

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

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Occupational Therapy Billing Example: UB-04

The example in this section is to assist providers in billing occupational therapy services on the *UB-04* claim form. For general policy information, refer to the *Occupational Therapy* 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. 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.

Follow-Up Visit

Figure 1. Follow-up visit.

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

In this example, a routine occupational therapy visit is being billed. HCPCS codes X4110 (treatment – initial 30 minutes) and X4112 (treatment – additional 15 minutes) are entered in the *HCPCS/Rate* field (Box 44).

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 Code/Date* field (Box 31), 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 total 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).

Because the services are not part of an initial or six-month evaluation, prior authorization is required. The *Treatment Authorization Request* (TAR) number is entered in the *Treatment Authorization Codes* field (Box 63). Refer to the *Occupational Therapy* section of this manual for more information on prior authorization.

In this example, ICD-9-CM code 726.4 (enthesopathy of wrist and carpus) is entered in Box 67 as 7264.

The referring provider’s NPI is entered in the *Attending* field (Box 76) because a prescription is required for all therapy services. The rendering physician’s NPI is entered on the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTL.# b. MED. REC.#		4 TYPE OF BILL 741	
8 PATIENT NAME a DOE JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT 80	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35		36		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS /RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		TREATMENT - INITIAL 30 MINUTES		X4110		063007 1 30 00	
2		TREATMENT - ADDITIONAL 15 MIN		X4112		063007 1 10 00	
3							
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23		001 PAGE OF		CREATION DATE		TOTALS 40 00	
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASO BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 40 00		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES A 77123456780		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 7264		67		68		69	
70 PATIENT REASON DX		71 FPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		77 OPERATING NPI 2345678901	
78 OTHER NPI		79 OTHER NPI		QUAL		FIRST	
80 REMARKS REHABILITATION CENTER		81CC a		82		83	
84		85		86		87	
88		89		90		91	

Figure 1. Follow-Up Visit.