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## Claim Completion: UB-04

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Page updated: September 2020

The examples in this section assist providers billing for Family Planning, Access, Care and Treatment (Family PACT) Program services on the *UB-04* claim form. While Family PACT claims are generally billed with the same method as Medi-Cal claims, there are some unique differences for Family PACT. Providers should carefully read information in this manual concerning Family PACT ICD-10-CM diagnosis codes and additional ICD-10-CM documentation requirements. Refer to *Benefits: Family Planning and Benefits: Family Planning-Related Services* sections of this manual for detailed policy information.

### Claim Completion Instructions Overview

For general claim completion instructions, refer to the following sections in the Part 2 Medi-Cal manual:

- *Correct Coding Initiative: National*
- *UB-04 Completion: Outpatient Services*
- *UB-04 Special Billing Instructions for Outpatient Services*
- *UB-04 Submission and Timeliness Instructions*
- *UB-04 Tips for Billing: Outpatient Services*
- *Physician-Administered Drugs – NDC: UB-04 Billing Instructions*

### Claim Examples

This section includes examples of family planning and family planning-related services that require appropriate ICD-10-CM coding for reimbursement. It also includes an example of when two claim forms are required for the same date of service because different additional ICD-10-CM diagnosis codes are required for treatment services provided in a single visit.

Because these claims are 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.

**Note:** These are examples only. National Drug Code (NDC) numbers and charges used for the examples may be fictitious or outdated and are not intended for use on the actual claim form. Adapt to your billing situation.

**Billing Tips** When completing claims, do not enter the decimal points in any 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.

## Office visit, pregnancy test, symptomatic urinary tract infection (UTI) diagnostic test and onsite dispensing

«In this example, a client has an initial family planning visit at a community clinic including a pregnancy test which was negative. The client complains of dysuria, so a point-of-care urine dipstick (without microscopy) is done. The client receives counseling about all contraceptive methods. The clinician dispenses 13 cycles of oral contraceptives as her primary method of family planning, with condoms as a back-up method and 3 days of ciprofloxin tablets for a presumptive UTI. The total time of the clinician visit is 32 minutes, including time for charting in the medical record.

The health educator, under direct supervision of the clinician, provides individual orientation to Family PACT, which includes information on the scope of the program, family planning methods, and select family planning-related conditions.»

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 4) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the contraceptive in the Description field (Box 43). HCPCS codes for contraceptive supplies are exempt from being billed in connection with an NDC.

### Notes:

- Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.
- Section 340B drugs may be billed on the same claim as non-340B drugs, but the 340B drugs must include modifier UD with the applicable HCPCS and NDC codes. Refer to the appropriate Part 2 manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for details on NDC and 340B billing requirements.

**Figure 1: Example form for office visit, pregnancy test, symptomatic urinary tract infection (UTI) diagnostic test and onsite dispensing**

| 42 REV. CD. | 43 DESCRIPTION                  | 44 HOPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49    |
|-------------|---------------------------------|------------------------------|---------------|----------------|------------------|------------------------|-------|
| 1           | OFFICE VISIT, NEW               | 99203                        | 100115        | 1              | 65 00            |                        | 1     |
| 2           | PREGNANCY TEST                  | 81025                        | 100115        | 1              | 10 00            |                        | 2     |
| 3           | UA DIPSTICK W/OUT MICROSCOPY    | 81002                        | 100115        | 1              | 8 00             |                        | 3     |
| 4           | N400062190115UN000013000        | S4993                        | 100115        | 13             | 156 00           |                        | 4     |
| 5           | N101234567891UN000001000        | S5000                        | 100115        | 1              | 5 28             |                        | 5     |
| 6           | MALE CONDOMS                    | A4267                        | 100115        | 35             | 10 78            |                        | 6     |
| 7           | INDIVIDUAL ORIENTATION TO FPACT | S9445                        | 100115        | 1              | 15 00            |                        | 7     |
| << 28       | PAGE OF                         | CREATION DATE                |               | TOTALS         | 270 06           |                        | 29 >> |

|                             |  |                        |  |                        |  |                        |  |                        |  |         |  |          |  |              |  |    |
|-----------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|---------|--|----------|--|--------------|--|----|
| 68 D1D1D1D D2D2D2D          |  | B                      |  | C                      |  | D                      |  | E                      |  | F       |  | G        |  | H            |  | 68 |
| 69 ADMIT DX                 |  | 70 PATIENT REASON DX   |  | 71 FPS CODE            |  | 72 EQ                  |  | 73                     |  | 74      |  | 75       |  | 76 ATTENDING |  | 76 |
| 74 PRINCIPAL PROCEDURE CODE |  | a OTHER PROCEDURE CODE |  | b OTHER PROCEDURE CODE |  | c OTHER PROCEDURE CODE |  | d OTHER PROCEDURE CODE |  | 76 LAST |  | 76 FIRST |  | 76 QUAL      |  | 76 |
| 74 DATE                     |  | a DATE                 |  | b DATE                 |  | c DATE                 |  | d DATE                 |  | 76 NPI  |  | 76 NPI   |  | 76 NPI       |  | 76 |
| 69 OTHER PROCEDURE CODE     |  | d OTHER PROCEDURE CODE |  | e OTHER PROCEDURE CODE |  | f OTHER PROCEDURE CODE |  | g OTHER PROCEDURE CODE |  | 77 LAST |  | 77 FIRST |  | 77 QUAL      |  | 77 |
| 69 DATE                     |  | d DATE                 |  | e DATE                 |  | f DATE                 |  | g DATE                 |  | 77 NPI  |  | 77 NPI   |  | 77 NPI       |  | 77 |
| 80 REMARKS                  |  | 81 CC                  |  | 81                     |  | 81                     |  | 81                     |  | 78 LAST |  | 78 FIRST |  | 78 QUAL      |  | 78 |
| SEE ATTACHMENT              |  | b                      |  | c                      |  | d                      |  | e                      |  | 78 NPI  |  | 78 NPI   |  | 78 NPI       |  | 78 |
|                             |  | c                      |  | d                      |  | e                      |  | f                      |  | 79 LAST |  | 79 FIRST |  | 79 QUAL      |  | 79 |
|                             |  | d                      |  | e                      |  | f                      |  | g                      |  | 79 NPI  |  | 79 NPI   |  | 79 NPI       |  | 79 |
|                             |  |                        |  |                        |  |                        |  |                        |  | LAST    |  | FIRST    |  |              |  |    |

