

CMS 1450 (UB-04) Claim form – Hospital Inpatient Setting

Box 42: Enter the appropriate Revenue Code corresponding to GLIADEL® Wafer in Box 44

Box 43: Enter the name of the product

Example: “GLIADEL Wafer (polifeprosan 20 with carmustine implant)

Box 46: Enter the appropriate number of units implanted (e.g., up to 8 GLIADEL Wafers if medically appropriate)

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

Box 74: Enter the appropriate ICD-9-CM procedure code for GLIADEL Wafer implantation (e.g., 00.10)

1		2		3a REV. CYCLE #		3b BILL #		3c TRF. CONTROL #																																																																																																																																			
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8 PATIENT NAME				9 PATIENT ADDRESS																																																																																																																																							
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION		14 TYPE		15 SPEC		16 DMN1		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50																																																											
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