

Sample UB-04 Claim Form — INFUSION ROOM/CHEMOTHERAPY SERVICES

Single Drug with unique separately payable HCPCS

Drug classification supports assignment of Chemotherapy Administration

HCPCS has "K" status indicator meaning that the drug is separately payable under OPSS

PATIENT NAME										STUDENT ADDRESS										DATE OF BIRTH	
Smith, Jane, D.										123 Main Street, Anytown, Anystate 12345										MM/DD/YY	
ADMISSION DATE										ADMISSION TIME										ADMISSION TYPE	
MM/DD/YY										F											
REVENUE CODE										DESCRIPTION										TOTAL CHARGES	
331										Chemotherapy Injected (Anti-neoplastic hormonal injection)										\$\$\$ \$	
636										Drugs/Detail Code (Epoetin Alfa Non-ESRD, 1000 units)										\$\$\$ \$	
HCPCS CODE										RATE / UNIT										TOTAL CHARGES	
96402										MM/DD/YY										X	
J0885										MM/DD/YY										X	
HEALTH PLAN ID										TOTALS										TOTAL CHARGES	
TREATMENT AUTHORIZATION CODES										DOCUMENT CONTROL NUMBER										EMPLOYER NAME	
XXX.XX																					
ATTENDING PHYSICIAN										PHYSICIAN										QUAL	
LAST										FIRST											
OTHER PHYSICIAN										PHYSICIAN										QUAL	
LAST										FIRST											

Column 43 — Description
 • Description of services/products provided.

Column 47 — Total Charges
 • Indicate the facility's actual charges for products and procedures.

Column 42 — Revenue Code(s)
 Enter appropriate revenue codes for services provided.

Product Revenue Codes:
 • Enter appropriate revenue code for product administered (Ex. 250- General Pharmacy, 636 - Drugs That Require Detail Coding)

Procedure Revenue Codes:
 • Enter appropriate revenue code for type of service/procedure

Column 44 — Product/Procedure Code(s):
 • Enter the appropriate HCPCS or CPT codes plus modifiers (if applicable) to identify the product/service administered

Column 46 — Service Units
 • Enter the number of units of each product/service administered.

National Provider Identifier (Box 56)
 • Enter appropriate NPI as assigned by CMS (Note: see also Boxes 76, 77, 78, 79)

Diagnosis Codes (Box 67)
 • Enter appropriate ICD-9-CM diagnosis code corresponding to a particular patient's diagnosis.

This Billing Instruction Sheet is intended as a reference for potential coding, billing and associated services. It is not intended to be a directive, nor is it a suggestion about the likelihood of obtaining reimbursement. Physicians and staff may deem other codes or policies more appropriate. Providers should select the coding options that most accurately reflect a patient's condition, their internal system guidelines, payer requirements, practice patterns, and the services rendered.

