

2011 CMS-1450 (UB-04) Sample Claim Form

1. Item 42 ⇨ Indicate revenue codes.

2. Item 43 ⇨ Describe procedure (eg, therapeutic injection, clinic visit).

3. Item 44 ⇨ Indicate appropriate CPT® and HCPCS codes and modifiers if required. Be sure to enter the correct CPT® codes by payer. The updated HCPCS J code, J3357, should be utilized for STELARA®, and should be considered equivalent to 1 mg. This code replaces J3590 and C9261. Consult your local payer for coding policy. Please contact AccessOne® at (888) ACCESS-1 (222-3771) to confirm payer requirements.

4. Item 66 ⇨ Indicate diagnosis using the appropriate ICD-9-CM code.

5. Item 74 ⇨ Indicate ICD-9-CM procedure code.

How supplied

Dosage	NDC (item 80)	Units (item 46)
STELARA® 45 mg prefilled syringe	57894-060-03	45
STELARA® 90 mg prefilled syringe	57894-061-03	90

1 Anytown Hospital 160 Main Street Anytown, Anystate 01010		2 Pay-to-name Pay-to-address Pay-to-city/state		3a PAT. CNTL. # b MED. REC. # XX-XXXX DOE 1234-97	4 TYPE OF BILL
8 PATIENT NAME a John B. Doe (ID)		9 PATIENT ADDRESS a 3914 Spruce Street		10 BIRTHDATE b John B. Doe	
11 SEX M		12 DATE OF BIRTH 07-01-30		13 STATE AS	
14 TYPE M		15 SRC M		16 DHR M	
17 STAT M		18 M		19 M	
20 M		21 M		22 M	
23 M		24 M		25 M	
26 M		27 M		28 M	
29 ACCT STATE AS		30 ACCT STATE AS		31 ACCT STATE AS	
32 CODE M		33 CODE M		34 CODE M	
35 CODE M		36 CODE M		37 CODE M	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT	
41 VALUE CODES AMOUNT		42 REV. CD.		43 DESCRIPTION	
44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
50 PAYER NAME Medicare		51 HEALTH PLAN ID		52 EST. AMOUNT DUE 123 456 7890	
53 AMOUNT		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
56 NPI		57 OTHER PRV ID		58 INSURED'S NAME	
59 P.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 ICD-9-CM PROCEDURE CODE XXX-X		67 ICD-9-CM PROCEDURE CODE	
68 ICD-9-CM PROCEDURE CODE		69 ADMIT DX		70 PATIENT REASON DX	
71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 123 456 7890	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
80 REMARKS ustekinumab, 45 mg, 57894-060-03, injected subcutaneously		81CC a		81CC b	
81CC c		81CC d		81CC e	

6. Item 46 ⇨ One unit of J3357=1 mg of ustekinumab. When using this code for Medicare OPPS claims, note that a 45 mg, single-use prefilled syringe of STELARA®=45 units. Keep in mind that units may refer to either the 45 mg or 90 mg dosage, depending on the NDC. Please consult your local payer or AccessOne® at (888) ACCESS-1 (222-3771) for further guidance.

7. Item 47 ⇨ Indicate total charges. Note: When STELARA® is delivered to providers by specialty pharmacies or brought to the office by the patient, enter "\$00.00" or "\$00.01," with respect to J3357, depending upon payer claims processing system requirements.

8a–b. Items 56, 76–79 ⇨ For proper use of the NPI, please refer to the CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing, Chapter 25; available at www.cms.hhs.gov/manuals.

9. Item 80 ⇨ Some payers may ask providers to specify name, dosage strength, NDC, and method of administration. Payers' policies regarding use of the 10-digit NDC format (57894-060-03) or the 11-digit format (57894-0060-03) may vary. Also, some payers require alternate product codes. Contact AccessOne® at (888) ACCESS-1 (222-3771) to confirm payer-specific coding requirements.

Please click [here](#) to read the [Full Prescribing Information](#) and [Medication Guide](#) for STELARA®. Provide the Medication Guide to your patients and encourage discussion.



The information provided on this form is not a guarantee of reimbursement or coverage. The healthcare professional or prescribing physician is responsible for determining and recording the patient's accurate diagnosis and for providing health-related information.