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

- L4: norgestimate and ethinyl estradiol 13 packs at \$12.00 equals \$156.00
- L5: ciprofloxin number 6 250 mg at \$.38 equal \$2.28 plus cdf at \$3.00 equals \$5.28
- L6: male condoms number 35 at \$.28 equals \$9.80 plus cdf at \$.98 equals \$10.78

### Facility claim for a bilateral tubal ligation performed at a surgery center

In this example, a pregnancy test is performed onsite, followed by a tubal ligation. The outpatient surgery center bills for supplies and the necessary treatment and recovery rooms required for the surgery on a *UB-04* claim form. (The surgeon submits a *CMS-1500* claim form.)

The referring provider must be an enrolled Family PACT provider and must ensure that the Medi-Cal non-Family PACT rendering provider and the facility have received a copy of the client's *Consent Form* (PM 330). A *Consent Form* (PM 330) must be attached to the hard copy claim form by the rendering provider. Enter the referring provider's NPI in Box 76, and the rendering provider's NPI in Box 77.

«**Figure 2:** Example of facility claim for a bilateral tubal ligation performed at a surgery center»

| 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           | BILAT TL, LAPSCOPE W/CLIP | 58671UB                      | 100115        | 1               | 150 00           |                        | 1  |
| 2           | PREGNANCY TEST-URINE      | 81025                        | 100115        | 1               | 10 00            |                        | 2  |
| 3           | USE OF OPERATING ROOM     | Z7506                        | 100115        | 1               | 200 00           |                        | 3  |
| 4           | USE OF RECOVERY ROOM      | Z7512                        | 100115        | 1               | 30 00            |                        | 4  |
| 5           |                           |                              |               |                 |                  |                        | 5  |
| 6           |                           |                              |               |                 |                  |                        | 6  |
| 23          | PAGE ____ OF ____         | CREATION DATE                |               | <b>TOTALS</b> → | <b>390 00</b>    |                        | 23 |

|                                |  |  |  |                        |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|------------------------|--|--|--|------------------------|--|--|--|------------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|
| 68 D1D1D1D                     |  |  |  |                        |  |  |  |                        |  |  |  | 68                     |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 69 ADMIT DX                    |  |  |  |                        |  |  |  |                        |  |  |  | 70 PATIENT REASON DX   |  |  |  |                  |  |  |  |                  |  |  |  | 71 FPS CODE  |  |  |  |  |  |  |  |  |  |  |  | 72 EQ   |  |  |  |  |  |  |  |  |  |  |  | 73 |  |  |  |  |  |  |  |  |  |  |  |
| 74 PRINCIPAL PROCEDURE CODE    |  |  |  | a OTHER PROCEDURE CODE |  |  |  | b OTHER PROCEDURE CODE |  |  |  | c OTHER PROCEDURE CODE |  |  |  | 75               |  |  |  | 76 ATTENDING NPI |  |  |  | QUAL   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |                        |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  | 2345678901       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| LAST                           |  |  |  | FIRST                  |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 77 OPERATING NPI               |  |  |  | d OTHER PROCEDURE CODE |  |  |  | e OTHER PROCEDURE CODE |  |  |  | 75                     |  |  |  | 77 OPERATING NPI |  |  |  | QUAL             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |                        |  |  |  |                        |  |  |  |                        |  |  |  | 1234567890       |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| LAST                           |  |  |  | FIRST                  |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 80 REMARKS                     |  |  |  | b1CC                   |  |  |  |                        |  |  |  |                        |  |  |  | 78 OTHER NPI     |  |  |  | QUAL             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| CONSENT FORM PM330 IS ATTACHED |  |  |  | a                      |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  | b                      |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  | c                      |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  | d                      |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |                        |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| UB-04 CMS-1450 © 2005 NUBC     |  |  |  |                        |  |  |  |                        |  |  |  | OMB APPROVAL PENDING   |  |  |  |                  |  |  |  |                  |  |  |  | NUBC National Uniform Billing Committee LIC9213257 |  |  |  |  |  |  |  |  |  |  |  | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |

**Dispensing supplies, collection and handling of blood specimen, and in-house lab work (an additional ICD-10-CM diagnosis code is required)**

«In this example, the services performed in a hospital outpatient department include an initial visit for contraception with a complete client history, a blood pressure check and contraceptive and sexually transmitted infection (STI) counseling. Total clinician time is 35 minutes. Point-of-care laboratory work includes a pregnancy test and dipstick urinalysis for vague symptoms suspicious for a UTI.

