Claim Completion: CMS-1500

Page updated: August 2020

The examples in this section assist providers billing for Family PACT (Planning, Access, Care and Treatment) Program services on the *CMS-1500* 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 the information in this manual concerning Family PACT ICD-10-CM diagnosis codes and 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*
- *CMS-1500 Completion*
- *CMS-1500 Special Billing Instructions*
- *CMS-1500 Submission and Timeliness Instructions*
- *CMS-1500 Tips for Billing*
- *Physician-Administered Drugs – NDC: CMS-1500 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 between the dotted lines in the *ICD Ind*. area of Box 21. 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 National Drug Code (NDC) numbers and charges used for the examples may be fictitious or outdated and are not intended for use on the actual claim form.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 point in any codes or dollar amounts. If requested information does not fit neatly in the *Additional Claim Information* (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

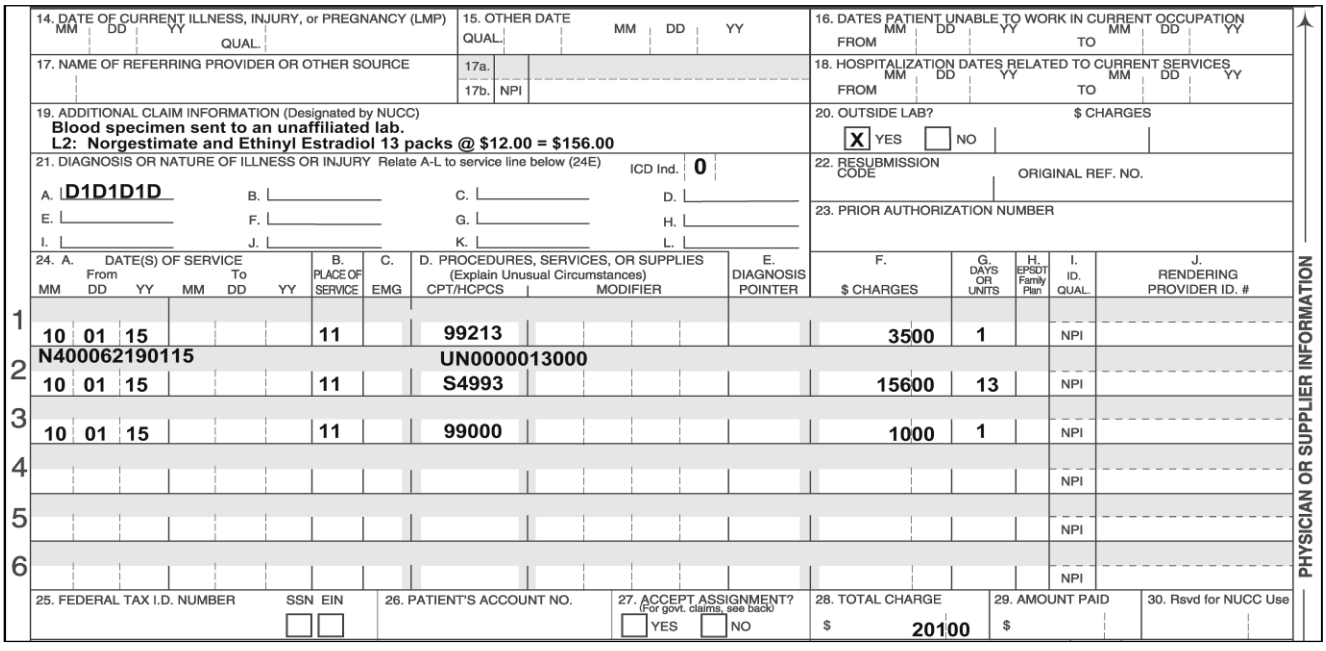
Example 1

Evaluation and Management (E&M) office visit, blood draw for laboratory screening tests and onsite dispensing of oral contraceptives

‹‹In this example, an established client, who is currently using oral contraceptives, has a history update and a blood pressure check. A full year supply of oral contraceptives is dispensed onsite. Samples for a gonorrhea/chlamydia nucleic acid amplification (NAAT) test, syphilis, and HIV screening tests are sent to a clinical laboratory. The total clinician time for this visit is 22 minutes; 15 minutes with the client and 7 minutes to review prior record and enter a note in the electronic medical record.››

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 2) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A and the unit of measure/numeric quantity for the contraceptive in the shaded area of Box 24D.

Note that: 1) Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial. And 2) 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: CMS-1500 Billing Instructions* for details on NDC and 340B billing requirements.



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
Blood specimen sent to an unaffiliated lab.
L2: Norgestimate and Ethinyl Estradiol 13 packs @ $12.00 = $156.00
20. OUTSIDE LAB? [X] YES [ ] NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 01 15		11		99213			3500	1		NPI	
2	N400062190115				UN0000013000							
	10 01 15		11		S4993			15600	13		NPI	
3	10 01 15		11		99000			1000	1		NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 20100
29. AMOUNT PAID $
30. Rsvd for NUCC Use

Example 2

Initial visit with point of care laboratory work and a blood draw sent to an outside laboratory (a prescription for contraceptives and antibiotic is provided).

