

CMS-1450 (UB-04) Claim form – Hospital Outpatient Department

Box 42: Enter the appropriate Revenue Code corresponding to the HCPCS code in Box 44 (e.g., 0636 for pharmacy, drugs that require detailed coding)

Box 43: Enter the name of the product and the description of the administration service

Example: “Injection, palonosetron HCl, 25 mcg”

Box 44: Enter the appropriate HCPCS and CPT codes. Examples:

J2469 [Injection, palonosetron HCl, 25 mcg]

96375 [Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug]

Other administration codes may be applicable

Box 46: Enter the appropriate number of units (e.g., 3 for a 0.075 mg dose of ALOXI®)

Box 67A-67Q: Enter the primary diagnosis code on line A, the secondary diagnosis code on line B, tertiary on line C, etc

1		2		3a. ICD-9-CM PROC. CODE #		3b. ICD-9-CM PROC. CODE #		4. TRIC. OPT. #	
8. PATIENT NAME		9. PATIENT ADDRESS		5. PROC. TRK. NO.		6. STATEMENT COVERED PERIOD FROM		7. STATEMENT COVERED PERIOD THROUGH	
10. BIRTH DATE		11. SEX		12. DATE		13. ADMISSION		14. TYPE	
15. SPC		16. DHR		17. STAT		18. 18		19. 20	
21. OCCURRENCE CODE		22. OCCURRENCE DATE		23. OCCURRENCE CODE		24. OCCURRENCE DATE		25. OCCURRENCE SPAN FROM	
26. OCCURRENCE THROUGH		27. OCCURRENCE SPAN FROM		28. OCCURRENCE THROUGH		29. OCCURRENCE SPAN FROM		30. OCCURRENCE THROUGH	
31. VALUE CODES		32. VALUE CODES		33. VALUE CODES		34. VALUE CODES		35. VALUE CODES	
36. AMOUNT		37. AMOUNT		38. AMOUNT		39. AMOUNT		40. AMOUNT	
41. DESCRIPTION		42. HCPCS / RATE / HIPP'S CODE		43. SERV. DATE		44. SERV. UNITS		45. TOTAL CHARGES	
46. NON-COPIES-CHARGES		47.		48.		49.		50.	
PAGE		OF		CREATION DATE		TOTALS			
51. PROVIDER NAME		52. HEALTH PLAN ID		53. ICD-9-CM PROC. CODE #		54. ICD-9-CM PROC. CODE #		55. EST. ANNUAL DUE	
56. ICD-9-CM PROC. CODE #		57. ICD-9-CM PROC. CODE #		58. ICD-9-CM PROC. CODE #		59. ICD-9-CM PROC. CODE #		60. ICD-9-CM PROC. CODE #	
61. INSURED'S NAME		62. ICD-9-CM PROC. CODE #		63. INSURED'S LANGUAGE ID		64. GROUP NAME		65. INSURANCE GROUP NO.	
66. TREATMENT AUTHORIZATION CODES		67. DOCUMENT CONTROL NUMBER		68. EMPLOYER NAME					
69. ADMIT. DATE		70. ICD-9-CM PROC. CODE #		71. ICD-9-CM PROC. CODE #		72. ICD-9-CM PROC. CODE #		73. ICD-9-CM PROC. CODE #	
74. ICD-9-CM PROC. CODE #		75. ICD-9-CM PROC. CODE #		76. ICD-9-CM PROC. CODE #		77. ICD-9-CM PROC. CODE #		78. ICD-9-CM PROC. CODE #	
79. ICD-9-CM PROC. CODE #		80. ICD-9-CM PROC. CODE #		81. ICD-9-CM PROC. CODE #		82. ICD-9-CM PROC. CODE #		83. ICD-9-CM PROC. CODE #	
84. REMARKS		85. ICD-9-CM PROC. CODE #		86. ICD-9-CM PROC. CODE #		87. ICD-9-CM PROC. CODE #		88. ICD-9-CM PROC. CODE #	
89. ICD-9-CM PROC. CODE #		90. ICD-9-CM PROC. CODE #		91. ICD-9-CM PROC. CODE #		92. ICD-9-CM PROC. CODE #		93. ICD-9-CM PROC. CODE #	

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67A-Q