
Claim Completion: CMS-1500

Page updated: August 2020

The examples in this section assist providers billing for Family PACT (Planning, Access, Care and Treatment) Program services on the *CMS-1500* claim form. While Family PACT claims are generally billed with the same method as Medi-Cal claims, there are some unique differences for Family PACT. Providers should carefully read the information in this manual concerning Family PACT ICD-10-CM diagnosis codes and documentation requirements. Refer to *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections of this manual for detailed policy information.

Claim Completion Instructions Overview

For general claim completion instructions, refer to the following sections in the Part 2 Medi-Cal manual:

- *Correct Coding Initiative: National*
- *CMS-1500 Completion*
- *CMS-1500 Special Billing Instructions*
- *CMS-1500 Submission and Timeliness Instructions*
- *CMS-1500 Tips for Billing*
- *Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions*

Claim Examples

This section includes examples of family planning and family planning-related services that require appropriate ICD-10-CM coding for reimbursement. It also includes an example of when two claim forms are required for the same date of service, because different additional ICD-10-CM diagnosis codes are required for treatment services provided in a single visit.

Because these claims are submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Note: These are examples only. National Drug Code (NDC) numbers and charges used for the examples may be fictitious or outdated and are not intended for use on the actual claim form. Adapt to your billing situation.

Billing Tips

When completing claims, do not enter the decimal point in any codes or dollar amounts. If requested information does not fit neatly in the *Additional Claim Information* (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Example 1

Evaluation and Management (E&M) office visit, blood draw for laboratory screening tests and onsite dispensing of oral contraceptives

«In this example, an established client, who is currently using oral contraceptives, has a history update and a blood pressure check. A full year supply of oral contraceptives is dispensed onsite. Samples for a gonorrhea/chlamydia nucleic acid amplification (NAAT) test, syphilis, and HIV screening tests are sent to a clinical laboratory. The total clinician time for this visit is 22 minutes; 15 minutes with the client and 7 minutes to review prior record and enter a note in the electronic medical record.»

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 2) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A and the unit of measure/numeric quantity for the contraceptive in the shaded area of Box 24D.

Note that: 1) Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial. And 2) Section 340B drugs may be billed on the same claim as non-340B drugs, but the 340B drugs must include modifier UD with the applicable HCPCS and NDC codes. Refer to the appropriate Part 2 manual section *Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions* for details on NDC and 340B billing requirements.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Blood specimen sent to an unaffiliated lab. L2: Norgestimate and Ethinyl Estradiol 13 packs @ \$12.00 = \$156.00				20. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				22. RESUBMISSION CODE ORIGINAL REF. NO.			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0				23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #			
1 10 01 15 11 99213				3500 1 NPI							
2 N400062190115 UN0000013000				15600 13 NPI							
3 10 01 15 11 99000				1000 1 NPI							
4				NPI							
5				NPI							
6				NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			
								28. TOTAL CHARGE \$ 20100			
								29. AMOUNT PAID \$			
								30. Rsvd for NUCC Use			

Example 2

Initial visit with point of care laboratory work and a blood draw sent to an outside laboratory (a prescription for contraceptives and antibiotic is provided).

In this example, a client has a new patient family planning office visit, which includes a comprehensive patient history, clinically indicated physical exam and counseling about all family planning methods. A point of care pregnancy test is performed because of unclear last menstrual period. A dipstick urinalysis is performed in the office for symptoms of urinary tract infection (UTI). The client is given a prescription for oral contraceptives and an antibiotic for the treatment of acute cystitis. The physician dispenses condoms as a back-up method and for sexually transmitted disease (STD) prevention.

Note: Contraceptive supply codes A4267 and A4269U1 are exempt from being billed in connection with a National Drug Code (NDC).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL:				15. OTHER DATE QUAL: MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) L5: Condoms @ .28 X 20 = \$5.60 + CDF 56 = \$6.16 L6: 2 foam @ .20 X 40gm = \$8.00 + CDF 80 = \$8.80								20. OUTSIDE LAB? \$ CHARGES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. <u>D1D1D1D</u> B. <u>D2D2D2D</u> C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____								22. RESUBMISSION CODE ORIGINAL REF. NO.																			
23. PRIOR AUTHORIZATION NUMBER																											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #									
1 10 01 15		11				99203				70 00		1				NPI											
2 10 01 15		11				81002				8 00		1				NPI											
3 10 01 15		11				81025				10 00		1				NPI											
4 10 01 15		11				A4267				6 16		20				NPI											
5																NPI											
6																NPI											
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, use back)				28. TOTAL CHARGE				29. AMOUNT PAID				30. Rsvd for NUCC Use			
												<input type="checkbox"/> YES <input type="checkbox"/> NO				\$ 94 ; 16				\$							

PHYSICIAN OR SUPPLIER INFORMATION

Example 3

A vasectomy performed by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT provider)

In this example, a client is referred by a Family PACT provider to a non-Family PACT Medi-Cal provider for a vasectomy. The vasectomy is performed in the doctor's office. In addition to the vasectomy, the surgeon bills for supplies required for the procedure.

