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## Family Planning Billing Example: UB-04

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Page updated: September 2020

The examples in this section are to assist providers in billing for family planning services on the *UB-04* claim. Refer to the *Family Planning* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* 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 the requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ by 11-inch sheet of paper and attach it to the claim.

### Other Contraceptives Supplies

*Figure 1.* Billing for HCPCS code A4269U1 (contraceptive supply, spermicide [e.g., foam, gel], each).

*This is a sample only. Adapt to your billing situation accordingly.*

In this example, a woman meets with her physician to discuss family planning and the physician dispenses a contraceptive foam kit and 12 condoms to the recipient. Enter code A4269 (contraceptive supplies) and appropriate modifier U1–U4 in the *HCPCS/Rate* field (Box 44).

Code A4269 requires documentation of the item(s), quantity and “at cost” expense of the items in the *Remarks* field (Box 80) and should be listed as follows:

Foam Kit @ \$6.00 + 12 Condoms @ \$.16 = \$7.92

In the *Service Date* field (Box 45), enter the date of the office visit in the six-digit format.

Enter an appropriate ICD-10-CM code 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.

Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b. MED REC.#		4 TYPE OF BILL <b>791</b>				
8 PATIENT NAME a <b>DOE, JANE</b>				9 PATIENT ADDRESS a						
10 BIRTHDATE <b>08241980</b>	11 SEX <b>F</b>	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT <b>A4</b>	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 CODE	36 OCCURRENCE SPAN FROM THROUGH	38 OCCURRENCE SPAN FROM THROUGH	37			
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
1	<b>CONTRACEPTIVE SUPPLIES</b>		<b>A4269U1</b>		<b>100115</b>	<b>1</b>		<b>792</b>		
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22										
23	<b>001</b>	PAGE	OF	CREATION DATE	<b>TOTALS</b>		<b>792</b>			
50 PAYER NAME <b>O/P MEDI-CAL</b>		51 HEALTH PLAN ID		52 REL INFO	53 ASO BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE <b>792</b>	56 NPI <b>0123456789</b>		
58 INSURED'S NAME		59 P.REL	60 INSURED'S UNIQUE ID <b>90000000A95001</b>		61 GROUP NAME		62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME						
68 <b>D1D1D1D</b>		A		B		C		D		
69 ADMIT DX		70 PATIENT REASON DX		71 FPS CODE		72 ECI		73		
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80 REMARKS	
		<b>1234567890</b>							<b>FOAM KIT @ \$6.00 + 12 CONDOMS @ \$.16 = \$7.92</b>	
81 CC		82		83		84		85		

Figure 1: Billing for HCPCS Code A4269U1 (Contraceptive Supplies).

*Figure 2. Billing for HCPCS code A4266 (diaphragm, [wide seal]), with A4269 (contraceptive supply, [e.g., foam, gel], each).*

*This is a sample only. Providers should adapt to their billing situations accordingly.*

In this example, a woman meets with her physician to discuss family planning and the physician dispenses a contraceptive diaphragm (wide seal), foam kit and 20 condoms to the recipient. Enter code A4266 diaphragm for contraceptive use), A4269 (contraceptive supply, spermicide, each) and appropriate modifier U1 thru U4 in the *HCPCS/Rate* field (Box 44).

Codes A4266 and A4269 require documentation of the item(s), quantity, “at cost” expense of the items, and clinic dispensing fee if applicable in the *Remarks* field (Box 80) and should be listed as follows:

- Diaphragm (wide seal) @ \$43.05 x 1 = \$43.05 + CDF 4.30 = \$47.35
- Gel/Jelly/Foam/Cream @ \$.21 x 30 gm = \$6.30 + CDF .63 = \$6.93
- Male Condoms @ \$.28 x 20 = \$5.60 + CDF .56 = \$6.16

In the *Service Date* field (Box 45), enter the date of the office visit in the six-digit format.

Enter an appropriate ICD-10-CM diagnosis code 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.

Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CONT. #		4 TYPE OF BILL 791	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION TYPE	
14		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		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
1		DIAPHRAGM (WIDE SEAL)		A4266		100117	
2		CONDOMS, MALE		A4267		100117	
3		SPERMICIDAL GEL/JELLY/FOAM		A4269U1		100117	
4							
5							
6							
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20							
21							
22							
23		001 PAGE OF		CREATION DATE		TOTALS 6044	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 6044		56 NPI 123456789		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	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75		76 ATTENDING NPI 1234567890		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
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98		99		00		01	
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06		07		08		09	
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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	
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86		87		88		89	
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98		99		00		01	
02		03		04		05	
06		07		08		09	
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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	
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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	
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94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
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46		47		48		49	
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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	
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74		75		76		77	
78		79		80		81	
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90		91		92		93	
94		95		96		97	
98		99		00		01	
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06		07		08		09	
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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	
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58		59		60			

## **Intrauterine Copper Contraceptive**

*Figure 3. Billing for HCPCS code J7300 (Intrauterine copper contraceptive).*

*This is a sample only. Adapt to your billing situation accordingly.*

In this example, a pregnant woman had met with her physician during a prenatal visit (prior to labor and delivery). She discussed her family planning needs subsequent to the birth of her child. The physician recommended placement of the intrauterine copper contraceptive (IUC), ParaGard, in the hospital immediately following labor and delivery. The physician places the IUC after delivery. Enter code J7300 in the *HCPCS/Rate* field (Box 44).

Enter the two-digit facility type code "13" (Hospital – Outpatient) and one-character claim frequency code "1" as "131" in the *Type of Bill* field (Box 4). Do not bill the IUD on an inpatient claim. The claim will be denied.

Enter revenue code "0250" (Pharmacy, general) or ancillary code "0636" (Drugs requiring detailed coding) in the *Revenue Code* field (Box 42). Providers may use either code when billing placement of an IUC.

In the *Service Date* field (Box 45), enter the date of the IUC placement in the six-digit format.

Enter the charges in the *Total Charges* field (Box 47, line 23).

