

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

Pathology: Blood Collection and Handling Billing Examples – CMS-1500

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Examples in this section are to assist providers in billing on the *CMS-1500* claim form. Refer to the *Pathology: Blood Collection and Handling* section of this manual for detailed policy information. Refer to the *CMS-1500 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: 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 *Reserved for Local Use* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**Blood Specimens and
Collection (99000)**

Figure 1. Billing for Collection and Handling With Code 99000

Use CPT-4 code 99000 (handling and/or conveyance of specimen for transfer from the physician's office to a laboratory) only when blood is collected and sent to an unaffiliated laboratory. Separate reimbursement for collection and handling is not justified when the blood test billed for the same date of service was also run and interpreted by the same provider.

Providers should enter the patient's Medi-Cal ID number in the *Insured's I.D. Number* field (Box 1A).

In this example information describing the procedures performed and the supplies used is entered in the *Reserved for Local Use* field (Box 19). This information is optional but is recommended because it helps claim examiners price the supplies being billed.

An appropriate ICD-9-CM diagnosis code is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). In this example, ICD-9-CM code V30.2 represents single liveborn born outside hospital and not hospitalized.

CPT-4 code 99000 is entered on claim line one. Enter this code in the *Procedures, Services or Supplies/Modifier* field (Box 24D).

Enter the usual and customary charges in the *Charges* field (Box 24F). Enter a 1 in the *Days or Units* field (Box 24G) for each claim line.

Providers should enter their billing information and NPI in the *Billing Provider Info & Ph #* field (Box 33) and NPI in the *NPI* field (Box 33a).