Referring Provider

«The referring Family PACT physician provides the surgeon with the information required to complete the form, such as the client's Health Access Programs (HAP) ID number, the referring provider's NPI, the appropriate ICD-10-CM diagnosis code, and a copy of the *Consent For Sterilization Form* (DHCS 8649). Enter the referring provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the *NPI* field (Box 17B).»

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR. BOB SMITH				17a. 17b. NPI 1234567890				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				22. RESUBMISSION CODE ORIGINAL REF. NO.																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.				23. PRIOR AUTHORIZATION NUMBER																							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT (Family Plan)		I. ID. QUAL.		J. RENDERING PROVIDER ID. #									
1 10 01 15		11				55250 AG				35000		1				NPI											
2 10 01 15		11				55250 UA				6000		1				NPI											
3																NPI											
4																NPI											
5																NPI											
6																NPI											
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 41000				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			

PHYSICIAN OR SUPPLIER INFORMATION

Example 4

A colposcopy and vaginal discharge diagnostic test (two claim forms required)

«In an initial visit, a client, who received depot medroxyprogesterone acetate (DMPA) for contraception, had a cervical cytology screening test done. The result was reported a few days later as a high-grade squamous intraepithelial lesion (HSIL).» This example shows a follow-up office visit for a colposcopy with biopsy and endocervical curettage. «In addition, at the same visit, she complains of a vaginal discharge.» Office microscopy is performed and the client is given a prescription to take to the pharmacy to treat trichomonal vulvovaginitis.

Two claim forms are required for the same date of service because there are two family planning-related conditions requiring different diagnosis codes for each set of claims. Do not use field 21.3 or 21.4 in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Refer to the following page for the second claim form.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. RESUBMISSION CODE ORIGINAL REF. NO.																																																																															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. D1D1D1D B. D2D2D2D C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										ICD Ind. 0										23. PRIOR AUTHORIZATION NUMBER																																																																															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE										C. EMG										D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EPSDT Family Plan										I. ID. QUAL.										J. RENDERING PROVIDER ID. #									
1 10 01 15										11										57454 AG										12500										1										NPI																																																	
2 10 01 15										11										57454 UA										4500										1										NPI																																																	
3																																																		NPI																																																	
4																																																		NPI																																																	
5																																																		NPI																																																	
6																																																		NPI																																																	
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 17000										29. AMOUNT PAID \$										30. Rsvd for NUCC Use																																																	

«Example 4 (continued)»**A colposcopy and vaginal discharge diagnostic test (second claim form) (continued)**

On the second claim form, (E&M) code 99213 with modifier 25 is used to identify a separately identifiable E&M visit above and beyond the other service provided (refer to the first claim form on a preceding page).

«It also includes an example of when two claim forms are required for the same date of service, because different additional ICD-10-CM diagnosis codes are required for treatment services provided in a single visit.»

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.								22. RESUBMISSION CODE ORIGINAL REF. NO.									
A. D1D1D1D B. D2D2D2D C. D. E. F. G. H. I. J. K. L.								23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OF UNITS		H. EP801 Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
1 10 01 15		11		99213 25				35 00		1				NPI			
2 10 01 15		11		Q0111				8 00		1				NPI			
3														NPI			
4														NPI			
5														NPI			
6														NPI			
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
										<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 43;00		\$			

Example 5

Bilateral tubal ligation performed by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT provider)

In this example, a non-Family PACT provider performs a laparoscopic tubal ligation. The client was referred by a Family PACT provider. This example shows how the surgeon bills for the procedure.

Referring Provider

«The referring Family PACT physician provides the surgeon with the information required to complete the form, such as the client's HAP ID number, the referring provider's NPI, the family planning ICD-10-CM diagnosis code, and a copy of the sterilization *Consent For Sterilization Form* (DHCS 8649). Enter the referring provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the NPI field (Box 17B).»

