

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

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## Pregnancy Examples: UB-04

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Examples in this section are to help providers bill pregnancy services on the *UB-04* claim form. Refer to the *Pregnancy* sections of this manual for detailed policy information. Refer to the *UB-04 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 *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**Per-Visit Billing of  
Initial Antepartum Visit and  
Antepartum Office Visit**

*Figure 1. Per-visit billing of initial antepartum visit and antepartum office visit. This example is for services rendered in a free standing clinic.*

HCPCS code Z1032 (initial office visit occurring within 16 weeks of Last Menstrual Period (LMP)) is entered on claim line 1 with YT modifier (indicating the provider is a nurse practitioner, multiple modifiers) in the *HCPCS/Rate* field (Box 44). HCPCS code Z1034 (per-visit antepartum office visit) is entered on claim line 2 with SA modifier (also indicating provider is a nurse practitioner) in the *HCPCS/Rate* field (Box 44). Procedure code descriptions for codes Z1032 and Z1034 are placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” (clinic – free standing) and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the initial antepartum visit, June 19, 2015 is entered in six-digit format on claim line 1 as 061915. The July 20, 2015 date of the antepartum office visit is entered on claim line 2 as 072015. Enter a 1 in the *Service Units* field (Box 46) for Z1032 and Z1034 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 “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 V22.0 represents supervision of a normal first pregnancy and is entered on the claim as V220.

In this example, a nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner’s name, certification and NPI are entered in the *Remarks* field (Box 80). The supervising physician’s NPI number is placed in the *Attending* field (Box 76). Also in the *Remarks* field (Box 80) is additional information required for claim line 1 – the date of the LMP and an explanation of multiple modifier YT.

Policy for codes Z1032 and Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

1	UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT. CNTL #	4 TYPE OF BILL 731
8 PATIENT NAME	a	9 PATIENT ADDRESS	a	b
b	DOE JANE	c	d	e
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE
15 SRG	16 DHR	17 STAT	18	19
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915	916			

**Per-Visit Billing of  
Postpartum Office Visit**

*Figure 2. Per-visit billing of postpartum office visit. This example is for services rendered in a free standing clinic.*

HCPCS code Z1038 (postpartum office visit) is entered in the *HCPCS/Rate* field (Box 44). A procedure code description for Z1038 is placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the postpartum visit, June 14, 2015, is entered in six-digit format on claim line 1 as 061415. Enter a 1 in the *Service Units* field (Box 46) for Z1038 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 “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 example, ICD-9-CM code V24.2 represents routine postpartum follow-up and is entered on the claim as V242.

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1038 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual.

1 <b>UPTOWN MEDICAL CENTER</b> <b>140 SECOND STREET</b> <b>ANYTOWN CA 958235555</b>	2		3a PAT. CNTRL # b. MED. REC. #		4 TYPE OF BILL <b>731</b>															
8 PATIENT NAME a <b>DOE JANE</b>			9 PATIENT ADDRESS a																	
10 BIRTHDATE <b>08241980</b>	11 SEX <b>F</b>	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	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 FROM	37 OCCURRENCE THROUGH	38	39 VALUE CODES	40 VALUE CODES	41 VALUE CODES	42	43	44	45	46	47	48	49		
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	<b>POSTPARTUM OFFICE VISIT</b>	<b>Z1038</b>	<b>061415</b>	<b>1</b>	<b>5340</b>															
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23	<b>001</b>	<b>PAGE</b>	<b>OF</b>	<b>CREATION DATE</b>	<b>TOTALS</b>	<b>5340</b>														
A	50 PAYER NAME <b>O/P MEDI-CAL</b>	51 HEALTH PLAN ID	52 REL INFO	53 ASST BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE <b>5340</b>	56 NPI <b>0123456789</b>													
B						57 OTHER PRV ID														
C																				
A	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID <b>90000000A95001</b>	61 GROUP NAME	62 INSURANCE GROUP NO.															
B																				
C																				
A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME																	
B																				
C																				
A	66 DX <b>V242</b>	67	68																	
B	69																			
C																				
A	70 ADMIT DX	71 PATIENT REASON DX	72	73	74	75	76 ATTENDING NPI <b>1234567890</b>													
B	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 OTHER PROCEDURE CODE	79 OTHER PROCEDURE CODE	80 QUAL													
C	74	75	76	77	78	79	80													
A	80 REMARKS	81 CC	82	83	84	85	86													
B		81	82	83	84	85	86													
C																				
A																				
B																				
C																				

Figure 2. Per-Visit Billing of Postpartum Office Visit.

