

# Utilizing the CMS-1500 and UB-04 forms

We've identified portions of reimbursement forms where errors are likely to occur. Use this guide when completing these forms to ensure your patients receive the care they need.

## CMS-1500

### ITEM 19

The following information is required if a miscellaneous code is used:

- Drug name
- Total dosage and strength
- Method of administration
- 11-digit NDC
- Basis of measurement

### ITEM 24A

The following information is required:

- NDC information in the shaded area above the line on which a drug is reported in 24D

### ITEM 24D

The following information is required:

- The specific HCPCS code
- Codes associated with recording waste

### ITEM 24E

The following information is required:

- Enter the relevant diagnosis code reference letter or number from Box 21 that relates to the date of service and the services or procedures performed that are entered on that same line under 24D

### ITEM 21

The following information is required:

- Site-specific ICD-10-CM codes in priority order

### ITEM 24G

The following information is required:

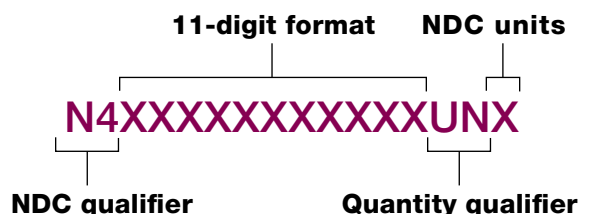
- Billing units

## Claim NDC requirements (for filling out ITEM 19)

Reporting NDCs is required for Medicaid and Medicare/Medicaid claims. In general, NDC is reported for Healthcare Common Procedure Coding System (HCPCS) codes for physician-administered drugs to medicines and biologics. NDCs may also be reported to facilitate claims processing and may be required by payers. Accurate NDC reporting must include specific elements.

- NDC qualifier (N4)
- NDC unit of measure qualifier
- NDC (11-digit format)
- NDC units

NDC billing information must conform to the HIPAA 5010 standard and follows a specific format:



## UB-04

### ITEM 42

The following information is required:

- Revenue code corresponding to the code in item 44

### ITEM 43

The following information is required:

- Name of product and the description of administrative service

### ITEM 66

The following information is required:

- Diagnosis ICD-10-CM

### ITEM 44

The following information is required:

- Appropriate HCPCS and/or CPT codes

### ITEM 46

The following information is required:

- Appropriate number of units

### ITEM 67A-67Q

The following information is required:

- The primary diagnosis code on line A, the secondary diagnosis code on line B, tertiary on line C, etc.

The form is a UB-04 claim form. It includes sections for patient information (1-10), insurance information (11-15), charges (16-20), and remarks (21-25). The 'CHARGE' section (lines 16-20) is highlighted in yellow. The form also includes a 'TOTALS' section at the bottom right.

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