

HYALGAN CMS-1450/UB-04 SAMPLE CLAIM FORM

1	2		3a PAY CNTL # 3b NEDS REC #		4 TYPE OF BILL 131			
8 PATIENT NAME Doe, John			9 PATIENT ADDRESS 12345 Green Street, City Town, XX, 10101					
10 BIRTHDATE 01/01/1945	11 SEX M	12 DATE	13 HR	14 TYPE	15 SRC	16 DMR		
31 OCCURRENCE DATE			44 HCPCS CODE J7321		45 SERV DATE MM/DD/YY			
32 OCCURRENCE DATE			44 HCPCS CODE 20610 - 50		45 SERV DATE MM/DD/YY			
42 REV CD 0636		43 DESCRIPTION Drugs requiring detailed coding		44 HCPCS CODE J7321		45 SERV DATE MM/DD/YY		
42 REV CD 0636		43 DESCRIPTION Clinic, general		44 HCPCS CODE 20610 - 50		45 SERV DATE MM/DD/YY		
47 TOTAL CHARGES XXX XX		48 NON-COVERED CHARGES XXX XX		49		50		
PAGE OF		CREATION DATE		TOTALS		51		
50 PAYER NAME			51 HEALTH PLAN ID		52 REL INFO		53 ARR BEN	
54 PRIOR PAYMENTS			55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 ID			61 GROUP NAME		62 INSURANCE GROUP NO.			
CONTROL NUMBER			65 EMPLOYER NAME					
68 ICD-10-CM M17.0		70 PATIENT REASON DK		71 PPS CODE		72 ECI		
74 PRINCIPAL PROCEDURE CODE 81.92		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 QUAL		
74 PRINCIPAL PROCEDURE DATE MM/DD/YY		75 OTHER PROCEDURE DATE		76 ATTENDING LAST		77 QUAL FIRST		
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING FIRST		77 QUAL LAST		
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING QUAL		77 QUAL QUAL		
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING QUAL		77 QUAL QUAL		

Box 44: HCPCS Code
Enter HCPCS code for HYALGAN J7321—Hyaluronan or derivative, HYALGAN or SUPARTZ, for intra-articular injection, per dose

Box 46: Service Units
Enter number of HYALGAN units administered
Example:
1 service unit for each dose

Box 42: Revenue Code
Enter appropriate revenue code
Example:
0636 attached to HCPCS code J7321

Box 44: CPT Code
Enter appropriate CPT code and modifier
Example:
20610—Arthrocentesis, aspiration, and/or injection; major joint or bursa [leg, shoulder, hip, knee joint, subacromial bursa]

Box 66: Diagnosis Code
Enter appropriate ICD-10-CM diagnosis
Example:
M17.0 Bilateral primary osteoarthritis of the knee

Box 74: Principal Procedure Code & Date
Enter principal ICD-10-CM procedure code and date of administration
Example:
81.92 for injection of therapeutic substance into joint or ligament

DISCLAIMER: HYALGAN Sample Claim Form CMS-1450/UB-04 is intended solely for use as a resource tool to assist physician office and hospital outpatient billing staff regarding reimbursement issues. Any determination about if and how to seek reimbursement should be made only by the appropriate members of the physician office or hospital outpatient staff in consultation with the physician and in consideration of the procedure performed or therapy provided to a specific patient. Fidia Farmaceutici S.p.A/Interpace BioPharma do not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy/legislation are subject to continual change; information contained in this version of the HYALGAN Reimbursement Guide is current as of **March 2016**.

