

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

compound ex
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Compound Pharmacy Claim Form (30-4) Examples

The examples in this section are to assist providers in billing on the *Compound Pharmacy Claim Form (30-4)*. Refer to the *Compound Pharmacy Claim Form (30-4) Completion* 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: Quantities must be in the metric decimal system if the quantity is not a whole number. Do not round the quantity. For example, a quantity of 3.5 Gm should be expressed as 3.500, rather than rounding to 4. Do not include measurement units such as Gm or cc. The *Compound Pharmacy Claim Form (30-4)* has separate fields for the whole number and decimal portions of the quantity fields. Decimal points are not allowed within the fields. The decimal points are pre-imprinted on the form. All information on an attachment must match the information entered on the claim form.

Compounded Prescription

*Figure 1. Compounded intravenous prescription.
This is a sample only. Please adapt to your billing situation.*

In this example, a pharmacist is billing for a compounded intravenous prescription. The date of service is the date that the prescription was filled. The date is entered in an eight-digit MMDDYYYY (Month, Day, Year) format in the *Date of Service* field (Box 11). In this example, November 2, 2003 is entered as “11022003.”

The provider estimates the dispensed drug will last four days. Since the compound is a solution, “11” is entered in the *Dosage Form Description* field (Box 21). A “3” is entered in the *Dispensing Unit Form Indicator* field (Box 22) to indicate the unit of measure of the compound is milliliters (or cc). The compound is to be administered to the patient intravenously, so “04” (used for injections, including intravenous and interarterial) is entered in the *Route of Administration* field (Box 23).

The type of product IDs being submitted on the ingredient lines are National Drug Code (NDC), so “03” is entered in the *Product ID Qualifier* field (Box 30). Each *Ingredient Quantity* field (Box 32) is the sum of the amount of that ingredient that is in all containers of the compound. The *Ingredient Charge* (Box 33) should reflect the total charge for the ingredient in all containers of the compound. The method used to calculate ingredient cost is not specified, which is indicated by nothing being entered in the *Basis of Cost* field (Box 34).

The sum of all the ingredient charges should be entered in the *Ingredient Total Charge* field (Box 39). Do not include fees in this number. In this example, *Process for Approved Ingredients* field (Box 40) is left blank. If a “Y” was in *Process for Approved Ingredients* it would mean that if any ingredients having National Drug Codes (NDCs) are not found in the List of Contract Drugs or if any ingredients require a *Treatment Authorization Request* (TAR) and no TAR is present, those ingredients will be priced at zero and the remainder of the ingredients will be paid. When *Process for Approved Ingredients* is “Y,” the provider knows that a portion of the ingredients may not be paid and accepts payment for the remainder, rather than having the entire claim denied. This could be useful if the provider has a claim with inexpensive ingredients that require a TAR. It might be more cost-effective to do without the payment for the inexpensive items than to apply for prior authorization for those items.

This compound is distributed among four containers, so a “4” is entered in the *Container Count* field (Box 41).

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DO NOT STAPLE IN BAR AREA

1 CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

COMPOUND DRUG PHARMACY CLAIM FORM

Provider Name, Address, Phone

ABC Home Pharmacy
123 Main Street
Sequoia, CA
(923)555-1223

2 ID QUALIFIER 05	3 PROVIDER ID 0123456789
4 ZIP CODE 958235555	

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES

ELITE PICA

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← TYPEWRITER ALIGNMENT →

ELITE PICA

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5 PATIENT INFORMATION PATIENT NAME (LAST, FIRST, MI) SMITH, JANE		6 MEDI-CAL IDENTIFICATION 90000000A95001		7 SEX F	8 DATE OF BIRTH 03 08 1945	9 DATE OF ISSUE 02 01 2003
10 PRESCRIPTION NO 1234567	11 DATE OF SERVICE 11 02 2007	12 TOTAL METRIC QUANTITY WHOLE UNITS 217 . 2 DECIMAL		13 CODE 1 MET? Y	14 DAYS SUPPLY 4	15 PATIENT LOCATION 3
17 ID QUAL 08	18 PRESCRIBER ID 9876543210	19 PRIMARY ICD-CM 2824	20 SECONDARY ICD-CM	21 DOSG FORM DESC CODE 11	22 DISP UNIT FORM IND 3	23 ROUTE OF ADMIN 04
24 TOTAL CHARGE 518:56		25 OTHER COVERAGE PAID	26 OTH COV CODE 0	27 PATIENT'S SHARE	28 INCENTIVE AMOUNT 1:28	29 TAR CONTROL NO 98744432400

30 PROD ID QUAL	31 INGREDIENT PRODUCT ID	32 INGREDIENT QUANTITY	33 INGREDIENT CHARGE	34 BASIS OF COST
1 03	00083380104	WHOLE UNIT 4 . DECIMAL	68:54	
2 03	00009090013	WHOLE UNIT 1 . DECIMAL 2	23:40	
3 03	00074488799	WHOLE UNIT 60 . DECIMAL	8:40	
4 03	00338004918	WHOLE UNIT 152 . DECIMAL	135:40	
5		WHOLE UNITS . DECIMAL		
6		WHOLE UNITS . DECIMAL		
7		WHOLE UNITS . DECIMAL		
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24		WHOLE UNITS . DECIMAL		
25		WHOLE UNITS . DECIMAL		

35 MEDICAL RECORD NO X12345YU	36 BILL LIM EX	37 DATE BILLED 11 24 2007	38 HOSP DISCHARGE DATE MM DD YYYY	39 INGREDIENT TOTAL CHARGE 235:74
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SPECIFIC DETAILS/REMARKS:

40 PROC FOR APPROVED INGREDIENTS

41 CONTAINER COUNT **4**

F.I. USE ONLY

This is to certify that the information contained above is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.