To screen for HIV and syphilis a blood specimen is collected in the office and sent to an outside laboratory. Foam, condoms and a sample pack of oral contraceptives (at no charge) are dispensed. The client also receives a written prescription for an antibiotic for the UTI.»

The *Remarks* field (Box 80) must include a required statement that lists dispensed supplies and indicates the blood specimen was sent to an unaffiliated lab.

**Figure 3:** Example form for dispensing supplies, collection and handling of blood specimen, and in-house lab work

| 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          | OFFICE VISIT, NEW          | 99203                      | 100115        | 1              | 80 00            |                        | 1  |
| 2          | PREGNANCY TEST             | 81025                      | 100115        | 1              | 10 00            |                        | 2  |
| 3          | URINE DIPSTICK             | 81002                      | 100115        | 1              | 8 00             |                        | 3  |
| 4          | CONDOMS, MALE              | A4267                      | 100115        | 20             | 6 16             |                        | 4  |
| 5          | SPERMICICAL GEL/JELLY/FOAM | A4269U1                    | 100115        | 30             | 6 93             |                        | 5  |
| 23         | PAGE ___ OF ___            | CREATION DATE              |               | TOTALS         | 111 09           |                        | 23 |

|                                     |  |                                |  |                                |  |                  |  |                                |  |       |  |   |  |    |  |    |
|-------------------------------------|--|--------------------------------|--|--------------------------------|--|------------------|--|--------------------------------|--|-------|--|---|--|----|--|----|
| 68 DX<br>D1D1D1D D2D2D2D            |  | B                              |  | C                              |  | D                |  | E                              |  | F     |  | G |  | H  |  | 68 |
| 69 ADMIT DX<br>0                    |  | 70 PATIENT REASON DX<br>a      |  | b                              |  | 71 FPS CODE<br>c |  | 72 ECI<br>a                    |  | b     |  | c |  | 73 |  |    |
| 74 PRINCIPAL PROCEDURE CODE<br>DATE |  | a OTHER PROCEDURE CODE<br>DATE |  | b OTHER PROCEDURE CODE<br>DATE |  | 75               |  | 76 ATTENDING NPI<br>2345678901 |  | QUAL  |  |   |  |    |  |    |
|                                     |  |                                |  |                                |  |                  |  | LAST                           |  | FIRST |  |   |  |    |  |    |
| c OTHER PROCEDURE CODE<br>DATE      |  | d OTHER PROCEDURE CODE<br>DATE |  | e OTHER PROCEDURE CODE<br>DATE |  |                  |  | 77 OPERATING NPI<br>1234567890 |  | QUAL  |  |   |  |    |  |    |
|                                     |  |                                |  |                                |  |                  |  | LAST                           |  | FIRST |  |   |  |    |  |    |
| 80 REMARKS<br>SEE ATTACHMENT        |  | B1CC<br>a                      |  | b                              |  |                  |  | 78 OTHER NPI                   |  | QUAL  |  |   |  |    |  |    |
|                                     |  | c                              |  |                                |  |                  |  | LAST                           |  | FIRST |  |   |  |    |  |    |
|                                     |  | d                              |  |                                |  |                  |  | 79 OTHER NPI                   |  | QUAL  |  |   |  |    |  |    |
|                                     |  |                                |  |                                |  |                  |  | LAST                           |  | FIRST |  |   |  |    |  |    |

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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:

- L5: foam at .21 times 30 gm equal 6.30 plus CDF .63 equals \$6.93
- L4: male condoms at .28 times 20 equal \$5.60 plus CDF .56 equals \$6.16

### Outpatient facility for removal and insertion of an intrauterine device (IUD) (client referred by a Family PACT provider)

In this example, the established client is referred by her Family PACT provider to a nearby Medi-Cal Nurse Practitioner (NP). The NP, who works under the supervision of a physician, removed the client’s intrauterine copper contraceptive that has been in place for 10 years. The client has no plans for childbearing and wants a new IUD. Enter the referring provider’s NPI in Box 76, the supervising physician’s NPI in Box 77, and enter the name of the NP, title, and the individual NPI number in Box 80.

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the intrauterine copper contraceptive dispensed (claim line 3) is a “physician-administered” drug. Providers enter the product qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the contraceptive in the Description field (Box 43). (Refer to Part 2, Medi-Cal manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.)

**Note:** Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

«**Figure 4:** Example form for outpatient facility for removal and insertion of an intrauterine device (IUD) »

| 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           | REMOVE IUD                | 58301SA                      | 100115        | 1               | 75 00            |                        | 1  |
| 2           | INSERT IUD                | 58300SA                      | 100115        | 1               | 85 00            |                        | 2  |
| 3           | N451285020401UN000001000  | J7300                        | 100115        | 1               | 494 00           |                        | 3  |
| 4           | IUD REMOVAL SUPPLIES      | 58301UA                      | 100115        | 1               | 25 00            |                        | 4  |
| 5           | IUD INSERTION SUPPLIES    | 58300UA                      | 100115        | 1               | 25 00            |                        | 5  |
| 6           | USE OF HOSPITAL EXAM ROOM | Z7500                        | 100115        | 1               | 35 00            |                        | 6  |
| 23          | PAGE ____ OF ____         | CREATION DATE                |               | <b>TOTALS</b> → | <b>739 00</b>    |                        | 23 |

