

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

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## Dialysis Examples: UB-04

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The examples in this section are to assist providers in billing for dialysis services on the *UB-04* claim. Refer to the dialysis sections 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.

**Monthly Dialysis Fee  
("From-Through" Format)**

*Figure 1. Monthly dialysis fee ("from-through" format).*

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

In this example, services at an independent renal dialysis center are billed in the "from-through" format in the *Service Date* field (Box 45).

Enter the two-digit facility type code "72" (clinic – hospital-based or independent renal dialysis center) and one-character claim frequency code "1" as "721" in the *Type of Bill* field (Box 4).

Enter an explanation of the service rendered (maintenance dialysis with lab) in the *Description* field (Box 43). Enter the first date the recipient was seen for training (this is the "from" date) in the *Service Date* field (Box 45). The from date, June 1, 2007, is entered in six-digit format as 060107. No other information is entered on this claim line.

Enter the specific days the services were rendered (6/4, 8, 12, 15, 19, 22, 26 and 29) in the *Description* field (Box 43) and the corresponding HCPCS code for the services (Z6004) in the *HCPCS/Rate* field (Box 44). Enter the "through" date of service, June 29, 2007, which is the end date of training, in the *Service Date* field (Box 45) as 062907.

**Note:** The professional fee for this service is billed separately on a *CMS-1500* claim.

The number of services (8) rendered is entered in the *Service Units* field (Box 46). Enter the usual and customary 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). The Chronic Dialysis Center's NPI is placed in the *NPI* field (Box 56).

Enter an appropriate ICD-9-CM code in Box 67. In this case, code 582 represents chronic glomerulonephritis.

The referring or prescribing provider number is entered in the *Attending* field (Box 76). The rendering provider number is entered in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL 721	
8 PATIENT NAME a			9 PATIENT ADDRESS a			
b DOE JANE						
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT YO	18	19	20	21	22	23
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH
38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	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
1	MAINTENANCE DIALYSIS WITH LAB 6/4, 8, 12, 15, 19, 22, 26, 29	Z6004	060107 062907	8	110400	
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23	001	PAGE	OF	CREATION DATE	TOTALS	110400
A	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO	53 ASL BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 110400
B						56 NPI 0123456789
C						57 OTHER PRV ID
A	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.	
B						
C						
A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME			
B						
C						
66	582	A	B	C	D	E
67	F	G	H	I	J	K
68	L	M	N	O	P	Q
69	ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 EC	73	
74	PRINCIPAL PROCEDURE DATE	a	OTHER PROCEDURE DATE	b	OTHER PROCEDURE DATE	75
76	c	OTHER PROCEDURE DATE	d	OTHER PROCEDURE DATE	e	OTHER PROCEDURE DATE
77	ATTENDING NPI 2345678901	QUAL	LAST	FIRST		
78	OPERATING NPI 1234567890	QUAL	LAST	FIRST		
79	OTHER NPI	QUAL	LAST	FIRST		
80	REMARKS	81 CC	a	b	c	d

Figure 1. Monthly Dialysis Fee (“From-Through” Format).

**Billing for Blood Used  
at a Dialysis Clinic**

*Figure 2. Billing for blood used at a dialysis clinic. (“By Report”)*

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

This example illustrates a provider billing for the “By Report” HCPCS code Z6024 (blood and blood derivatives and processing fee) in an independent renal dialysis center.

Enter the two-digit facility type code “72” (clinic – hospital-based or independent renal dialysis center) and one-character claim frequency code “1” as “721” in the *Type of Bill* field (Box 4).

“By Report” codes require additional information. This information may be entered in the *Description* field (Box 43), in the *Remarks* field (Box 80) or on a separate paper attached to the claim. Claims for Z6024 must contain a description of blood (for example, packed red cells, whole blood, etc.) and quantity in units of blood supplied. In this example, the description plus a cost breakdown: “2 units whole fresh blood cells at \$100 per unit” is entered in Box 43.

The procedure code (Z6024) is entered in the *HCPCS/Rate* field (Box 44) with the date of service, June 1, 2007, entered in the *Service Dates* fields (Box 45) as 060107. The number of units of blood (2) is entered in the *Service Units* field (Box 46). Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50). The Chronic Dialysis Center’s NPI is placed in the *NPI* field (Box 56).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual to complete fields 55 and 60.

Enter an appropriate ICD-9-CM code in Box 67. In this case, code 585 represents chronic renal failure.

The referring or prescribing provider number is entered in the *Attending* field (Box 76). The rendering provider number is entered in the *Operating* field (Box 77).

1 <b>UPTOWN MEDICAL CENTER</b> 140 SECOND STREET ANYTOWN CA 958235555										2										3a PAT CNTL # b MED REC #										4 TYPE OF BILL <b>721</b>																																																											
5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM										7 THROUGH																																																																					
8 PATIENT NAME a										9 PATIENT ADDRESS a										c										d										e																																																	
b <b>DOE JANE</b>																																																																																									
10 BIRTHDATE <b>08241980</b>										11 SEX <b>F</b>										ADMISSION 13 HR 14 TYPE 15 SRC 18 DHR										17 STAT <b>YO</b>										CONDITION CODES 22 23 24 25 26 27 28										29 ACCT STATE 30																																							
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 OCCURRENCE DATE										36 OCCURRENCE SPAN FROM THROUGH										37 OCCURRENCE SPAN FROM THROUGH																													
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1										2 UNITS WHOLE FRESH BLOOD CELLS @100 PER UNIT										Z6024										060107										2										20000																				1																			
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58 INSURED'S NAME										59 P/REL										60 INSURED'S UNIQUE ID A <b>90000000A95001</b>										61 GROUP NAME										62 INSURANCE GROUP NO.																																																	
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																																					
66 DX A <b>585</b>										70 PATIENT REASON DX B <b>A B C D E F G H</b>										71 PPS CODE C <b>J K L M N O P Q</b>										72 ECI D <b>A B C</b>										73																																																	
69 ADMIT DX										74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 ATTENDING NPI A <b>1234567890</b>										QUAL																																																	
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