
Pregnancy Examples: UB-04

Page updated: August 2020

Examples in this section are to help providers bill pregnancy services on the UB-04 claim form. Refer to the *Pregnancy* sections of this manual for detailed policy information. Refer to the *UB-04 Completion* 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 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.

Pregnancy Care: Billing

When billing for any medically necessary service during pregnancy or the postpartum period, providers should include a pregnancy diagnosis code on all claims. Claims submitted without a pregnancy diagnosis code may be denied.

Per-Visit Billing of Initial Antepartum Visit and Antepartum Office Visit

Figure 1. Per-visit billing of initial antepartum visit and antepartum office visit. This example is for services rendered in a free standing clinic.

HCPCS code Z1032 (initial antepartum office visit) is entered on claim line 1 with YT modifier (indicating the provider is a nurse practitioner, multiple modifiers) in the *HCPCS/Rate* field (Box 44). HCPCS code Z1034 (antepartum follow-up office visit) is entered on claim line 2 with SA modifier (also indicating provider is a nurse practitioner) in the *HCPCS/Rate* field (Box 44). Procedure code descriptions for codes Z1032 and Z1034 are placed in the *Description* field (Box 43).

Enter the two-digit facility type code "73" (clinic – free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the initial antepartum visit, October 1, 2015, is entered in six-digit format on claim line 1 as 100115. The October 2, 2015 date of the antepartum office visit is entered on claim line 2 as 100215. Enter a 1 in the *Service Units* field (Box 46) for Z1032 and Z1034 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in TOTALS (Box 47, line 23).

Enter "O/P MEDI-CAL" to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In this example, a nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner's name, certification and NPI are entered in the *Remarks* field (Box 80). The supervising physician's NPI number is placed in the *Attending* field (Box 76). Also in the *Remarks* field (Box 80) is additional information required for claim line 1 – the date of the LMP and an explanation of multiple modifier YT.

Policy for codes Z1032 and Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2	3 UNIT CONT. #		4 TYPE OF BILL
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		5 MED REC. #	7
10 BIRTHDATE 08241980		11 SEX F	12 DATE		13
14		15		16	
17		18		19	
20		21		22	
23		24		25	
26		27		28	
29		30		31	
32		33		34	
35		36		37	
38		39		40	
41		42		43	
44		45		46	
47		48		49	
50		51		52	
53		54		55	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		00	
01		02		03	
04		05		06	
07		08		09	
10		11		12	
13		14		15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	
28		29		30	
31		32		33	
34		35		36	
37		38		39	
40		41		42	
43		44		45	
46		47		48	
49		50		51	
52		53		54	
55		56		57	
58		59		60	
61		62		63	
64		65		66	
67		68		69	
70		71		72	
73		74		75	
76		77		78	
79		80		81	
82		83		84	
85		86		87	
88		89		90	
91		92		93	
94		95		96	
97		98		99	
00		01		02	
03		04		05	
06		07		08	
09		10		11	
12		13		14	
15		16		17	
18		19		20	
21		22		23	
24		25		26	
27		28		29	
30		31		32	
33		34		35	
36		37		38	
39		40		41	
42		43		44	
45		46		47	
48		49		50	
51		52		53	
54		55		56	
57		58		59	
60		61		62	
63		64		65	
66		67		68	
69		70		71	
72		73		74	
75		76		77	
78		79		80	
81		82		83	
84		85		86	
87		88		89	
90		91		92	
93		94		95	
96		97		98	
99		00		01	
02		03		04	
05		06		07	
08		09		10	
11		12		13	
14		15		16	
17		18		19	
20		21		22	
23		24		25	
26		27		28	
29		30		31	
32		33		34	
35		36		37	
38		39		40	
41		42		43	
44		45		46	
47		48		49	
50		51		52	
53		54		55	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		00	

Figure 1: Per-Visit Billing of Initial Antepartum Visit and Antepartum Office Visit

Per-Visit Billing of Postpartum Office Visit

Figure 2. Per-visit billing of postpartum office visit. This example is for services rendered in a free standing clinic.

HCPCS code Z1038 (postpartum office visit) is entered in the *HCPCS/Rate* field (Box 44). A procedure code description for Z1038 is placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the postpartum visit is entered in the six-digit format on claim line 1. Enter a 1 in the *Service Units* field (Box 46) for Z1038 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Enter “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1038 is located in the *Pregnancy: Per-Visit Billing and Pregnancy: Per-Visit Billing Codes* sections of this manual.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 UNIT CONT. #		4 TYPE OF BILL 731													
9 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS																	
10 BIRTHDATE 08241980	11 SEX F	12 DATE		13 ADMISSION NO. 14 TYPE		15 SRC	16 DMR	17 STAT	18-21 CONDITION CODES		22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE SPAN FROM THROUGH		38	39 VALUE CODES AMOUNT		40	41 VALUE CODES AMOUNT		42	43 VALUE CODES AMOUNT		44	45 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		49								
001		PAGE OF		CREATION DATE		TOTALS		5340											
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 PELL INFO	53 AKA BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 5340	56 NPI 123456789		57 OTHER PRV ID									
58 INSURED'S NAME		59 PPEL	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 D1D1D1D		A	B	C	D	E	F	G	H	68									
69 ADMIT DC	70 PATIENT REASON DC	a	b	c	71 HHS CODE	72 EQ	a	b	c	73									
74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	1234567890		QUAL	FIRST										
80 REMARKS	81 CC A	B	C	D			LAST	FIRST											
82		83		84		85		LAST	FIRST										
86		87		88		89		LAST	FIRST										
90		91		92		93		LAST	FIRST										