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

Enter the appropriate primary and secondary ICD-10-CM codes 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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2	3a PAT CNTR. #	4 TYPE OF BILL
			b. MED. REC. #	131
		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM
				7 THROUGH
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a		
b		c		
d		e		
10 BIRTHDATE 08241990	11 SEX F	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR		17 STAT
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
OCCURRENCE SPAN FROM		THROUGH		36
OCCURRENCE SPAN FROM		THROUGH		37
38		39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT
		41 CODE		42 VALUE CODES CODE AMOUNT
a		b		c
d		e		f
g		h		i
j		k		l
m		n		o
p		q		r
s		t		u
v		w		x
y		z		aa
ab		ac		ad
ae		af		ag
ah		ai		aj
ak		al		am
an		ao		ap
aq		ar		as
at		au		av
aw		ax		ay
az		ba		bb
bc		bd		be
bf		bg		bh
bi		bj		bk
bl		bm		bn
bo		bp		bq
br		bs		bt
bu		bv		bw
bx		by		bz
ca		cb		cc
cd		ce		cd
cf		cg		ce
ch		ch		cf
ci		ci		cg
cj		cj		ch
ck		ck		ci
cl		cl		cj
cm		cm		ck
cn		cn		cl
co		co		cm
cp		cp		cn
cq		cq		co
cr		cr		cp
cs		cs		cq
ct		ct		cr
cu		cu		cs
cv		cv		ct
cw		cw		cu
cx		cx		cv
cy		cy		cw
cz		cz		cx
da		da		cy
db		db		cz
dc		dc		da
dd		dd		db
de		de		dc
df		df		dd
dg		dg		de
dh		dh		df
di		di		dg
dj		dj		dh
dk		dk		di
dl		dl		dj
dm		dm		dk
dn		dn		dl
do		do		dm
dp		dp		dn
dq		dq		do
dr		dr		dp
ds		ds		dq
dt		dt		dr
du		du		ds
dv		dv		dt
dw		dw		du
dx		dx		dv
dy		dy		dw
dz		dz		dx
ea		ea		dy
eb		eb		dz
ec		ec		ea
ed		ed		eb
ee		ee		ec
ef		ef		ed
ef		ef		ee
eg		eg		ef
eh		eh		ef
ei		ei		eg
ej		ej		eh
ek		ek		ei
el		el		ej
em		em		ek
en		en		el
eo		eo		em
ep		ep		en
eq		eq		eo
er		er		ep
es		es		eq
et		et		er
eu		eu		es
ev		ev		et
ew		ew		eu
ex		ex		ev
ey		ey		ew
ez		ez		ex
fa		fa		ey
fb		fb		ez
fc		fc		fa
fd		fd		fb
fe		fe		fc
ff		ff		fd
ff		ff		fe
fg		fg		ff
fh		fh		ff
fi		fi		fg
fj		fj		fh
fk		fk		fi
fl		fl		fj
fm		fm		fk
fn		fn		fl
fo		fo		fm
fp		fp		fn
fq		fq		fo
fr		fr		fp
fs		fs		fq
ft		ft		fr
fu		fu		fs
fv		fv		ft
fw		fw		fu
fx		fx		fv
fy		fy		fw
fz		fz		fx
ga		ga		fy
gb		gb		fz
gc		gc		ga
gd		gd		gb
ge		ge		gc
gf		gf		gd
gf		gf		ge
gg		gg		gf
gh		gh		gf
gi		gi		gg
gj		gj		gh
gk		gk		gi
gl		gl		gj
gm		gm		gk
gn		gn		gl
go		go		gm
gp		gp		gn
gq		gq		go
gr		gr		gp
gs		gs		gq
gt		gt		gr
gu		gu		gs
gv		gv		gt
gw		gw		gu
gx		gx		gv
gy		gy		gw
gz		gz		gx
ha		ha		gy
hb		hb		gz
hc		hc		ha
hd		hd		hb
he		he		hc
hf		hf		hd
hf		hf		he
hg		hg		hf
hh		hh		hf
hi		hi		hg
hj		hj		hh
hk		hk		hi
hl		hl		hj
hm		hm		hk
hn		hn		hl
ho		ho		hm
hp		hp		hn
hq		hq		ho
hr		hr		hp
hs		hs		hq
ht		ht		hr
hu		hu		hs
hv		hv		ht
hw		hw		hu
hx		hx		hv
hy		hy		hw
hz		hz		hx
ia		ia		hy
ib		ib		hz
ic		ic		ia
id		id		ib
ie		ie		ic
if		if		id
if		if		ie
ig		ig		if
ih		ih		if
ii		ii		ig
ij		ij		ih
ik		ik		ii
il		il		ij
im		im		ik
in		in		il
io		io		im
ip		ip		in
iq		iq		io
ir		ir		ip
is		is		iq
it		it		ir
iu		iu		is
iv		iv		it
iw		iw		iu
ix		ix		iv
iy		iy		iw
iz		iz		ix
ja		ja		iy
jb		jb		iz
jc		jc		ja
jd		jd		jb
je		je		jc
jf		jf		jd
jf		jf		je
jg		jg		jf
jh		jh		jf
ji		ji		jg
jj		jj		jh
jk		jk		ji
jl		jl		jj
jm		jm		jk
jn		jn		jl
jo		jo		jm
jp		jp		jn
jq		jq		jo
jr		jr		jp
js		js		jq
jt		jt		jr
ju		ju		js
jv		jv		jt
jw		jw		ju
jx		jx		jv
jy		jy		jw
jz		jz		jx
ka		ka		jy
kb		kb		jz
kc		kc		ka
kd		kd		kb
ke		ke		kc
kf		kf		kd
kf		kf		ke
kg		kg		kf
kh		kh		kf
ki		ki		kg
kj		kj		kh
kk		kk		ki
kl		kl		kj
km		km		kk
kn		kn		kl
ko		ko		km
kp		kp		kn
kq		kq		ko
kr		kr		kp
ks		ks		kq
kt		kt		kr
ku		ku		ks
kv		kv		kt
kw		kw		ku
kx		kx		kv
ky		ky		kw
kz		kz		kx
la		la		ky
lb		lb		kz
lc		lc		la
ld		ld		lb
le		le		lc
lf		lf		ld
lf		lf		le
lg		lg		lf
lh		lh		lf
li		li		lg
lj		lj		lh
lk		lk		li
ll		ll		lj
lm		lm		lk
ln		ln		ll
lo		lo		lm
lp		lp		ln
lq		lq		lo
lr		lr		lp
ls		ls		lq
lt		lt		lr
lu		lu		ls
lv		lv		lt
lw		lw		lu
lx		lx		lv
ly		ly		lw
lz		lz		lx
ma		ma		ly
mb		mb		lz
mc		mc		ma
md		md		mb
me		me		mc
mf		mf		md
mf		mf		me
mg		mg		mf
mh		mh		mf
mi		mi		mg
mj		mj		mh
mk		mk		mi
ml		ml		mj
mm		mm		mk
mn		mn		ml
mo		mo		mm
mp		mp		mn
mq		mq		mo
mr		mr		mp
ms		ms		mq
mt		mt		mr
mu		mu		ms
mv		mv		mt
mw		mw		mu
mx		mx		mv
my		my		mw
mz		mz		mx
na		na		my
nb		nb		mz
nc		nc		na
nd		nd		nb
ne		ne		nc
nf		nf		nd
nf		nf		ne
ng		ng		nf
nh		nh		nf
ni		ni		ng
nj		nj		nh
nk		nk		ni
nl		nl		nj
nm		nm		nk
nn		nn		nl
no		no		nm
np		np		nn
nq		nq		no
nr		nr		np
ns		ns		nq
nt		nt		nr
nu</				

