

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
EXAMPLES FOR BILLING THE NDC INFORMATION FOR A PHYSICIAN ADMINISTERED DRUG**

Example 1: The practitioner administered 1 gram (4 vials) of abatacept intravenously to 150 kg beneficiary for 30 minutes.

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.	F.		G.	H.	I.	J.	
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N400003218710 ABATACEPT INTRAVENOUS UN4																N	
08	28	07	08	28	07	11		J0129			1800	00	100	N	NPI	1234567891	

Example 2: The nurse practitioner administered 0.5 mL of Tdap vaccine intramuscularly to a 12 years old beneficiary.

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MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N458160084211 TDAP VACCINE INTRAMUSCULAR ML1																Y	
08	28	07	08	28	07	11		90715			30	00	1	Y	NPI	1234567891	

Example 3: The practitioner administered 30 mcg of interferon beta-1a.

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MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N459627000103 INTERFERON BETA 1A INTRAMUSCULAR UN1																N	
08	28	07	08	28	07	11		Q3025			110	00	3	N	NPI	1234567891	

Example 4: The practitioner administered 1500 International Units (IU) of Rho(D) immune globulin intravenously.

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MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N400944296703 RHOD IMMUNE GLOBULIN INTRAVENOUS ML1.3																N	
08	28	07	08	28	07	11		J2792			210	00	15	N	NPI	1234567891	

Example 5: The practitioner administered 150 ml of low osmolar contrast material, 250 -299 mg/ml iodine concentration intravenously.

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MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N400407222206 LOCM INTRAVENOUS ML150																N	
08	28	07	08	28	07	11		Q9948			45	00	150	N	NPI	1234567891	

Example 6: The practitioner administers 40 mg of esomeprazole sodium via intravenous infusion for 30 minutes.

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MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER I.D. #	
N400186604001 ESOMEPRAZOLE SODIUM INTRAVENOUS ML1																N	
08	28	07	08	28	07	11		J3490			1	70	1	N	NPI	1234567891	