In this example, a client has a new patient family planning office visit, which includes a comprehensive patient history, clinically indicated physical exam and counseling about all family planning methods. A point of care pregnancy test is performed because of unclear last menstrual period. A dipstick urinalysis is performed in the office for symptoms of urinary tract infection (UTI). The client is given a prescription for oral contraceptives and an antibiotic for the treatment of acute cystitis. The physician dispenses condoms as a back-up method and for sexually transmitted disease (STD) prevention.

Note: Contraceptive supply codes A4267 and A4269U1 are exempt from being billed in connection with a National Drug Code (NDC).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) **Specimen sent to an unaffiliated lab.**
L5: Condoms @ .28 X 20 = $5.60 + CDF 56 = $6.16
L6: 2 foam @ .20 X 40gm = $8.00 + CDF 80 = $8.80
20. OUTSIDE LAB? [X] YES [ ] NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. D2D2D2D C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15				11		99203			70 00	1		NPI	
2	10	01	15				11		81002			8 00	1		NPI	
3	10	01	15				11		81025			10 00	1		NPI	
4	10	01	15				11		A4267			6 16	20		NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [ ] YES [ ] NO
28. TOTAL CHARGE $ 94 16
29. AMOUNT PAID $
30. Rsvd for NUCC Use

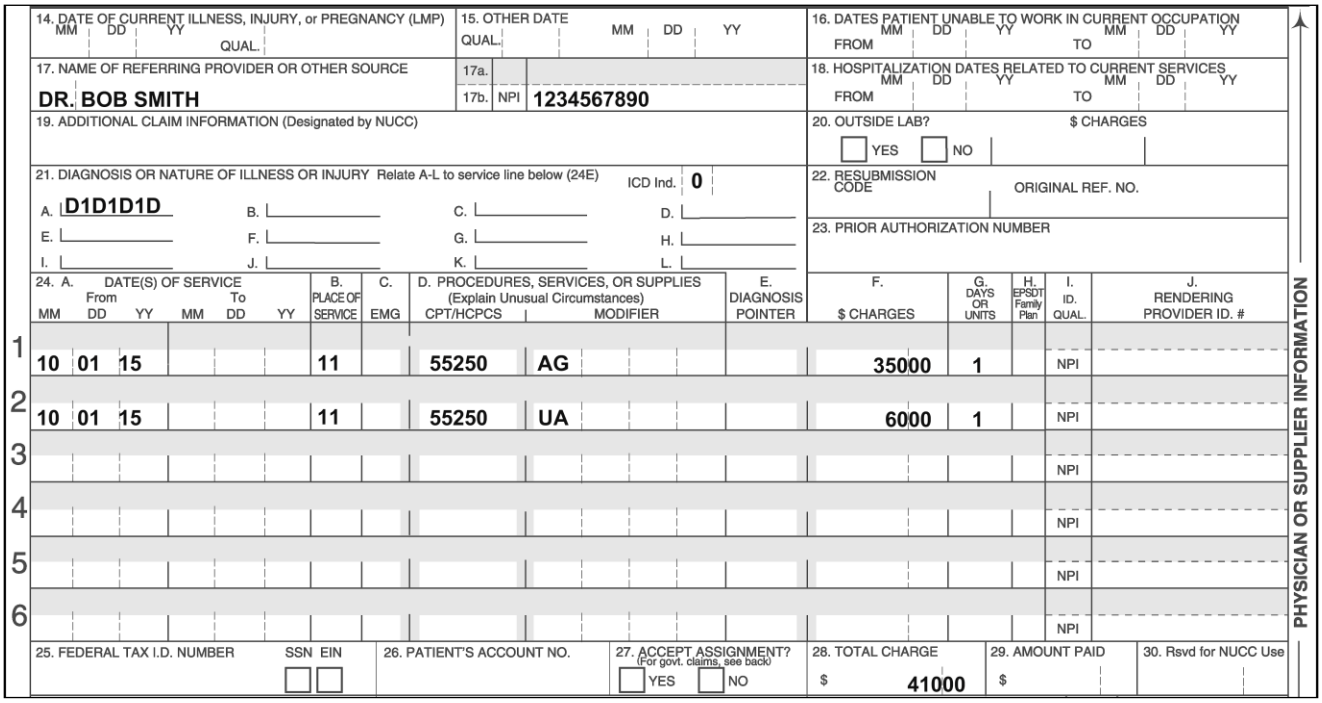
Example 3

A vasectomy performed by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT provider)

In this example, a client is referred by a Family PACT provider to a non-Family PACT Medi-Cal provider for a vasectomy. The vasectomy is performed in the doctor's office. In addition to the vasectomy, the surgeon bills for supplies required for the procedure.

