Dialysis Examples: UB-04

Page updated: May 2024

The examples in this section are to assist providers in billing for dialysis services on the *UB-04* claim. Refer to the dialysis sections of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following examples and the *UB-04 Special Billing Instructions for Outpatients* section for additional *UB-04* claim completion information, including "from-through" billing. 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.

Monthly Dialysis Fee ("From-Through" Format)

Figure 1. Monthly dialysis fee ("from-through" format).

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

In this example, services at an independent renal dialysis center are billed in the "from-through" format in the *Service Date* field (Box 45).

Enter the two-digit facility type code "72" (clinic - hospital-based or independent renal dialysis center) and one-character claim frequency code "1" as "721" in the *Type of Bill* field (Box 4).

Enter an explanation of the service rendered (maintenance dialysis with lab) in the *Description* field (Box 43). Enter the first date the recipient was seen for training (this is the "from" date) in the *Service Date* field (Box 45). The from date, October 1, 2015, is entered in six-digit format as 100115. No other information is entered on this claim line.

Enter the specific days the services were rendered (10/4, 8, 12, 15, 19, 22, 26 and 29) in the *Description* field (Box 43) and the corresponding HCPCS code for the services (Z6004) in the *HCPCS/Rate* field (Box 44). Enter the "through" date of service, October 29, 2015, which is the end date of training, in the *Service Date* field (Box 45) as 102915.

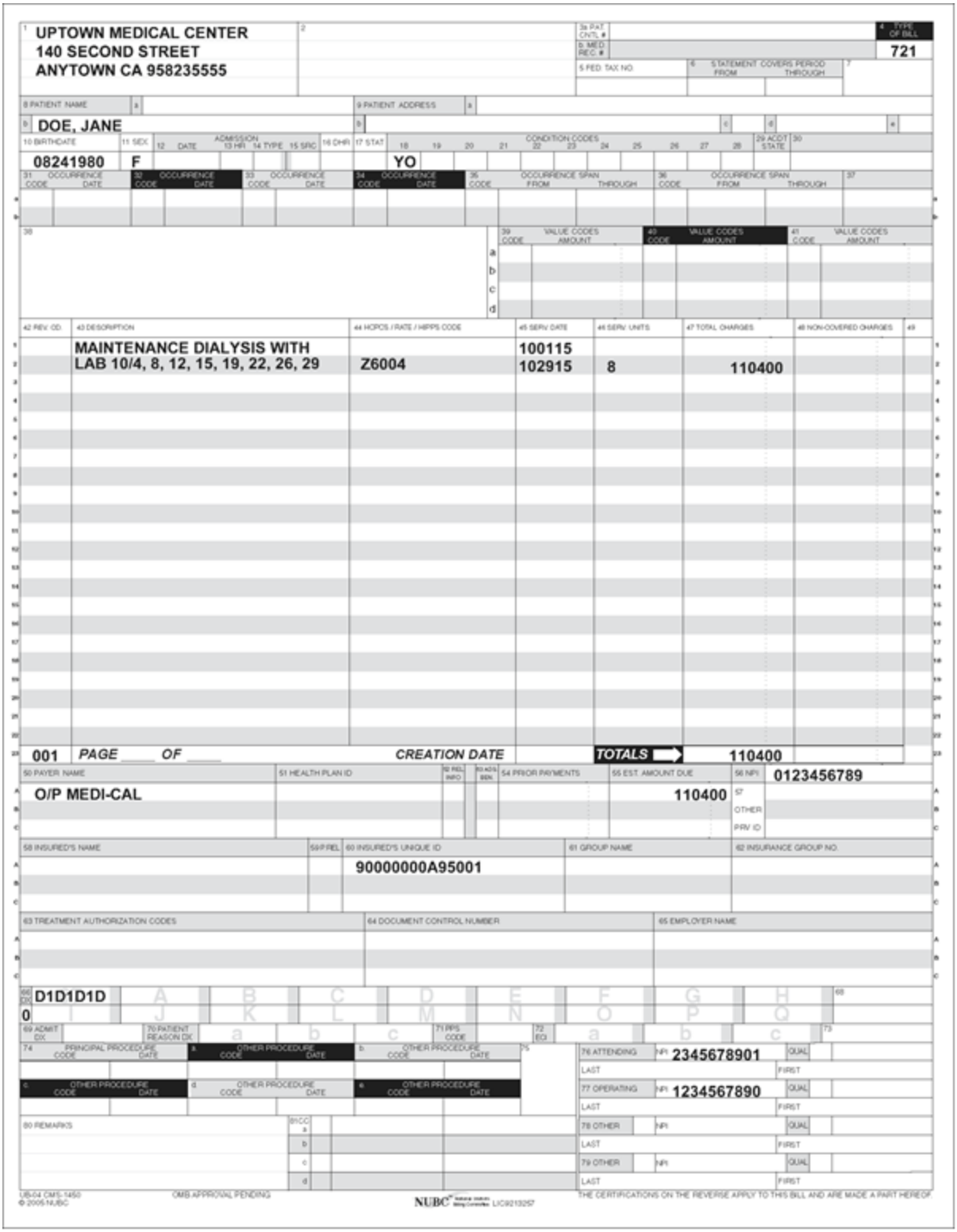
Note: The professional fee for this service is billed separately on a *CMS-1500* claim form.

