

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

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## Pathology Billing Examples: UB-04

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Examples in this section are to help providers bill pathology services on the *UB-04* claim form. Refer to the *Pathology* sections of this manual for policy information related to these examples. 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. When entering modifiers, do not include hyphens. If requested information does not fit neatly in the *Remarks* field (Box 80), type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**Billing Same Lab Procedure More Than Once on Same Day**

*Figure 1. Billing same lab procedure more than once on the same day.*

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

In this example – to establish a diagnostic curve – lab specimens for thyroid stimulating hormone (CPT-4 code 84443) were drawn at four 15-minute intervals in a hospital emergency room and analyzed by the hospital’s laboratory.

Enter the two-digit facility type code “14” (hospital – other) and one-character frequency code “1” as “141” in the *Type of Bill* field (Box 4).

4. TYPE OF BILL
<b>141</b>

Enter a “1” (emergency) in the *Admission Type* field (Box 14).

X	ADMISSION		13 HR	14 TYPE	15 SRC	16 D
	12 DATE					
	NA	NA		1	NA	
	OCCURRENCE		33	OCCURRENCE		
	DATE		CODE	DATE		

In order for the claim to pass National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs), code 84443 is entered without a modifier in the *HCPCS/Rate* field (Box 44) on one claim line, indicating the provider is submitting a claim for both the technical and professional components. (Refer to the *Correct Coding Initiative: National* section in this manual for information.) An explanation of code 84443 is entered in the *Description* field (Box 43).

Enter the date of service, August 3, 2015, in six-digit format as 080315 in the *Service Date* field (Box 45) and 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).

A "1" is entered in the *Service Units* field (Box 46) on each claim line as code 84443 to reflect that four separate specimens were drawn and analyzed.

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50). The outpatient hospital's provider number is placed in the *NPI* field (Box 56).

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

An ICD indicator is entered in box 66 and an appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 244.9 represents primary hypothyroidism and is entered on the claim as "2449".

In the *Remarks* field (Box 80), specify the separate times that the specimens were drawn.

The laboratory provider number is entered in the *Operating* field (Box 77) because this is the provider actually rendering the service.

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38				39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT		
a																
b																
c																
d																
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49						
1	THYROID STIMULATING HORMONE	84443		080315	1	25 00										
2	THYROID STIMULATING HORMONE	84443		080315	1	25 00										
3	THYROID STIMULATING HORMONE	84443		080315	1	25 00										
4	THYROID STIMULATING HORMONE	84443		080315	1	25 00										
5																
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19																
20																
21																
22																
23	001	PAGE	OF	CREATION DATE	TOTALS		100 00									
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO	53 ASS BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	0123456789					
O/P MEDI-CAL		HSC123256						100 00		57 OTHER						
										PRV ID						
58 INSURED'S NAME			59 P.REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.								
				90000000A95001												
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME								
66 DX	2449	A	B	C	D	E	F	G	H	68						
69 ADMIT DX	9	J	K	L	M	N	O	P	Q							
70 PATIENT REASON DX	a	b	c	71 FPS CODE		72 ECI		a	b	c	73					
74 PRINCIPAL PROCEDURE CODE	DATE	a	OTHER PROCEDURE CODE	DATE	b	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	QUAL						
									LAST	FIRST						
c	OTHER PROCEDURE CODE	DATE	d	OTHER PROCEDURE CODE	DATE	e	OTHER PROCEDURE CODE	DATE	77 OPERATING NPI	QUAL						
									LAST	FIRST						
80 REMARKS	81CC a			b			c			78 OTHER NPI	1234567890	QUAL				
TSH 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM										LAST	FIRST					
	c			d			e			79 OTHER NPI	QUAL					
										LAST	FIRST					

Figure 1. Billing Same Lab Procedure More Than Once on the Same Day.

