0.18 mg YUTIQ®
(fluocinolone acetonide intravitreal implant) 0.18 mg

Sample UB-04 Paper Claim Form

Form locator 4: Enter the 4-digit code that specifies place of service and submission type. For example, for HOPD, the first 3 digits are 013. The final digit is usually a "1," meaning one claim for the event

Enter all applicable patient information

Form locator 17: Enter Patient Status

Form locator 47: Enter price for YUTIQ from price schedule, including all applicable markups

Form locator 42*: Enter the Revenue Code

Form locator 44: Enter the unique Billing Code for YUTIQ

Form locator 44*: Enter the Procedure Code(s)

Form locator 46: Enter the number of Units. For YUTIQ, 1 unit=0.01 mg. Should be billed with 18 units per injection

Form locator 50A: If Medicare is the primary payer, enter "Medicare" on line A

Form locator 66: Enter the primary Diagnosis Code

Form locator 80: This is where NDC number should be placed if NOC code required or if Medicaid for 340B rebate requirement

1 Hospital Name / 123 Street Road / Anytown, NJ 01234
2 Hospital Name / 123 Street Road / Anytown, NJ 01234
3a PAT. CNTL # 1111
b. MED. REC. # 22222
4 TYPE OF BILL 0131
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME a / b Smith, Jane
9 PATIENT ADDRESS a 1 Pine Street / b Anytown / c NJ / d 01234 / e
10 BIRTHDATE 01 31 1950
11 SEX F
12 ADMISSION DATE / 13 HR / 14 TYPE / 15 SRC / 16 DHR
17 STAT 01
18–28 CONDITION CODES
29 ACDT STATE
30
31–34 OCCURRENCE CODE DATE
35–36 OCCURRENCE SPAN CODE FROM THROUGH
37
38 Jane Smith / 1 Pine Street / Anytown, NJ 01234
39–41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
XXX	Refer to payer contract for code	J7314		18	XXX XX		
XXX	Intravitreal injection	67028					

PAGE 1 OF 1 — CREATION DATE — TOTALS

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1111111111
A Medicare		Y	Y			57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Jane Smith	18	XYZ0987654321		

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

66 DX XXXX
67 A–Q
68
69 ADMIT DX / 70 PATIENT REASON DX / 71 PPS CODE / 72 ECI / 73
74 PRINCIPAL PROCEDURE CODE DATE / a.–e. OTHER PROCEDURE CODE DATE
75
76 ATTENDING NPI 1111111111 QUAL 1G 1234569822 LAST Jones FIRST Nick
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
80 REMARKS NDC# 71879-0136-01
81CC a b c d

UB-04 CMS-1450 — NUBC National Uniform Billing Committee — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

***Note: For hospitals using the UB-04 form, it is best practice to confirm the correct revenue and procedure codes with the payer to ensure reimbursement.**

For assistance with coverage, claims, appeals, and more, visit the Hub portal at YUTIQ.com/Reimbursement

Information contained herein is provided as a reference for obtaining appropriate and accurate reimbursement. This content is for informational purposes only. EyePoint does not guarantee that the use of the recommended codes will result in reimbursement. Providers should always contact the payer directly with reimbursement or billing questions. If you have any questions, please call EyePoint Assist[SM] at **1-833-393-7646**.

HOPD=hospital outpatient department; NDC=National Drug Code; NOC=Not Otherwise Classified.

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480 Pleasant Street, Suite B300, Watertown, MA 02472

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