
Claim Completion: UB-04

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The examples in this section assist providers billing for Family Planning, Access, Care and Treatment (Family PACT) Program services on the *UB-04* 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 information in this manual concerning Family PACT ICD-10-CM diagnosis codes and additional ICD-10-CM 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*
- *UB-04 Completion: Outpatient Services*
- *UB-04 Special Billing Instructions for Outpatient Services*
- *UB-04 Submission and Timeliness Instructions*
- *UB-04 Tips for Billing: Outpatient Services*
- *Physician-Administered Drugs – NDC: UB-04 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 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.

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 National Drug Code (NDC) numbers and charges used for the examples may be fictitious or outdated and are not intended for use on the actual claim form.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 points in any 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.

Office visit, pregnancy test, symptomatic urinary tract infection (UTI) diagnostic test and onsite dispensing

«In this example, a client has an initial family planning visit at a community clinic including a pregnancy test which was negative. The client complains of dysuria, so a point-of-care urine dipstick (without microscopy) is done. The client receives counseling about all contraceptive methods. The clinician dispenses 13 cycles of oral contraceptives as her primary method of family planning, with condoms as a back-up method and 3 days of ciprofloxacin tablets for a presumptive UTI. The total time of the clinician visit is 32 minutes, including time for charting in the medical record.

The health educator, under direct supervision of the clinician, provides individual orientation to Family PACT, which includes information on the scope of the program, family planning methods, and select family planning-related conditions.»

Both the product ID qualifier (N4) and National Drug Code (NDC) are required on the claim because the oral contraceptive dispensed (claim line 4) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the contraceptive in the Description field (Box 43). HCPCS codes for contraceptive supplies are exempt from being billed in connection with an NDC.

Notes:

- Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.
- 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: UB-04 Billing Instructions* for details on NDC and 340B billing requirements.

Figure 1: Example form for office visit, pregnancy test, symptomatic urinary tract infection (UTI) diagnostic test and onsite dispensing

42 REV. CD.	43 DESCRIPTION	44 HPOS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	OFFICE VISIT, NEW	99203	100115	1	65 00		1
2	PREGNANCY TEST	81025	100115	1	10 00		2
3	UA DIPSTICK W/OUT MICROSCOPY	81002	100115	1	8 00		3
4	N400062190115UN000013000	S4993	100115	13	156 00		4
5	N101234567891UN000001000	S5000	100115	1	5 28		5
6	MALE CONDOMS	A4267	100115	35	10 78		6
7	INDIVIDUAL ORIENTATION TO FPACT	S9445	100115	1	15 00		7
PAGE OF		CREATION DATE		TOTALS	270 06		23

68 D1D1D1D D2D2D2D		B		C		D		E		F		G		H		68
0		K		L		M		N		O		P		Q		
69 ADMIT DX	70 PATIENT REASON DX	a		b		c		71 FPS CODE		72 EQ		a		b		73
74 PRINCIPAL PROCEDURE CODE	DATE	a		b		c		75		76 ATTENDING NPI		QUAL				
										LAST		FIRST				
6	OTHER PROCEDURE CODE	DATE	d		e		f		77 OPERATING NPI		QUAL					
										LAST		FIRST				
80 REMARKS		81 CC		a		b		c		78 OTHER NPI		QUAL				
SEE ATTACHMENT		b								LAST		FIRST				
		c								79 OTHER NPI		QUAL				
		d								LAST		FIRST				

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As indicated in the *Remarks* field (Box 80) above, on an 8½ x 11-inch sheet of paper, document the following and attach to the claim:

- L4: norgestimate and ethinyl estradiol 13 packs at \$12.00 equals \$156.00
- L5: ciprofloxin number 6 250 mg at \$.38 equal \$2.28 plus cdf at \$3.00 equals \$5.28
- L6: male condoms number 35 at \$.28 equals \$9.80 plus cdf at \$.98 equals \$10.78

Facility claim for a bilateral tubal ligation performed at a surgery center

In this example, a pregnancy test is performed onsite, followed by a tubal ligation. The outpatient surgery center bills for supplies and the necessary treatment and recovery rooms required for the surgery on a *UB-04* claim form. (The surgeon submits a *CMS-1500* claim form.)

«The referring provider must be an enrolled Family PACT provider and must ensure that the Medi-Cal non-Family PACT rendering provider and the facility have received a copy of the client's *Consent For Sterilization Form* (DHCS 8649). A DHCS 8649 form must be attached to the hard copy claim form by the rendering provider. Enter the referring provider's NPI in Box 76, and the rendering provider's NPI in Box 77.»

