Every Woman Counts Billing Examples: UB-04

Page updated: July 2021

The examples in this section are to assist providers in billing for Every Woman Counts services on the *UB-04* claim form. They do not necessarily reflect current policy. For general policy information, refer to the *Every Woman Counts* section in this manual. 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-10-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) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Clinic Billing for Routine Mammogram

Figure 1. Hospital clinic billing for routine mammogram.

This is a sample only and may not necessarily reflect current policy. Please adapt to your billing situation.

Jane Doe is eligible for breast cancer screening and visits the Uptown Medical Center for a routine mammogram.

‹‹In this example, a freestanding clinic is billing for the mammogram services rendered to Ms. Doe. CPT® code 77067 (screening mammography, bilateral [2-view study of each breast], including computer-aided detection [CAD] when performed) is billed without a modifier (representing professional and technical components) in the *HCPCS/Rate* field (Box 44). An explanation of code 77067 is placed in the *Description* field (Box 43).››

Enter the two-digit facility type code “72” (clinic – hospital based) and one-character claim frequency code “1” as “721” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), enter the date of service in six-digit format. Enter a “1” in the *Service Units* field (Box 46) for code 77067and the usual and customary charges in the *Total Charges* field (Box 47, line 23).

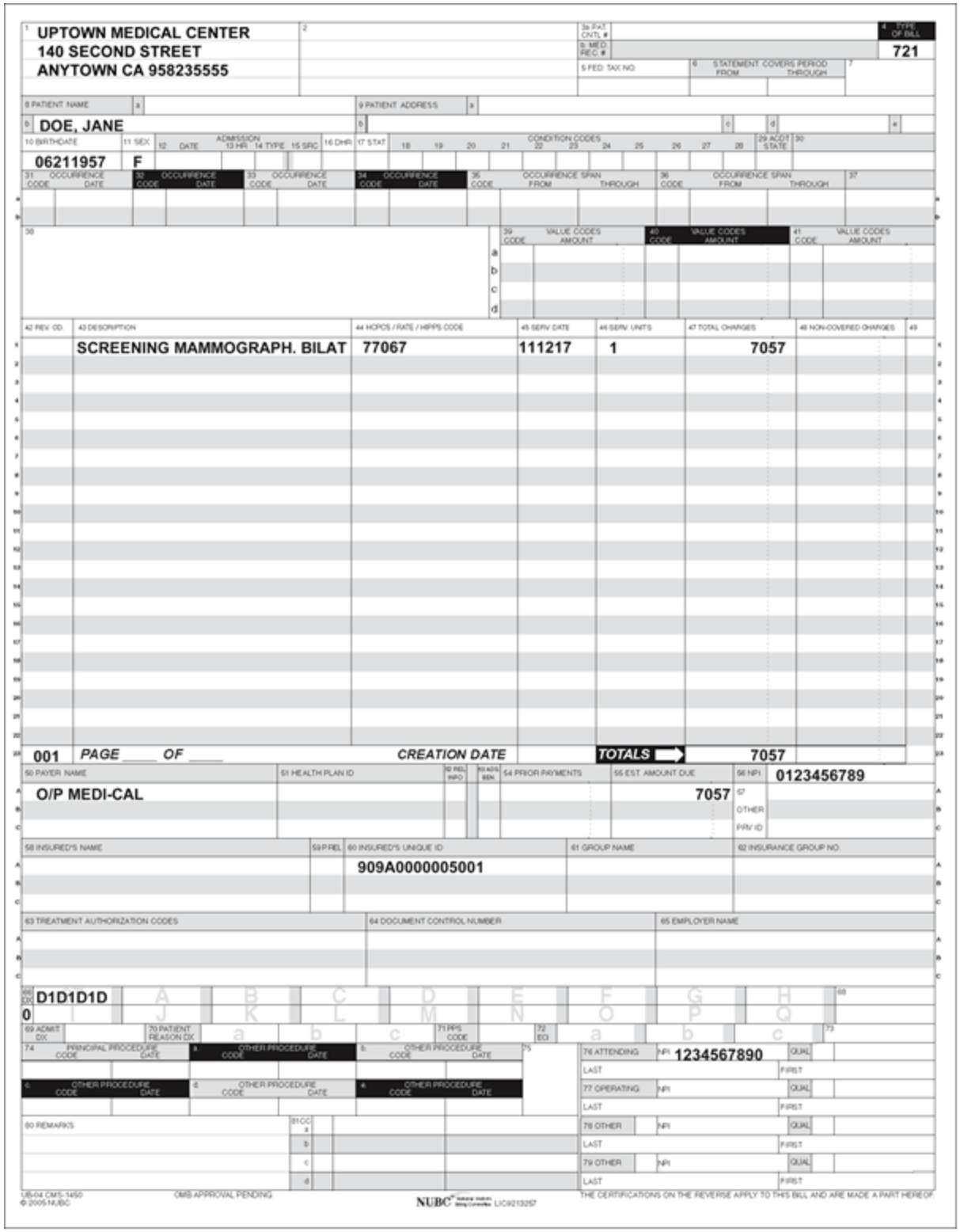
Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The hospital clinic’s NPI is placed in the NPI field (Box 56).

Every Woman Counts services do not require authorization. Therefore, no information is entered in the *Treatment Authorization Codes* field (Box 63).

An ICD-10-CM diagnosis code is required in the *Diagnosis Code* field (Box 67 A-E). Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the DX field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

See “Approved Procedures” in the *Every Woman Counts* section of this manual for a listing of relevant ICD-10-CM diagnosis codes.

The rendering physician’s NPI is entered in the *Attending* field (Box 76).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 721

b DOE, JANE

10 BIRTHDATE: 06211957 | 11 SEX: F

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	SCREENING MAMMOGRAPH. BILAT	77067	111217	1	7057	

001 PAGE ____ OF ____ CREATION DATE TOTALS 7057

50 PAYER NAME: O/P MEDI-CAL | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE: 7057 | 56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 909A0000005001

66 DX: D1D1D1D
0

76 ATTENDING NPI: 1234567890

NUBC LIC#213257

Figure 1. Hospital Clinic Billing for Routine Mammogram.

‹‹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.