California Children's Services (CCS) Program Billing Example: UB-04 Claim Form

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The example in this section is to assist providers in California Children's Services (CCS) program billing on the *UB-04* claim form. Refer to the *California Children's Services (CCS) Program* section in this manual for policy information. Refer to the *UB-04 Completion: Inpatient Services* or *UB-04 Completion: Outpatient Services* sections in the appropriate Part 2 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 in the appropriate Part 2 manual.

For additional billing information, refer to the *UB-04 Special Billing Instructions for Inpatient Services*, *UB-04 Special Billing Instructions for Outpatient Services*, *UB-04 Submission and Timeliness Instructions, UB-04 Tips for Billing: Inpatient Services,* and *UB-04 Tips for Billing: Outpatient Services* sections in this manual.

Note: Although the claim form example in this section uses information and codes appropriate to an inpatient provider claim, the purpose of the example is to illustrate billing issues of particular interest to CCS providers of either inpatient or outpatient services.

Important Fields for CCS Claim Completion

Figure 1. Completing Fields for CCS Claims: Service Authorization Request (SAR), Provider and Client ID Numbers.

This is an example only, based on inpatient services rendered. Providers should note that codes and other information appropriate to outpatient services will differ from this example. An outpatient claim will use codes appropriate to outpatient providers, as well as "O/P Medi-Cal" in line 50. Please adapt to your billing situation. Attachments are not illustrated in this example.

In this example, a medical center is billing for pediatric intensive care services and medical/surgical supplies.

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.

NPI

Enter the facility's appropriate NPI in the NPI field (Box 56).

Note: ‹‹Enter the facility non-contract hospital NPI when billing for CCS-only clients.››

Insured's Unique ID

Enter the client's identification number in the *Insured's Unique ID* field (Box 60) as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card.

Note: ‹‹For providers billing without a SAR number with prefix "91" or "97" for CCS-only clients, leave this field blank.››

Treatment Authorization Codes

Enter the 11-digit SAR number in the *Treatment Authorization Codes* field (Box 63).

Note: For providers billing without a SAR number with prefix "91" or "97", leave this field blank.

Referring Physician ID

Enter the NPI of the referring physician in the *Attending* field (Box 76), if applicable.

Note: If the referring physician initiated the SAR, then enter the referring physician's NPI. Otherwise, if the rendering physician initiated the SAR, this field must be left blank.

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT. CNTL # | b. MED. REC. # | 4 TYPE OF BILL: 111

5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM: 100115 THROUGH: 101515 | 7

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

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 CONDITION CODES	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
08241998	F	100115	15	3		12	01	80												

	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	05	100115													
b															

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	23	50000				
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	203	INTENS CARE PEDIATRIC			15	2300000		
2	272	MEDICAL/SURGICAL SUPPLY			1	80000		
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	2380000		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A	I/P MEDI-CAL					2380000
B						
C						

56 NPI 0123456789 | 57 OTHER 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	91234567890		
B			
C			

66 DX 0 | D1D1D1D

67 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 1234567890 QUAL | LAST | FIRST
77 OPERATING NPI QUAL | LAST | FIRST
78 OTHER NPI QUAL | LAST | FIRST
79 OTHER NPI QUAL | LAST | FIRST

80 REMARKS
SEE ATTACHED EXPLANATION
OF BENEFITS

81CC a b c d

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Figure 1: Completing Fields for CCS Claims: SAR, Provider and Client ID Numbers.

‹‹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.