Referring Provider

The referring Family PACT physician provides the surgeon with the information required to complete the form, such as the client's Health Access Programs (HAP) ID number, the referring provider's NPI, the appropriate ICD-10-CM diagnosis code, and a copy of the *Consent Form* (PM 330). Enter the referring provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the *NPI* field (Box 17B).



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DR. BOB SMITH
17a.
17b. NPI 1234567890
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 01 15		11		55250	AG		35000	1		NPI	
2	10 01 15		11		55250	UA		6000	1		NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 41000
29. AMOUNT PAID $
30. Rsvd for NUCC Use

Example 4

A colposcopy and vaginal discharge diagnostic test (two claim forms required)

‹‹In an initial visit, a client, who received depot medroxyprogesterone acetate (DMPA) for contraception, had a cervical cytology screening test done. The result was reported a few days later as a high-grade squamous intraepithelial lesion (HSIL).›› This example shows a follow-up office visit for a colposcopy with biopsy and endocervical curettage. ‹‹In addition, at the same visit, she complains of a vaginal discharge.›› Office microscopy is performed and the client is given a prescription to take to the pharmacy to treat trichomonal vulvovaginitis.

Two claim forms are required for the same date of service because there are two family planning-related conditions requiring different diagnosis codes for each set of claims. Do not use field 21.3 or 21.4 in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Refer to the following page for the second claim form.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. D2D2D2D C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15				11		57454	AG		12500	1		NPI	
2	10	01	15				11		57454	UA		4500	1		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

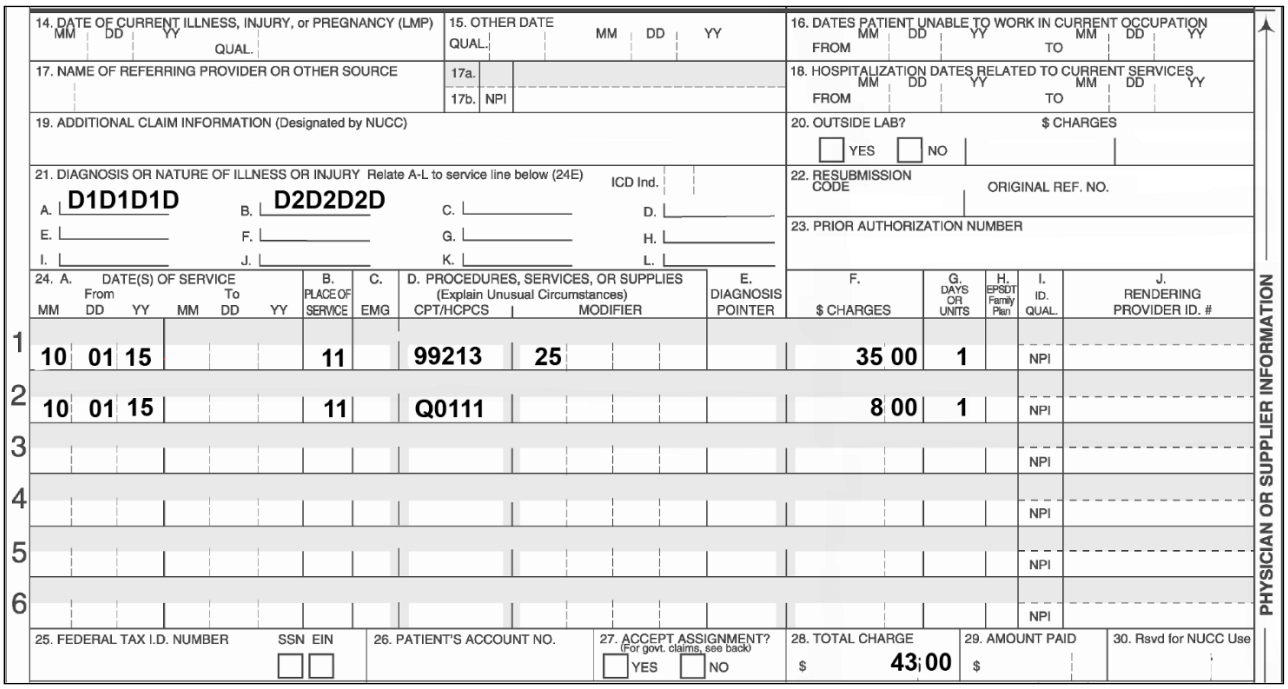
25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 17000
29. AMOUNT PAID $
30. Rsvd for NUCC Use

‹‹Example 4 *(continued)*››

A colposcopy and vaginal discharge diagnostic test (second claim form) *(continued)*

On the second claim form, (E&M) code 99213 with modifier 25 is used to identify a separately identifiable E&M) visit above and beyond the other service provided (refer to the first claim form on a preceding page).