Figure 2: Example of facility claim for a bilateral tubal ligation performed at a surgery center

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	BILAT TL, LAPSCOPE W/CLIP	58671UB	100115	1	150 00		1
2	PREGNANCY TEST-URINE	81025	100115	1	10 00		2
3	USE OF OPERATING ROOM	Z7506	100115	1	200 00		3
4	USE OF RECOVERY ROOM	Z7512	100115	1	30 00		4
5							5
6							6
23	PAGE ____ OF ____	CREATION DATE	TOTALS		390 00		23

66 DX	D1D1D1D										68
69 ADMIT DX											73
70 PATIENT REASON DX											73
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		2345678901		QUAL
							LAST		FIRST		
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI		1234567890		QUAL
							LAST		FIRST		
							78 OTHER NPI		QUAL		
							LAST		FIRST		
							79 OTHER NPI		QUAL		
							LAST		FIRST		
80 REMARKS											
Consent for Sterilization Form DHCS 8649											

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Dispensing supplies, collection and handling of blood specimen, and in-house lab work (an additional ICD-10-CM diagnosis code is required)

«In this example, the services performed in a hospital outpatient department include an initial visit for contraception with a complete client history, a blood pressure check and contraceptive and sexually transmitted infection (STI) counseling. Total clinician time is 35 minutes. Point-of-care laboratory work includes a pregnancy test and dipstick urinalysis for vague symptoms suspicious for a UTI.

To screen for HIV and syphilis a blood specimen is collected in the office and sent to an outside laboratory. Foam, condoms and a sample pack of oral contraceptives (at no charge) are dispensed. The client also receives a written prescription for an antibiotic for the UTI.»

The *Remarks* field (Box 80) must include a required statement that lists dispensed supplies and indicates the blood specimen was sent to an unaffiliated lab.

Figure 3: Example form for dispensing supplies, collection and handling of blood specimen, and in-house lab work

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	OFFICE VISIT, NEW	99203	100115	1	80 00		1
2	PREGNANCY TEST	81025	100115	1	10 00		2
3	URINE DIPSTICK	81002	100115	1	8 00		3
4	CONDOMS, MALE	A4267	100115	20	6 16		4
5	SPERMICICAL GEL/JELLY/FOAM	A4269U1	100115	30	6 93		5
6							6
23	PAGE ____ OF ____	CREATION DATE		TOTALS	111 09		23

68 DX		D1D1D1D D2D2D2D		B		C		D		E		F		G		H		68	
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		a		b		73	
74 PRINCIPAL PROCEDURE CODE		DATE		a OTHER PROCEDURE CODE		DATE		b OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI 2345678901		QUAL			
														LAST		FIRST			
c OTHER PROCEDURE CODE		DATE		d OTHER PROCEDURE CODE		DATE		e OTHER PROCEDURE CODE		DATE		75		77 OPERATING NPI 1234567890		QUAL			
														LAST		FIRST			
80 REMARKS		B1CC a												78 OTHER NPI		QUAL			
SEE ATTACHMENT		b												LAST		FIRST			
		c												79 OTHER NPI		QUAL			
		d												LAST		FIRST			

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As indicated in the *Remarks* field (Box 80) above, on an 8½ by 11-inch sheet of paper, document the following and attach to the claim:

- L5: foam at .21 times 30 gm equal 6.30 plus CDF .63 equals \$6.93
- L4: male condoms at .28 times 20 equal \$5.60 plus CDF .56 equals \$6.16

Contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a sexually transmitted infection (STI) (two claim forms required)

«In this example, an established client, who is seen for a refill of contraceptive patches, reports that she has burning upon urination and that her partner has been exposed to chlamydia. The clinician performs a urine microscopy which shows numerous white blood cell count (WBC) and the clinician dispenses ciprofloxacin tablets to treat acute cystitis and azithromycin 1 gram orally for presumptive treatment of a chlamydia infection. A screening nucleic acid amplification test (NAAT) for chlamydia is sent to an outside laboratory. Blood was drawn for syphilis and HIV screening tests and sent to the same outside laboratory».

Two claim forms are required for the same date of service, because there are two different family planning-related conditions requiring two ICD-10-CM diagnosis codes for the two treatments dispensed. Each claim has the same family planning ICD-10-CM diagnosis code. Refer to the following page for the required second claim form. The office visit may not be billed twice. The community clinic has opted to include the clinic dispensing fee in computing costs for drugs dispensed onsite.

