



Billing Codes and National Drug Codes (NDCs)

Below is a list of codes that may be relevant for KEYTRUDA QLEX and its administration. This information is current as of February 2026. The information provided here is compiled from sources believed to be accurate, but Merck makes no representation that it is accurate. Information about HCPCS codes is based on guidance issued by the Centers for Medicare & Medicaid Services applicable to Medicare Part B and may not apply to other public or private payers. Consult the relevant manual and/or other guidelines for a description of each code to determine the appropriateness of a particular code and for information on additional codes. Diagnosis codes should be selected only by a healthcare professional. This information is subject to change. Merck cautions that payer coding requirements vary and can frequently change, so it is important to regularly check with each payer as to payer-specific requirements.

You are solely responsible for determining the appropriate codes and for any action you take in billing. The information provided here is not intended to be definitive or exhaustive and is not intended to replace the guidance of a qualified professional advisor. Merck and its agents make no warranties or guarantees, express or implied, concerning the accuracy or appropriateness of this information for your particular use given the frequent changes in public and private payer billing. The use of this information does not guarantee payment or that any payment received will cover your costs.

NDC and Packaging Information

The NDC is typically required when submitting a claim with a miscellaneous HCPCS code. Please consult with the payer to understand specific billing requirements.

PRODUCT		
KEYTRUDA QLEX		
PACKAGE	10-Digit NDC	11-Digit NDC
Carton containing one 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa per 2.4 mL (165 mg/2,000 units per mL), single-dose vial	0006-3083-01	00006-3083-01
Carton containing one 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa per 4.8 mL (165 mg/2,000 units per mL), single-dose vial	0006-5083-01	00006-5083-01

HCPCS=Healthcare Common Procedure Coding System.

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Billing Codes

Below is a list of codes that might be used (depending on payer requirements) when submitting a claim for KEYTRUDA QLEX. Please consult with the applicable payer to understand the payer's specific billing requirements.

HCPCS Code¹

Note: Please visit [cms.gov](https://www.cms.gov) and contact other payers to obtain guidance on billing and coding for single-use vials and packages and wastage, including the appropriate use of the JW and JZ modifiers.

HCPCS CODE	DESCRIPTOR
J9277	Please refer to the most recent Alpha-Numeric HCPCS Quarterly Update File for a complete description of the code

CPT^a Code for Administration²

CPT Code	Descriptor
96401	Please refer to the AMA CPT 2025 Professional Edition manual for a complete description of the code

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Revenue Code³

Revenue Code
0636

Diagnosis Codes

Check with the relevant payers regarding guidance on which diagnoses they will recognize and the applicability of secondary codes. Healthcare professionals are solely responsible for selecting codes that appropriately reflect the patient's diagnosis, the services rendered, and the applicable payer's guidelines.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; AMA=American Medical Association.

For more information



VISIT [merckaccessprogram.com](https://www.merckaccessprogram.com)



CONTACT The Merck Access Program (Monday–Friday, 8 AM–8 PM)
at 855-257-3932

Before prescribing KEYTRUDA QLEX, please read the accompanying [Prescribing Information](#). The [Medication Guide](#) also is available.

References

1. Healthcare Common Procedure Coding System (HCPCS) application summaries and coding determinations: fourth quarter, 2025 HCPCS coding cycle. Centers for Medicare & Medicaid Services. Updated January 20, 2026. Accessed January 21, 2026. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/current-prior-years-level-ii-coding-decisions>
2. AAPC Codify - CPT® Code 96401. Accessed July 30, 2025. <https://www.aapc.com/codes/cpt-codes/96401>
3. Chapter 17 - drugs and biologicals. Medicare Claims Processing Manual. Centers for Medicare and Medicaid Services. Last revised June 6, 2024. Accessed January 26, 2026. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>