The number of services (8) rendered is entered in the *Service Units* field (Box 46). Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The Chronic Dialysis Center's NPI is placed in the *NPI* field (Box 56).

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

The referring or prescribing provider number is entered in the *Attending* field (Box 76). The rendering provider number is entered in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 721

8 PATIENT NAME: DOE, JANE

10 BIRTHDATE: 08241980 | 11 SEX: F | 17 STAT: YO

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	MAINTENANCE DIALYSIS WITH LAB 10/4, 8, 12, 15, 19, 22, 26, 29	Z6004	100115 102915	8	110400	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	110400	

50 PAYER NAME: O/P MEDI-CAL
54 PRIOR PAYMENTS:
55 EST. AMOUNT DUE: 110400
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: D1D1D1D
0

76 ATTENDING NPI: 2345678901
77 OPERATING NPI: 1234567890

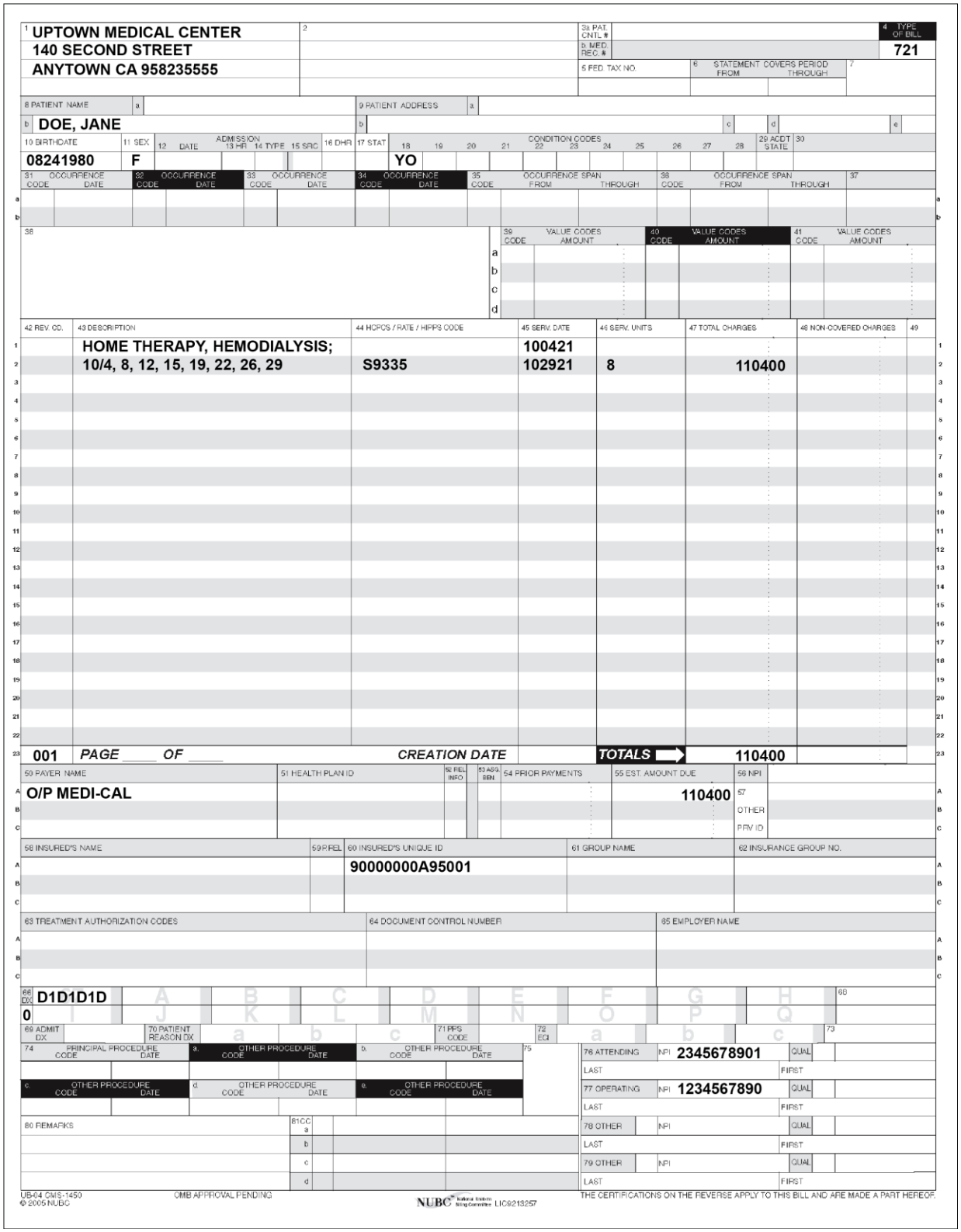
UB-04 CMS-1450 © 2006 NUBC — OMB APPROVAL PENDING — NUBC — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 1: Monthly Dialysis Fee (“From-Through” Format).

Home Dialysis (“From-Through” Format)

Report HCPCS codes S9335 or S9339 on a single monthly claim by using the “from-through” billing method on the *UB-04* or the CMS-1500 forms. “From-through” billing may be used to report consecutive or non-consecutive dates of service.

On the *UB-04* form, enter the home dialysis procedure description in the *Description* field (Box 43, line 1). List the individual dates of service rendered within that calendar month in the *Description* field (Box 43, line 2). Enter either code ‘S9335’ or ‘S9339’ in the HCPCS field (Box 44, line 2). Enter the first and last days of the month as the ‘from’ and ‘through’ dates in the *Service Date* field (Box 45, lines 1 and 2, respectively). Enter the total sum of service units rendered within that calendar month in the *Service Units* field (Box 46, line 2) (one per diem unit of S9335 or S9339 equals one day or date of service). Multiply the number of units by the maximum allowable amount per unit in the *Total Charges* field (Box 47, line 2).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 721

8 PATIENT NAME: DOE, JANE
10 BIRTHDATE: 08241980
11 SEX: F
17 STAT: YO

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	HOME THERAPY, HEMODIALYSIS;		100421			
	10/4, 8, 12, 15, 19, 22, 26, 29	S9335	102921	8	110400	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	110400	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 110400

60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: D1D1D1D
0

76 ATTENDING NPI: 2345678901
77 OPERATING NPI: 1234567890

UB-04 CMS-1450
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NUBC National Uniform Billing Committee LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 2: Home Dialysis (“From-Through” Format)

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.