Figure 5: Example first form for a contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a Sexually Transmitted Infection (STI)

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	OFFICE VISIT ESTABLISHED	99214	100115	1	45 00		1
2	URINE MICROSCOPY	81015	100115	1	8 00		2
3	N451285020401UN000001000	S5000	100115	1	5 28		3
4	BLOOD DRAW	99000	100115	1	10 00		4
5							5
6							6
23	PAGE ____ OF ____	CREATION DATE	TOTALS		68 28		23

60 DX D1D1D1D D2D2D2D		B C D E F G H		68
69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 EQ	73
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE CODE	75	76 ATTENDING NPI
				QUAL
				LAST
				FIRST
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE CODE		77 OPERATING NPI
				QUAL
				LAST
				FIRST
				78 OTHER NPI
				QUAL
				LAST
				FIRST
				79 OTHER NPI
				QUAL
				LAST
				FIRST

80 REMARKS
 L3: CIPROFLOXIN #6 X .38 = \$2.28 + CDF
 \$3.00 = \$5.28
 L4: SPECIMEN SENT TO AN UNAFFILIATED
 LAB

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Contraceptive patch user with symptoms of burning upon urination, and the partner reporting exposure to a Sexually Transmitted Infection (STI) (second claim form) (continued)

The second claim form includes the drug to treat STI exposure onsite (refer to the first claim form on the preceding page). Both the product ID qualifier (N4) and NDC are required on the claims.

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

«**Figure 6:** Example second form for a contraceptive patch user with symptoms of burning upon urination, and partner reports exposure to a Sexually Transmitted Infection (STI)»

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	20123456789UN000001000	Q0144	100115	1	24 28		1
2							2
3							3
4							4
5							5
6							6
23	PAGE ____ OF ____	CREATION DATE	TOTALS ➡		24 28		23

66 DX		67		68		69		70		71		72		73	
D1D1D1D		D2D2D2D													
0															
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		DATE		a		b		c		75		76 ATTENDING NPI		QUAL	
												LAST		FIRST	
c		d		a		b		c				77 OPERATING NPI		QUAL	
												LAST		FIRST	
80 REMARKS		81 CC		a		b		c				78 OTHER NPI		QUAL	
												LAST		FIRST	
												79 OTHER NPI		QUAL	
												LAST		FIRST	

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Education and counseling visit with a Physician's Assistant (PA)

«In this example a female client who is an established depo medroxyprogesterone acetate (DMPA) user is seen for concerns with irregular vaginal bleeding. She receives counseling from a PA regarding the side effects of DMPA and wants to continue with the method. The total time of the visit is 20 minutes». This example shows how the rendering provider bills for the procedure. The PA works under the supervision of a physician. Enter the supervising physician's individual NPI in Box 76, the billing Family PACT provider's NPI in Box 77 and the name of the PA, title and the PA's individual NPI in Box 80.

Figure 7: Example form for education and counseling visit with a Physician's Assistant (PA)

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	OFFICE VISIT, NEW	99213	100115	1	35 00		1
2							2
3							3
4							4
5							5
6							6
23	PAGE ____ OF ____	CREATION DATE	TOTALS		35 00		23

66 DX		67		68		69		70		71		72		73	
D1D1D1D		A		B		C		D		E		F		G	
0		J		K		L		M		N		O		P	
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 FPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		2345678901		QUAL			
								LAST				FIRST			
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI		1234567890		QUAL			
								LAST				FIRST			
80 REMARKS		81 CC		a				78 OTHER NPI				QUAL			
Jane Doe, PA		b						LAST				FIRST			
NPI 3456789123		c						79 OTHER NPI				QUAL			
		d						LAST				FIRST			

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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 has an expired IUC for removal and would like to start using an oral contraceptive. «After uncomplicated removal of the IUC, the clinician provided contraceptive counseling and prescribed and dispensed 13 cycles of oral contraceptives. The total time of the visit (excluding the IUD removal) was 23 minutes.»

The clinician provided 15 minutes of contraceptive counseling

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

Figure 8: Example first form for Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service

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	REMOVE IUC	58301AG	100115	1	78 00		1
2	IUC REMOVAL SUPPLIES	58301UA	100115	1	30 00		2
3							3
4							4
5							5
6							6
23	PAGE ____ OF ____	CREATION DATE	TOTALS		108 00		23

68	D1D1D1D	A	B	C	D	E	F	G	H	68
69	ADMIT DX	70	PATIENT REASON DX	a	b	c	71	FPS CODE	72	EQ
74	PRINCIPAL PROCEDURE CODE	DATE	a	OTHER PROCEDURE CODE	DATE	b	OTHER PROCEDURE CODE	DATE	75	
76	ATTENDING	NPI	QUAL							
77	OPERATING	NPI	QUAL							
78	OTHER	NPI	QUAL							
79	OTHER	NPI	QUAL							
80	REMARKS	81	CC	a	b	c	d			
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The second claim form includes 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 1) is a “physician-administered” drug. Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the contraceptive in the *Description* field (Box 43). Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.

