
Injections: Billing Example for UB-04

Page updated: August 2020

The example in this section is to help providers bill injection services on the *UB-04* claim form. For detailed policy information, refer to the following sections of this manual:

- *Injections: An Overview*
- *Injections: Drugs A–D Policy*
- *Injections: Drugs E–H Policy*
- *Injections: Drugs I–M Policy*
- *Injections: Drugs N–R Policy*
- *Injections: Drugs S–Z Policy*
- *Injections: Hydration*

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. 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.

Unlisted Therapeutic Injection: “By Report” Billing

Figure 1. Unlisted therapeutic injection: “By Report” billing.

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

In this example, a woman receives an injection of Labetalol for treatment of accelerated hypertension. Labetalol is designated as an “unlisted therapeutic injection” because it is not assigned a unique HCPCS code.

Enter the two-digit facility type code “83” (special facility – ambulatory surgery center) and one-character frequency code “1” as “831” in the *Type of Bill* field (Box 4).

Enter the procedure code for unlisted therapeutic injection (CPT® codes 96372 and 96379) on claim line 1 in the *HCPCS/Rate* field (Box 44).

The date that the injection was administered is entered in the six-digit format in the *Service Date* field (Box 45).

Unlisted therapeutic injections are billed with a 1 in the *Service Units* field (Box 46). Enter 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 the *Totals* 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). The surgery 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.

Enter the referring/prescribing provider's NPI number in the *Attending* field (Box 76), as appropriate. The rendering physician's NPI number is placed in the *Operating* field (Box 77).

CPT codes 96372 and 96379 must be billed "By Report" with either an attached copy of the manufacturer's invoice or a description in the *Remarks* field (Box 80). In this example, the name of the medication, dosage, strength and unit price are entered in the *Remarks* field.

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

Figure 1. Unlisted Therapeutic Injection: "By Report" Billing.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT ONTL # b MED REC #	4 TYPE OF BILL 831
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH	
8 PATIENT NAME a	9 PATIENT ADDRESS a	c	d
b DOE, JANE	e		
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 ADMISSION
14 HPI	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACCT STATE
30	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE
34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH
38	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE
42	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE
46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1		96372/96379	100115
2			1
3			2050
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23	001 PAGE OF	CREATION DATE	TOTALS 2050
50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO	53 ASB BEN
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 6050	56 NPI 0123456789	57 OTHER PRV ID
58 INSURED'S NAME	59 P/F/EL	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 EX D1D1D1D	67	68	69
70 PATIENT REASON DX 0	71 PPS CODE	72 EQ	73
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 1234567890	77 OPERATING NPI 2345678901
78 OTHER NPI	79 OTHER NPI	QUAL	FIRST
80 REMARKS LABETALOL 1VIAL X 1 TOTAL DOSAGE 40 MG. UNIT PRICE \$5.93	81CC a	b	c
d			

<<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.