‹‹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.››



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. D1D1D1D B. D2D2D2D C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15			11		99213	25		35 00	1		NPI	
2	10	01	15			11		Q0111			8 00	1		NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 43 00
29. AMOUNT PAID $
30. Rsvd for NUCC Use

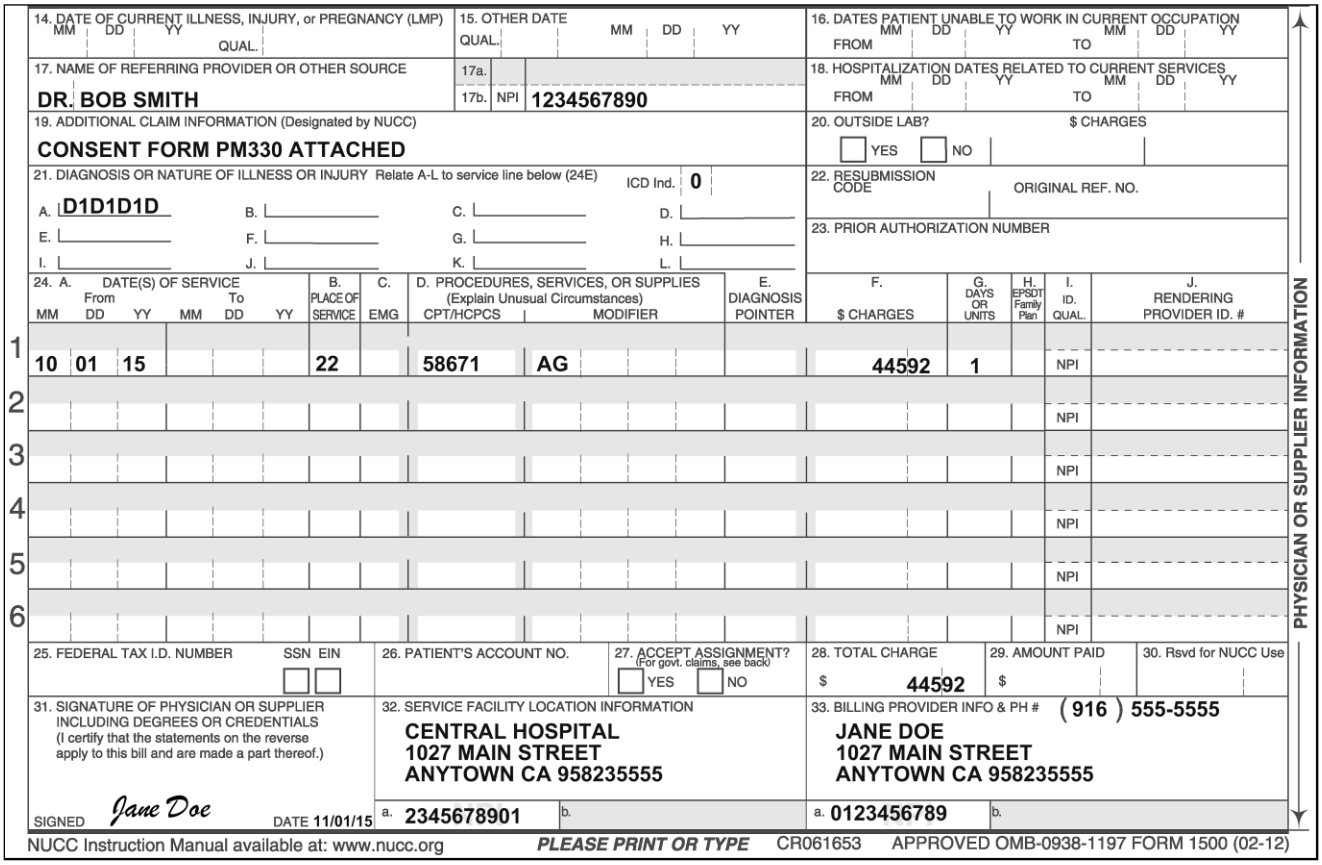
Example ‹‹5››

Bilateral tubal ligation performed by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT provider)

In this example, a non-Family PACT provider performs a laparoscopic tubal ligation. The client was referred by a Family PACT provider. This example shows how the surgeon bills for the procedure.

Referring Provider

The referring Family PACT physician provides the surgeon with the information required to complete the form, such as the client's HAP ID number, the referring provider's NPI, the family planning ICD-10-CM diagnosis code, and a copy of the sterilization *Consent Form* (PM 330). Enter the referring provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the NPI field (Box 17B).



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DR. BOB SMITH
17a.
17b. NPI 1234567890
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): CONSENT FORM PM330 ATTACHED
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15			22		58671	AG		44592	1		NPI	
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 44592
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Jane Doe DATE 11/01/15
32. SERVICE FACILITY LOCATION INFORMATION: CENTRAL HOSPITAL, 1027 MAIN STREET, ANYTOWN CA 958235555; a. 2345678901 b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555: JANE DOE, 1027 MAIN STREET, ANYTOWN CA 958235555; a. 0123456789 b.

