Pathology Billing Examples: UB-04

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Examples in this section are to help providers bill pathology services on the *UB-04* claim form. Refer to the *Pathology* sections of this manual for policy information related to these examples. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following examples. 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. When entering modifiers, do not include hyphens. If requested information does not fit neatly in the Remarks field (Box 80), type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Billing Same Lab Procedure More Than Once on Same Day

Figure 1. Billing same lab procedure more than once on the same day.

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

In this example – to establish a diagnostic curve – lab specimens for thyroid stimulating hormone (CPT® code 84443) were drawn at four 15-minute intervals in a hospital emergency room and analyzed by the hospital's laboratory.

Enter the two-digit facility type code "14" (hospital – other) and one-character frequency code "1" as "141" in the Type of Bill field (Box 4).

4. TYPE OF BILL
141

Enter a "1" (emergency) in the *Admission Type* field (Box 14).

ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC
NA	NA	1	NA

In order for the claim to pass National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs), code 84443 is entered without a modifier in the *HCPCS/Rate* field (Box 44) on one claim line, indicating the provider is submitting a claim for both the technical and professional components. (Refer to the *Correct Coding Initiative: National* section in this manual for information.) An explanation of code 84443 is entered in the *Description* field (Box 43).

Enter the date of service, in the six-digit format in the *Service Date* field (Box 45) and 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).

A "1" is entered in the *Service Units* field (Box 46) on each claim line as code 84443 to reflect that four separate specimens were drawn and analyzed.

Refer to the *UB-04 Completion*: *Outpatient Services* section of this manual for instructions to complete the Payer Name field (Box 50). The outpatient hospital's provider number is placed in the NPI field (Box 56).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete fields 55 and 60.

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.

In the *Remarks* field (Box 80), specify the separate times that the specimens were drawn.

The laboratory provider number is entered in the *Operating* field (Box 77) because this is the provider actually rendering the service.

38

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES 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		THYROID STIMULATING HORMONE	84443	100115	1	25 00		
2		THYROID STIMULATING HORMONE	84443	100115	1	25 00		
3		THYROID STIMULATING HORMONE	84443	100115	1	25 00		
4		THYROID STIMULATING HORMONE	84443	100115	1	25 00		
5								
6								
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	100 00		

	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	HSC123256				100 00	57
B							OTHER
C							PRV ID

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

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

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

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

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL — LAST FIRST

77 OPERATING NPI QUAL — LAST FIRST

78 OTHER NPI 1234567890 QUAL — LAST FIRST

79 OTHER NPI QUAL — LAST FIRST

80 REMARKS

TSH 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM

81CC 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.

Figure 1: Billing Same Lab Procedure More Than Once on the Same Day

Laboratory Tests Performed by Unaffiliated Lab

Figure 2: Outpatient hospital billing for laboratory tests performed by an unaffiliated laboratory.

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

In this example, lab samples to test a recipient for allergies are sent to an outside laboratory. CPT code 82785 tests for gammaglobulin IgE and code 86003 tests for allergen specific IgE; quantitative or semiquantitative, each allergen.

Enter the two-digit facility type code "89" (special facility – other) and one-character claim frequency code "1" as "891" in the *Type of Bill* field (Box 4).

Code "82" is entered in the first *Condition Code* field (Box 18). This condition code indicates that an independent laboratory is processing the lab specimens. *Condition Code* field (Box 19) contains the code "YO", which indicates the recipient is under 65 years of age and has no Medicare coverage. Condition codes are entered from left to right in numeric-alpha sequence starting with the lowest value. Therefore, condition code 82, which is numeric, is entered on the claim before the condition code "YO" because the latter contains alpha characters.

Code 82785 is entered on claim line 1 in the *HCPCS/Rate* field (Box 44) with modifier 90. Modifier 90 indicates that the service is performed by an outside laboratory. Code 86003 is entered on claim line 2 with modifier 90. Only specified providers may use this modifier. Refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* and *Pathology: Billing and Modifiers* sections of this manual for additional modifier 90 information.

Enter the descriptions for codes 82785 and 86003 in the *Description* field (Box 43).

Enter the date of service, in the six-digit format, in the *Service Date* field (Box 45) and 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 *Totals* (Box 47, line 23).

Enter a 1 in the *Service Units* field (Box 46) for both codes 82785 and 86003.

Refer to the *UB-04 Completion*: *Outpatient Services* section of this manual for information about how to complete the Payer Name field (Box 50). The outpatient hospital's provider number is placed in the NPI field (Box 56).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete fields 55 and 60.

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.

In order for a claim to be reimbursed, the *Remarks* field (Box 80) must contain a statement indicating that the laboratory test was sent to an unaffiliated, outside laboratory. Code 86003 also requires documentation on the claim or on an attachment justifying medical necessity for the allergy testing procedure. For additional information concerning code 86003, refer to the *Allergy Testing and Desensitization* section of the appropriate Part 2 manual.

Enter the lab's rendering provider number in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN, CA 958235555

2

3a PAT. CNTL #

b. MED. REC. #

4 TYPE OF BILL: 891

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a DOE, JANE

9 PATIENT ADDRESS

10 BIRTHDATE: 08241980

11 SEX: F

ADMISSION 12 DATE 13 HR 14 TYPE 15 SRC

16 DHR

17 STAT

CONDITION CODES 18: 82 19: YO

29 ACDT STATE

30

31–34 OCCURRENCE CODE DATE

35–36 OCCURRENCE SPAN CODE FROM THROUGH

37

38

39–41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	ASSAY GAMMAGLOBULIN IGE	8278590	100115	1	2400		
	ALLERGEN SPECIFIC IGE: QUAN	8600390	100115	1	1036		
001	*PAGE ____ OF ____*	*CREATION DATE*		*TOTALS*	3436		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
O/P MEDI-CAL					3436	0123456789

57 OTHER PRV ID

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

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX: 0 D1D1D1D

67 A–Q

68

69 ADMIT DX

70 PATIENT REASON DX

71 PPS CODE

72 ECI

73

74 PRINCIPAL PROCEDURE CODE DATE; a.–e. OTHER PROCEDURE CODE DATE

75

76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI 1234567890 QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS LAB TESTS SENT TO UNAFFILIATED OUTSIDE LAB LINE 2: PREVIOUS TREATMENT OF ALLERGIC DISORDER

81CC a b c d

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 2: Outpatient Hospital Billing for Laboratory Tests Performed by an Unaffiliated Laboratory

‹‹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.