

**Sample UB-92 Paper Claim Form for  
Novoste™ Beta-Cath™ System Hospital Outpatient 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
04012002		04012002						
12 PATIENT NAME <b>Smith, Jane</b>				13 PATIENT ADDRESS <b>123 Main Street, Anytown, Anystate 12345</b>				
14 BIRTH DATE <b>01201928</b>	15 SEX <b>F</b>	16 MS	17 DATE ADMISSION	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT
23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM THROUGH	37	38	39	40
a	b	c	d	e	f	g	h	i
39 CODE	40	41 CODE	42	43	44	45	46	47
a	b	c	d	e	f	g	h	i
42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50
1	333 Radiation Oncology	77263	04012002		\$xxx.xx			
2	333 Radiation Oncology	77336	04012002		\$xxx.xx			
3	333 Radiation Oncology	77290	04012002		\$xxx.xx			
4	333 Radiation Oncology	77327	04012002		\$xxx.xx			
5	333 Radiation Oncology	77470	04012002		\$xxx.xx			
6	333 Radiation Oncology	77783	04012002		\$xxx.xx			
7	333 Radiation Oncology	77331	04012002		\$xxx.xx			
8	480 Cardiology Service	92980	04012002		\$xxx.xx			
9	480 Cardiology Service	92981	04012002		\$xxx.xx			
10	480 Intracoronary Brachy	92974	04012002		\$xxx.xx			
11			04012002					
12								
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23								
50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASS BEN	54 PRIOR	55	56	57	58
A	XXXXXX							
B								
C								
57								
58 INSURED'S NAME <b>Smith, Jane</b>	59	60	61	62	63	64	65	66
A								
B								
C								
67 PR IN IAG CD.	68 CD DE	69 CODE	70	71	72	73	74	75
411.1	996.72							
79 P.C.	80 PRINCIPLE PROCEDURE CODE	81 DATE	82	83	84	85	86	87
	36.01	04012002	92.27					
84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE	87	88	89	90	91	92
a	X							
b								
c								
d								

**Note on Date Formats:**  
Paper forms: Use date format MMDDCCYY (e.g., 07012001).  
  
Electronic claims: Use date format CCYYMMDD (e.g., 20010701).

**Date of Service:**  
A date of service must appear for each line item.

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

**HCPCS/CPT Codes:** Enter the appropriate codes for the procedures performed.  
Effective April 1, 2002, CMS replaced the existing new technology HCPCS C-code (C9702) with a permanent CPT code, **92974**.  
Like the C-code, CMS assigned this CPT code to bill for the procedure, including the costs of the Beta-Cath™ System. Hospitals should not code for the device separately on Medicare claims.  
**It is always the provider's responsibility to determine and submit appropriate codes for the services rendered.**

**Revenue Codes:**  
Enter appropriate revenue codes for all services provided.  
**Hospital billing staff should determine which revenue codes to use at their facility.**

**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.**

**Locators 80 and 81:** It is optional to 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.**