PHYSICIAN OR SUPPLIER INFORMATION

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Example ‹‹6››

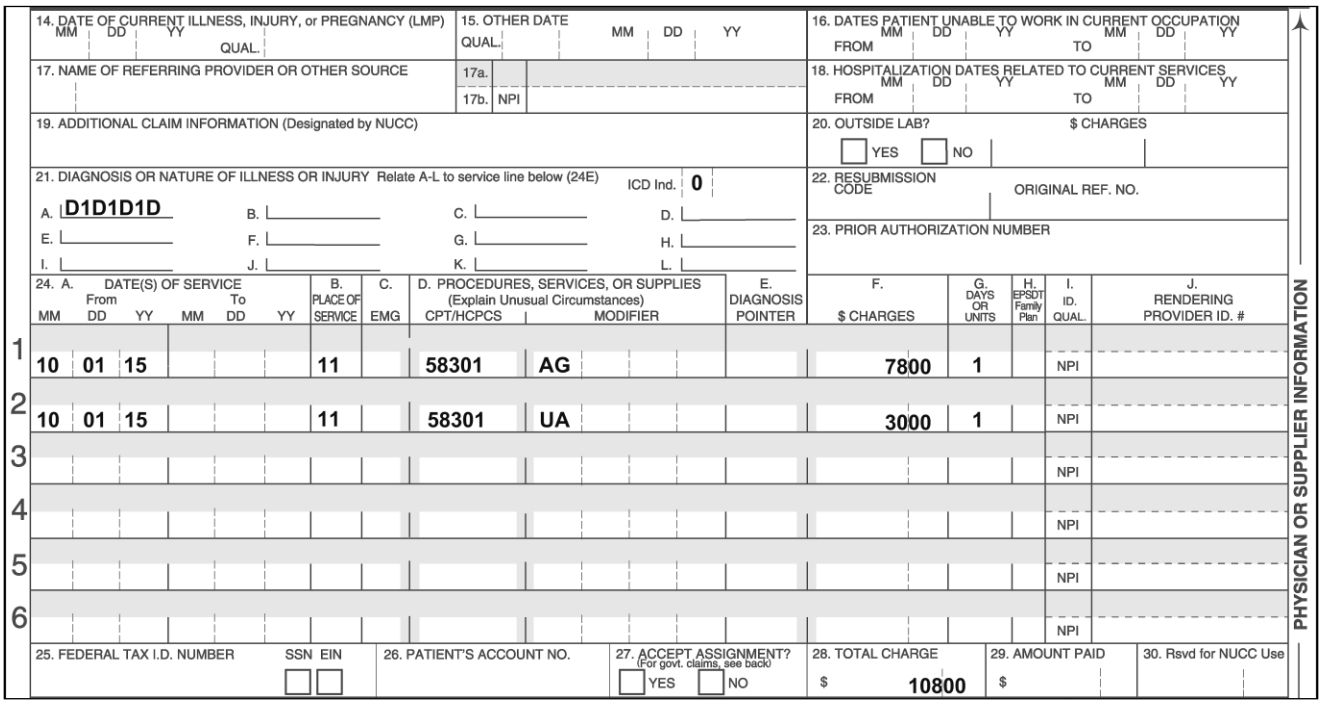
Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service (two claim forms required)

In this example, an established client requests for her expired IUC be removed and discloses that she would like to start using oral contraceptives. The clinician provided 15 minutes of method contraceptive counseling. The total time of the visit (excluding the time for the IUC removal) was 24 minutes.

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.



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15				11		58301	AG		7800	1		NPI	
2	10	01	15				11		58301	UA		3000	1		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 10800
29. AMOUNT PAID $
30. Rsvd for NUCC Use

PHYSICIAN OR SUPPLIER INFORMATION

Example ‹‹6 *(continued)*››

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

The second claim form includes the E&M code for the portion of the visit focusing on contraceptive counseling and the prescription of 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 2) is a physician-administered drug (PAD). Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A and the unit of measure/numeric quantity for the contraceptive in the shaded area of Box 24D. (Refer to Part 2, Medi-Cal Manual *section Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions* for help.)

