2017 No Formal Policy| PuraPly AM 132 sq cm Wound Sample UB-04 Claim Form

1 Anytown Hospital	2		3a PAT. CNTL # HIC 012345678A	4 TYPE OF BILL
123 Medical Drive			b. MED. REC. #	131
Anytown, NJ 00000		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7
		01-2345678	01012016 01012016	

8 PATIENT NAME	a Smith, Jane	9 PATIENT ADDRESS	a 111 Maple Avenue			
b		b Anytown		c NJ	d 00000	e

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
01011935																				

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE SPAN FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
a						
b						

> **All dates should be in eight digit format.**

38			39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
Jane Smith		a			
111 Maple Avenue		b			
Anytown, NJ 00000		c			
		d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
636	PuraPly AM	Q4172	04012017	128	XXX.XX		1
636	PuraPly AM	Q4172	04012017	4	XXX.XX		2
360	Application, first 100 sq cm	15273	04012017	1	XXX.XX		3
360	Application, each additional 100 sq cm	15274	04012017	1	XXX.XX		4

> **Enter appropriate revenue codes for all services provided.**
>
> **Revenue code 636 should be used when billing for PuraPly AM.**

> **15273 and 15274 should be used based on the size of the wound. For example, a LEG wound measuring 132 sq cm, would be billed using 15273 (first 100 sq cm or less) and 15274 (each additional 100 sq cm or part thereof).**

> **PuraPly AM is supplied in 128 sq cm and is for single use. This example is for a 132 sq cm wound, 1 piece of PuraPly AM 128 sq cm and 1 piece of PuraPly AM 4 sq cm was needed to cover the wound.**

> **There is a MUE on Q4172 maximum unit limit per line of 128.**
>
> **The CMS Medically Unlikely Edit (MUE) program was developed to reduce the paid claims error rate for Medicare claims due to clerical entries.**
>
> **The appropriate use of HCPCS/Current Procedural Terminology (CPT) modifiers to report the same code on separate lines of a claim will enable a provider/supplier to report medically reasonable and necessary units of service in excess of an MUE value. CPT modifier such as -76 (repeat procedure by same physician) will accomplish this purpose**
> **Source: https://questions.cms.gov/faq.php?id=5005&rtopic=1867&rsubtopic=7005**

PAGE ____ *OF* ____   *CREATION DATE*   **TOTALS**

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A Medicare	A987654X					57	A
B						OTHER	B
C						PRV ID	C

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A Smith, Jane					A
B					B
C					C

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A			A
B			B
C			C

66 DX XXX.XX			67				68

> **Please refer to "Codes Commonly Used when Billing for PuraPly AM" for appropriate diagnosis codes and your specific payer's requirements.**

69 ADMIT DX	70 PATIENT REASON DX			CODE	72 ECI		73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI		QUAL	
				LAST		FIRST	
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI		QUAL	
				LAST		FIRST	
80 REMARKS	81CC a			78 OTHER NPI		QUAL	
	b			LAST		FIRST	
	c			79 OTHER NPI		QUAL	
	d			LAST		FIRST	

UB-04 CMS-1450   APPROVED OMB NO. 0938-0997   NUBC National Uniform Billing Committee   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.