Jane Doe

45 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form

SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM.

Revision Date: 03/07

Form Number 30-4

Figure 1. Compounded Intravenous Prescription.

compound ex
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**Compounded Prescription
With More Than 25 Ingredients**

*Figure 2. Compounded prescription with more than 25 ingredients.
This is a sample only. Please adapt to your billing situation.*

In rare instances, it may be necessary to bill for compounds with more than 25 ingredients. Since the *Compound Pharmacy Claim Form* (30-4) can only hold 25 ingredients, the first 24 ingredients should be entered into the claim form. The 25th ingredient should have a *Product ID Qualifier* of "99" and a Product ID of "99999999998." The quantity of the 25th ingredient should be the sum of the remaining ingredients not listed on the claim form. The ingredient charge for the 25th ingredient should be the sum of the remaining ingredient charges.

*Figure 3. Compounded Drug attachment
This is a sample only. Please adapt to your billing situation.*

The ingredients not listed on the 30-4 claim form should be included in an attachment showing (NDC/UPC/HRI#), Product ID, Quantity, Charge and *Basis of Cost* (Description) for each.

CLAIM CONTROL NUMBER * FOR F.I. USE ONLY
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Provider Name, Address, Phone
ABC Home Pharmacy
 123 Main Street
 Sequoia, CA
 (923)555-1223

COMPOUND DRUG PHARMACY CLAIM FORM

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES

ELITE PICA

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← TYPEWRITER ALIGNMENT →

ELITE PICA

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5 PATIENT INFORMATION PATIENT NAME (LAST, FIRST, MI) SMITH, JANE		6 MEDI-CAL IDENTIFICATION 90000000A95001		7 SEX F	8 DATE OF BIRTH 03 08 1945	9 DATE OF ISSUE 02 01 2003
10 PRESCRIPTION NO 1234567	11 DATE OF SERVICE 03 02 2007	12 TOTAL METRIC QUANTITY WHOLE 22000 . DECIMAL Y		13 CODE 1 MET? Y	14 DAYS SUPPLY 10	15 PATIENT LOCATION
17 ID QUAL 08	18 PRESCRIBER ID 9876543210	19 PRIMARY ICD-CM 577	20 SECONDARY ICD-CM 	21 DSG FORM DESC CODE 11	22 DISP UNIT FORM IND 3	16 MEDICARE STATUS
24 TOTAL CHARGE 636444	25 OTHER COVERAGE PAID 	26 OTH COV CODE 0	27 PATIENT'S SHARE 	28 INCENTIVE AMOUNT 3:20	29 TAR CONTROL NO 12345678901	

30 PROD ID QUAL	31 INGREDIENT PRODUCT ID	32 INGREDIENT QUANTITY	33 INGREDIENT CHARGE	34 BASIS OF COST
1 03	00074721703	WHOLE 11000	1719:30	
2 03	00517505001	WHOLE UNIT 100	25:00	
3 03	00186423962	WHOLE UNITS 2 . 500	34:60	
4 03	00074120001	WHOLE UNIT 10	135:00	
5 03	00469031163	WHOLE UNIT 46	2:80	
6 03	00517013001	WHOLE UNIT 50	2:50	
7 03	00517013125	WHOLE UNIT 10	20:30	
8 03	00074712007	WHOLE UN 4000	162:20	
9 03	55390041010	WHOLE UNIT 20	25:00	
10 03	00641245045	WHOLE UNIT 20	1:60	
11 03	00364301247	WHOLE UNITS 2 . 500	47:10	
12 03	00074979103	WHOLE UN 2000	33:33	
13 03	00074216803	WHOLE UNITS 40	4:00	
14 03	00469140030	WHOLE UNIT 100	171:30	
15 03	00469069020	WHOLE UNIT 150	196:80	
16 03	00074151302	WHOLE UN 150	43:10	
17 03	00364664456	WHOLE UNIT 10	2:80	
18 03	00173036300	WHOLE UNIT 120	184:93	
19 03	00469882030	WHOLE UNIT 50	39:60	
20 03	00074113002	WHOLE UN 400	12:20	
21 03	00074329505	WHOLE UNIT 40	7:50	
22 03	00074711807	WHOLE UN 4000	19:20	
23 03	00402008530	WHOLE UNITS 10	2:60	
24 03	00074915801	WHOLE UNITS 5	13:00	
25 99	99999999998	WHOLE UNIT 660	3405:11	

35 MEDICAL RECORD NO X12345YU34	36 BILL LIM EX 	37 DATE BILLED 9 24 2007	38 HOSP DISCHARGE DATE MM DD YYYY 	39 INGREDIENT TOTAL CHARGE 6310:84
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SPECIFIC DETAILS/REMARKS:

40 PROC FOR APPROVED INGREDIENTS

41 CONTAINER COUNT
10

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Jane Doe

45 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form

SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM. Revision Date: 03/07 Form Number 30-4

Figure 2. Sample Compounded Drug With More Than 25 Ingredients

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Compounded Drug Attachment

Pharmacy Name: ABC Home Pharmacy
Provider Number: 0123456789
Prescription Number: 1234567
Date of Service: 03/02/2007

Additional Compound Ingredients:

NDC/UPC/HRI #	Quantity	Charge	Description
<u>61703022521</u>	<u>360.00</u>	<u>3386.70</u>	_____
<u>00517240025</u>	<u>300.00</u>	<u>18.41</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
Totals	<u>660.000</u>	<u>3405.11</u>	

2 – Compounded Drug Attachment Completion PROPubs
Draft Date: 10/29/2008

Figure 3. Sample Compounded Drug Attachment.