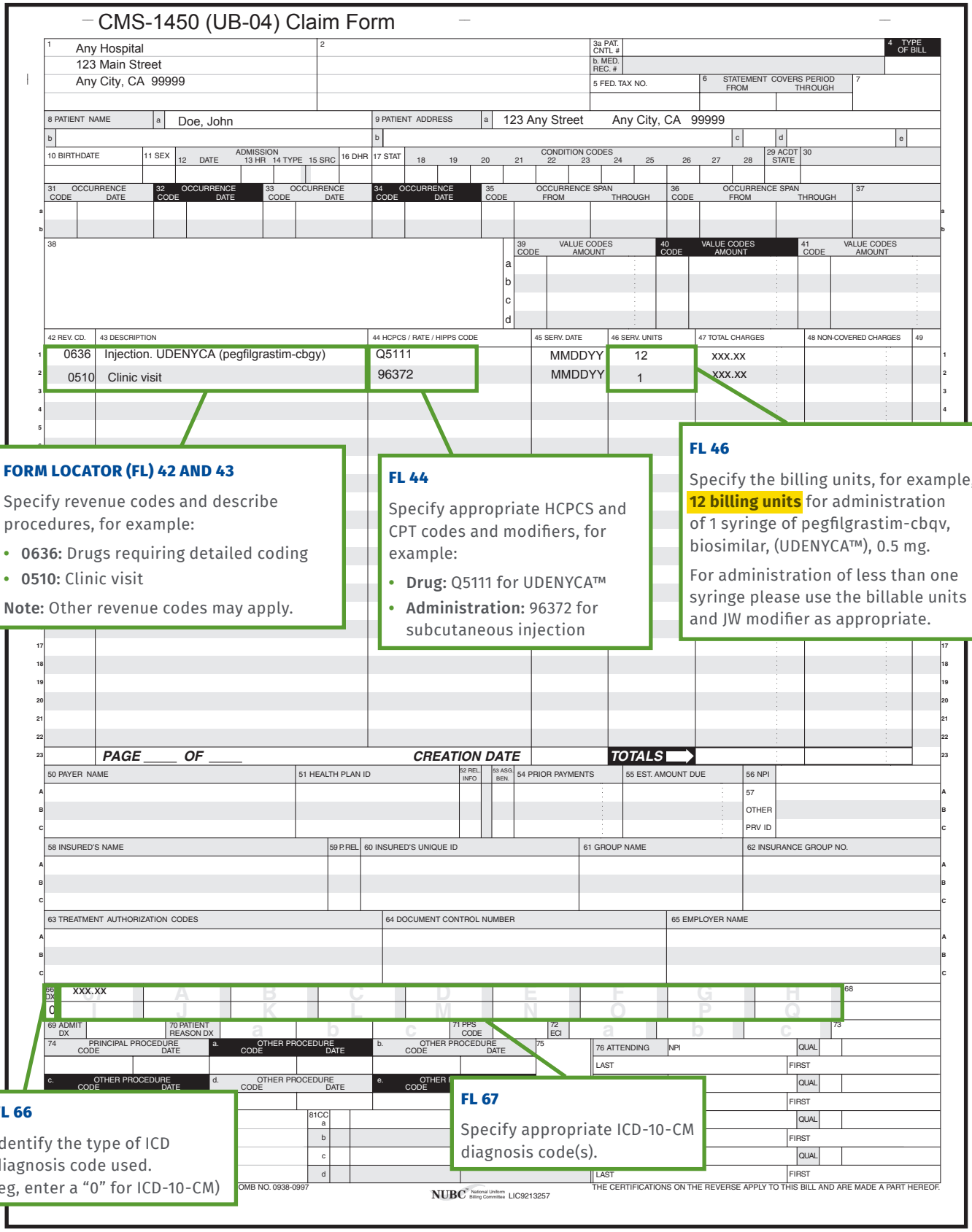
Sample CMS-1450 (UB-04) Claims Form



FORM LOCATOR (FL) 42 AND 43

Specify revenue codes and describe procedures, for example:

- **0636:** Drugs requiring detailed coding
- **0510:** Clinic visit

Note: Other revenue codes may apply.

FL 44

Specify appropriate HCPCS and CPT codes and modifiers, for example:

- **Drug:** Q5111 for UDENYCA™
- **Administration:** 96372 for subcutaneous injection

FL 46

Specify the billing units, for example, **12 billing units** for administration of 1 syringe of pegfilgrastim-cbqv, biosimilar, (UDENYCA™), 0.5 mg.

For administration of less than one syringe please use the billable units and JW modifier as appropriate.

FL 66

Identify the type of ICD diagnosis code used.
(eg, enter a "0" for ICD-10-CM)

FL 67

Specify appropriate ICD-10-CM diagnosis code(s).

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating UDENYCA™ 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 UDENYCA™ coverage or reimbursement.

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