## Sample Hospital Technical Billing Medicare / Managed Medicare Hospital Outpatient Prospective Payment System (HOPPS) Setting



Any City, Any State 00010 Smith, Stepher S. BHTHDATE SMIth, Stepher S. BHTHDATE SERVICE SMITH, Stepher S. BHTHDATE SERVICE SMITH SERVICE COLUMN STATE STATE SMITH SERVICE Managed Medicare (e.g., Medicare MA Plan Submit claim to MA Plan, NOT MAC. MA plan Typically require prior authorization and may be part of their network, however out of network 40262 IV, Infusion up to one hour	hs vary, however dictate infusion site	ty Any State	Trials Non-resea patients, includir enrolled in a Qu Form Loc Enter cod If paper cl	8-28: on "30" Qualifying Clin arch services provided ag managed care enro alified Clinical Trial. cators 39-41: e D4 & Clinical Trials N aim include CT, CT06 ic submission do not ir	to all llees No. 06170268 170268 nclude the CT	
0636 INJ, lecanemab-irmb, 1mg	J0174 Q0 JZ	01/24/2024	Enter the or HCPC	Form Locator 46: Enter the number of units based on the CP or HCPCS code description and the dose administered to the patient.		
rm Locator 67 & 67 A-C:	single or i			sion technique, up to 1 h	our,	
1.84 Mild cognitive impairment, so stated ter CED Identifier in FL 67 A-C in primary or condary diagnosis position, may vary by MA	AC and <u>JW</u> Investigationa <u>JZ</u> Investigationa Choose the drug	ighly complex biolo emotherapy adm he drug adminis jection, lecanema gational clinical service al clinical service provi clinical service provi	ogic agent administra ninistration, IV infu etered: ab-irmb, 1 mg e provided in a clinical ided in a clinical resear ded in a clinical researc ote if the full single do	ation, eg, monoclonal antibo sion each additional hour research study in an approved o ch study in an approved clinical th study in an approved clinical cose was administered or if any	dy agents) clinical research st research study research study	
	AC and <u>JW</u> Investigationa <u>JZ</u> Investigationa Choose the drug	ighly complex biolo emotherapy adm he drug adminis jection, lecanema jational clinical service al clinical service provi clinical service provi administered and n ppend the appropria	ogic agent administra ninistration, IV infu etered: ab-irmb, 1 mg e provided in a clinical ided in a clinical resear ded in a clinical researc ote if the full single do	sion each additional hour research study in an approved of ch study in an approved clinical th study in an approved clinical cose was administered or if any XXXXXXXXX	dy agents) clinical research stu research study research study	