|                                |  |  |                         |  |  |                         |  |  |             |                      |  |        |                                    |  |                                    |       |  |      |    |    |
|--------------------------------|--|--|-------------------------|--|--|-------------------------|--|--|-------------|----------------------|--|--------|------------------------------------|--|------------------------------------|-------|--|------|----|----|
| 68 DX <b>D1D1D1D</b>           |  |  |                         |  |  |                         |  |  |             | A B C D E F G H      |  |        |                                    |  |                                    |       |  |      |    | 68 |
| 69 ADMIT DX <b>0</b>           |  |  |                         |  |  |                         |  |  |             | 70 PATIENT REASON DX |  |        |                                    |  |                                    |       |  |      |    | 73 |
| 74 PRINCIPAL PROCEDURE CODE    |  |  | a. OTHER PROCEDURE CODE |  |  | b. OTHER PROCEDURE CODE |  |  | 71 PPS CODE |                      |  | 72 ECI |                                    |  | 76 ATTENDING NPI <b>2345678901</b> |       |  | QUAL | 73 |    |
| c. OTHER PROCEDURE CODE        |  |  | d. OTHER PROCEDURE CODE |  |  | e. OTHER PROCEDURE CODE |  |  |             |                      |  | LAST   |                                    |  | FIRST                              |       |  |      |    |    |
| 80 REMARKS <b>Jane Doe, NP</b> |  |  |                         |  |  |                         |  |  |             | 81 CC a              |  |        | 77 OPERATING NPI <b>1234567890</b> |  |                                    | QUAL  |  |      |    |    |
| <b>NPI 3456789123</b>          |  |  |                         |  |  |                         |  |  |             | b                    |  |        | LAST                               |  |                                    | FIRST |  |      |    |    |
|                                |  |  |                         |  |  |                         |  |  |             | c                    |  |        | 78 OTHER NPI                       |  |                                    | QUAL  |  |      |    |    |
|                                |  |  |                         |  |  |                         |  |  |             | d                    |  |        | LAST                               |  |                                    | FIRST |  |      |    |    |
|                                |  |  |                         |  |  |                         |  |  |             |                      |  |        | 79 OTHER NPI                       |  |                                    | QUAL  |  |      |    |    |
|                                |  |  |                         |  |  |                         |  |  |             |                      |  |        | LAST                               |  |                                    | FIRST |  |      |    |    |

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### Contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a sexually transmitted infection (STI) (two claim forms required)

«In this example, an established client, who is seen for a refill of contraceptive patches, reports that she has burning upon urination and that her partner has been exposed to chlamydia. The clinician performs a urine microscopy which shows numerous white blood cell count (WBC) and the clinician dispenses ciprofloxin tablets to treat acute cystitis and azithromycin 1 gram orally for presumptive treatment of a chlamydia infection. A screening nucleic acid amplification test (NAAT) for chlamydia is sent to an outside laboratory. Blood was drawn for syphilis and HIV screening tests and sent to the same outside laboratory».

Two claim forms are required for the same date of service, because there are two different family planning-related conditions requiring two ICD-10-CM diagnosis codes for the two treatments dispensed. Each claim has the same family planning ICD-10-CM diagnosis code. Refer to the following page for the required second claim form. The office visit may not be billed twice. The community clinic has opted to include the clinic dispensing fee in computing costs for drugs dispensed onsite.

**Figure 5:** Example first form for a contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a Sexually Transmitted Infection (STI)

| 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           | OFFICE VISIT ESTABLISHED | 99214                        | 100115        | 1              | 45 00            |                        | 1  |
| 2           | URINE MICROSCOPY         | 81015                        | 100115        | 1              | 8 00             |                        | 2  |
| 3           | N451285020401UN000001000 | S5000                        | 100115        | 1              | 5 28             |                        | 3  |
| 4           | BLOOD DRAW               | 99000                        | 100115        | 1              | 10 00            |                        | 4  |
| 5           |                          |                              |               |                |                  |                        | 5  |
| 6           |                          |                              |               |                |                  |                        | 6  |
| 23          | PAGE ____ OF ____        | CREATION DATE                |               | TOTALS         | 68 28            |                        | 23 |

|   |  |                              |  |                              |  |  |  |             |  |        |  |    |  |                  |  |       |  |   |  |  |  |
|---|--|------------------------------|--|------------------------------|--|--|--|-------------|--|--------|--|----|--|------------------|--|-------|--|---|--|--|--|
| 68 DX<br>0  |  | D1D1D1D                      |  | D2D2D2D                      |  | B                                      |  | C           |  | D      |  | E  |  | F                |  | G     |  | H |  | 68   |  |
| 69 ADMIT DX   |  | 70 PATIENT REASON DX         |  | a. OTHER PROCEDURE CODE DATE |  | b. OTHER PROCEDURE CODE DATE           |  | 71 FPS CODE |  | 72 ECI |  | 73 |  | 76 ATTENDING NPI |  | QUAL  |  |   |  |  |  |
| 74 PRINCIPAL PROCEDURE CODE DATE                        |  |                              |  |                              |  |  |  |             |  |        |  |    |  | LAST             |  | FIRST |  |   |  |  |  |
| c. OTHER PROCEDURE CODE DATE                            |  | d. OTHER PROCEDURE CODE DATE |  | e. OTHER PROCEDURE CODE DATE |  |  |  |             |  |        |  |    |  | 77 OPERATING NPI |  | QUAL  |  |   |  |  |  |
| 80 REMARKS  |  | 81 CC a                      |  | b                            |  | c                                      |  | d           |  |        |  |    |  | 78 OTHER NPI     |  | QUAL  |  |   |  |  |  |
| L3: CIPROFLOXIN #6 X .38 = \$2.28 + CDF \$3.00 = \$5.28 |  |                              |  |                              |  |  |  |             |  |        |  |    |  | LAST             |  | FIRST |  |   |  |  |  |
| L4: SPECIMEN SENT TO AN UNAFFILIATED LAB                |  |                              |  |                              |  |  |  |             |  |        |  |    |  | 79 OTHER NPI     |  | QUAL  |  |   |  |  |  |
|   |  |                              |  |                              |  |  |  |             |  |        |  |    |  | LAST             |  | FIRST |  |   |  |  |  |
| UB-04 CMS-1450 © 2005 NUBC                              |  | OMB APPROVAL PENDING         |  | NUBC                         |  | Historia Inbim Drug Company LIC9213257 |  |             |  |        |  |    |  |                  |  |       |  |   |  | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF. |  |