Figure 2: Per-Visit Billing of Postpartum Office Visit

Per-Visit Billing of Antepartum Office Visit, Ultrasound and Amniocentesis

Figure 3. Per-visit billing of antepartum office visit, ultrasound and amniocentesis. This example is for services rendered in a free standing clinic.

HCPCS code Z1034 (antepartum office visit), CPT® code 76805 (ultrasound, pregnant uterus ...) without a modifier (indicating the provider is billing for both the technical and professional components of the ultrasound service) and code 59000 (amniocentesis, diagnostic) are entered in the *HCPCS/Rates* field (Box 44). Procedure code descriptions for Z1034, 76805 and 59000 are entered in the *Description* field (Box 43).

Enter the two-digit facility-type code “73” (clinic – free standing) and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the antepartum visit, October 1, 2015, is entered in six-digit format on claim line 1 as 100115. The October 3, 2015 date of the ultrasound and amniocentesis is entered on claim lines 2 and 3 as 100315. Enter a 1 in the *Service Units* field (Box 46) for all codes and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Enter “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Ultrasound justification is required on this claim and a note is made in the *Remarks* field (Box 80) stating that ultrasound justification is attached.

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Ultrasound (sonography) policy is located in the *Pregnancy: Early Care and Diagnostic Services* section.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CONT. # b. MED. REC. #		4 TYPE OF BILL 731	
8 PATIENT NAME a				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37		38	
39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
1 ANTEPARTUM FOLLOW-UP		Z1034		100115		1 10000	
2 ULTRASOUND		76805		100315		1 20000	
3 AMNIOCENTESIS		59000		100315		1 5000	
23 001 PAGE OF		CREATION DATE		TOTALS		35000	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASO BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 35000		56 NPI 0123456789		57 OTHER PRV ID	
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		67		68			
69 ADMIT CODE		70 PATIENT REASON DX		71 PPS CODE		72 EQ	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 QUAL	
78 LAST		79 FIRST		76 OPERATING NPI		77 QUAL	
78 LAST		79 FIRST		78 OTHER NPI		79 QUAL	
78 LAST		79 FIRST		79 OTHER NPI		80 QUAL	
78 LAST		79 FIRST		80 REMARKS LINE 2: SEE ATTACHMENT FOR ULTRASOUND JUSTIFICATION		81 CC	
81 a		81 b		81 c		81 d	

Figure 3: Per-Visit Billing of Antepartum Office Visit, Ultrasound and Amniocentesis.

Fetal Stress Testing

Figure 4. Fetal stress testing. This example is for services rendered in a free-standing clinic.

HCPCS codes Z1034 (antepartum office visit) and CPT code 59025 (fetal non-stress test) with 99 modifier (reflecting an independent procedure) are entered in the HCPCS/Rate field (Box 44). Procedure code descriptions for Z1034 and 59025 are entered in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the office visit and fetal stress test is entered in the six-digit format. Enter a 1 in the *Service Units* field (Box 46) and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Enter “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Providers who bill code 59025 and modifier 99 must include an explanation in the *Remarks* field (Box 80) that states it is an “Independent Procedure.”

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning fetal stress testing is located in the *Pregnancy: Early Care and Diagnostic Services* section.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 UNIT CONT. #		4 TYPE OF BILL 731	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION NO. 13	
14 TYPE		15 SRC		16 DMR		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 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 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		49	
001		PAGE OF		CREATION DATE		TOTALS 30000	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 PELL INFO		53 AKA BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 30000		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PPEL		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 D1D1D1D		67 A B C D E F G H		68 J K L M N O P Q		69 R S T U V W X Y Z	
70 ADMIT DC		71 PATIENT REASON DC		72 ICD 9		73 a b c	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		77 QUAL	
78 OTHER DATE		79 OTHER DATE		80 OTHER DATE		81 OTHER DATE	
82 OTHER DATE		83 OTHER DATE		84 OTHER DATE		85 OTHER DATE	
86 OTHER DATE		87 OTHER DATE		88 OTHER DATE		89 OTHER DATE	
90 REMARKS LINE 1: 99=INDEPENDENT PROCEDURE		91 CC a		92 b		93 c	
94 d		95 e		96 f		97 g	
98 h		99 i		100 j		101 k	

Figure 4: Fetal Stress Testing.

Per-Visit Billing of New Patient Office Visit, Pregnancy Test and Initial Antepartum Visit on Same Date of Service

Figures 5a and 5b. Per-Visit Billing New Patient Office Visit, Pregnancy Test and Initial Antepartum Visit on Same Date of Service.

