

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

## Family Planning Billing Examples: UB-04

---

The examples in this section are to assist providers in billing for family planning services on the *UB-04* claim. Refer to the *Family Planning* section 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-9-CM codes or dollar amounts. If the 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.

**Other Contraceptives  
Supplies**

*Figure 1. Billing for HCPCS code A4269U1 (contraceptive supply, spermicide [e.g., foam, gel], each).*

*This is a sample only. Adapt to your billing situation accordingly.*

In this example, a woman meets with her physician to discuss family planning and the physician dispenses a contraceptive foam kit and 12 condoms to the recipient. Enter code A4269 (contraceptive supplies) and appropriate modifier U1–U4 in the *HCPCS/Rate* field (Box 44).

Code A4269 requires documentation of the item(s), quantity and “at cost” expense of the items in the *Remarks* field (Box 80) and should be listed as follows:

FOAM KIT @ \$6.00 + 12 CONDOMS @ \$.16 = \$7.92

In the *Service Date* field (Box 45), enter the date of the office visit in the six-digit, MMDDYY (Month, Day, Year) format; for example, October 30, 2014 = 103014.

Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

|  |  |                                   |  |                               |  |   |  |
|--|--|-----------------------------------|--|-------------------------------|--|---|--|
| 1 UPTOWN MEDICAL CENTER<br>140 SECOND STREET<br>ANYTOWN CA 958235555 |  | 2                                 |  | 3a PAT CNTL #<br>3b MED REC # |  | 4 TYPE OF BILL<br>791                                 |  |
| 8 PATIENT NAME<br>a  |  | 9 PATIENT ADDRESS<br>a            |  | 5 FED. TAX NO.                |  | 6 STATEMENT COVERS PERIOD FROM THROUGH                |  |
| b DOE, JANE  |  | b                                 |  | c                             |  | d   |  |
| 10 BIRTHDATE<br>08241990   |  | 11 SEX<br>F                       |  | 12 DATE                       |  | 13 ADMISSION 13 HR 14 TYPE 15 SRC                     |  |
| 16 DHR   |  | 17 STAT<br>A4                     |  | 18 19 20 21                   |  | CONDITION CODES 22 23 24 25 26 27 28 29 ACDT STATE 30 |  |
| 31 OCCURRENCE CODE DATE  |  | 32 OCCURRENCE CODE DATE           |  | 33 OCCURRENCE CODE DATE       |  | 34 OCCURRENCE CODE DATE                               |  |
| 35 OCCURRENCE SPAN FROM THROUGH                                      |  | 36 OCCURRENCE SPAN FROM THROUGH   |  | 37                            |  |   |  |
| 38   |  | 39 VALUE CODES AMOUNT             |  | 40 VALUE CODES AMOUNT         |  | 41 VALUE CODES 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  |  |
| 1  |  | CONTRACEPTIVE SUPPLIES            |  | A4269U1                       |  | 103014  |  |
| 2  |  |                                   |  |                               |  | 1   |  |
| 3  |  |                                   |  |                               |  | 792   |  |
| 4  |  |                                   |  |                               |  |   |  |
| 5  |  |                                   |  |                               |  |   |  |
| 6  |  |                                   |  |                               |  |   |  |
| 7  |  |                                   |  |                               |  |   |  |
| 8  |  |                                   |  |                               |  |   |  |
| 9  |  |                                   |  |                               |  |   |  |
| 10   |  |                                   |  |                               |  |   |  |
| 11   |  |                                   |  |                               |  |   |  |
| 12   |  |                                   |  |                               |  |   |  |
| 13   |  |                                   |  |                               |  |   |  |
| 14   |  |                                   |  |                               |  |   |  |
| 15   |  |                                   |  |                               |  |   |  |
| 16   |  |                                   |  |                               |  |   |  |
| 17   |  |                                   |  |                               |  |   |  |
| 18   |  |                                   |  |                               |  |   |  |
| 19   |  |                                   |  |                               |  |   |  |
| 20   |  |                                   |  |                               |  |   |  |
| 21   |  |                                   |  |                               |  |   |  |
| 22   |  |                                   |  |                               |  |   |  |
| 23   |  | 001 PAGE OF                       |  | CREATION DATE                 |  | TOTALS 792  |  |
| A  |  | 50 PAYER NAME<br>O/P MEDI-CAL     |  | 51 HEALTH PLAN ID             |  | 56 NPI<br>0123456789                                  |  |
| B  |  |                                   |  |                               |  | 792   |  |
| C  |  |                                   |  |                               |  | 57 OTHER PRV ID                                       |  |
| A  |  | 58 INSURED'S NAME                 |  | 59 P.FEL                      |  | 60 INSURED'S UNIQUE ID<br>90000000A95001              |  |
| B  |  |                                   |  |                               |  | 61 GROUP NAME   |  |
| C  |  |                                   |  |                               |  | 62 INSURANCE GROUP NO.                                |  |
| A  |  | 63 TREATMENT AUTHORIZATION CODES  |  | 64 DOCUMENT CONTROL NUMBER    |  | 65 EMPLOYER NAME                                      |  |
| B  |  |                                   |  |                               |  |   |  |
| C  |  |                                   |  |                               |  |   |  |
| 88 DX<br>9   |  | A B C D E F G H I J K L M N O P Q |  | 71 PPS CODE                   |  | 72 ECI  |  |
| 69 ADMIT DX  |  | 70 PATIENT REASON DX              |  | 71 PPS CODE                   |  | 72 ECI  |  |
| 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                           |  |
| 80 REMARKS<br>FOAM KIT @ \$6.00 + 12 CONDOMS @ \$.16 = \$7.92        |  | 81CC a                            |  | b                             |  | 77 OPERATING NPI                                      |  |
|  |  | c                                 |  | d                             |  | 78 OTHER NPI  |  |
|  |  |                                   |  |                               |  | 79 OTHER NPI  |  |
|  |  |                                   |  |                               |  | LAST FIRST  |  |