Contraceptive patch user with symptoms of burning upon urination, and the partner reporting exposure to a Sexually Transmitted Infection (STI) (second claim form) (continued)

The second claim form includes the drug to treat STI exposure onsite (refer to the first claim form on the preceding page). Both the product ID qualifier (N4) and NDC are required on the claims.

**Note:** Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

«**Figure 6:** Example second form for a contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a Sexually Transmitted Infection (STI)»

| 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           | 20123456789UN000001000 | Q0144                        | 100115        | 1              | 24 28            |                        | 1  |
| 2           |                        |                              |               |                |                  |                        | 2  |
| 3           |                        |                              |               |                |                  |                        | 3  |
| 4           |                        |                              |               |                |                  |                        | 4  |
| 5           |                        |                              |               |                |                  |                        | 5  |
| 6           |                        |                              |               |                |                  |                        | 6  |
| 28          | PAGE ____ OF ____      | CREATION DATE                |               | TOTALS         | 24 28            |                        | 28 |

|  |                                    |                                    |                                    |                                    |                                    |                        |      |       |    |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------|------|-------|----|
| 68<br>DX<br>D1D1D1D                          | D2D2D2D                            | B                                  | C                                  | D                                  | E                                  | F                      | G    | H     | 68 |
| 69<br>ADMIT<br>DX<br>O                       | 70<br>PATIENT<br>REASON<br>DX<br>J | a                                  | b                                  | c                                  | 71<br>PPS<br>CODE<br>M             | 72<br>ECI<br>N         | a    | b     | 73 |
| 74<br>PRINCIPAL<br>PROCEDURE<br>CODE<br>DATE | a.                                 | OTHER<br>PROCEDURE<br>CODE<br>DATE | b.                                 | OTHER<br>PROCEDURE<br>CODE<br>DATE | 75                                 | 76<br>ATTENDING<br>NPI | QUAL | FIRST |    |
|  |                                    |                                    |                                    |                                    |                                    | LAST                   |      |       |    |
| c.   | OTHER<br>PROCEDURE<br>CODE<br>DATE | d.                                 | OTHER<br>PROCEDURE<br>CODE<br>DATE | a.                                 | OTHER<br>PROCEDURE<br>CODE<br>DATE | 77<br>OPERATING<br>NPI | QUAL | FIRST |    |
|  |                                    |                                    |                                    |                                    |                                    | LAST                   |      |       |    |
| 80<br>REMARKS                                |                                    | 81<br>CC<br>a                      |                                    |                                    |                                    | 78<br>OTHER<br>NPI     | QUAL | FIRST |    |
|  |                                    | b                                  |                                    |                                    |                                    | LAST                   |      |       |    |
|  |                                    | c                                  |                                    |                                    |                                    | 79<br>OTHER<br>NPI     | QUAL | FIRST |    |
|  |                                    | d                                  |                                    |                                    |                                    | LAST                   |      |       |    |

UB-04 CMS-1450 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.

### Education and counseling visit with a Physician's Assistant (PA)

«In this example a female client who is an established depo medroxyprogesterone acetate (DMPA) user is seen for concerns with irregular vaginal bleeding. She receives counseling from a PA regarding the side effects of DMPA and wants to continue with the method. The total time of the visit is 20 minutes». This example shows how the rendering provider bills for the procedure. The PA works under the supervision of a physician. Enter the supervising physician's individual NPI in Box 76, the billing Family PACT provider's NPI in Box 77 and the name of the PA, title and the PA's individual NPI in Box 80.

**Figure 7:** Example form for education and counseling visit with a Physician's Assistant (PA)

| 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           | OFFICE VISIT, NEW | 99213                        | 100115        | 1              | 35 00            |                        | 1  |
| 2           |                   |                              |               |                |                  |                        | 2  |
| 3           |                   |                              |               |                |                  |                        | 3  |
| 4           |                   |                              |               |                |                  |                        | 4  |
| 5           |                   |                              |               |                |                  |                        | 5  |
| 6           |                   |                              |               |                |                  |                        | 6  |
| 23          | PAGE OF           | CREATION DATE                | TOTALS        |                | 35 00            |                        | 23 |

