

Sample CMS-1450 (UB-04) Claim Form

Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of documentation used in seeking coverage or reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

Field 42 – Revenue Code(s)

Enter the appropriate revenue code corresponding to the HCPCS or CPT code for field 44

Example: For HCPCS J1454, the appropriate revenue code may be 0636 for drugs and biologicals that require specific identification as required by the payer

Field 44 – HCPTS/CPT Code

Enter the appropriate HCPCS and CPT codes

Examples:

- CPT code: 96367, intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
- HCPCS code: J1454

Field 67 – Diagnosis Code(s)

Enter the appropriate diagnosis codes, with the primary diagnosis code on line A, the secondary diagnosis code on line B, etc.

Requirements for diagnosis coding will vary by payer, so please check with the payer to verify coding requirements

The image shows a sample CMS-1450 (UB-04) Claim Form. It is a complex form with multiple sections. Key sections include:

- Header:** Patient name, address, birthdate, sex, date, and condition codes.
- Procedure Codes:** A large table for HCPCS and CPT codes, including columns for code, date, and amount.
- Diagnosis Codes:** A section for ICD-9-CM diagnosis codes, with lines A through Q.
- Charges:** A table for charges, including columns for code, date, and amount.
- Summary:** A section for totals, including total charges, total units, and total amount due.
- Footer:** Payer information, including name, address, and contact details.

Field 46 – Service Units

Enter the appropriate number of units

Example: Enter "1" for a single-dose vial of fosnetupitant 235 mg/palonosetron 0.25 mg

For more information about AKYNZEO, please see the [full Prescribing Information](#).

For more information, call 1-84HELSINN-U (1-844-357-4668, select prompt 2).