**Laboratory Tests Performed  
by Unaffiliated Lab**

*Figure 2. Outpatient hospital billing for laboratory tests performed by an unaffiliated laboratory.*

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

In this example, lab samples to test a recipient for allergies are sent to an outside laboratory. CPT-4 code 82785 tests for gammaglobulin IgE and code 86003 tests for allergen specific IgE; quantitative or semiquantitative, each allergen.

Enter the two-digit facility type code "89" (special facility – other) and one-character claim frequency code "1" as "891" in the *Type of Bill* field (Box 4).

Code "82" is entered in the first *Condition Code* field (Box 18). This condition code indicates that an independent laboratory is processing the lab specimens. *Condition Code* field (Box 19) contains the code "YO," which indicates the recipient is under 65 years of age and has no Medicare coverage. Condition codes are entered from left to right in numeric-alpha sequence starting with the lowest value. Therefore, condition code 82, which is numeric, is entered on the claim before the condition code "YO" because the latter contains alpha characters.

Code 82785 is entered on claim line 1 in the *HCPCS/Rate* field (Box 44) with modifier 90. Modifier 90 indicates that the service is performed by an outside laboratory. Code 86003 is entered on claim line 2 with modifier 90. Only specified providers may use this modifier. Refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* and *Pathology: Billing and Modifiers* sections of this manual for additional modifier 90 information.

Enter the descriptions for codes 82785 and 86003 in the *Description* field (Box 43).

Enter the date of service, October 4, 2014, in six-digit format as 100414 in the *Service Date* field (Box 45) and 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 *TOTALS* (Box 47, line 23).

Enter a 1 in the *Service Units* field (Box 46) for both codes 82785 and 86003.

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for information about how to complete the *Payer Name* field (Box 50). The outpatient hospital's provider number is placed in the *NPI* field (Box 56).

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

An ICD indicator is entered in box 66 and an appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 477.9 represents allergic rhinitis, cause unspecified, and is entered on the claim as 4779.

In order for a claim to be reimbursed, the *Remarks* field (Box 80) must contain a statement indicating that the laboratory test was sent to an unaffiliated, outside laboratory. Code 86003 also requires documentation on the claim or on an attachment justifying medical necessity for the allergy testing procedure. For additional information concerning code 86003, refer to *the Allergy Testing and Desensitization* section of the appropriate Part 2 manual.

Enter the lab's rendering provider number in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823	2	3a PAT CNTL # b. MED. REC. #	4 TYPE OF BILL 891
8 PATIENT NAME a DOE JANE	9 PATIENT ADDRESS a	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 7 THROUGH
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 ADMISSION HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE
35 OCCURRENCE CODE DATE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH	38 OCCURRENCE SPAN FROM THROUGH
39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT
43 REV. CD	44 DESCRIPTION	45 HCP/CS /RATE /HIPPS CODE	46 SERV. DATE
47 SERV. UNITS	48 TOTAL CHARGES	49 NON-COVERED CHARGES	50
1	ASSAY GAMMAGLOBULIN IGE	8278590	100414
2	ALLERGEN SPECIFIC IGE: QUAN	8600390	100414
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23	001 PAGE OF	CREATION DATE	TOTALS 34 36
A	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO
B			
C			
A	58 INSURED'S NAME	59 P.PEL	60 INSURED'S UNIQUE ID
B			90000000A95001
C			
A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
B			
C			
A	66 DX 4779	67 ICD-9-CM	68
B	9	A B C D E F G H	
C			
A	69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE
B			
C			
A	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI
B			
C			
A	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
B	1234567890		
C			
A	80 REMARKS	81 CC	82
B	LAB TESTS SENT TO UNAFFILIATED OUTSIDE LAB	a	
C	LINE 2: PREVIOUS TREATMENT OF ALLERGIC DISORDER	b	
A		c	
B		d	
C			

Figure 2. Outpatient Hospital Billing for Laboratory Tests Performed by an Unaffiliated Laboratory.