
Compound Pharmacy Claim Form (30-4) Examples

Page updated: August 2020

The examples in this section are to assist providers in billing on the *Compound Pharmacy Claim Form (30-4)*. Refer to the *Compound Pharmacy Claim Form (30-4) 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: Quantities must be in the metric decimal system if the quantity is not a whole number. Do not round the quantity. For example, a quantity of 3.5 Gm should be expressed as 3.500, rather than rounding to 4. Do not include measurement units such as Gm or cc. The *Compound Pharmacy Claim Form (30-4)* has separate fields for the whole number and decimal portions of the quantity fields. Decimals points are not allowed within the fields. The decimal points are pre-imprinted on the form. All information on an attachment must match the information entered on the claim form.

Compounded Prescription

Figure 1. Compounded intravenous prescription.

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

In this example, a pharmacist is billing for a compounded intravenous prescription. The date of service is the date that the prescription was filled. The date is entered in an eight-digit MMDDYYYY (Month, Day, Year) format in the *Date of Service* field (Box 12).

Because this claim is submitted with a diagnosis code, an ICD indicator is required as an additional digit before the ICD-10-CM code in the *Primary ICD-CM* field (Box 21). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The provider estimates the dispensed drug will last four days. Since the compound is a solution, "11" is entered in the *Dosage Form Description* field (Box 23). A "3" is entered in the *Dispensing Unit Form Indicator* field (Box 24) to indicate the unit of measure of the compound is milliliters (or cc). The compound is to be administered to the patient intravenously, so "04" (used for injections, including intravenous and interarterial) is entered in the *Route of Administration* field (Box 25).

The type of product IDs being submitted on the ingredient lines are National Drug Code (NDC), so “03” is entered in the *Product ID Qualifier* field (Box 32). *Each Ingredient Quantity* field (Box 34) is the sum of the amount of that ingredient that is in all containers of the compound. The *Ingredient Charge* (Box 35) should reflect the total charge for the ingredient in all containers of the compound. The method used to calculate ingredient cost is not specified, which is indicated by nothing being entered in the *Basis of Cost* field (Box 36).

The sum of all the ingredient charges should be entered in the *Ingredient Total Charge* field (Box 41). Do not include fees in this number. In this example, *Process for Approved Ingredients* field (Box 42) is left blank. If a “Y” was in *Process for Approved Ingredients* it would mean that if any ingredients having National Drug Codes (NDCs) are not found in the List of Contract Drugs or if any ingredients require a *Treatment Authorization Request* (TAR) and no TAR is present, those ingredients will be priced at zero and the remainder of the ingredients will be paid. When *Process for Approved Ingredients* is “Y,” the provider knows that a portion of the ingredients may not be paid and accepts payment for the remainder, rather than having the entire claim denied. This could be useful if the provider has a claim with inexpensive ingredients that require a TAR. It might be more cost-effective to do without the payment for the inexpensive items than to apply for prior authorization for those items.

This compound is distributed among four containers, so a “4” is entered in the *Container Count* field (Box 43).

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Fasten Here

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1 CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

Provider Name, Address, Phone

ABC Home Pharmacy
123 Main Street
Sequoia, CA
(923)555-1223

COMPOUND DRUG PHARMACY CLAIM FORM

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES

2 ID QUALIFIER 3 PROVIDER ID

01 0123456789

4 ZIP CODE

958235555

ELITE PICA

TYPEWRITER ALIGNMENT

ELITE PICA

PATIENT INFORMATION

5 PATIENT NAME (LAST, FIRST, MI) 6 MEDI-CAL IDENTIFICATION 7 SEX 8 DATE OF BIRTH 9 DATE OF ISSUE

SMITH, JANE 90000000A95001 F 03 08 1960 02 01 2018

10 PRESCRIPTION NO 11 FILL NUMBER 12 DATE OF SERVICE 13 TOTAL METRIC QUANTITY 14 CODE 1 MET? 15 EMERGENCY FILL? 16 DAYS SUPPLY 17 PATIENT LOCATION

A12345678900 0 10 01 2018 WHOLE UN 217 . D 2 MAL Y Y 04

18 MEDICARE STATUS 19 ID QUAL 20 PRESCRIBER ID 21 PRIMARY ICD-CM 22 SECONDARY ICD-CM 23 DOSG FORM DESC CODE 24 DISP UNIT FORM IND 25 ROUTE OF ADMIN

01 9876543210 0D1D1D1D 11 3 4

26 TOTAL CHARGE 27 OTHER COVERAGE PAID 28 OTH COV CODE 29 PATIENT'S SHARE 30 INCENTIVE AMOUNT 31 TAR CONTROL NO

518.56 0 1.28 98744432400

32 PROD ID QUAL	33 INGREDIENT PRODUCT ID	34 INGREDIENT QUANTITY	35 INGREDIENT CHARGE	36 BASIS OF COST
03	00083380104	WHOLE UN: 4	68.54	
03	00009090013	WHOLE UN: 1	23.40	
03	00074488799	WHOLE UN: 60	8.40	
03	00338004918	WHOLE UN: 152	135.40	

37 MEDICAL RECORD NO 38 BILL LIM EX 39 DATE BILLED 40 HOSP DISCHARGE DATE 41 INGREDIENT TOTAL CHARGE

X12345YU 10 30 2018 MM DD YYYY 235.74

SPECIFIC DETAILS/REMARKS:

42 PROC FOR APPROVED INGREDIENTS 43 CONTAINER COUNT F.I. USE ONLY

4

47 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form

X *Jane Doe*

SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM. Revision Date: 01/18 Form Number 30-4

Figure 1: Compounded Intravenous Prescription.