This example is for services rendered in a free-standing clinic. (Must be billed on two claim forms.)

Figure 5a.

CPT code 99203 (new patient office visit) with modifier SA (nurse practitioner with physician) and code 81025 (urine pregnancy test) are entered in the *HCP/Rate* field (Box 44). Procedure code descriptions for both 99203 and 81025 are placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

On both lines 1 and 2 in the *Service Date* field (Box 45), the date of the office visit and pregnancy test is entered in the six-digit format. Enter a 1 in the *Service Units* field (Box 46) for both 99203 and 81025 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Enter “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In this example, a nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner’s name, certification and NPI are entered in the *Remarks* field (Box 80), and the supervising physician’s NPI number is entered in the *Attending* field (Box 76).

Policy for pregnancy testing (code 81025) is located in the *Pathology: Urinalysis* section of this manual. Policy concerning per-visit billing is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

Figure 5b. *This example is for services performed in a free standing clinic.*

HCPCS code Z1032 (initial antepartum office visit) with YT modifier (indicating the provider is a nurse practitioner) is entered in the *HCPCS/Rates* field (Box 44). A procedure code description for Z1032 is placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the initial antepartum visit is entered in the six-digit format on claim line 1. Enter a 1 in the *Service Units* field (Box 46) for Z1032 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Enter “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

A description of claim line 1 providing the LMP date, and an explanation of modifier YT is entered in the *Remarks* field (Box 80).

A nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner’s name, certification and NPI also are included in the *Remarks* field (Box 80), and the supervising physician’s NPI number is placed in the *Attending* field (Box 76).

Policy for code Z1032 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 UNIT CONT. #		4 TYPE OF BILL 731																	
9 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS																					
10 BIRTHDATE 08241980	11 SEX F	12 DATE		13 ADMISSION TYPE		14 TYPE	15 SRC	16 DMR	17 STAT	18 CONDITION CODES		19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE SPAN FROM THROUGH		38	39 VALUE CODES AMOUNT		40	41 VALUE CODES AMOUNT		42	43 VALUE CODES AMOUNT		44	45 VALUE CODES AMOUNT		46	47 VALUE CODES AMOUNT		48
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / ICDPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES		49												
001		PAGE OF		CREATION DATE		TOTALS		7500															
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52	53	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 7500	56 NPI 0123456789		57		58		59		60		61		62		63	
58 INSURED'S NAME		59 PPEL		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 D1D1D1D		A	B	C	D	E	F	G	H	68													
69 ADMIT CODE	70 PATIENT REASON DC	a	b	c	d	71 ICD-9 CODE	72 EQ	a	b	c	73												
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	76 ATTENDING NPI 1234567890		QUAL	FIRST	QUAL	FIRST	QUAL	FIRST	QUAL	FIRST								
80 REMARKS JOHN WILSON, NP. NPI: 0123456789		81CC A	B	C	D			QUAL	FIRST	QUAL	FIRST	QUAL	FIRST	QUAL	FIRST								

Figure 5a: Part 1 of Per-Visit Billing of New Patient Office Visit, Pregnancy Test, and Initial Antepartum Visit on the Same Date of Service. (Must be billed on two claim forms.)

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3 UNIT CNTL #		4 TYPE OF BILL 731																	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		5 MED REC #		6 STATEMENT COVERS PERIOD FROM THROUGH																	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 NR1 14 TYPE 15 SRC		16 DMR		17 STAT		18 19 20 21		22 CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE		30					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 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		49		a		b		c		d	
001		INITIAL ANTEPARTUM		Z1032YT		100115		1		17500													
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 PELL BND		53 A21 BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 17500		56 NPI 0123456789		57 OTHER PRV ID									
58 INSURED'S NAME		59 PPEL		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 D1D1D1D		A		B		C		D		E		F		G		H		I		J		K	
67 ADMIT CODE		70 PATIENT REASON DC		a		b		c		71 IHS CODE		72 EQ		a		b		c		73			
74 PRINCIPAL PROCEDURE CODE		8 OTHER PROCEDURE CODE		9 OTHER PROCEDURE CODE		10 OTHER PROCEDURE CODE		11 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		QUAL											
74 OTHER PROCEDURE CODE		8 OTHER PROCEDURE CODE		9 OTHER PROCEDURE CODE		10 OTHER PROCEDURE CODE		11 OTHER PROCEDURE CODE		77 OPERATING NPI		QUAL											
80 REMARKS LINE 1: LMP 070115. YT=ZL+SA. JOHN WILSON, NP. NPI: 0123456789		81CC a		b		c		d		78 OTHER NPI		QUAL											
78 OTHER NPI		QUAL								79 OTHER NPI		QUAL											
79 OTHER NPI		QUAL								LAST		FIRST											
LAST		FIRST								LAST		FIRST											

Figure 5b: Part 2 of Per-Visit Billing of New Patient Office Visit, Pregnancy Test, and Initial Antepartum Visit on the Same Date of Service. (Must be billed on two claim forms.)

<<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.