

Sample Claim Form: Hospital Outpatient



1		2		3a PAT CNTL #		4 TYPE OF BILL	
5a PATIENT NAME		5b PATIENT ADDRESS		5c MED REC #		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HPI 14 TYPE 15 SRC	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HIPP9 CODE		45 SERV DATE	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 PRIOR PAYMENTS	
60 REMARKS		SICCD		78 ATTENDING NPI		QUAL	

Box 42:
Revenue code 0404 PET procedures and 0343 Diagnostic Radiopharm

Box 4:
Place of service code

Box 44:
Enter CPT code 78811 PET or 78814 PETCT

Box 44:
Enter HCPCS code Q9983

Box 46:
Enter 1 unit for Neuraceq® dose

Box 63:
Enter prior authorization number if needed

Box 66:
Enter a valid diagnosis code listed on orders

Email: lifemi-reimbursement@lantheus.com for assistance.

Scan QR Code to visit Neuraceq.com for safety information and to learn more.