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

Figure 9: Example second form for Intrauterine contraceptive (IUC) removal and the start of oral contraceptives on the same date of service

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	N400062190115UN000013000	S4993	100115	13	156 00		
2	OFFICE VISIT, ESTABLISHED	99213-25	100115	1	35 00		
3							
4							
5							
6							
23	PAGE ____ OF ____	CREATION DATE		TOTALS ➡	191.00		

06 DX	D1D1D1D	A	J	K	L	M	N	O	P	Q	88
0											
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 EQI	a	b	c	73	
74 PRINCIPAL PROCEDURE CODE DATE	x OTHER PROCEDURE CODE DATE	y OTHER PROCEDURE CODE DATE	z OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI	QUAL	FIRST				
					LAST						
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE			77 OPERATING NPI	QUAL	FIRST				
					LAST						
80 REMARKS	81 CC a	b			78 OTHER NPI	QUAL	FIRST				
L1: NORGINESTIMATE AND ETHINYL					LAST						
ESTRADIOL 13 PACKS @ \$12.00 = \$156.00	c				79 OTHER NPI	QUAL	FIRST				
	d				LAST						

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Office visit, positive sexually transmitted infections (STI) test results and drug onsite administration

«In this example, an established client who uses oral contraceptives tested positive for syphilis (with a positive confirmatory test) at her previous family planning visit». She receives an intramuscular injection of penicillin G benzathine, 2,400,000 units.

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). Providers enter the product ID qualifier/NDC number immediately followed by the unit of measure/numeric quantity for the drug in the *Description* field (Box 43). Refer to Part 2, Medi-Cal Manual section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.

To calculate the charges for penicillin G benzathine, the cost of the injection and the administration fee must be determined. The price listed on the Medi-Cal Rates page of the Medi-Cal website for penicillin G benzathine includes a one-time administration fee. Since the administration fee is paid only once for each drug administered, subsequent units claimed must have the administration fee subtracted from the published rate. This difference is the cost of the injection. Multiply this cost with the number of units. For penicillin G benzathine, this would include the cost per unit multiplied by 23 units. To calculate the total charge, the cost for 23 units is added to the rate of the drug on file (which includes the 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.

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

Figure 10: Example form for office visit, positive STI test results and drug onsite administration

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	OFFICE VISIT, ESTABLISHED	99213	100115	1	35.00		1
2	N412345678901ML0000004000	J0561	100115	24	123.00		2
3							3
4							4
5							5
6							6
<< 23	PAGE ____ OF ____	CREATION DATE		TOTALS ➡	158.00		23 >>

66 DX		67		68		69		70		71		72		73	
D1D1D1D		D2D2D2D													
0															
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 FPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE		DATE		a		b		c		75		76 ATTENDING NPI		QUAL	
												LAST		FIRST	
c		d		e		f		g		77 OPERATING NPI		QUAL			
												LAST		FIRST	
80 REMARKS		81 CC		a		b		c		78 OTHER NPI		QUAL			
												LAST		FIRST	
										79 OTHER NPI		QUAL			
												LAST		FIRST	

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Initial visit with on-site dispensing of diaphragm (wide seal)

«In this example, the services of a hospital outpatient department include an initial visit for contraception with a complete client history and counseling. The point-of-care pregnancy test is clinically indicated and is negative. Contraceptive diaphragm (wide seal), condoms and jelly were dispensed on-site. Total clinician time is 35 minutes.»

The *Remarks* field (Box 80) must include a required statement that lists dispensed supplies.

Figure 11: Example form for Initial visit with on-site dispensing of diaphragm (wide seal)

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	OFFICE VISIT, NEW	99203	100117	1	80 00		1
2	PREGNANCY TEST	81025	100117	1	10 00		2
3	DIAPHRAGM WIDE SEAL	A4266	100117	1	47 36		3
4	CONDOMS, MALE	A4267	100117	20	6 16		4
5	SPERMICIDAL GEL/JELLY/FOAM	A4269U1	100117	30	6 93		5
6							6
23	PAGE ____ OF ____	CREATION DATE		TOTALS	150 45		23

66 DX	D1D1D1D	D2D2D2D	B	C	D	E	F	G	H	68
0										
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 EQ	a	b	c	73
74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	2345678901	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					78 OTHER NPI		QUAL	
SEE ATTACHMENT		b					LAST		FIRST	
		c					79 OTHER NPI		QUAL	
		d					LAST		FIRST	

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.

In the *Remarks* field (box 80) above, or on an 8.5 by 11-inch sheet of paper, document the following and attach to the claim:

- L3: Diaphragm Wide Seal at 43.05 times 1 equals \$43.05 plus CDF 4.30 equals \$47.35
- L4: Male Condoms at .28 times 20 equals \$5.60 plus CDF .56 equals \$6.16
- L5: «Jelly» at .21 times 30 gm equals \$6.30 plus CDF .63 equals \$6.93

«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.