

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

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Physical Therapy Billing Example: UB-04

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

Physical Therapy Services

Figure 1. Physical therapy services.

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

In this example, a rehabilitation center is billing for physical therapy services. HCPCS code X3908 (treatment, including a combination of any modalities and procedures) is 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 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).

All physical therapy services require prior authorization. The *Treatment Authorization Request (TAR)* number is entered in the *Treatment Authorization Codes* field (Box 63). Refer to the *Physical Therapy* section of this manual for more information on prior authorization.

In this example, ICD-9-CM code 726.10 (Achilles bursitis or tendinitis) is entered in Box 67.

The referring physician’s NPI is entered in the *Attending* field (Box 76) and the rendering physician’s NPI is entered in the *Operating* field (Box 77).

List the facility description (“Rehabilitation Center,” as seen in this example) in the *Remarks* field (Box 80).