|                   |                             |                            |           |                         |      |                   |                         |      |    |                        |            |       |  |
|-------------------|-----------------------------|----------------------------|-----------|-------------------------|------|-------------------|-------------------------|------|----|------------------------|------------|-------|--|
| 86<br>DX<br>0     | D1D1D1D                     | A                          | B         | C                       | D    | E                 | F                       | G    | H  | 68                     |            |       |  |
| 69<br>ADMIT<br>DX |                             | 70<br>PATIENT<br>REASON DX | a         | b                       | c    | 71<br>FPS<br>CODE | 72<br>ECI               | a    | b  | c                      | 73         |       |  |
| 74                | PRINCIPAL PROCEDURE<br>CODE | DATE                       | a.        | OTHER PROCEDURE<br>CODE | DATE | b.                | OTHER PROCEDURE<br>CODE | DATE | 75 | 76<br>ATTENDING<br>NPI | 2345678901 | QUAL  |  |
|                   |                             |                            |           |                         |      |                   |                         |      |    | LAST                   |            | FIRST |  |
|                   |                             |                            |           |                         |      |                   |                         |      |    | 77<br>OPERATING<br>NPI | 1234567890 | QUAL  |  |
|                   |                             |                            |           |                         |      |                   |                         |      |    | LAST                   |            | FIRST |  |
| 80<br>REMARKS     |                             |                            | 81CC<br>a |                         |      |                   |                         |      |    | 78<br>OTHER<br>NPI     |            | QUAL  |  |
|                   | Jane Doe, PA                |                            | b         |                         |      |                   |                         |      |    | LAST                   |            | FIRST |  |
|                   | NPI 3456789123              |                            | c         |                         |      |                   |                         |      |    | 79<br>OTHER<br>NPI     |            | QUAL  |  |
|                   |                             |                            | d         |                         |      |                   |                         |      |    | LAST                   |            | FIRST |  |

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### Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service (two claim forms required)

In this example an established client has an expired IUC for removal and would like to start using an oral contraceptive. «After uncomplicated removal of the IUC, the clinician provided contraceptive counseling and prescribed and dispensed 13 cycles of oral contraceptives. The total time of the visit (excluding the IUD removal) was 23 minutes.»

The clinician provided 15 minutes of contraceptive counseling

Two claim forms are required for the same date of service because there are two contraceptive management ICD-10-CM diagnosis codes

Refer to the following page for the second claim form

The first claim form should include the information below. Do not bill for an Evaluation and Management (E&M) visit with IUC removal on the same date of service

**Figure 8:** Example first form for Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service

| 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           | REMOVE IUC           | 58301AG                      | 100115        | 1              | 78 00            |                        | 1  |
| 2           | IUC REMOVAL SUPPLIES | 58301UA                      | 100115        | 1              | 30 00            |                        | 2  |
| 3           |                      |                              |               |                |                  |                        | 3  |
| 4           |                      |                              |               |                |                  |                        | 4  |
| 5           |                      |                              |               |                |                  |                        | 5  |
| 6           |                      |                              |               |                |                  |                        | 6  |
| 23          | PAGE ____ OF ____    | CREATION DATE                |               | TOTALS         | 108 00           |                        | 23 |

|                             |  |  |  |                        |  |  |  |                        |  |  |  |                        |  |  |  |                  |  |  |  |                  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|------------------------|--|--|--|------------------------|--|--|--|------------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|
| 68 D1D1D1D                  |  |  |  |                        |  |  |  |                        |  |  |  | 68                     |  |  |  |                  |  |  |  |                  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 69 ADMIT DX                 |  |  |  |                        |  |  |  |                        |  |  |  | 70 PATIENT REASON DX   |  |  |  |                  |  |  |  |                  |  |  |  | 71 FPS CODE  |  |  |  |  |  |  |  |  |  |  |  | 72 EQ |  |  |  |  |  |  |  |  |  |  |  | 73 |  |  |  |  |  |  |  |  |  |  |  |
| 74 PRINCIPAL PROCEDURE CODE |  |  |  | a OTHER PROCEDURE CODE |  |  |  | b OTHER PROCEDURE CODE |  |  |  | c OTHER PROCEDURE CODE |  |  |  | 75               |  |  |  | 76 ATTENDING NPI |  |  |  | QUAL         |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| DATE                        |  |  |  | DATE                   |  |  |  | DATE                   |  |  |  | DATE                   |  |  |  | LAST             |  |  |  | FIRST            |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 6 OTHER PROCEDURE CODE      |  |  |  | d OTHER PROCEDURE CODE |  |  |  | e OTHER PROCEDURE CODE |  |  |  | 75                     |  |  |  | 77 OPERATING NPI |  |  |  | QUAL             |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| DATE                        |  |  |  | DATE                   |  |  |  | DATE                   |  |  |  | DATE                   |  |  |  | LAST             |  |  |  | FIRST            |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
| 80 REMARKS                  |  |  |  |                        |  |  |  |                        |  |  |  | 81 CC a                |  |  |  |                  |  |  |  |                  |  |  |  | 78 OTHER NPI |  |  |  |  |  |  |  |  |  |  |  | QUAL  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                             |  |  |  |                        |  |  |  |                        |  |  |  | b                      |  |  |  |                  |  |  |  |                  |  |  |  | LAST         |  |  |  |  |  |  |  |  |  |  |  | FIRST |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                             |  |  |  |                        |  |  |  |                        |  |  |  | c                      |  |  |  |                  |  |  |  |                  |  |  |  | 79 OTHER NPI |  |  |  |  |  |  |  |  |  |  |  | QUAL  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |
|                             |  |  |  |                        |  |  |  |                        |  |  |  | d                      |  |  |  |                  |  |  |  |                  |  |  |  | LAST         |  |  |  |  |  |  |  |  |  |  |  | FIRST |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |

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Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service (second claim form) (continued)

The second claim form includes the oral contraceptives dispensed onsite (refer to the first claim form on the preceding page).

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 1) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the contraceptive in the *Description* field (Box 43). Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.