**Per-Visit Billing of Antepartum Office Visit, Ultrasound and Amniocentesis**

*Figure 3. Per-visit billing of antepartum office visit, ultrasound and amniocentesis. This example is for services rendered in a free standing clinic.*

HCPCS code Z1034 (antepartum office visit), CPT-4 code 76805 (ultrasound, pregnant uterus ...) without a modifier (indicating the provider is billing for both the technical and professional components of the ultrasound service) and code 59000 (amniocentesis, diagnostic) are entered in the *HCPCS/Rates* field (Box 44). Procedure code descriptions for Z1034, 76805 and 59000 are entered in the *Description* field (Box 43).

Enter the two-digit facility-type code "73" (clinic – free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the antepartum visit, August 2, 2015, is entered in six-digit format on claim line 1 as 080215. The August 5, 2015 date of the ultrasound and amniocentesis is entered on claim lines 2 and 3 as 080515. Enter a 1 in the *Service Units* field (Box 46) for all codes 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 "O/P MEDI-CAL" to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 example, ICD-9-CM code V28.0 represents a screening for chromosomal anomalies by amniocentesis and is entered on the claim as V280.

Ultrasound justification is required on this claim and a note is made in the *Remarks* field (Box 80) stating that ultrasound justification is attached.

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Ultrasound (sonography) policy is located in the *Pregnancy: Early Care and Diagnostic Services* section.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT CNTL #		4 TYPE OF BILL 731		
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO		6 STATEMENT COVERS PERIOD FROM THROUGH	
b DOE JANE		c		d		e	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
1 ANTEPARTUM FOLLOW-UP		Z1034		080215		1	
2 ULTRASOUND		76805		080515		1	
3 AMNIOCENTESIS		59000		080515		1	
4		5		6		7	
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824		825		826		827	
828		829		830		831	
832		833		834		835	
836		837		838		839	
840		841		842		843	
844		845		846			

## Fetal Stress Testing

*Figure 4. Fetal stress testing. This example is for services rendered in a free-standing clinic.*

HCPCS codes Z1034 (antepartum office visit) and Z1030 (contraction fetal stress test) with 99 modifier (reflecting an independent procedure) are entered in the *HCPCS/Rate* field (Box 44). Procedure code descriptions for Z1034 and Z1030 are entered in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the office visit and fetal stress test, June 20, 2015, is entered in six-digit format as 062015. Enter a 1 in the *Service Units* field (Box 46) 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 “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 example, ICD-9-CM code 642.4 represents mild or unspecified hypertension, with either albuminuria or edema complicating the pregnancy, and is entered on the claim as 6424.

Providers who bill code Z1030 and modifier 99 must include an explanation in the *Remarks* field (Box 80) that states it is an “INDEPENDENT PROCEDURE.”

The rendering provider NPI is placed in the *Attending* field (Box 76).

Policy for code Z1034 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning fetal stress testing is located in the *Pregnancy: Early Care and Diagnostic Services* section.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT CNTL # 3b MED REC #		4 TYPE OF BILL 731	
8 PATIENT NAME a DOE JANE			9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
24	25	26	27	28	29	30
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT
45	46	47	48	49	50	51
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	ANTEPARTUM FOLLOW-UP CONTRACTION FETAL STRESS TEST	Z1034	062015	1	10000	
2		Z103099	062015	1	20000	
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	30000
A	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO	53 45% BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 30000
B						56 NPI 0123456789
C						57 OTHER PRV ID
A	58 INSURED'S NAME	59 P/FREL	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						
A	66 EX 6424	67	68	69	70	71
B	69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 EQ	73	74
C	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 1234567890	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
A	74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	LAST	LAST	LAST	LAST
B	74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	FIRST	FIRST	FIRST	FIRST
C	74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	QUAL	QUAL	QUAL	QUAL
A	80 REMARKS LINE 1: 99=INDEPENDENT PROCEDURE	81CC a	82	83	84	85
B		b				
C		c				
A		d				

Figure 4. Fetal Stress Testing.

**Per-Visit Billing of  
New Patient Office Visit,  
Pregnancy Test and Initial  
Antepartum Visit on  
Same Date of Service**

*Figures 5a and 5b. Per-Visit Billing New Patient Office Visit, Pregnancy Test and Initial Antepartum Visit on Same Date of Service. This example is for services rendered in a free-standing clinic. (Must be billed on two claim forms.)*

Figure 5a.

CPT-4 code 99203 (new patient office visit) with modifier SA (nurse practitioner with physician) and code 81025 (urine pregnancy test) are entered in the *HCP/CS/Rate* field (Box 44). Procedure descriptions for both 99203 and 81025 are placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

On both lines 1 and 2 in the *Service Date* field (Box 45), the date of the office visit and pregnancy test, June 17, 2015, is entered in six-digit format as 061715. Enter a 1 in the *Service Units* field (Box 46) for both 99203 and 81025 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 “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 example, ICD-9-CM code 626.0 represents an absence of menstruation and is entered on the claim as 6260.

