

Supplies and Drugs

Last Updated: August 2020

This section includes information to assist providers in billing for supplies, materials and drugs.

Drugs Provided to Physicians, Hospital Emergency Rooms, Hospital Satellite Clinics or Nursing Homes

If a pharmacy provides prepackaged drugs to physician offices for dispensing, the physician may be reimbursed for the cost of the ingredients. Administration is not separately reimbursable and is included in the physician's fee.

Intravenous and Irrigation Solutions

Use the following HCPCS codes to bill sterile solutions administered directly to a patient:

«HCPCS Codes for Sterile Solutions Table»

HCPCS Code	Description
A4217	Sterile water/saline, 500 ml
J7030	Infusion, normal saline solution, 1000 cc
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	5% dextrose/normal saline solution (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D5W, 1000 cc
J7120	Ringer's lactate infusion, up to 1,000 cc

Examples of "sterile solution" are 5 percent dextrose/water, normal saline and lactated Ringers.

Examples of "related supplies" are I.V. start kits, angiocaths, I.V. tubing, extension sets, needles and syringes.

Providers must give a description of the items used when billing any of these codes in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

Billing Exceptions

Reimbursement for codes A421, J7030 thru J7070 and J7120 does not cover special additives such as chemotherapeutic agents, antibiotics, total parenteral nutrition solutions or other injections. Bill these items using the specific drug codes listed in the *Injections: Code List* section in this manual or, if necessary, CPT® code 96379 for unlisted therapeutic, prophylactic or diagnostic injections. In the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim, include a complete description of substance, strength, quantity used and physician supervision.

Note: CPT code 96379 requires an approved TAR for reimbursement.

Reimbursement for code A4217 is limited to 12 units per day.

Facility Claims

For facility claims on the *UB-04*, enter revenue code 0270 (medical/surgical supplies and devices, general) in the *Revenue Code* field (Box 42).

Anesthesia-Related Drugs/Supplies

Anesthesia-related drugs and/or supplies are covered in the payment for procedures billed with modifier UA or UB. Anesthesia-related drugs include inhalant gases and volatile liquids, injectable induction agents, muscle relaxants, reversing agents, anti-emetics, drying agents and analgesics. Anesthesia-related supplies, usually necessary to deliver those agents for the specific procedure, also are billed with modifier UA or UB. Do not bill these drugs and/or supplies separately if modifier UA or UB is used. This constitutes double billing.

Billing a Procedure Code/Supply Modifier Combination

Use the procedure code/supply modifier combination only once for each surgical procedure, and only with the date of service on which the full procedure was performed. Do not use the surgical procedure code/supply modifier for supplies used for preliminary examinations, follow-up visits or cast checks.

Duplicate Billing

Medi-Cal policy limits reimbursement of a surgical procedure with modifier UA or UB to one provider for the same recipient and date of service. Second and subsequent claims will be denied if billed for the same procedure with the same modifier UA or UB for the same date of service to the same recipient and submitted by the same or different provider(s).

Separate Claim Lines

In some situations, more than one line on the same claim may carry the same base five-digit procedure code but with different modifiers. (Example: modifier AG for surgeon and UA for supplies.) This will not constitute “double billing.” Procedure codes with a UA or UB modifier should always be billed on a separate claim line and not included in a 99 (multiple) modifier.

Separate Supplies/Procedures

When separate supplies are used for more than one surgical procedure, bill each appropriate surgical procedure code/supply modifier combination. (Example: a laceration repair and reduction of fracture with cast application, separate extremities.) Supply allowances will be made for the separate procedures, even though they are for the same date of service.

Itemization

When billing with a surgical procedure code and supply modifier, it is not necessary to attach an itemized list.

Services Performed More than Once on the Same Day

A surgical procedure with modifier UA or UB performed more than once on the same day to the same recipient by the same or different provider(s) requires additional documentation indicating that the service was performed more than once on the same day. This information may be entered in the *Remarks area/Additional Claim Information* field (Box 19) of the claim or on an attachment.

HCPCS Code Z7610

HCPCS code Z7610 is not reimbursable with modifiers UA and UB. For more information, refer to the *Anesthesia* section in the appropriate Part 2 manual.

<<Legend>>

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

Symbol	Description
<<	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.