**Note:** Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

**Figure 9:** Example second form for Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service

| 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           | N400062190115UN000013000  | \$4993                       | 100115        | 13             | 156.00           |                        | 1  |
| 2           | OFFICE VISIT, ESTABLISHED | 99213-25                     | 100115        | 1              | 35.00            |                        | 2  |
| 3           |                           |                              |               |                |                  |                        | 3  |
| 4           |                           |                              |               |                |                  |                        | 4  |
| 5           |                           |                              |               |                |                  |                        | 5  |
| 6           |                           |                              |               |                |                  |                        | 6  |
| 23          | PAGE ____ OF ____         | CREATION DATE                |               | TOTALS         | 191.00           |                        | 23 |

|   |  |  |  |  |                         |  |  |  |  |                         |  |  |  |  |        |  |  |  |  |
|---|--|--|--|--|-------------------------|--|--|--|--|-------------------------|--|--|--|--|--------|--|--|--|--|
| 86 D1D1D1D                              |  |  |  |  |                         |  |  |  |  | 88                      |  |  |  |  |        |  |  |  |  |
| 69 ADMIT DX                             |  |  |  |  |                         |  |  |  |  | 73                      |  |  |  |  |        |  |  |  |  |
| 74 PRINCIPAL PROCEDURE CODE             |  |  |  |  | 70 PATIENT REASON DX    |  |  |  |  | 71 PPS CODE             |  |  |  |  | 72 ECI |  |  |  |  |
| 74 PRINCIPAL PROCEDURE DATE             |  |  |  |  | 70 OTHER PROCEDURE CODE |  |  |  |  | 70 OTHER PROCEDURE DATE |  |  |  |  | 75     |  |  |  |  |
| 74 PRINCIPAL PROCEDURE DATE             |  |  |  |  | 70 OTHER PROCEDURE CODE |  |  |  |  | 70 OTHER PROCEDURE DATE |  |  |  |  | 75     |  |  |  |  |
| 74 PRINCIPAL PROCEDURE DATE             |  |  |  |  | 70 OTHER PROCEDURE CODE |  |  |  |  | 70 OTHER PROCEDURE DATE |  |  |  |  | 75     |  |  |  |  |
| 80 REMARKS                              |  |  |  |  |                         |  |  |  |  | 76 ATTENDING NPI        |  |  |  |  |        |  |  |  |  |
| L1: NORGESTIMATE AND ETHINYL            |  |  |  |  |                         |  |  |  |  | LAST                    |  |  |  |  |        |  |  |  |  |
| ESTRADIOL 13 PACKS @ \$12.00 = \$156.00 |  |  |  |  |                         |  |  |  |  | FIRST                   |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | 77 OPERATING NPI        |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | LAST                    |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | FIRST                   |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | 78 OTHER NPI            |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | LAST                    |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | FIRST                   |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | 79 OTHER NPI            |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | LAST                    |  |  |  |  |        |  |  |  |  |
|   |  |  |  |  |                         |  |  |  |  | FIRST                   |  |  |  |  |        |  |  |  |  |

UB-04 DMS-1450 OMB APPROVAL PENDING NUBC 2005 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

## Office visit, positive sexually transmitted infections (STI) test results and drug onsite administration

«In this example, an established client who uses oral contraceptives tested positive for syphilis (with a positive confirmatory test) at her previous family planning visit». She receives an intramuscular injection of penicillin G benzathine, 2,400,000 units.

Both the product ID qualifier N4 and National Drug Code (NDC) are required on the claim because the drug dispensed (claim line 2) is a “physician-administered” drug (PAD). Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the drug in the *Description* field (Box 43). Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.

To calculate the charges for penicillin G benzathine, the cost of the injection and the administration fee must be determined. The price listed on the Medi-Cal Rates page of the Medi-Cal website for penicillin G benzathine includes a one-time administration fee. Since the administration fee is paid only once for each drug administered, subsequent units claimed must have the administration fee subtracted from the published rate. This difference is the cost of the injection. Multiply this cost with the number of units. For penicillin G benzathine, this would include the cost per unit multiplied by 23 units. To calculate the total charge, the cost for 23 units is added to the rate of the drug on file (which includes the one-time administration fee). Refer to the *Drugs: Onsite Dispensing Billing Instructions* section of this manual for specific instructions on the one-time administration fee.

**Note:** Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

**Figure 10: Example form for office visit, positive STI test results and drug onsite administration**

| 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>OFFICE VISIT, ESTABLISHED</b> | <b>99213</b>                 | <b>100115</b> | <b>1</b>        | <b>35 00</b>     |                        | 1     |
| 2           | <b>N412345678901ML0000004000</b> | <b>J0561</b>                 | <b>100115</b> | <b>24</b>       | <b>123 00</b>    |                        | 2     |
| 3           |                                  |                              |               |                 |                  |                        | 3     |
| 4           |                                  |                              |               |                 |                  |                        | 4     |
| 5           |                                  |                              |               |                 |                  |                        | 5     |
| 6           |                                  |                              |               |                 |                  |                        | 6     |
| << 28       | <b>PAGE</b> ____ <b>OF</b> ____  | <b>CREATION DATE</b>         |               | <b>TOTALS</b> → | <b>158 00</b>    |                        | 28 >> |

