

CMS 1450 (UB-04) (Hospital Services)

1		2		3G PAT. CONTL. # 3H MED. REC. # 5 FED. TAX NO.			4 TYPE OF BILL												
8 PATIENT NAME				9 PATIENT ADDRESS															
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 CHR			17 STAT 18 19 20 21		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE						
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE FROM THROUGH		38 OCCURRENCE FROM THROUGH		39 OCCURRENCE FROM THROUGH		40 OCCURRENCE FROM THROUGH	
36				40 VALUE CODES		41 VALUE CODES		42 VALUE CODES		43 VALUE CODES		44 VALUE CODES		45 VALUE CODES		46 VALUE CODES		47 VALUE CODES	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
PAGE		OF		CREATION DATE		TOTALS													
50 PRIOR NAME				51 HEALTH PLAN ID				52 PRIOR PAYMENTS				53 EST. AMOUNT DUE				54 NP1			
58 INSURED'S NAME				59 P-REL				60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.			
65 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				66 EMPLOYER NAME											
67				67A-Q				68											
70 ADMIT DATE		71 PATIENT RESOURCES		72 PPS CODE		73 BCI		74		75		76 ATTENDING NP1		QUAL					
77 OPERATING NP1		QUAL		78 OTHER NP1		QUAL		79 OTHER NP1		QUAL		80 OTHER NP1		QUAL					
80 REMARKS																			

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 implanted (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)