Supplies and Drugs Billing Examples: UB-04

Last Updated: July 2023

Examples in this section are to assist providers in billing for supplies and drugs on the *UB-04* claim form. Refer to the *Supplies and Drugs* and *Supplies and Drugs for Outpatient Services* 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. 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.

Emergency Room Supplies: HCPCS Code Z7610

Figure 1. Emergency room supplies: HCPCS code Z7610.

In this example a recipient has injured her ankle. She goes to the emergency room where the doctor evaluates her condition and orders a multi-view X-ray of her foot. When the X-rays show no fracture, the doctor orders that the sprain be supported with a 4-inch elastic ankle band.

‹‹Enter the two-digit facility type code "13" (Hospital Outpatient, admit through discharge claim) and one-character frequency code "1" as "131" in the *Type of Bill* field (Box 4).›› Enter a 1 in the *Admission Type* field (Box 19). (Box 4 and Box 19 are not pictured in this example.)

HCPCS code Z7502 is entered on claim line 1 in the *HCPCS/Rate* field (Box 44) to bill for the use of the emergency room. The description of code Z7502 is entered in the *Description* field (Box 43).

CPT® code 73610 (radiologic examination, ankle; complete, minimum of three views) is used to bill for the X-ray. When billing for both the taking and the interpretation of CPT code 73610, do not use a modifier.

CPT code 99282 (evaluation and management, emergency department visit) bills for the doctor's evaluation of the injury and coordination of care. HCPCS code Z7610 (miscellaneous supplies) is used to bill for the elastic band. Each code is entered in the *HCPCS/Rate* field (Box 44) with a corresponding description in the *Description* field (Box 43).

Note: HCPCS code Z7610 is payable only one per claim line, per outpatient visit, per date of visit with the following exception:

- If the patient is given multiple medications (for example, pain and inflammation), repeat this billing code on additional claim lines with the appropriate National Drug Code (NDC) provided for each line where code Z7610 is billed.

  – If an NDC cannot be provided for additional claim lines billing code Z7610, include an attachment or enter a statement in the *Remarks* field (Box 80) for each claim line.

The date of service for each code is entered in the six-digit format in the *Service Date* field (Box 45). Enter a 1 in the *Service Units* field (Box 46) for each service. 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 facility's provider 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.
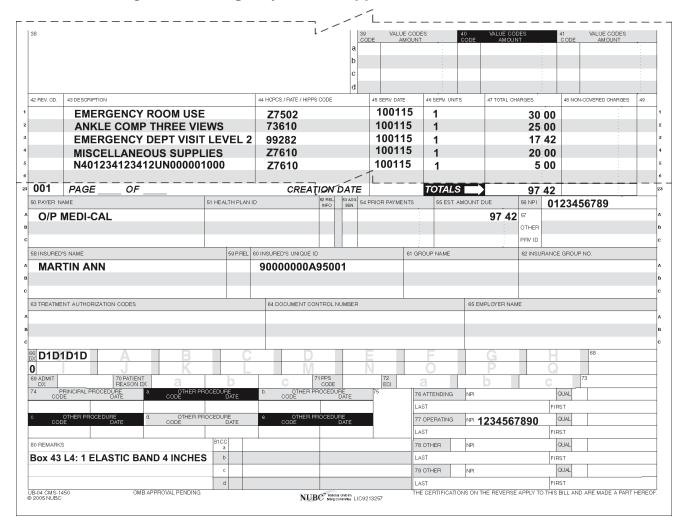
Enter the individual 10-character provider number of the physician who performed the emergency department visit in the *Operating* field (Box 77).

An itemized list of materials must be described in the *Remarks* field (Box 80) or attached to the paper claim. This example illustrates a claim with the materials itemized on the claim.

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

Figure 1. Emergency Room Supplies: HCPCS Code Z7610.

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	EMERGENCY ROOM USE	Z7502	100115	1	30 00		
2	ANKLE COMP THREE VIEWS	73610	100115	1	25 00		
3	EMERGENCY DEPT VISIT LEVEL 2	99282	100115	1	17 42		
4	MISCELLANEOUS SUPPLIES	Z7610	100115	1	20 00		
5	N401234123412UN000001000	Z7610	100115	1	5 00		

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

001 PAGE ____ OF ____   CREATION DATE   **TOTALS** ➡   97 42

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	63 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789
A	O/P MEDI-CAL				97 42	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 MARTIN ANN		90000000A95001		
B				
C				

63 TREATMENT AUTHORIZATION CODES **64 DOCUMENT CONTROL NUMBER** **65 EMPLOYER NAME**

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		QUAL	
LAST		FIRST		

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

77 OPERATING	NPI 1234567890		QUAL	
LAST		FIRST		

80 REMARKS 81 CC a
Box 43 L4: 1 ELASTIC BAND 4 INCHES b

78 OTHER	NPI		QUAL	
LAST		FIRST		

c

79 OTHER	NPI		QUAL	
LAST		FIRST		

d

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

‹‹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.