

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

Blood and Blood Derivatives

Billing Examples: UB-04

blood ub
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Examples in this section are to help providers bill for blood and blood derivatives on the *UB-04* claim form. Refer to the *Blood and Blood Derivatives* 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 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.

**Separate Manufacturer's
Blood Factors on
One Claim Line**

Figure 1. Separate manufacturer's blood factors on one claim line.

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

In this example, six units (vials) of Factor VIII (antihemophilic factor, human) are billed on one claim line.

Enter the two-digit facility type code "13" (hospital – outpatient) and one-character frequency code "1" as "131" in the *Type of Bill* field (Box 4).

Enter code J7190 in the *HCPCS/Rate* field (Box 44). Both a product qualifier (N4) and National Drug Code (NDC) are required on the claim because antihemophilic factor (AHF) (claim line 1) is a "physician-administered" drug. Providers enter the product qualifier and NDC number immediately followed by the unit of measure/numeric quantity for the AHF in the *Description* field (Box 43). (Refer to section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.) Due to the large quantities of AHF dispensed, providers must include the number of international units or micrograms dispensed in the *Remarks* field (Box 80).

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

Enter the date of service, November 17, 2008, in six-digit format as 111708 in the *Service Date* field (Box 45) and the usual and customary charges in the *Total Charges* field (Box 47, line 23).

Note: Providers participating as covered entities, and purchasing drugs through the Public Health Service (PHS) program, must not bill more than the actual acquisition cost, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Participants may also bill for a dispensing fee or markup, as allowed by Medi-Cal. Entities billing for PHS purchased factor must include the modifier UD in Box 44, following the HCPCS code.

Enter a 6 in the *Service Units* field (Box 46) on the same claim line as code J7190 to reflect the number of units of AHF that were administered.

Note: The units per vial vary from product to product.

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The outpatient hospital's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 286.0 represents congenital factor VIII disorder (hereditary hemophilia) and is entered on the claim as 2860.

Note: Blood factor codes (HCPCS codes J7183, J7185, J7186, J7187, J7189, J7190, J7192 – J7195, J7197 and J7198) are reimbursable using the lower of the manufacturer's Average Selling Price (ASP) plus 20 percent or the provider's usual and customary charge. Providers should submit claims with the usual and customary charge in the *Total Charges* field (Box 47, line 23).

Enter the referring/prescribing provider's NPI number in the *Attending* field (Box 76) and the rendering provider's NPI number in the *Operating* field (Box 77).

blood ub
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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b. MED. REC. #		4 TYPE OF BILL 131	
8 PATIENT NAME a DOE JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
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1 N413533066530UN000006000		2 J7190		3 111708		4 6	
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**Separate Manufacturer's
Blood Factors on
Two Claim Lines**

Figure 2. Blood factors. Billing separate manufacturer's blood factors on two claim lines.

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

In this example, 3 units (vials) of Factor VIII (antihemophilic factor, human) from manufacturer XYZ is billed on one claim line and 3 units (vials) of Factor VIII from manufacturer ABC is billed on the second claim line.

Enter the two-digit facility type code "13" (hospital – outpatient) and one-character frequency code "1" as "131" in the *Type of Bill* field (Box 4) [not pictured].

Enter J7190 for each manufacturer in the *HCPCS/Rate* field (Box 44). Both a product qualifier and National Drug Code (NDC) are required on the claim because antihemophilic factor (claim lines 1 and 2) is a "physician-administered" drug. Providers enter the product qualifier and NDC number immediately followed by the unit of measure/numeric quantity for the antihemophilic factor in the *Description* field (Box 43). (Refer to section *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* for help.) Due to the large quantities of AHF dispensed, providers must include the number of international units or micrograms dispensed in the *Remarks* field (Box 80).

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

Enter the date of service, November 17, 2008, in six-digit format as 111708 in the *Service Date* field (Box 45) and the usual and customary charges in the *Total Charges* fields (Box 47, line 23).

Note: Providers participating as covered entities, and purchasing drugs through the Public Health Service (PHS) program, must not bill more than the actual acquisition cost, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Participants may also bill for a dispensing fee or markup, as allowed by Medi-Cal. Entities billing for PHS purchased factor must include the modifier UD in Box 44, following the HCPCS code.

Enter a 3 in the *Service Units* field (Box 46) for each manufacturer to reflect the number of units of AHF that were administered.

Note: The units per vial vary from product to product.

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The outpatient hospital's provider number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 286.0 represents congenital factor VIII disorder (hereditary hemophilia) and is entered on the claim as 2860.

Note: Blood factor codes (HCPCS codes J7183, J7185, J7187, J7189, J7190, J7192 – J7195, J7197 and J7198) are reimbursable using the lower of the manufacturer's Average Selling Price (ASP) plus 20 percent or the provider's usual and customary charge. Providers should submit claims with the usual and customary charge in the *Total Charges* field (Box 47, line 23).

Enter the referring/prescribing provider's NPI number in the *Attending* field (Box 76) and the rendering provider's NPI number in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTRL. # b MED. REC. #		4 TYPE OF BILL 131	
8 PATIENT NAME a DOE JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 HR	
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 CODE		40 VALUE CODES AMOUNT		41 VALUE CODES CODE		42 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 N413533066530UN000003000		J7190		111708		3	
2 N400053765605UN000003000		J7190		111708		3	
23 001		PAGE OF		CREATION DATE		TOTALS 129000	
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASO BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 129000		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 2860		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		QUAL	
77 OPERATING NPI 2345678901		78 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS Line 1: 38038 IU Line 2: 38038 IU		81 CC a		82		83	

Figure 2. Billing Separate Manufacturer's Blood Factors on Two Claim Lines.