

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

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1

Acupuncture Services Billing Example: UB-04

The example in this section is to help providers bill acupuncture services on the *UB-04* claim form. For general policy information, refer to the *Acupuncture Services* 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-9-CM codes or dollar amounts. (Acupuncture services do not require modifiers.) 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.

Multiple Acupuncture Visits

Figure 1. Multiple acupuncture visits.

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

In this example, acupuncture services are being billed for different dates of service (060107 and 062107) at a rehabilitation clinic. CPT-4 codes 97810 and 97811 (one or more needles, without electrical stimulation) and 97813 and 97814 (one or more needles with electrical stimulation) are entered in the *HCP/Rate* field (Box 44) for the appropriate date of service.

Enter the two-digit facility type code "74" (clinic – outpatient rehabilitation facility) and one-character claim frequency code "1" as "741" in the *Type of Bill* field (Box 4).

The occurrence code "05" (other accident) and the date the accident occurred are entered in the *Occurrence Codes and Dates* field (Box 31A), indicating that the accident/injury is not employment related.

Enter 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 rehabilitation center's NPI is placed in the *NPI* field (Box 56).

In this example, primary ICD-9-CM diagnosis code 726.10 (disorders of bursae and tendons in shoulder region, unspecified rotator cuff syndrome) is entered in Box 67.

As a requirement for billing acupuncture services, the diagnosis of the condition causing the pain, other treatments given and the results of other treatments must be submitted with each claim; therefore, the statement "See attached documentation" is entered in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT CNTRL #		4 TYPE OF BILL 741	
8 PATIENT NAME a			9 PATIENT ADDRESS a			
b DOE JANE						
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
31 OCCURRENCE CODE 05	32 OCCURRENCE DATE 060107	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37
38	39 VALUE CODES CODE a	40 VALUE CODES AMOUNT b	41 VALUE CODES CODE c	42 VALUE CODES AMOUNT d	43	44
42 REV. CD.	43 DESCRIPTION	44 HCPCS /RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	ACUPUNCTURE W/ELECTRICAL STIMULATION	97810	060107	1	5000	
2	ACUPUNCTURE W/ELECTRICAL STIMULATION	97811	060107	2	4000	
3	ACUPUNCTURE W/O ELECTRICAL STIMULATION	97813	062107	1	5000	
4	ACUPUNCTURE W/O ELECTRICAL STIMULATION	97814	062107	2	4000	
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23	001	PAGE	OF	CREATION DATE	TOTALS	18000
A	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL INFO	53 AS2 BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 18000
B	56 NPI 0123456789	57 OTHER	58	59	60	61
C	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	63 TREATMENT AUTHORIZATION CODES 01234567890	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68
B	69 DX 72610	70 ADMIT DX	71 PATIENT REASON DX	72 PPS CODE	73 ECI	74
C	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE DATE	76 OTHER PROCEDURE DATE	77 ATTENDING NPI	78 QUAL	79
A	76 ATTENDING NPI	77 QUAL	78	79 OPERATING NPI	80 QUAL	81
B	79 OPERATING NPI	80 QUAL	81	82 OTHER NPI	83 QUAL	84
C	82 OTHER NPI	83 QUAL	84	85 OTHER NPI	86 QUAL	87
A	85 OTHER NPI	86 QUAL	87	88 REMARKS REHABILITATION CENTER, SEE ATTACHED DOCUMENTATION	89	90
B	88 REMARKS	89	90	91	92	93
C	91	92	93	94	95	96

Figure 1. Multiple Acupuncture Visits.