Hospital Outpatient Claim Example

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

1	2	b. MED. REC. #	
Forest Lake Hospital 123 Vista Ridge Road Bend OR		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 01/07/22 THROUGH 01/07/22

8 PATIENT NAME	9 PATIENT ADDRESS
a John Smith	a 123 Mountain Drive
b	b Bend c OR d

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
1/1/57	M																			

31 CODE	OCCURRENCE DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENC DATE	34 CODE	OCCURRENC	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a					
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHA
0360	Intraosseous des lumb/sacrum	64628	01/07/22	1	XXXX	
0360	Intraosseous destruct add'l	64629	01/07/22	1-2	XXXX	
0278	Intracept Device(Probe & Access)	C1889	01/07/22	2-4	XXXX	
	PAGE OF		CREATION DATE		TOTALS	

Cost of Intracept device plus markup (consider the cost of additional level access kit(s) if treating more than 2 VBs.)

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.

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI / 57 OTHER PRV ID
Great Health Insurance Co.	PPO73925					

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Jones, Macie		KFJ123456789		654321

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A123456789		

66 DX	A	B	C	D	E	F	G	H	68
M54.51	I	J	K	L	M	N	O	P	O

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI QUAL LAST FIRST

c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE	77 OPERATING NPI QUAL LAST FIRST

Indications for Use: The Intracept™ 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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