SAMPLE
DRAFT

Sample UB-92 Paper Claim Form for
Novoste™ Beta-Cath™ System Hospital Inpatient Claim

APPROVED OMB NO. 0938-0279

Anytown Hospital
20 Hospital Drive
Anytown, USA

2		3 PATIENT CONTROL NO.	4 TYPE OF BILL

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM — THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
	10012001 10032001					

12 PATIENT NAME
Smith, Jane

13 PATIENT ADDRESS
123 Main Street, Anytown, Anystate 12345

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24 25 26 27 28 29 30	31
01201928	**F**										

Note on Date Formats:
Paper forms: Use date format MMDDCCYY (e.g., 07012001).

Electronic claims: Use date format CCYYMMDD (e.g., 20010701).

32 OCCURENCE CODE/DATE	33 OCCURENCE	34 OCCURENCE	35 OCCURENCE DATE	36 OCCURENCE SPAN CODE FROM THROUGH	37

39 CODE	OCCURENCE AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a					
b					
c					
d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	**120**	**Room and board**				$xxx.xx		1
2	**272**	**Surgical supplies-sterile supply**				$xxx.xx		2
3	**32X**	**Radiology - Diagnostic**				$xxx.xx		3
4	**33X**	**Radiology - Therapeutic**				$xxx.xx		4
5	**48X**	**Cardiology Services**				$xxx.xx		5

Appropriate Charges: A charge must appear for each line item.

Revenue Codes:

Enter appropriate revenue codes for all services provided.

Hospital billing staff should determine which revenue codes to use at their facility.

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	**xxxxxx**					
B						
C						

57

DUE FROM PATIENT ▶

58 INSURED'S NAME		62 INSURANCE GROUP NO.
A **Smith, Jane**		A
B		B
C		C

Diagnosis Code:
Enter the appropriate principal and secondary ICD-9-CM diagnosis code(s) to most accurately represent the patient's condition. (For example, *411.1, intermediate coronary syndrome* and 996.72, *complications due to cardiac device implant).*

It is always the provider's responsibility to determine and submit appropriate codes for the services rendered.

67 PRIN. DIAG. CD.	68 CODE	69 CODE	OTHER DIAG. CODES	76 ADM DIAG. CD.	77 E-CODE	78
411.1	**996.72**					

79 P.C.	80 PRINCIPLE PROCEDURE CODE/DATE	81 OTHER CODE		a / b
	36.01	**92.27**		
	OTHER PROCEDURE CODE/DATE C	OTHER CODE D		a / b

Locators 80 and 81: Enter the appropriate ICD-9-CM procedure code(s), (For example, 36.01, *single vessel percutaneous transluminal coronary angioplasty (PTCA)* and 92.27, *implantation or insertion of radioactive elements).*

It is always the provider's responsibility to determine and submit appropriate codes for the services rendered.

84 REMARKS	85 PROVIDER REPRESENTATIVE **X**	86 DATE

UB-92 HCFA-1450

Reference Document: D00644 Rev B

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.