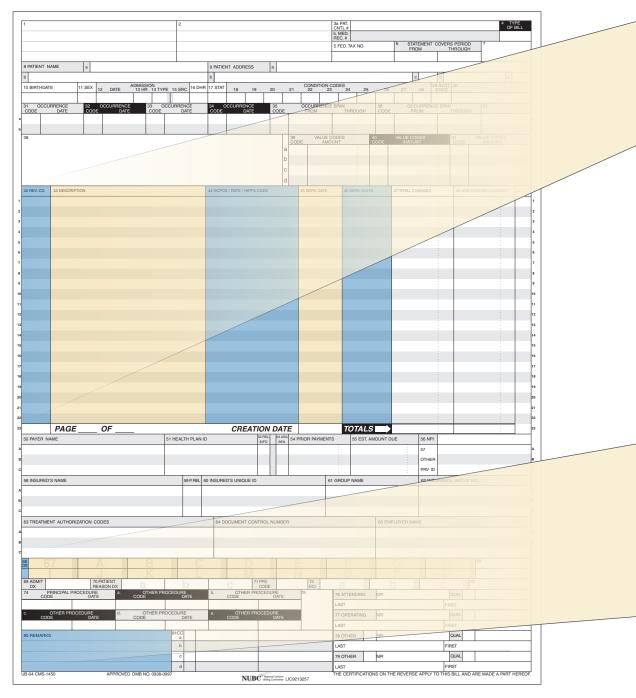
# Sample CMS-1450 (UB-04) Claim Form

## 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 Seagen 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 (0719-2019). https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450. Accessed 02-01-2021.

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 02-01-2021.

3. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures. (09-16-2020). https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-11-30-HCPCS-Level2-Coding-Procedure.pdf. Accessed 02-01-2021.

4. Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 17 – drugs and biologicals (08-28-2020). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf. Accessed 02-01-2021.

# A B C D E 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 2 3 3 4 5 5 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

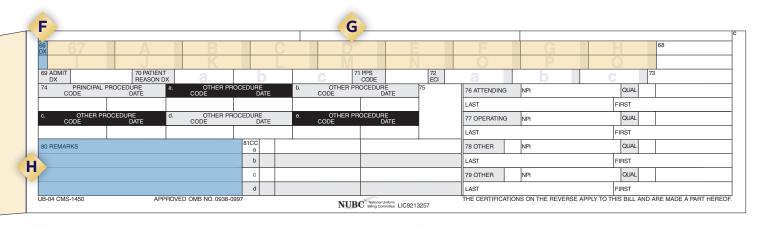
Enter the appropriate HCPCS code for PADCEV® (enfortumab vedotin-ejfv): J9177.³ If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.⁴

#### D Item 45

Enter the date of service.2

#### **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).2

#### **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, 10th Revision, Clinical Modification; NDC = National Drug Code.

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