

Sample CMS-1450 (UB-04) Claims Form

1

BOXES 42-43. Revenue Code and Description

Enter the appropriate revenue code.

Example revenue code:
For Medicare, use revenue code 0636 (drugs that require detailed coding).

2

BOX 44 . CPT®/HCPCS Code

Enter the appropriate CPT®/HCPCS codes.

Example HCPCS code:
Q5111, Injection, UDENYCA™ (pegfilgrastim-cbqv)
Example Procedure Code: 96372 for subcutaneous injection

3

BOX 46. Units

Enter the appropriate number of service units.

Q5111 has a unit value of 0.5 mg; therefore, a typical value of 12 can be entered into this field.

1 Any Hospital 123 Main Street Any City, CA 99999		2		3a PRG CNTL # 3b MED REC #		4 TYPE OF BILL																																			
8 PATIENT NAME a Doe, John		9 PATIENT ADDRESS a 123 Any Street Any City, CA 99999																																							
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 ACCT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44		45		46		47		48		49					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPCS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55		56		57		58		59		60					
0636 Injection, UDENYCA (pegfilgrastim-cbqv)		Q5111		MMDDYY		12		XXX,XX																																	
0510 Clinic visit (subcutaneous injection)		96372		MMDDYY		1		XXX,XX																																	
PAGE		OF		CREATION DATE		TOTALS																																			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INQ		53 AUTH INQ		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68					
69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87					
DXX,XX		A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R					
74 PRINCIPAL PROCEDURE CODE		75 REASON CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE		92 OTHER PROCEDURE CODE					
80 REMARKS		81 CC		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98					

4

BOXES 67 and 67A-Q.

Enter the appropriate ICD-10-CM diagnosis code.

Example: DXX.X*

Note: Enter the appropriate diagnosis as reflected in the patient's medical record.

*Specific fourth digit required.

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating UDENYCA™ treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee UDENYCA™ coverage or reimbursement.