Medicare ASC Claim Example

Boston Scientific
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Black = Required
Blue = Situational/Required, if applicable

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) X	1a. INSURED'S I.D. NUMBER: 123456789
2. PATIENT'S NAME: Jones, Macie	3. PATIENT'S BIRTH DATE: 02 01 1961 SEX: F X
5. PATIENT'S ADDRESS: 27 Wyoming Drive	6. PATIENT RELATIONSHIP TO INSURED: Self
CITY: New Richmond	STATE: WI
ZIP CODE: 54071	TELEPHONE: (651)555-5555
11. INSURED'S POLICY GROUP OR FECA NUMBER: None	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? NO
9b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? NO
9c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? NO
9d. INSURANCE PLAN NAME OR PROGRAM NAME: Medicare	10d. CLAIM CODES (Designated by NUCC)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: Signature on file	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: Signature on file
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Dr. Timothy Jones	17a. NPI: 0123456789
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. M54.51	

If more than 2 vertebral bodies are performed only report 1 unit of 64628 as it is a bundled payment for Medicare

24. A. DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 07 22	01 07 22			64628		A	XXXX	1		NPI	1234567890
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

64628 – Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; **first two vertebral bodies**, lumbar or sacral.
64629 - Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; **each additional vertebral bodies**, lumbar or sacral.

25. FEDERAL TAX I.D. NUMBER: 123456789 SSN EIN: X	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? NO	28. TOTAL CHARGE: $ XXXX
29. AMOUNT PAID: $	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION: Main Street Hospital, 12345 Main Street, New Richmond WI 54071 a. NPI b.	33. BILLING PROVIDER INFO & PH #: ( ) Dr. John Smith, 1234 Main Street, New Richmond WI 54071 a. NPI b.	

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Indications for Use: The IntraceptTM Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not responded to at least six months of conservative care, and is also accompanied by features consistent with Type 1 or Type 2 Modic changes on an MRI such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypointensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintensive signals (Type 2 Modic change). Contraindications - Use of the Intracept Intraosseous Nerve Ablation System is contraindicated in: Patients with severe cardiac or pulmonary compromise, patients with active implantable pulse generators (e.g. pacemakers, defibrillators), patients where the targeted ablation zone is < 10 mm away from a sensitive structure not intended to be ablated, including the vertebral foramen (spinal canal), patients with active systemic infection or local infection in the area to be treated, patients who are pregnant, and/or skeletally immature patients (generally ≤ 18 years of age). Refer to the Instructions for Use provided with the Intracept Procedure or www.relievant.com/intracept/ for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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