
Non-Physician Medical Practitioners (NMP) Billing Example: UB-04

Page updated: August 2020

The example in this section is to help providers bill Non-Physician Medical Practitioner (NMP) services on the *UB-04* claim form. For general NMP policy, refer to the *Non-Physician Medical Practitioners (NMP)* section of 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. 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.

CNM-Rendered Services

Figure 1. Tetanus and diphtheria toxoid injection administered by a Certified Nurse Midwife (CNM).

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

In this example, a Certified Nurse Midwife (Sue Smith, CNM, NPI# 2345678901) is administering a tetanus and diphtheria toxoid injection (CPT® code 90714).

Enter the two-digit facility type code 13 (hospital-outpatient) and one-character claim frequency code 1 as 131 in the *Type of Bill* field (Box 4).

The date of the injury that resulted in the need for the tetanus injection is entered in the *Occurrence Codes and Dates* field (Box 31). In this case, occurrence code 05 represents other accident. The date of injury is entered in the six-digit format.

Enter code 90714 with modifier SB (indicating the service is rendered by a CNM) in the *HCPCS/Rate* field (Box 44). Enter the description of the service rendered in the *Description* field (Box 43).

In the *Service Date* field (Box 45), the date that the injection is administered is entered in the six-digit format. Enter a 1 in the *Service Units* field (Box 46) for 90714 and the usual and customary charges in the *Total Charges* field (Box 47).

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).

Enter an appropriate ICD-10-CM code in Box 67. 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.

CNM services must be performed under the general supervision of a physician. CNM services are billed by and will be reimbursed to the CNM's supervising physician. The supervising physician's number is placed in the *Attending* field (Box 76) and the Certified Nurse Midwife's name, certification and NPI are recorded in the *Remarks* field (Box 80).

<<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.