



# Instructions for Completing Medicare Reimbursement Form 1450 per CMS Program Memorandum: Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients.

## Erythropoietin-resistant anemia

**Locator 4:**  
Enter bill type "72x"

**Locator 39, 40, 41:**  
Enter value code "49" and patient's latest hematocrit

**Locator 42:**  
Enter revenue code "0304" for non-routine lab tests

**Locator 44:**  
HCPCS code for carnitine assay "82379"

**Locator 42:**  
Enter revenue code "0636" for levocarnitine injection

**Locator 44:**  
Carnitor Injection J-code "J1955"

**Locator 68:**  
The code is 277.83 for iatrogenic carnitine deficiency. It would be a secondary diagnosis code.

**Locator 67:**  
The code for end stage renal disease is 585.6. It would be the primary diagnosis code

**Locator 69:**  
The code is 285.21 for anemia in chronic kidney disease. It would be a tertiary diagnosis code.

**Locator 84:**  
Include remarks that reflect patient conditions, if appropriate, see example

Hometown Dialysis 1234 ABC Street Anywhere, USA 00001		2		3 PATIENT CONTROL NO.		4 TYPE OF BILL 72X	
12 PATIENT NAME		13 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 1/1/03 THROUGH 1/31/03	
14 BIRTHDATE		15 SEX		16 MS		17 DATE	
18 HR		19 TYPE		20 SGC		21 D HR	
22 STAT		23 MEDICAL RECORD NO.		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50 PAYER		51 PROVIDER NO.		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56		57	
58 INSURED'S NAME		59 P. REL		60 CERT. - SSN - HIC. - ID NO.		61 GROUP NAME	
62 INSURANCE GR OP NO.		63 TREATMENT AUTHORIZATION CODES		64 ESC		65 EMPLOYER NAME	
66 EMPLOYER LOCATION		67 PRIN. DIAG. CD.		68 CODE		69 CODE	
70 CODE		71 CODE		72 CODE		73 CODE	
74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE	
78		79 P.C.		80		81	
82 ATTENDING PHYS. ID		83 OTHER PHYS. ID		84 REMARKS		85 PROVIDER REPRESENTATIVE	
86 DATE		87		88		89	

UB-92 HCFA-1450      OCR/ORIGINAL      I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

For laboratory billing purposes

The information and instructions on this form are only a guide for coding drawn from government sources. It is the provider's responsibility to determine and submit appropriate charges, bills and codes for items and services provided to patients. Local payors may have their own requirements.

This sample claim form provides guidance on how to complete the paper UB-92 claim form. Effective October 16, 2003, HIPAA law requires that all claims submitted to Medicare be submitted electronically in the HIPAA standard format. Please refer to your provider manual for electronic claims filing instructions.





# Instructions for Completing Medicare Reimbursement Form 1450 per CMS Program Memorandum: Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients.

## Intradialytic hypotension

**Locator 4:**  
Enter bill type "72x"

**Locator 42:**  
Enter revenue code "0304" for non-routine lab tests

**Locator 44:**  
HCPCS code for carnitine assay "82379"

**Locator 42:**  
Enter revenue code "0636" for levocarnitine injection

**Locator 44:**  
Carnitor Injection J-code "J1955"

**Locator 68:**  
The code is 277.83 for iatrogenic carnitine deficiency. It would be a secondary diagnosis code.

**Locator 67:**  
The code for end stage renal disease is 585.6. It would be the primary diagnosis code

**Locator 69:**  
The code is 458.21 for hypotension of hemodialysis. It would be a tertiary diagnosis code.

**Locator 84:**  
Include remarks that reflect patient conditions, if appropriate, see example

ST 11843 1 PLY UB-92		Hometown Dialysis 1234 ABC Street Anywhere, USA 00001		2	3 PATIENT CONTROL NO.				APPROVED OMB NO. 0938-0279		4 TYPE OF BILL 72x
12 PATIENT NAME		13 PATIENT ADDRESS		5 FED. TAX NO.	6 STATEMENT PERIOD FROM 1/1/03	6 STATEMENT PERIOD THROUGH 1/31/03	7 COV. D.	8 N-C. D.	9 C-I. D.	10 L-R. D.	11
14 BIRTHDATE	15 SEX	16 MS	17 DATE	ADMISSION 18 HR	19 TYPE 1	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.		
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37	
a		b		c		d		A		B	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43	
a		b		c		d		A		B	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES	
1		2		3		4		5		6	
0304		LAB/Non-Routine Dialysis		82379							
2		3		4		5		6		7	
0636		Levocarnitine Injection, 1g/5ml		J1955							
3		4		5		6		7		8	
0821		HEMODIALYSIS		90937							
4		5		6		7		8		9	
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