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
L2: NORGESTIMATE AND ETHINYL ESTRADIOL 13 PACKS @ $12.00 = $156.00
20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	N400062190115				UN0000013000							
	10 01 15		11		S4993			156 00	13		NPI	
2	10 01 15		11		99213	25		35 00	1		NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN ☐ ☐
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO
28. TOTAL CHARGE $ 191 00
29. AMOUNT PAID $
30. Rsvd for NUCC Use

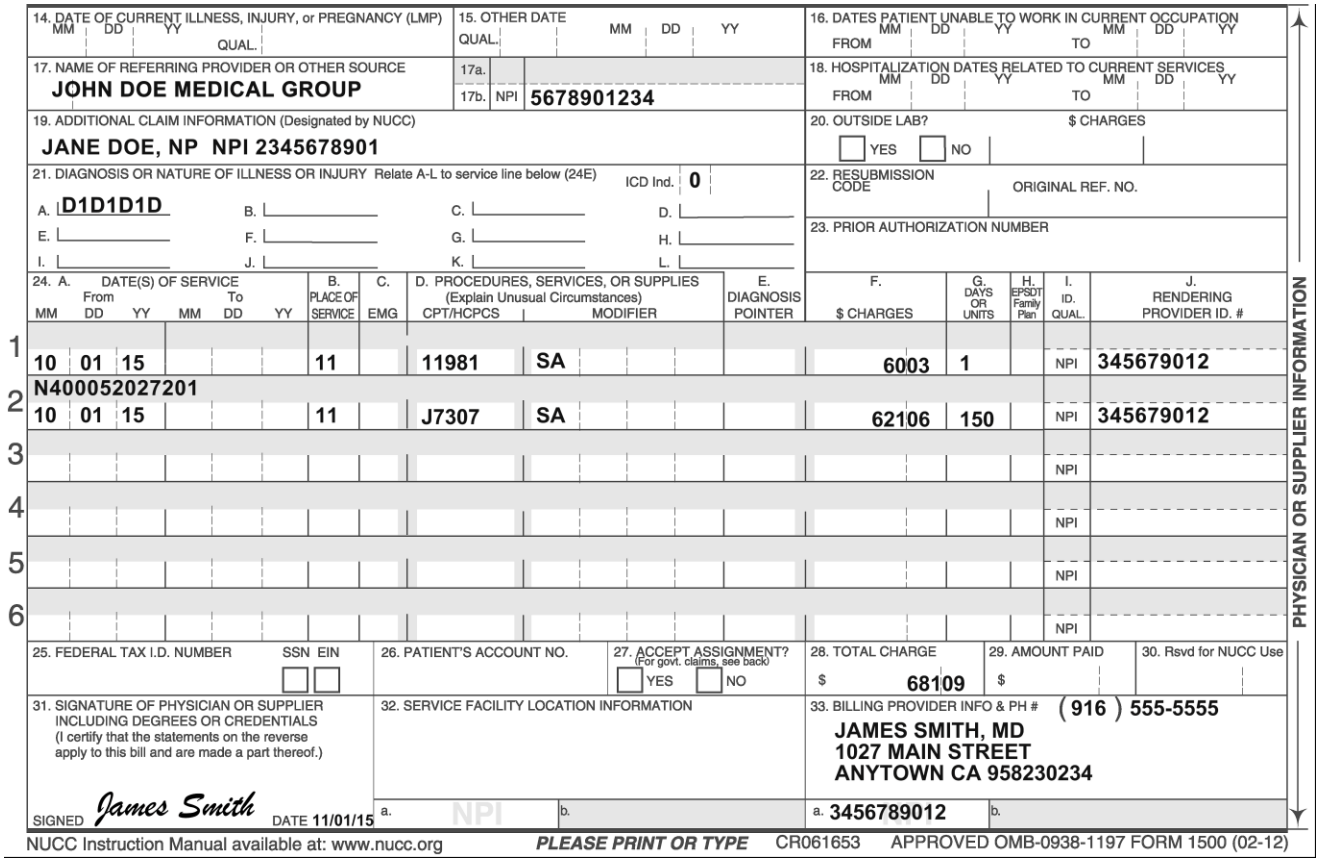
Example ‹‹7››

Contraceptive implant insertion by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT group provider)

In this example, a client is referred by a Family PACT group provider to a non-Family PACT Medi-Cal provider for contraceptive implant insertion. A Nurse Practitioner (NP) performs the procedure. This example shows how the rendering provider bills for the procedure. Enter the supervising physician's individual NPI in the *NPI field* on each applicable claim line (Box 24J). Enter the name of the NP, title, and the NP's individual NPI number in Box 19.

Referring Provider

The referring Family PACT group provider provides the rendering provider with the information required to complete the form, such as the client's HAP ID number, the referring provider's group NPI, and the appropriate ICD-10-CM diagnosis code. Enter the referring Family PACT group provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the NPI field (Box 17B).



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: JOHN DOE MEDICAL GROUP
17a.
17b. NPI 5678901234
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): JANE DOE, NP NPI 2345678901
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 10 01 15		11		11981	SA		6003	1		NPI	345679012
2 N400052027201 10 01 15		11		J7307	SA		62106	150		NPI	345679012
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 68109
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED James Smith DATE 11/01/15
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555 JAMES SMITH, MD 1027 MAIN STREET ANYTOWN CA 958230234 a. 3456789012 b.