## Miscellaneous Drugs

Figure 4. Billing for HCPCS code S5000 (prescription drug, generic) or S5001 (prescription drug, brand name).

This is a sample only. Adapt to your billing situation accordingly.

In this example, a client has an initial family planning visit at a community clinic, including a pregnancy test. The pregnancy test was negative. A urine dipstick is performed for dysuria. The client receives counseling about all contraceptive methods. The clinician dispenses oral contraceptives as a main method of family planning, with condoms as a back-up method, and Ciprofloxacin tablets for a presumptive UTI.

In this case, the client is prescribed oral contraceptives for the first time and has symptoms necessitating treatment for a UTI.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	<b>PREGNANCY TEST</b>	<b>81025</b>	<b>100118</b>	<b>1</b>	<b>10 00</b>		1
2	<b>UA DIPSTICK W/OUT MICROSCOPY</b>	<b>81002</b>	<b>100118</b>	<b>1</b>	<b>8 00</b>		2
3	<b>N400062190115UN000013000</b>	<b>S4993</b>	<b>100118</b>	<b>13</b>	<b>156 00</b>		3
4	<b>N101234567891UN000001000</b>	<b>S5000</b>	<b>100118</b>	<b>1</b>	<b>5 28</b>		4
5	<b>MALE CONDOMS</b>	<b>A4267</b>	<b>100118</b>	<b>35</b>	<b>10 78</b>		5
6							6
28	PAGE ____ OF ____	CREATION DATE		<b>TOTALS</b> →	<b>190 06</b>		28

Figure 4: Billing for HCPCS Code S5000 (Prescription Drug, Generic) or S5001 (Prescription Drug, Brand Name).

68	D1D1D1D	D2D2D2D	B	C	D	E	F	G	H	68			
69	ADMIT DX	PATIENT REASON DX	a	b	c	71 PPS CODE	72 EQ	a	b	c	73		
74	PRINCIPAL PROCEDURE CODE	DATE	a.	OTHER PROCEDURE CODE	DATE	b.	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NPI	QUAL	FIRST
			c.	OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE		77 OPERATING	NPI	QUAL	FIRST
			e.	OTHER PROCEDURE CODE	DATE					78 OTHER	NPI	QUAL	FIRST
80	REMARKS				81 CC					79 OTHER	NPI	QUAL	FIRST
	<b>SEE ATTACHMENT</b>				a								
					b								
					c								
					d								

UB-04 CMS-1450 © 2005 NUBC OMB APPROVAL PENDING NUBC<sup>SM</sup> National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

«Figure 5: Documentation for oral contraceptives and male condoms are included as an attachment and “See attachment” is written in the Remarks field (box 80)»

As indicated in the *Remarks* field (Box 80) above, on an 8½ by 11-inch sheet of paper, document the following and attach to the claim:

L3: Norgestimate and Ethinyl Estradiol 13 Packs @ \$12.00 = \$156.00

L4: Ciprofloxacin #6 250 MG @ \$ .38 = \$2.28 + CDF \$3.00 = \$5.28

L5: Male Condoms #35 @ \$.28 = \$9.80 + CDF \$.98 = \$10.78

**<<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.