

# Sample CMS-1450 (UB-04) Claim Form

## Outpatient Hospital CMS-1450 (UB-04) Claim Form<sup>1</sup>

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas and Seattle Genetics do not guarantee reimbursement for any services or products.

**References:** 1. Centers for Medicare & Medicaid Services. Medicare uniform instructional provider bill and supporting regulations 42 CFR 424.5 (07-19-2019). <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450>. Accessed 05-07-2020. 2. Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 25 – completing and processing the form CMS-1450 data set. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>. Accessed 06-10-2019. 3. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Decisions (04-14-2020). <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-1-2020-drugs-and-biologicals-updated-04142020.pdf>. Accessed 04-22-2020. 4. Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 17 – drugs and biologicals. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>. Accessed 06-10-2019.

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							
2							
3							
4							
5							
6							

- A Item 42**  
Enter a 4-digit revenue code that best describes the service provided, in accordance with the hospital billing policy.<sup>2</sup>
- B Item 43**  
Enter the corresponding description for the revenue code listed in Item 42. When required, enter the NDC qualifier “N4” followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.<sup>2</sup>
- C Item 44**  
Enter the appropriate HCPCS code for PADCEV™ (enfortumab vedotin-ejfv): J9177. For dates of service prior to July 1, 2020, use the unspecified HCPCS codes.<sup>2,3</sup> If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.<sup>4</sup>
- D Item 45**  
Enter the date of service.<sup>2</sup>
- E Item 46**  
Report billing units here. 0.25 mg = 1 billing unit. Actual units reported will vary by dosage required for each individual patient.<sup>2,3</sup>

- F Item 66**  
Enter the appropriate diagnosis code(s).<sup>2</sup>
- G Item 67A-67Q**  
Enter the site-specific ICD-10-CM diagnosis codes for the malignancy being treated as documented in the patient’s medical records.<sup>2</sup>
- H Item 80**  
Some payers may require additional information such as the date the drug was furnished to the beneficiary and 11-digit NDC to be entered in Item 80.<sup>4</sup> Requirements vary by payer.

HCPCS = Healthcare Common Procedure Coding System; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; NDC = National Drug Code.  
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