|                                     |  |                           |  |                              |  |                  |  |                              |  |              |  |                  |  |       |  |    |
|-------------------------------------|--|---------------------------|--|------------------------------|--|------------------|--|------------------------------|--|--------------|--|------------------|--|-------|--|----|
| 68 DX<br><b>D1D1D1D D2D2D2D</b>     |  | B                         |  | C                            |  | D                |  | E                            |  | F            |  | G                |  | H     |  | 68 |
| 69 ADMIT DX<br><b>0</b>             |  | 70 PATIENT REASON DX<br>a |  | OTHER PROCEDURE DATE<br>b    |  | 71 FPS CODE<br>c |  | 72 EQ                        |  | a            |  | b                |  | c     |  | 73 |
| 74 PRINCIPAL PROCEDURE CODE<br>DATE |  | a                         |  | OTHER PROCEDURE CODE<br>DATE |  | b                |  | OTHER PROCEDURE CODE<br>DATE |  | 75           |  | 76 ATTENDING NPI |  | QUAL  |  |    |
|                                     |  |                           |  |                              |  |                  |  |                              |  |              |  | LAST             |  | FIRST |  |    |
| 6. OTHER PROCEDURE CODE<br>DATE     |  | d                         |  | OTHER PROCEDURE CODE<br>DATE |  | e                |  | OTHER PROCEDURE CODE<br>DATE |  |              |  | 77 OPERATING NPI |  | QUAL  |  |    |
|                                     |  |                           |  |                              |  |                  |  |                              |  |              |  | LAST             |  | FIRST |  |    |
| 80 REMARKS                          |  | 81 CC<br>a                |  | b                            |  | c                |  | d                            |  | 78 OTHER NPI |  | QUAL             |  |       |  |    |
|                                     |  |                           |  |                              |  |                  |  |                              |  | LAST         |  | FIRST            |  |       |  |    |
|                                     |  |                           |  |                              |  |                  |  |                              |  | 79 OTHER NPI |  | QUAL             |  |       |  |    |
|                                     |  |                           |  |                              |  |                  |  |                              |  | LAST         |  | FIRST            |  |       |  |    |

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### Initial visit with on-site dispensing of diaphragm (wide seal)

«In this example, the services of a hospital outpatient department include an initial visit for contraception with a complete client history and counseling. The point-of-care pregnancy test is clinically indicated and is negative. Contraceptive diaphragm (wide seal), condoms and jelly were dispensed on-site. Total clinician time is 35 minutes.»

The *Remarks* field (Box 80) must include a required statement that lists dispensed supplies.

**Figure 11:** Example form for Initial visit with on-site dispensing of diaphragm (wide seal)

| 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           | OFFICE VISIT, NEW          | 99203                        | 100117        | 1               | 80 00            |                        | 1  |
| 2           | PREGNANCY TEST             | 81025                        | 100117        | 1               | 10 00            |                        | 2  |
| 3           | DIAPHRAGM WIDE SEAL        | A4266                        | 100117        | 1               | 47 36            |                        | 3  |
| 4           | CONDOMS, MALE              | A4267                        | 100117        | 20              | 6 16             |                        | 4  |
| 5           | SPERMICIDAL GEL/JELLY/FOAM | A4269U1                      | 100117        | 30              | 6 93             |                        | 5  |
| 6           |                            |                              |               |                 |                  |                        | 6  |
| 23          | PAGE ____ OF ____          | CREATION DATE                |               | <b>TOTALS</b> → | 150 45           |                        | 23 |

|                             |  |                         |  |                         |  |            |  |  |  |                             |  |      |  |   |  |    |
|-----------------------------|--|-------------------------|--|-------------------------|--|------------|--|--|--|-----------------------------|--|------|--|---|--|----|
| 66 DX<br>D1D1D1D D2D2D2D    |  | B                       |  | C                       |  | D          |  | E  |  | F                           |  | G    |  | H |  | 68 |
| 69 ADMIT DX                 |  | 70 PATIENT REASON DX    |  | 71 PPS CODE             |  | 72 ECI     |  | 73   |  | 76 ATTENDING NPI 2345678901 |  | QUAL |  |   |  |    |
| 74 PRINCIPAL PROCEDURE CODE |  | a. OTHER PROCEDURE CODE |  | b. OTHER PROCEDURE CODE |  | 75         |  | LAST   |  | FIRST                       |  |      |  |   |  |    |
| c. OTHER PROCEDURE CODE     |  | d. OTHER PROCEDURE CODE |  | e. OTHER PROCEDURE CODE |  |            |  | 77 OPERATING NPI 1234567890  |  | QUAL                        |  |      |  |   |  |    |
| LAST                        |  | FIRST                   |  |                         |  |            |  | 78 OTHER NPI   |  | QUAL                        |  |      |  |   |  |    |
| 78 OTHER NPI                |  |                         |  |                         |  |            |  | LAST   |  | FIRST                       |  |      |  |   |  |    |
| 79 OTHER NPI                |  |                         |  |                         |  |            |  | LAST   |  | FIRST                       |  |      |  |   |  |    |
| 80 REMARKS                  |  | B1CC a                  |  | b                       |  | c          |  | d  |  |                             |  |      |  |   |  |    |
| SEE ATTACHMENT              |  |                         |  |                         |  |            |  |  |  |                             |  |      |  |   |  |    |
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In the *Remarks* field (box 80) above, or on an 8.5 by 11-inch sheet of paper, document the following and attach to the claim:

- L3: Diaphragm Wide Seal at 43.05 times 1 equals \$43.05 plus CDF 4.30 equals \$47.35
- L4: Male Condoms at .28 times 20 equals \$5.60 plus CDF .56 equals \$6.16
- L5: «Jelly» at .21 times 30 gm equals \$6.30 plus CDF .63 equals \$6.93

**<<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.   |