

Hospital Outpatient Form: Information

The sample claim form below is for reference only.

Information provided in this resource is for informational purposes only and does not guarantee that codes will be appropriate or that coverage and reimbursement will result. Customers should consult with their payers for all relevant coverage, coding, and reimbursement requirements. It is the sole responsibility of the provider to select proper codes and ensure the accuracy of all claims used in seeking reimbursement. This resource is not intended to be legal advice or substitute for a provider's independent judgment.

The form is a standard CMS 1450 Hospital Outpatient form. It is divided into several sections:

- Header (1-7):** Includes fields for patient name, address, birth date, sex, admission date, and statement period.
- Occurrence Dates (8-37):** A grid for recording occurrence dates and codes for each line item.
- Value Codes (38-41):** Fields for recording value codes and amounts.
- Line Item Table (42-49):** The main table for billing, with columns for:
 - 42 REV. CD.
 - 43 DESCRIPTION
 - 44 HCPCS / RATE / HPPS CODE
 - 45 SERV. DATE
 - 46 SERV. UNITS
 - 47 TOTAL CHARGES
 - 48 NON-COVERED CHARGES
 - 49
- Summary (50-57):** Includes fields for payer name, health plan ID, prior payments, and estimated amount due.
- Insurance (58-62):** Fields for insured name, unique ID, group name, and insurance group number.
- Authorization (63-65):** Fields for treatment authorization codes, document control number, and employer name.
- Diagnosis (66):** A large grid for recording applicable diagnosis codes.
- Procedure (67-75):** Fields for recording principal and other procedure codes and dates.
- Remarks (76-79):** Fields for recording attending, operating, and other remarks.

Locator 42
Suggested revenue coding for each line item billed

Locator 44
Appropriate HCPCS code and CPT code

Locator 43
Descriptor for each line item
• Provide brand and generic names

Locator 46
Appropriate units used
• On a separate line, enter units of waste (if applicable) and any associated modifier (indicate unit to mg conversion for SUNLENCA [lenacapavir] 463.5 mg/1.5 mL and include in Locator 44

Locator 66
Applicable diagnosis codes

Advancing Access cannot submit information or paperwork to the patient's insurance company on behalf of your office.

