Injections: Billing Example for UB-04

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: Drugs A Policy*
- *Injections: Drugs B Policy*
- *Injections: Drugs C Policy*
- *Injections: Drugs D Policy*
- *Injections: Drugs E Policy*
- *Injections: Drugs F Policy*
- *Injections: Drugs G Policy*
- *Injections: Drugs H Policy*
- *Injections: Drugs I Policy*

- *Injections: Drugs J-L Policy*
- *Injections: Drugs M Policy*
- *Injections: Drugs N-O Policy*
- *Injections: Drugs P-Q Policy*
- *Injections: Drugs R Policy*
- *Injections: Drugs S Policy*
- *Injections: Drugs T Policy*
- *Injections: Drugs U-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.

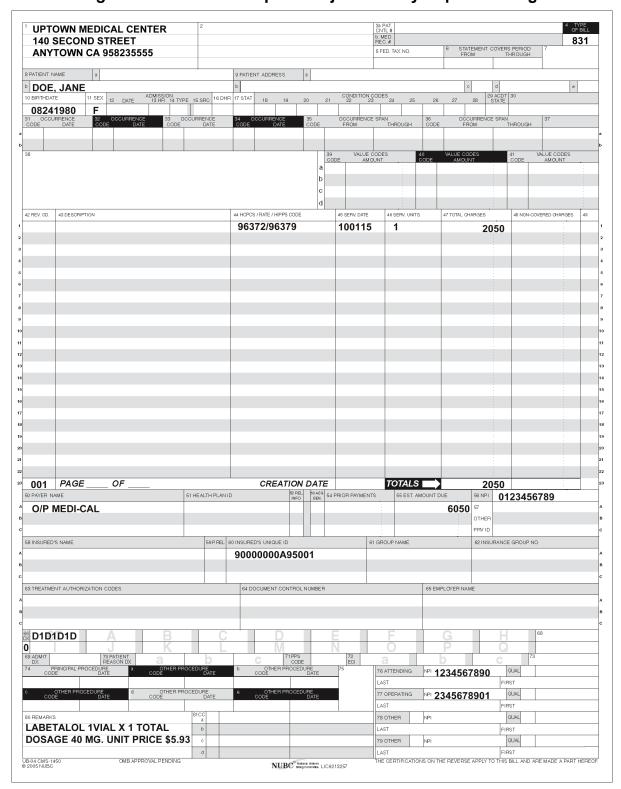**Figure 1.** *Unlisted Therapeutic Injection: "By Report" Billing.*

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT. CNTL #		4 TYPE OF BILL
			b. MED. REC. #		831
			5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7

8 PATIENT NAME	a	9 PATIENT ADDRESS	a			
b **DOE, JANE**		b		c	d	e

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT	18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28	29 ACDT STATE	30
08241980	**F**							

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
a						a
b						b

38		39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a			
	b			
	c			
	d			

	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			**96372/96379**	**100115**	**1**	**2050**			1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	**001**	*PAGE ____ OF ____*		*CREATION DATE*		*TOTALS* ➡	**2050**		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI **0123456789**	
A **O/P MEDI-CAL**					**6050**	57	A
B						OTHER	B
C						PRV ID	C

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A		**90000000A95001**			A
B					B
C					C

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A			A
B			B
C			C

66 DX **D1D1D1D**	A	B	C	D	E	F	G	H	68
0	I	J	K	L	M	N	O	P	Q

69 ADMIT DX	70 PATIENT REASON DX a b c	71 PPS CODE	72 ECI a b c	73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI **1234567890** QUAL
				LAST FIRST
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI **2345678901** QUAL
				LAST FIRST

80 REMARKS	81CC a	78 OTHER NPI QUAL
LABETALOL 1VIAL X 1 TOTAL	b	LAST FIRST
DOSAGE 40 MG. UNIT PRICE $5.93	c	79 OTHER NPI QUAL
	d	LAST FIRST

UB-04 CMS-1450
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‹‹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.