

WiSE Procedure Sample Medicare UB-04

HOSPITAL INPATIENT CLAIM FORM

For illustration purposes only

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FL 4:
Enter Bill Type 0111
(inpatient hospital)

FL 42:
Enter appropriate four-digit revenue code
(0360 = OR Services
0278 = Other Implant(s))

FL 74:
Report the full implant procedure with two ICD-10-PCS codes.

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Report the full implant procedure with two ICD-10-PCS codes.

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