

Sample UB-04/1450 Claim Form (previously UB-92)

SAMPLE HOSPITAL OUTPATIENT		3a PAT CNTL #		4 TYPE OF BILL	
		5a MED REC #			
		5 FED TAX NO		6 STATEMENT COVERS PERIOD FROM	
		00000000		010108	
8 PATIENT NAME Doc, John		9 PATIENT ADDRESS 123 Any Street, Cambridge MA 02139			
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SNG
16 DHR	17 STAT	18	19	20	21
CONDITION CODES					
22	23	24	25	26	27
28	29 ACCT STATE	30			
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE
37	38	39	40	41	42
43 DESCRIPTION			44 HCPCS / RATE / HPCS CODE	45 SERV. DATE	46 SERV. UNITS
636 Drugs requiring detailed coding			17322	010108	XXXX XX
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> HCPCS code (Box 44) *Enter the HCPCS code that represents the product administered *Enter the appropriate modifier -LT, -RT, or -50 to denote the specific knee injected or a bilateral injection </div>			<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> Serv. Units (Box 46) *Note the amount of SYNVISCO* used (by using multiples of the amount associated with the code) </div>		
510 Clinic Visit			20610	XXXX	XX
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> Procedure Code (Box 44) *Enter the CPT-4 code that represents the administered procedure performed </div>			<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> Procedure Revenue Codes (Box 42) *CMS requires a revenue code on each line item within UB-04 claim form </div>		
PAGE ____ OF ____			CREATION DATE		TOTALS
50 PAYER NAME XYZ Insurance Company		51 HEALTH PLAN ID XXXXXX		52 REL SPTS	53 AND REV
				54 PRIOR PAYMENTS 0	55 EST. AMOUNT DUE 1234567890
					56 NPI 123456
					57 OTHER PRIV ID
58 INSURED'S NAME Doc, John		59 P REL	60 INSURED'S UNIQUE ID 00000000	61 GROUP NAME ABC	62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66	67	68	69	70	71
ICD-9-CM CODE					
715.16					
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> Enter the ICD-9-CM code for the patient's diagnosis/condition. </div>					
74 ADMIT DX	75 PRINC CODE	76 ATTENDING NPI 1234567890	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
74 ADMIT DATE		75 PRINC DATE		76 ATTENDING LAST	
				77 OPERATING LAST	
				78 OTHER LAST	
				79 OTHER LAST	
				80 REMARKS	