

WiSE Procedure Sample Medicare UB-04

HOSPITAL OUTPATIENT CLAIM FORM

For illustration purposes only

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FL 4:
Enter Bill Type
0131 (outpatient hospital)

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

FL 44:
In addition to Category III CPT code
0515T for the implant procedure, report
the supply of the device with HCPCS
C1740 and associated charges in FL 47.

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