Figure 1: Billing for HCPCS Code A4269U1 (Contraceptive Supplies).

**Intrauterine Copper  
Contraceptive**

*Figure 2. Billing for HCPCS code J7300 (Intrauterine copper contraceptive).*

*This is a sample only. Adapt to your billing situation accordingly.*

In this example, a pregnant woman had met with her physician during a prenatal visit (prior to labor and delivery). She discussed her family planning needs subsequent to the birth of her child. The physician recommended placement of the intrauterine copper contraceptive (IUC), ParaGuard, in the hospital immediately following labor and delivery. The physician places the IUC after delivery. Enter code J7300 in the *HCPCS/Rate* field (Box 44).

Enter the two-digit facility type code "13" (Hospital – Outpatient) and one-character claim frequency code "1" as "131" in the *Type of Bill* field (Box 4). Do not bill the IUD on an inpatient claim. The claim will be denied.

Enter revenue code "0250" (Pharmacy, general) or ancillary code "0636" (Drugs requiring detailed coding) in the *Revenue Code* field (Box 42). Providers may use either code when billing placement of an IUC.

In the *Service Date* field (Box 45), enter the date of the IUC placement in the six-digit, MMDDYY (Month, Day, Year) format; for example, August 3, 2015 is entered as 080315.

Enter the 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).

An ICD indicator of "9" is entered in Box 66 and an appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code V240 represents immediately after delivery and code V25.11 represents an encounter for insertion of intrauterine contraceptive device.

|  |                            |                         |                                  |                         |                            |                              |
|--|----------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|------------------------------|
| 1 UPTOWN HOSPITAL<br>140 SECOND STREET<br>ANYTOWN, CA 95823-5555 | 2                          |                         | 3a PAT CNTRL #<br>b. MED. REQ. # |                         | 4 TYPE OF BILL<br>131      |                              |
| 8 PATIENT NAME<br>a. DOE, JANE                                   |                            |                         | 9 PATIENT ADDRESS<br>a.          |                         |                            |                              |
| 10 BIRTHDATE<br>08241990   | 11 SEX<br>F                | 12 DATE                 | 13 HR                            | 14 TYPE                 | 15 SRC                     | 16 DHR                       |
| 17 STAT  | 18                         | 19                      | 20                               | 21                      | 22                         | 23                           |
| 31 OCCURRENCE CODE   | 32 OCCURRENCE DATE         | 33 OCCURRENCE CODE      | 34 OCCURRENCE DATE               | 35 OCCURRENCE SPAN FROM | 36 OCCURRENCE SPAN THROUGH | 37                           |
| 38   | 39 VALUE CODES AMOUNT      | 40 VALUE CODES AMOUNT   | 41 VALUE CODES 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                      | 50 PAYER NAME              | 51 HEALTH PLAN ID            |
| 0636   | I.U. COPPER CONTRACEPTIVE  | J7300                   | 080315                           | 1                       | 731 50                     | 0123456789                   |
| 001  | TOTAL CHARGES              | CREATION DATE           | TOTALS                           | 731 50                  | 55 EST. AMOUNT DUE         | 56 NPI                       |
| 57   | OTHER PRV ID               | 58 INSURED'S NAME       | 59 P.P.E.L.                      | 60 INSURED'S UNIQUE ID  | 61 GROUP NAME              | 62 INSURANCE GROUP NO.       |
| 63 TREATMENT AUTHORIZATION CODES                                 | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME        | 66 DX                            | 67                      | 68                         | 69                           |
| 9  | V240                       | V2511                   | 70 PATIENT REASON DX             | 71 PPS CODE             | 72 ECI                     | 73                           |
| 74 PRINCIPAL PROCEDURE CODE                                      | 75 OTHER PROCEDURE CODE    | 76 OTHER PROCEDURE CODE | 77 OPERATING NPI                 | 78 ATTENDING NPI        | 79 OTHER NPI               | 80 REMARKS                   |
| 81 CC  | 82                         | 83                      | 84                               | 85                      | 86                         | 87                           |
| 88   | 89                         | 90                      | 91                               | 92                      | 93                         | 94                           |

Figure 2: Billing for HCPCS Code J7300UD (Intrauterine Copper Contraceptive).