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## **End of Life Option Act Services Billing Examples: UB-04**

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Page updated: August 2020

Examples in this section are to assist providers in billing for end of life services on the *UB-04* claim form. Refer to the *End of Life Option Act Services* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services Billing Example* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

### **Billing Tips**

When completing claims, do not enter the decimal points in ICD-10-CM diagnosis codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

## **Attending/Consulting Physician and Psychiatrist/ Psychological Visit: FQHC or RHC**

*Figure 1. Attending Physician Visit: FQHC or RHC.*

*This is a sample only. Please adapt to your billing situation.*

In this example, an attending physician working in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) is billing for end of life services. Revenue code 0521 is entered in the *Revenue Code* field (Box 42). HCPCS code S0257 is entered in the *HCPCS/Rate* field (Box 44).

ICD-10-CM diagnosis code Z76.89 (persons encountering health services in other specified circumstances) would be entered in Box 67 for attending and consulting physicians. Code Z76.89 is not illustrated but indicated by D1D1D1D in the example. The secondary diagnosis representing the terminal disease would be entered in Box 67A (secondary diagnosis code placement is indicated by D2D2D2D in the example).

Because this claim is submitted with a diagnosis code, an ICD indicator is required in the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

### **Consulting Physician Visit**

Claims submitted for consulting physician services are billed the same as for attending physicians.

### **Psychiatrist/Psychologist Visit**

Revenue code 0521 is entered in the *Revenue Code* field (Box 42). HCPCS code S0257 is entered in the *HCPCS/Rate* field (Box 44). ICD-10-CM diagnosis code Z01.89 (encounter for other specified special examination) would be entered in Box 67. A mental health diagnosis (if there is one) would be entered in Box 67A.

**Note:** Use revenue code 0520 for services billed for IHS-MOA Clinic providers.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555	2		3a PAT CNTL # 3b MED REC #		4 TYPE OF BILL 711	
8 PATIENT NAME a DOE, JANE			9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 ADMISSION 19 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0521	END OF LIFE OPTION ACT	S0257	100116	1	18000	
001	TOTAL CHARGES	PAGE OF	CREATION DATE	TOTALS	18000	
50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO	53 ASA BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
58 INSURED'S NAME	59 P.FEL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME	66 DX D1D1D1D D2D2D2D	67	68	69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE
72 EQ	73	74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	76 ATTENDING NPI 0123456789	77 OPERATING NPI	78 OTHER NPI
79 OTHER NPI	80 REMARKS	81CC a	81CC b	81CC c	81CC d	81CC e

Figure 1. Attending Physician Visit: FQHC or RHC

## **Attending/Consulting Physician and Psychiatrist/ Psychologist Visit: Outpatient Clinic**

*Figure 2. Attending Physician Visit: Outpatient Clinic.*

*This is a sample only. Please adapt to your billing situation.*

In this example, an attending physician in an outpatient clinic (not an RHC, FQHC or IHS/MOA) is billing for end of life services. HCPCS code S0257 (counseling and discussion regarding advance directives or end of life care planning and decisions, with patient) is entered in the *HCPCS/Rate* field (Box 44).

ICD-10-CM diagnosis code Z76.89 (persons encountering health services in other specified circumstances) would be entered in Box 67. Code Z76.89 is not illustrated but indicated by D1D1D1D in the example. The secondary diagnosis representing the terminal disease would be entered in Box 67A (secondary diagnosis code placement is indicated by D2D2D2D in the example).

Because this claim is submitted with a diagnosis code, an ICD indicator is required in the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

CPT® code 99497 (advance care planning including the explanation and discussion of advance directives such as standard forms, by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate) is entered in the *Remarks* field (Box 80). In this example, CPT code 99498 (...each additional 30 minutes) is not applicable.

### **Consulting Physician Visit**

«HCPCS code S0257 would be entered in the *HCPCS/Rate* field (Box 44). ICD-10-CM diagnosis code Z76.89 would be entered in Box 67 and the secondary diagnosis representing the terminal disease would be entered in Box 67A. An appropriate code from CPT range 99242 thru 99244 would be entered in the *Remarks* field (Box 80).»

