Sample CMS-1450 (UB-04) Claims Form

CMS-1450 (UB-04) Claim Form

1 Any Hospital
123 Main Street
Any City, CA 99999

2

3a PAT. CNTL #
b. MED. REC. #

4 TYPE OF BILL

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a Doe, John

9 PATIENT ADDRESS a 123 Any Street Any City, CA 99999

10 BIRTHDATE | 11 SEX | 12 ADMISSION DATE | 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 CONDITION CODES | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

38

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0636	Injection. UDENYCA (pegfilgrastim-cbqv)	Q5111	MMDDYY	12	xxx.xx		
2	0510	Clinic visit	96372	MMDDYY	1	xxx.xx		
3								
4								
5								
17								
18								
19								
20								
21								
22								
23		PAGE ____ OF ____	CREATION DATE		TOTALS			

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 or 1 autoinjector of UDENYCA®.

Please use the appropriate HCPCS Modifier

Effective July 1, 2023, providers are **required** to report the **JZ modifier** on all claims that bill for drugs from single-dose containers that are separately payable **when there are no discarded amounts.** The modifier may be used as of January 1, 2023, however, after July 1, 2023 use of the modifier is required.

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL. INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID

58 INSURED'S NAME | 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 XXX.XX | 67 | 68

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE

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

OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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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