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Example ‹‹8››

Office visit, Depo Medroxyprogesterone Acetate (DMPA) injection) onsite administration for contraceptive use, 150 mg

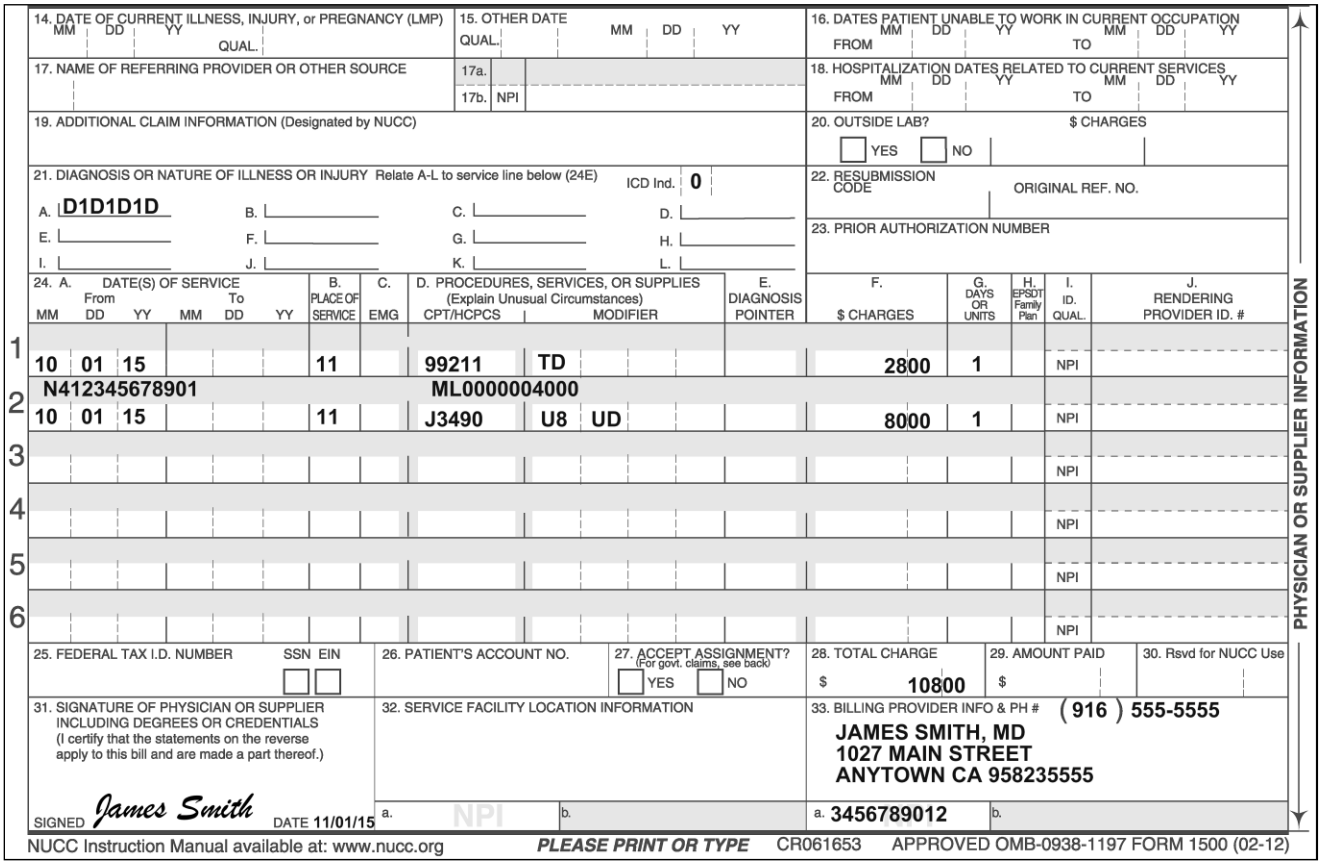
In this example, a registered nurse who has completed the required training pursuant to *California Business and Professions Code*, Section 2725.2, dispensed and administered DMPA to an established client who is continuing on this contraceptive method.

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). (Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NCD: CMS-1500 Billing Instructions* for additional help.)

Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A, the unit of measure/numeric quantity for the drug in the shaded area of Box 24D and must include the modifier U8 in the modifier area (unshaded) of Box 24D. Note that unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

Note: Providers billing for physician-administered drugs subject to the federally established 340B Drug Pricing Program must include the modifier UD in the modifier area of Box 24D to the right of, or in second position to, modifier U8. Section 340B drugs may be billed on the same claim as non-340B drugs.

The price listed for DMPA on the Medi-Cal Rates page of the Medi-Cal website includes a 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.



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 01 15		11		99211	TD		2800	1		NPI	
	N412345678901				ML0000004000							
2	10 01 15		11		J3490	U8 UD		8000	1		NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 10800
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED James Smith DATE 11/01/15
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555
JAMES SMITH, MD
1027 MAIN STREET
ANYTOWN CA 958235555
a. 3456789012 b.

