

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

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Injections: Billing Example for UB-04

The example in this section is to help providers bill injection services on the *UB-04* claim form. For detailed policy information, refer to the following sections of this manual:

- *Injections: An Overview*
- *Injections: Drugs A–D Policy*
- *Injections: Drugs E–H Policy*
- *Injections: Drugs I–M Policy*
- *Injections: Drugs N–R Policy*
- *Injections: Drugs S–Z Policy*
- *Injections: Hydration*

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. 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.

Unlisted Therapeutic Injection: “By Report” Billing

Figure 1. Unlisted therapeutic injection: “By Report” billing.

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

In this example, a woman receives an injection of Labetalol for treatment of accelerated hypertension. Labetalol is designated as an “unlisted therapeutic injection” because it is not assigned a unique HCPCS code.

Enter the two-digit facility type code “83” (special facility – ambulatory surgery center) and one-character frequency code “1” as “831” in the *Type of Bill* field (Box 4).

Enter the procedure code for unlisted therapeutic injection (CPT-4 codes 96372 and 96379) on claim line 1 in the *HCPCS/Rate* field (Box 44).

The date that the injection was administered, September 1, 2009, is entered in six-digit format in the *Service Date* field (Box 45) as 090109.

Unlisted therapeutic injections are billed with a 1 in the *Service Units* field (Box 46). Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* 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 surgery clinic’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 401.0 represents malignant/accelerated hypertension and is entered as 4010.

Enter the referring/prescribing provider’s NPI number in the *Attending* field (Box 76), as appropriate. The rendering physician’s NPI number is placed in the *Operating* field (Box 77).

CPT-4 codes 96372 and 96379 must be billed “By Report” with either an attached copy of the manufacturer’s invoice or a description in the *Remarks* field (Box 80). In this example, the name of the medication, dosage, strength and unit price are entered in the *Remarks* field.

Note: CPT-4 code 96379 requires an approved TAR for reimbursement.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL #		4 TYPE OF BILL 831	
b PATIENT NAME DOE JANE		9 PATIENT ADDRESS					
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 CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
39 VALUE CODES CODE		40 VALUE CODES AMOUNT		41 VALUE CODES CODE		42 VALUE CODES AMOUNT	
43 REV. CD.		44 HCPCS /RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
1		2		3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	
17		18		19		20	
21		22		23		24	
25		26		27		28	
29		30		31		32	
33		34		35		36	
37		38		39		40	
41		42		43		44	
45		46		47		48	
49		50		51		52	
53		54		55		56	
57		58		59		60	
61		62		63		64	
65		66		67		68	
69		70		71		72	
73		74		75		76	
77		78		79		80	
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001 PAGE OF CREATION DATE TOTALS 2050

50 PAYER NAME: O/P MEDI-CAL
51 HEALTH PLAN ID: 90000000A95001
55 EST. AMOUNT DUE: 6050
58 NPI: 0123456789

68 4010

80 REMARKS: LABETALOL 1VIAL X 1 TOTAL DOSAGE 40 MG. UNIT PRICE \$5.93

UB-04 CMS-1450 © 2005 NUBC OMB APPROVAL PENDING NUBC™ 10299 10/08/04 LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Figure 1. Unlisted Therapeutic Injection: "By Report" Billing.