

**CMS 1450 (UB-04) (Hospital Services)**

1	2	3a PAT. CONTL. #	4 TYPE OF BILL
b	c	d	e
8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b	c	d	e
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
30	31	32	33
34	35	36	37
38	39	40	41
a	b	c	d
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE
46	43	46	46
47	48	49	50
51	52	53	54
55	56	57	58
59	60	61	62
63	64	65	66
67	68	69	70
71	72	73	74
75	76	77	78
79	80	81	82
83	84	85	86
87	88	89	90
91	92	93	94
95	96	97	98
99	100	101	102

**Box 42:** Enter the appropriate Revenue Code Corresponding to GLIADEL® Wafer (carmustine implant) in Box 44

**Box 43:** Enter the name of the product

Example: "GLIADEL Wafer (carmustine implant)"

**Box 46:** Enter the appropriate number of units used (1 box/unit=8 wafers)

Example: If up to 8 wafers were used, indicate 1 unit on the claim. See Instructions for Use for additional details

**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-10-PCS procedure code for GLIADEL Wafer implantation (e.g. 3E0Q305)