### **Psychiatrist/Psychologist Visit**

HCPCS code S0257 would be entered in the *HCPCS/Rate* field (Box 44). ICD-10-CM diagnosis code Z01.89 (encounter for other specified special examination) would be entered in Box 67 and a mental health diagnosis (if there is one) would be entered in Box 67A. CPT code 90791 would be entered in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555	2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL 734							
8 PATIENT NAME a DOE, JOHN			9 PATIENT ADDRESS a									
10 BIRTHDATE 09031928	11 SEX M	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30			
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES 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	a	b	c	d	
1	END OF LIFE OPTION ACT	S0257	100116	1								
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22	001	TOTAL CHARGES										
23	PAGE	OF	CREATION DATE	TOTALS								
A	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789	57 OTHER PRV ID	A	B	C	
A	58 INSURED'S NAME	59 PPEL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.	A	B	C	A	B	C	
A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	A	B	C	A	B	C	A	B	C
A	68 DX 0	D1D1D1D	D2D2D2D	B	C	D	E	F	G	H	68	
A	69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	74 PRINCIPAL PROCEDURE CODE	75	76 ATTENDING NPI 0123456789	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	
A	74	a	b	c	d	e	f	g	h	i	j	
A	80 REMARKS 99497	81CC a	b	c	d	78 LAST	79 LAST	80 LAST	81 LAST	82 LAST	83 LAST	
A	80	a	b	c	d	81	82	83	84	85	86	

Figure 2. Attending Physician Visit: Outpatient Clinic

## **Non-Compounded Pharmacy Claim Submitted by Attending Physician at An Outpatient Clinic**

*Figure 3. Non-Compounded Pharmacy Claim: Outpatient Clinic.*

*This is a sample only. Please adapt to your billing situation.*

Attending physicians who normally bill for clinical services on the UB-04 claim form must bill for aid-in-dying drugs on the *UB-04* claim form. The End of Life Option Act (ELOA) only allows prescribing of drugs that can be ingested (oral or sublingual).

In this example, an aid-in-dying drug is billed. HCPCS code J8499 (prescription drug, oral, non-chemotherapeutic, NOS) is in the *HCPCS/Rate* field (Box 44).

Enter the appropriate two-digit facility type code (for example "79" [clinic – other]) and one-character frequency code "1" as "791" in the *Type of Bill* field (Box 4).

ICD-10-CM diagnosis code Z76.89 (persons encountering health services in other specified circumstances) would be entered in Box 67. Code Z76.89 is not illustrated but is indicated by D1D1D1D in the example.

Because this claim is submitted with a diagnosis code, an ICD indicator is required in the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Both a product qualifier (N4) and National Drug Code (NDC) are required on the claim. Providers enter the product qualifier and NDC number immediately followed by the two-digit unit of measure and 10-digit numeric quantity for the drug in the *Description* field (Box 43). The 10-digit numeric quantity consists of seven digits for the whole number, followed by three decimal places. Omit the decimal point when entering the number on the claim. Valid unit of measure qualifiers are as follows:

### «Product Qualifier and Unit of Measure Use for Claims Table»

Qualifier	Unit of Measure
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit

Enter "1" in the *Service Units* field (Box 46) on the same claim line as code J8499 regardless of the quantity of the drug dispensed.

For each additional non-compounded aid-in-dying drug dispensed, repeat the above instructions on the next claim line.

Enter the invoice price for this drug in the *Total Charges* field (Box 47) on the claim line that pertains to the drug being claimed.

Add up the charges for each drug claimed and enter this number in the *Total Charges* field (Box 47, line 23).

An invoice documenting the cost of the drugs must be submitted as an attachment.