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Sample Physician Office Medicare/Managed Medicare Non-Hospital Global		<b>n</b> í	ALZ NE1	ZHE FWG	IMER'S ORK		
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12	_						
					PICA		
HEALTH PLAN- BLK LUNG	OTHER 18	. INSURED'S I.D. NUMBER	2	1	(For Program in Item 1)		
(Medicare #) (Medicade #) (D# DoD#)     (Member 1D#) (ID#)     (ID#)							
Smith Stephen S MM 17 1024 MM Man		Medicare (e.g., M					
5 PATIENT'S ADDRESS (No. Street) 6 PATIENT RELATIONSHIP TO IN SUDI					olans vary, however ay dictate infusion s		
123 Any street ben					twork can be possib		
Any City		my crey			· · ·		
ZIB CODE TELEBHOME (Include área Code)	ZI	P CODE	TEI	LEPHONE (	(Indude Area Code)		
	-	00010		10000-0000	5555555		
<sup>a</sup> Item No. 21 & 24E:		.INSURED'S POLICY GRO 9876543210	UP OR I	FECANUM	BER		
Enter ICD-10-CM code for principle diagnosis in Item No. 21A.					SEX		
Enter CED identifier in Item No. 21B, check with payer for placement			TED'SDATE OF BIRTH SEX				
Enter ICD indicator 0 for ICD-10-CM	tate) b.	OTHER CLAIM ID (Design	ated by N				
Enter Dx Ref. letter(s) corresponding to the procedure in Item No. 24E		INSUR ANCE PLAN NAME	08.880	OD AMA NUM	45		
					W C		
G31.84 Mild cognitive impairment, so stated							
Z006 Encounter for exam for normal comparison and			II yes	If yes,complete items 9, 9a, and 9d.			
control in clinical research program	sary 13	INSURED'S OR AUTHOR payment of medical bene					
1 0	ŝ	services described below					
Item No. 19:		SIGNED Signat	ure	on Fi	le		
					TO WORK IN CURRENT OCCUPATION		
claim use CT in front of 8 digit number. If filing electronic claim, eliminate the CT and only list 8 digit number.		Item No. 24G:					
DK Dr Neurologist 178 NPI 88888888888		nem No. 240.					
DK Dr. Neurologist 17b. NPI 88888888888888888888888888888888888	20	Enter the numb	er of u	units ba	sed on the CPT		
*		or HCPCS code	e desc	ription			
21. DIAGNOSIS OR NOTURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. 0 22				at ratao/abarrao			
A. [G3184 B. [Z006 C. [ D. [	23		set rates/charges.				
E. F. Item No. 24B:				/			
24. A. DATE(S) OF SERVICE B. Enter Place of Service number. PPLIES	E. NOSIS	F. D	YS E	DT ID.	J. RENDERING		
	NTER	\$CHARGES	ITS Pla	an QUAL	PROVIDER ID . #		
01 24 24 01 24 24 11 96365 20 2	в	XXXX.XX	. 🖌	NPT	9999999999		
01 24 24 01 24 24 11 J0174 00 JZ	в	XXXX.XX 5	00	NPT	9999999999		
Item No. 24D:			1				
				NPI			
		(Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.)					
Enter CPT or HCPCS code for procedure, drug and modifier(s) (Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.)		in to one hour		NPI			
Enter CPT or HCPCS code for procedure, drug and modifier(s) (Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.) <u>96365</u> IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug	) initial u	ip to one nour		Same C			
Enter CPT or HCPCS code for procedure, drug and modifier(s) (Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.) <u>96365</u> IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug) <u>96366</u> IV, infusion, each additional hour	) initial u	ip to one noul		NPI			
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Enter CPT or HCPCS code for procedure, drug and modifier(s) (Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.) <u>96365</u> IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug) <u>96366</u> IV, infusion, each additional hour Or if appropriate <u>96413</u> Chemotherapy administration, IV infusion technique, up to 1 hour, single or ini (includes highly complex biologic agent administration, eg, monoclonal antibody agents) <u>96415</u> Chemotherapy administration, IV infusion each additional hour			B. AMO	NPI	30. Rsvd for NUCC use		
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Enter CPT or HCPCS code for procedure, drug and modifier(s) (Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.) <u>96365</u> IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug) <u>96366</u> IV, infusion, each additional hour Or if appropriate <u>96413</u> Chemotherapy administration, IV infusion technique, up to 1 hour, single or ini (includes highly complex biologic agent administration, eg, monoclonal antibody agents) <u>96415</u> Chemotherapy administration, IV infusion each additional hour	ial subs		5	NPI UNT PAD			
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<ul> <li>Enter CPT or HCPCS code for procedure, drug and modifier(s)         <ul> <li>(Chose appropriate procedure(s) code(s) &amp; HCPCS drug code based on infusion time &amp; drug administered.)</li> <li><u>96365</u> IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug</li> <li><u>96366</u> IV, infusion, each additional hour</li> <li>Or if appropriate</li> <li><u>96413</u> Chemotherapy administration, IV infusion technique, up to 1 hour, single or ini</li> <li>(includes highly complex biologic agent administration, eg, monoclonal antibody agents)</li> <li><u>96415</u> Chemotherapy administration, IV infusion each additional hour</li> <li>Choose the drug administered:</li> <li>J0174 Injection, lecanemab-irmb, 1 mg</li> <li><u>20</u> (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study</li> </ul> </li> </ul>	ial subs	tance/drug	8 8 PH X	NPI PUNT PAID			

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