

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

California Children's Services (CCS) Program Billing Example: UB-04 Claim Form

cal child bil ub

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The example in this section is to assist providers in California Children's Services (CCS) program billing on the *UB-04* claim form. Refer to the *California Children's Services (CCS) Program* section in this manual for policy information. Refer to the *UB-04 Completion: Inpatient Services* or *UB-04 Completion: Outpatient Services* sections in the appropriate Part 2 manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section in the appropriate Part 2 manual.

For additional billing information, refer to the *UB-04 Special Billing Instructions for Inpatient Services*, *UB-04 Special Billing Instructions for Outpatient Services*, *UB-04 Submission and Timeliness Instructions*, *UB-04 Tips for Billing: Inpatient Services*, and *UB-04 Tips for Billing: Outpatient Services* sections in this manual.

Note: Although the claim form example in this section uses information and codes appropriate to an inpatient provider claim, the purpose of the example is to illustrate billing issues of particular interest to CCS providers of either inpatient or outpatient services.

**Important Fields for
CCS Claim Completion**

Figure 1. Completing Fields for CCS Claims: Service Authorization Request (SAR), Provider and Client ID Numbers.

This is an example only, based on inpatient services rendered. Providers should note that codes and other information appropriate to outpatient services will differ from this example. An outpatient claim will use codes appropriate to outpatient providers, as well as “O/P Medi-Cal” in line 50. Please adapt to your billing situation. Attachments are not illustrated in this example.

In this example, a medical center is billing for pediatric intensive care services and medical/surgical supplies.

NPI

Enter the facility’s appropriate NPI in the *NPI* field (Box 56).

Note: Enter the facility non-contract hospital NPI when billing for CCS-only and CCS/Healthy Families clients.

Insured’s Unique ID

Enter the client’s identification number in the *Insured’s Unique ID* field (Box 60) as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card.

Note: For providers billing without a SAR number with prefix “91” or “97” for CCS-only or CCS/Healthy Families clients, leave this field blank.

Treatment Authorization
Codes

Enter the 11-digit SAR number in the *Treatment Authorization Codes* field (Box 63).

Note: For providers billing without a SAR number with prefix “91” or “97”, leave this field blank.

Referring Physician ID

Enter the NPI of the referring physician in the *Attending* field (Box 76), if applicable.

Note: If the referring physician initiated the SAR, then enter the referring physician’s NPI. Otherwise, if the rendering physician initiated the SAR, this field must be left blank.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT CNTL # 3b MED REC #	4 TYPE OF BILL 111
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 060107	7 THROUGH 061507	
8 PATIENT NAME a DOE JANE	9 PATIENT ADDRESS b	c	d
10 BIRTHDATE 08241998	11 SEX F	12 DATE OF ADMISSION 060107	13 HR 15
14 TYPE 3	15 SRC 12	16 DHR 01	17 STAT 80
18	19	20	21
22	23	24	25
26	27	28	29 ACCT STATE
30	31 OCCURRENCE DATE 05	32 OCCURRENCE DATE 060107	33 OCCURRENCE DATE
34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH
38 CODE	39 VALUE CODES AMOUNT 23	40 VALUE CODES AMOUNT 50000	41 VALUE CODES AMOUNT
42 REV CD 203	43 DESCRIPTION INTENS CARE PEDIATRIC	44 HCPCS / RATE / HIPPS CODE	45 SERVS. DATE
272	MEDICAL/SURGICAL SUPPLY		
46 SERVS. UNITS 15	47 TOTAL CHARGES 2300000	48 NON-COVERED CHARGES	49
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