Only United States Food and Drug Administration (FDA) approved drugs may be reimbursed by Medi-Cal. Unapproved drugs, including foreign-made versions of FDA-approved drugs that have not been manufactured pursuant to FDA approval, will not be reimbursed.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555	2		3a PAT. CNTRL. # b. MED. REC. #		4 TYPE OF BILL 791															
8 PATIENT NAME a DOE, JANE			9 PATIENT ADDRESS a																	
10 BIRTHDATE b 09031928	11 SEX c F	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ADJT STATE	30			
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37	38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43	44	45	46	47	48	49		
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50 PAYER NAME A O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789	57 OTHER PRV ID	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.
1	N400001234567F29876543210	J8499	011717	1	18000															
2	N400009876543GR1098765432	J8499	011717	1	12000															
22	001 TOTAL CHARGES													TOTALS	30000					
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66 DX D1D1D1D	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	81 CC	82	83	84	85	86	87	88	89	90	91	92	93	
		0123456789																		

Figure 3. Non-Compounded Pharmacy Claim: Outpatient Clinic



## **Compounded Pharmacy Claim Submitted by Attending Physician at An Outpatient Clinic**

*Figure 4. Compounded Pharmacy Claim: Outpatient Clinic.*

*This is a sample only. Please adapt to your billing situation.*

Attending physicians who normally bill for clinical services on the *UB-04* claim form must bill for aid-in-dying drugs on the *UB-04* claim form. The ELOA only allows prescribing of drugs that can be ingested (oral or sublingual).

In this example, an aid-in-dying drug is billed. *HCP*CS code J7999 (compounded drug, not otherwise classified) is in the *HCP*CS/Rate field (Box 44).

Enter the appropriate two-digit facility type code (for example “79” [clinic – other]) and one-character frequency code “1” as “791” in the *Type of Bill* field (Box 4).

ICD-10-CM diagnosis code Z76.89 (persons encountering health services in other specified circumstances) would be entered in Box 67. Code Z76.89 is not illustrated but is indicated by D1D1D1D in the example.

Because this claim is submitted with a diagnosis code, an ICD indicator is required in the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Both a product qualifier (N4) and National Drug Code (NDC) for the main ingredient are required on the claim. Providers enter the product qualifier and NDC number for the main ingredient immediately followed by the two-digit unit of measure and 10-digit numeric quantity for the drug in the *Description* field (Box 43). The 10-digit numeric quantity consists of seven digits for the whole number, followed by three decimal places. Omit the decimal point when entering the number on the claim. Valid unit of measure qualifiers are as follows:

### «Product Qualifier and Unit of Measure Use for Claims Table»

Qualifier	Unit of Measure
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit

Enter “1” in the *Service Units* field (Box 46) on the same claim line as code J7999 regardless of the quantity of the drug dispensed.

Enter the invoice price for this drug in the *Total Charges* field (Box 47).

An invoice documenting the cost of the compounded drug must be submitted as an attachment.

Only United States Food and Drug Administration (FDA) approved drugs may be reimbursed by Medi-Cal. Unapproved drugs, including foreign-made versions of FDA-approved drugs that have not been manufactured pursuant to FDA approval, will not be reimbursed.

1 <b>UPTOWN MEDICAL CENTER</b> <b>140 SECOND STREET</b> <b>ANYTOWN, CA 958235555</b>		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL <b>791</b>	
5. FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM THROUGH			
8 PATIENT NAME a <b>DOE, JANE</b>				9 PATIENT ADDRESS a			
10 BIRTHDATE <b>09031928</b>		11 SEX <b>F</b>		12 DATE		13 ADMISSION HR.	
14 TYPE		15 SRC		16 DHR		17 STAT	
18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
<b>N400001234567F29876543210</b>		<b>J7999</b>		<b>011717</b>		<b>1</b>	
<b>18000</b>							
<b>001 TOTAL CHARGES</b>		<b>CREATION DATE</b>		<b>TOTALS</b>		<b>18000</b>	
PAGE OF							
50 PAYER NAME <b>O/P MEDI-CAL</b>				51 HEALTH PLAN ID			
52 REL. INFO.				53 ASG. BEN.			
54 PRIOR PAYMENTS				55 EST. AMOUNT DUE			
				<b>0123456789</b>			
56 NPI				57 OTHER PRV ID			
58 INSURED'S NAME				59 PREL.			
<b>90000000A95001</b>				60 INSURED'S UNIQUE ID			
61 GROUP NAME				62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER			
65 EMPLOYER NAME				66			
<b>D1D1D1D</b>				68			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74		75		76 ATTENDING NPI	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS		81CC a		81CC b		81CC c	
81CC c		81CC d		81CC e		81CC f	

Figure 4. Compounded Pharmacy Claim: Outpatient Clinic

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.