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE MM DD YY QUAL.				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR. BOB SMITH				17a. QUAL.				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
17b. NPI 1234567890																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) CONSENT FORM PM330 ATTACHED								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								22. RESUBMISSION CODE ORIGINAL REF. NO.															
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.								23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #					
1 10 01 15		22				58671 AG				44592		1				NPI							
2																NPI							
3																NPI							
4																NPI							
5																NPI							
6																NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 44592				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED <i>Jane Doe</i> DATE 11/01/15								32. SERVICE FACILITY LOCATION INFORMATION CENTRAL HOSPITAL 1027 MAIN STREET ANYTOWN CA 958235555								33. BILLING PROVIDER INFO & PH # (916) 555-5555 JANE DOE 1027 MAIN STREET ANYTOWN CA 958235555							
a. 2345678901								b. 0123456789															

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Example «6»**Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service (two claim forms required)**

In this example, an established client requests for her expired IUC be removed and discloses that she would like to start using oral contraceptives. The clinician provided 15 minutes of method contraceptive counseling. The total time of the visit (excluding the time for the IUC removal) was 24 minutes.

Two claim forms are required for the same date of service because there are two contraceptive management ICD-10-CM diagnosis codes.

Refer to the following page for the second claim form.

The first claim form should include the information below. Do not bill for an Evaluation and Management (E&M) visit with IUC removal on the same date of service.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0										23. PRIOR AUTHORIZATION NUMBER																			
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDI (Family Plan) I. ID. QUAL J. RENDERING PROVIDER ID. #																			
1 10 01 15 11 58301 AG 7800 1 NPI																													
2 10 01 15 11 58301 UA 3000 1 NPI																													
3																													
4																													
5																													
6																													
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO									
																				28. TOTAL CHARGE \$ 10800									
																				29. AMOUNT PAID \$									
																				30. Rsvd for NUCC Use									

PHYSICIAN OR SUPPLIER INFORMATION

Example «6 (continued)»**Intrauterine contraceptive (IUC) removal and start of oral contraceptives on same date of service (second claim form) (continued)**

The second claim form includes the E&M code for the portion of the visit focusing on contraceptive counseling and the prescription of the oral contraceptives dispensed onsite (refer to the first claim form on the preceding page).

Both the product ID qualifier N4 and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 2) is a physician-administered drug (PAD). Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A and the unit of measure/numeric quantity for the contraceptive in the shaded area of Box 24D. (Refer to Part 2, Medi-Cal Manual *section Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions* for help.)

Note: Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) L2: NORGESTIMATE AND ETHINYL ESTRADIOL 13 PACKS @ \$12.00 = \$156.00								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.								22. RESUBMISSION CODE ORIGINAL REF. NO.																			
23. PRIOR AUTHORIZATION NUMBER																											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #									
1 N400062190115		11				UN0000013000				156 00		13		NPI													
2 10 01 15		11				99213 25				35 00		1		NPI													
3														NPI													
4														NPI													
5														NPI													
6														NPI													
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 191 00				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			

Example «7»**Contraceptive implant insertion by a Medi-Cal provider who is not enrolled in Family PACT (client was referred by a Family PACT group provider)**

In this example, a client is referred by a Family PACT group provider to a non-Family PACT Medi-Cal provider for contraceptive implant insertion. A Nurse Practitioner (NP) performs the procedure. This example shows how the rendering provider bills for the procedure. Enter the supervising physician's individual NPI in the *NPI field* on each applicable claim line (Box 24J). Enter the name of the NP, title, and the NP's individual NPI number in Box 19.

Referring Provider

The referring Family PACT group provider provides the rendering provider with the information required to complete the form, such as the client's HAP ID number, the referring provider's group NPI, and the appropriate ICD-10-CM diagnosis code. Enter the referring Family PACT group provider's name in the *Name of Referring Provider or Other Source* field (Box 17) and the NPI in the NPI field (Box 17B).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE JOHN DOE MEDICAL GROUP				17a. NPI 5678901234				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) JANE DOE, NP NPI 2345678901								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. D1D1D1D B. C. D. ICD Ind. 0 E. F. G. H. I. J. K. L.								22. RESUBMISSION CODE ORIGINAL REF. NO.			
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY				B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES	
1 10 01 15				11		11981 SA				6003 1 NPI 345679012	
2 N400052027201				11		J7307 SA				62106 150 NPI 345679012	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 68109	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>James Smith</i> SIGNED James Smith DATE 11/01/15				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # (916) 555-5555 JAMES SMITH, MD 1027 MAIN STREET ANYTOWN CA 958230234			
a. NPI				b.				a. 3456789012		b.	

