

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

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Every Woman Counts Billing Examples: UB-04

The examples in this section are to assist providers in billing for Every Woman Counts services on the *UB-04* claim form. For general policy information, refer to the *Every Woman Counts* section in this manual. Refer to the *UB-04 Completion: Outpatient Services* section of this 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 of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts. When entering modifiers, do not include hyphens. 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.

**Clinic Billing for
Routine Mammogram**

Figure 1. Hospital clinic billing for routine mammogram.

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

Jane Doe is eligible for breast cancer screening and visits the Uptown Medical Center for a routine mammogram.

In this example, a freestanding clinic is billing for the mammogram services rendered to Ms. Doe. CPT-4 code 77057 (screening mammography; bilateral) is billed without a modifier (representing professional and technical components) in the *HCPCS/Rate* field (Box 44). An explanation of 77057 is placed in the *Description* field (Box 43).

Note: For digital screening mammography, enter HCPCS code G0202 (screening mammography, producing direct digital image, bilateral, all views).

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

In the *Service Date* field (Box 45), enter the date of service, August 3, 2015, in six-digit format (080315). Enter a 1 in the *Service Units* field (Box 46) for code 77057 and 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 hospital clinic’s NPI is placed in the *NPI* field (Box 56).

Every Woman Counts services do not require authorization. Therefore, no information is entered in the *Treatment Authorization Codes* field (Box 63).

An ICD indicator is entered in box 66. An ICD-9-CM diagnosis code is required in the *Diagnosis Code* field (Box 67 A-E). See “Approved Procedures” in the *Every Woman Counts* section of this manual for a listing of relevant ICD-9-CM diagnosis codes.

The rendering physician’s NPI is entered in the *Attending* field (Box 76).

