

Annotated CMS-1450/UB-04¹

This annotated claims form may be used as a reference when billing for BRIUMVI and its administration

1		2		3a PAT CNTL #		4 TYPE OF BILL	
				b. MED. REG. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME a		9 PATIENT ADDRESS a					
10 BIRTHDATE		11 SEX		12 DATE		13 HR 14 TYPE 15 SRC	
16 DHR		17 STAT		18		19	
20		21		22		23	
24		25		26		27	
28		29 ACCT STATE		30			
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
PAGE OF		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASST. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 F. 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		67		68			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 QUAL	
78 LAST		79 FIRST		80 LAST		81 FIRST	
82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE	
86 LAST		87 FIRST		88 LAST		89 FIRST	
90 REMARKS		81CC a		81CC b		81CC c	
		81CC d		81CC e		81CC f	

Field 42: Include appropriate revenue codes.

Field 44: Use appropriate HCPCS/CPT® codes for BRIUMVI.

Field 46: Indicate the appropriate service units.

Field 56: Indicate the appropriate NPI number.

Field 67: Indicate the appropriate diagnosis code.

The suggestions contained on this form are compiled from sources believed to be accurate for payers, including the Medicare Part B program, but TG makes no representation that the information is accurate or that it will comply with the requirements of any particular payer or MAC. You are solely responsible for determining the billing and coding requirements applicable to any particular payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. TG and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and caution that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; MAC, Medicare Administrative Contractor; NPI, National Provider Identifier.

REFERENCES

1. Electronic Billing CMS-1450. CMS.gov. https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450 Accessed December 6, 2022.

If you have questions about reimbursement support, contact an Access and Reimbursement Manager or BRIUMVI Patient Support by calling 1-833-BRIUMVI (1-833-274-8684), Monday-Friday 8 AM to 8 PM EST

