

INPATIENT (CMS-1450) SPEVIGO Subcutaneous Injection

SAMPLE FORM - FOR EDUCATIONAL PURPOSES ONLY



SPEVIGO and the associated services provided in an inpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 claim form for billing SPEVIGO Subcutaneous is provided below.*

Sample Hospital Technical Billing Form: Inpatient Prospective Payment System (IPPS) Setting

UB-04 CMS-1450

1		2		3a PAY CNTL #		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
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 ACD STAT	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37	
38		39 CODE		40 VALUE CODES AMOUNT		41 CODE	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
						\$XX.XX	
						\$XX.XX	
						\$XX.XX	
PAGE OF		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 AGO BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 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 PATIENT REASON DX		71 IPPS CODE		72 ECH		73	
74 PRINCIPAL PROCEDURE CODE		75		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 REMARKS		80		81	
82		83		84		85	
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