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APPROVED OMB-0938-1197 FORM 1500 (02-12)

Example «8»

Office visit, Depo Medroxyprogesterone Acetate (DMPA) injection) onsite administration for contraceptive use, 150 mg

In this example, a registered nurse who has completed the required training pursuant to *California Business and Professions Code*, Section 2725.2, dispensed and administered DMPA to an established client who is continuing on this contraceptive method.

Both the product ID qualifier N4 and National Drug Code (NDC) are required on the claim because the drug dispensed (claim line 2) is a physician administered drug (PAD). (Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NCD: CMS-1500 Billing Instructions* for additional help.)

Providers enter the product ID qualifier/NDC number in the shaded area of Box 24A, the unit of measure/numeric quantity for the drug in the shaded area of Box 24D and must include the modifier U8 in the modifier area (unshaded) of Box 24D. Note that unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

Note: Providers billing for physician-administered drugs subject to the federally established 340B Drug Pricing Program must include the modifier UD in the modifier area of Box 24D to the right of, or in second position to, modifier U8. Section 340B drugs may be billed on the same claim as non-340B drugs.

The price listed for DMPA on the Medi-Cal Rates page of the Medi-Cal website includes a one-time administration fee. Refer to the *Drugs: Onsite Dispensing Billing Instructions* section of this manual for specific instructions on the one-time administration fee.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL:				15. OTHER DATE QUAL: MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.								22. RESUBMISSION CODE ORIGINAL REF. NO.																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #					
1 10 01 15				11		99211 TD				2800		1				NPI									
2 N412345678901						ML0000004000																			
3 10 01 15				11		J3490 U8 UD				8000		1				NPI									
4																NPI									
5																NPI									
6																NPI									
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 10800				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED <i>James Smith</i> DATE 11/01/15								32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.								33. BILLING PROVIDER INFO & PH # (916) 555-5555 JAMES SMITH, MD 1027 MAIN STREET ANYTOWN CA 958235555 a. 3456789012 b.									

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Example «9»**Initial visit with on-site dispensing of diaphragm (contoured)**

In this example, a client has an initial family planning office visit, which includes a comprehensive patient history, physical exam and counseling about all family planning methods. As clinically indicated, point-of-care pregnancy test is performed. The physician dispenses a contraceptive diaphragm (contoured), contraceptive jelly and condoms.

Note: Contraceptive supply codes A4266, A4267 and A4269UI are exempt from being billed in connection with a National Drug Code (NDC).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. QUAL.										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																													
17b. NPI										20. OUTSIDE LAB? \$ CHARGES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.																													
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) L2: Diaphragm (cont.) @ 87.15 X 1=\$87.15+CDF 8.71=\$95.86; L4: Condoms @ .28 X 20 = \$5.60+CDF .56=\$6.16 L5: Foam @ .20 X 40gm = \$8.00 + CDF .80 = \$8.80																																																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0																																																	
A. D1D1D1D										B. D2D2D2D										C. L																													
D. L										E. L										F. L																													
G. L										H. L										I. L																													
J. L										K. L										L. L																													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER																			
F. \$ CHARGES										G. DAYS OR UNITS										H. EPSON Family Plan										I. ID. QUAL.																			
J. RENDERING PROVIDER ID. #																																																	
1 10 01 17										11										99203										8000																			
2 10 01 17										11										A4266										9586																			
3 10 01 17										11										81025										1000																			
4 10 01 17										11										A4267										616																			
5 10 01 17										11										A4269 U1										880																			
6																																																	
25. FEDERAL TAX I.D. NUMBER										SSN EIN										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 20082									
29. AMOUNT PAID										30. Rsvd for NUCC Use																																							

PHYSICIAN OR SUPPLIER INFORMATION

Example «10»**Evaluation and Management (E&M) visit for pharmacist furnishing oral contraceptives**

In this example, a Family PACT client is seen by a pharmacist for the evaluation and management service associated with furnishing the client with oral contraceptives. The appropriate ICD-10-CM diagnosis code is indicated by D1D1D1 in this example. For detailed instructions on how to complete a *CMS-1500* claim form, providers should refer to the *CMS-1500 Completion* section in the appropriate Part 2 Medi-Cal manual.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								22. RESUBMISSION CODE ORIGINAL REF. NO.																			
A. D1D1D1D1 B. C. D. E. F. G. H. I. J. K. L.								23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTNER		F. \$ CHARGES		G. DAYS OF UNITS		H. ICD-10-CM QUAL.		J. RENDERING PROVIDER ID. #											
1 04 25 19				99202						40 00		1		NPI													
2														NPI													
3														NPI													
4														NPI													
5														NPI													
6														NPI													
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ i \$				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			

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.