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Example ‹‹9››

Initial visit with on-site dispensing of diaphragm (contoured)

In this example, a client has an initial family planning office visit, which includes a comprehensive patient history, physical exam and counseling about all family planning methods. As clinically indicated, point-of-care pregnancy test is performed. The physician dispenses a contraceptive diaphragm (contoured), contraceptive jelly and condoms.

Note: Contraceptive supply codes A4266, A4267 and A4269UI are exempt from being billed in connection with a National Drug Code (NDC).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
L2: Diaphragm (cont.) @ 87.15 X 1=$87.15+CDF 8.71=$95.86; L4: Condoms @ .28 X 20 = $5.60+CDF .56=$6.16
L5: Foam @ .20 X 40gm = $8.00 + CDF .80 = $8.80

20. OUTSIDE LAB? [X] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. D1D1D1D B. D2D2D2D C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	17				11		99203			8000	1		NPI	
2	10	01	17				11		A4266			9586	1		NPI	
3	10	01	17				11		81025			1000	1		NPI	
4	10	01	17				11		A4267			616	20		NPI	
5	10	01	17				11		A4269	U1		880	40		NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ]

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [ ] YES [ ] NO

28. TOTAL CHARGE $ 20082

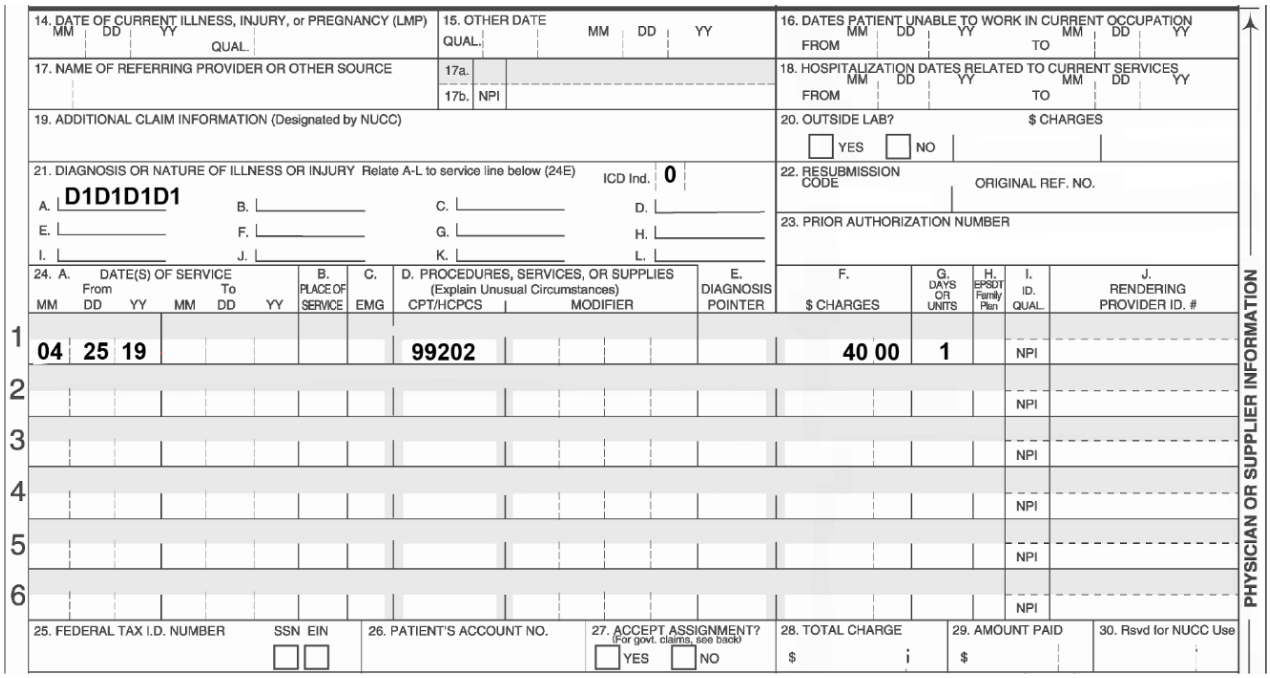
29. AMOUNT PAID $

30. Rsvd for NUCC Use

Example ‹‹10››

Evaluation and Management (E&M) visit for pharmacist furnishing oral contraceptives

In this example, a Family PACT client is seen by a pharmacist for the evaluation and management service associated with furnishing the client with oral contraceptives. The appropriate ICD-10-CM diagnosis code is indicated by D1D1D1 in this example. For detailed instructions on how to complete a *CMS-1500* claim form, providers should refer to the *CMS-1500 Completion* section in the appropriate Part 2 Medi-Cal manual.



14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D1 B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 04 25 19				99202			40 00	1		NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use

PHYSICIAN OR SUPPLIER INFORMATION

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.