

Hospital Outpatient Fact Sheet

Sample UB-04 Paper Claim Form

Alcon Reimbursement Services
(866)457-0277

AT-IOL SAMPLE CLAIM FORM
Use for billing in hospital setting

AcrySof®
IQ Toric®

V2787 (Astigmatism correcting
function of intraocular lens)

AcrySof®
IQ ReSTOR®

V2788 (Presbyopia correcting
function of intraocular lens)

List charge for cataract
surgery (which
includes STANDARD
monofocal IOL).

Non-covered charges - Facility
charge for surgery with Toric
IOL MINUS facility charge for
surgery with conventional IOL
EQUALS patient payment.

Include appropriate
secondary diagnosis code.
For example 367.2X for
astigmatism, or 367.4 for
presbyopia.

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48	49
0363	Surgery	66984RT/LT	01-01-12	1	X,XXX XX		
025X	Pharmacy		01-01-12	1	XXX XX		
0276	IOL	V2632	01-01-12	1	001 00		
037X	Anesthesia	00142	01-01-12	1	XXX XX		
027X	Supplies		01-01-12	1	XXX XX		
0276	Astigmatism or Presbyopia correcting function	V2787 or V2788	01-01-12	1		XXX XX	

50 PRVR NAME	51 HEALTH PLAN ID	52 PRV INFO	53 PRV ADDR	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI
58 INS URE D'S NAME	61 GROUP NAME	62 INSURANCE	63 TREATMENT AUTHORIZATION CODES	65 EMPLOYER NAME	66	67
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ICD	73	74	75
74	76 ATTENDING	77 OPERATING	78 OTHER	79 OTHER	80 REMARKS	81CC

The items listed on this claim form are not intended to be comprehensive of all services and supplies provided.

NUBC
National Uniform Billing Committee
LIC9213257

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