

1 Sample CMS-1450 (UB-04) Illustrative Purposes ONLY Last update: 2/21/2011

2 Contact 800-553-3851 for state guidelines

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

4 TYPE OF BILL
12x
or 13x

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a Joan Q. Public

9 PATIENT ADDRESS a 1250 Bayhill Drive, Anytown, USA

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

31 OCCURRENCE DATE 32 CODE 33 OCCURRENCE DATE 34 CODE 35 OCCURRENCE DATE 36 CODE 37

38 39 CODE VALUE CODES AMOUNT 40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT

a 48 Hb reading

b or

c 49 HCT reading

d

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	Epoetin alfa, Non-ESRD, 1000 units	J0885	01/01/11	XX	Facility-specific		1
2 0510	Therapeutic injection*	96372	01/01/11	1	Facility-specific		2

Select appropriate modifier with J0885.
For more information, click here.

* Either a therapeutic injection OR a clinic visit may be billed on the same date.

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Please consult with your counsel or reimbursement specialist for any reimbursement or billing questions.

PAGE ____ OF ____ CREATION DATE

50 PAYER NAME A MEDICARE CLAIM UNDER APCS

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 A

59 P.REL. 60 INSURED'S UNIQUE ID

61 GROUP NAME

62 INSURANCE GROUP NO. C

63 TREATMENT AUTHORIZATION CODES A

64 DOCUMENT CONTROL NUMBER B

65 EMPLOYER NAME C

66 DX contact your appropriate Medicare Contractor

68

69 ADMIT DX 70 PATIENT REASON DX a b c 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 DATE

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