In this example, a nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner’s name, certification and NPI are entered in the *Remarks* field (Box 80), and the supervising physician’s NPI number is entered in the *Attending* field (Box 76).

Policy for pregnancy testing (code 81025) is located in the *Pathology: Urinalysis* section of this manual. Policy concerning per-visit billing is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

Figure 5b. This example is for services performed in a free standing clinic.

HCPCS code Z1032 (initial office visit occurring within 16 weeks of the Last Menstrual Period (LMP)) with YT modifier (indicating the provider is a nurse practitioner) is entered in the *HCPCS/Rates* field (Box 44). A procedure description for Z1032 is placed in the *Description* field (Box 43).

Enter the two-digit facility type code “73” and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the initial antepartum visit, June 17, 2015 is entered in six-digit format on claim line 1 as 061715. Enter a 1 in the *Service Units* field (Box 46) for Z1032 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 “O/P MEDI-CAL” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The 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 example, ICD-9-CM code V22.0 represents supervision of a normal first pregnancy and is entered on the claim as V220.

A description of claim line 1 providing the LMP date, and an explanation of modifier YT is entered in the *Remarks* field (Box 80).

A nurse practitioner is rendering the service under the supervision of a physician. The nurse practitioner’s name, certification and NPI also are included in the *Remarks field* (Box 80), and the supervising physician’s NPI number is placed in the *Attending* field (Box 76).

Policy for code Z1032 is located in the *Pregnancy: Per-Visit Billing* and *Pregnancy: Per-Visit Billing Codes* sections of this manual. Policy concerning nurse practitioners is in the *Non-Physician Medical Practitioners (NMP)* section of this manual.

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12

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTRL #	4 TYPE OF BILL 731	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM THROUGH	
b DOE JANE		c		d		e
10 BIRTHDATE 08241980	11 SEX F	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE 30
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN CODE
38		39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE
1		OFFICE VISIT		99203SA		061715
2		URINE PREGNANCY TEST		81025		061715
3						1
4						1
5						6000
6						1500
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23		001 PAGE OF		CREATION DATE		TOTALS 7500
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS
55 EST. AMOUNT DUE 7500		56 NPI 0123456789		57 OTHER PRV ID		
58 INSURED'S NAME		59 PSEL	60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME
68 DX 6260		69 ADMIT REASON DX		70 PATIENT REASON DX		71 PPS CODE
72 EQ		73		74 PRINCIPAL PROCEDURE DATE		75
76 ATTENDING LAST FIRST NPI 1234567890		77 OPERATING LAST FIRST NPI		78 OTHER LAST FIRST NPI		79 OTHER LAST FIRST NPI
80 REMARKS JOHN WILSON, NP. NPI: 0123456789		81 CC a		82		83

Figure 5a. Part 1 of Per-Visit Billing of New Patient Office Visit, Pregnancy Test, and Initial Antepartum Visit on the Same Date of Service. (Must be billed on two claim forms.)

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3a PAT CNTL # b MED REC #		4 TYPE OF BILL 731	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO		6 STATEMENT COVERS PERIOD FROM THROUGH	
b DOE JANE		c		d		e	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35		36		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		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		49	
1		INITIAL ANTEPARTUM		Z1032YT		061715	
2						1	
3						17500	
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 17500	
A		50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 NPI 0123456789	
B						57 OTHER PRV ID	
C							
A		58 INSURED'S NAME		59 P REL		60 INSURED'S UNIQUE ID 90000000A95001	
B						61 GROUP NAME	
C						62 INSURANCE GROUP NO.	
A		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
B							
C							
66 DX 9		A		B		C	
67		D		E		F	
68		G		H		I	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890	
77		78 OTHER NPI		79 OTHER NPI		QUAL	
78		79 OTHER NPI		79 OTHER NPI		QUAL	
79		79 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS		81 CC a		81 CC b		81 CC c	
LINE 1: LMP 032407. YT=ZL+SA.		b		c		d	
JOHN WILSON, NP. NPI:		c		d			
0123456789		d					
UB-04 CMS-1450 © 2005 NUBC		OMB APPROVAL PENDING		NUBC LIC9219257		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.	

Figure 5b. Part 2 of Per-Visit Billing of New Patient Office Visit, Pregnancy Test, and Initial Antepartum Visit on the Same Date of Service. (Must be billed on two claim forms)