Compounded Prescription With More Than 23 Ingredients

Figure 2. Sample Compounded Drug With More Than 23 Ingredients.

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

In rare instances, it may be necessary to bill for compounds with more than 23 ingredients. Since the *Compound Pharmacy Claim Form (30-4)* can only hold 23 ingredients, the first 22 ingredients should be entered into the claim form. The 23rd ingredient should have a *Product ID Qualifier* of “99” and a *Product ID* of “99999999998.” The quantity of the 23rd ingredient should be the sum of the remaining ingredients not listed on the claim form. The ingredient charge for the 23rd ingredient should be the sum of the remaining ingredient charges.

Because this claim is submitted with a diagnosis code, an ICD indicator is required as an additional digit before the ICD-10-CM code in the *Primary ICD-CM* field (Box 21). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Figure 3. Compounded Drug attachment

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

The ingredients not listed on the 30-4 claim form should be included in an attachment showing (NDC/UPC/HRI#), Product ID, Quantity, Charge and Basis of Cost (Description) for each.

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CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

COMPOUND DRUG PHARMACY CLAIM FORM

Provider Name, Address, Phone

ABC Home Pharmacy
123 Main Street
Sequoia, CA
(923)555-1223

ID QUALIFIER	PROVIDER ID
01	0123456789
ZIP CODE	
958235555	

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES

ELITE PICA

← TYPEWRITER ALIGNMENT →

ELITE PICA

PATIENT INFORMATION		MEDICAL IDENTIFICATION		SEX	DATE OF BIRTH	DATE OF ISSUE
PATIENT NAME (LAST, FIRST, MI) SMITH, JANE		90000000A95001		F	03 08 1960	02 01 2018
PRESCRIPTION NO A12345678900		FILL NUMBER 3	DATE OF SERVICE 10 01 2018	TOTAL METRIC QUANTITY WHOL 22871 . 00	CODE 1 MET? Y	EMERGENCY FILL? Y
MEDICARE STATUS 01	ID QUAL 9876543210	PRESCRIBER ID 0074120001	PRIMARY ICD-CM 0D1D1D1D	SECONDARY ICD-CM	DOSS FORM DESC CODE 11	DAYS SUPPLY 10
TOTAL CHARGE 636444	OTHER COVERAGE PAID	OTH COV CODE 0	PATIENT'S SHARE	INCENTIVE AMOUNT 3 20	TAR CONTROL NO 12345678901	PATIENT LOCATION 4

PROD ID QUAL	INGREDIENT PRODUCT ID	INGREDIENT QUANTITY	INGREDIENT CHARGE	BASIS OF COST
03	00074721703	WHOLE 11000	1719 30	
03	00517505001	WHOLE UN 100	25 00	
03	00186423962	WHOLE UNITS 2 . 500	34 60	
03	00074120001	WHOLE UN 10	135 00	
03	00469031163	WHOLE UNIT 10	2 80	
03	00517013001	WHOLE UN 46	2 50	
03	00517013125	WHOLE UNIT 50	20 30	
03	00074712007	WHOLE UN 10	162 20	
03	55390041010	WHOLE UN 4000	25 00	
03	00641245045	WHOLE UN 20	1 60	
03	00364301247	WHOLE UNIT 20	47 10	
03	00074979103	WHOLE UN 2 . 500	33 33	
03	00074216803	WHOLE UN 2000	4 00	
03	00469140030	WHOLE UN 40	171 30	
03	00469069020	WHOLE UN 100	196 80	
03	00074151302	WHOLE UN 150	4310	
03	00364664456	WHOLE UN 150	2 80	
03	00173036300	WHOLE UN 10	184 93	
03	00469882030	WHOLE UNIT 50	39 60	
03	00074113002	WHOLE UN 400	12 20	
03	00074329505	WHOLE UN 40	7 50	
03	00074711807	WHOLE UN 4000	19 20	
99	99999999998	WHOLE UN 660	3405 11	

MEDICAL RECORD NO X12345YU34	BILL LIM EX	DATE BILLED 10 30 2018	HOSP DISCHARGE DATE MM DD YYYY	INGREDIENT TOTAL CHARGE 629527
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SPECIFIC DETAILS/REMARKS:

PROC FOR APPROVED INGREDIENTS

CONTAINER COUNT
10

F.I. USE ONLY

This is to certify that the information contained above is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.

X *Jane Doe*
Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form

SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM.

Revision Date: 01/18

Form Number 30-4

Figure 2: Sample Compounded Drug With More Than 23 Ingredients.

Compounded Drug Attachment

Pharmacy Name: ABC Home Pharmacy
Provider Number: 0123456789
Prescription Number: A12345678900
Date of Service: 10/01/2018

Additional Compound Ingredients:

NDC/UPC/HRI #	Quantity	Charge	Description
<u>61703022521</u>	<u>360.00</u>	<u>3386.70</u>	_____
<u>00517240025</u>	<u>300.00</u>	<u>18.41</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals	<u>660.000</u>	<u>3405.11</u>	

2 – Compounded Drug Attachment Completion PROCeubs

Figure 3: Sample Compounded Drug Attachment.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.