

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

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Podiatry Services Billing Example: UB-04

The example in this section is to help providers bill podiatry services on the *UB-04* claim. For general policy information, refer to the *Podiatry 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. 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.

**Surgical Procedure
by Podiatrist and
Supplies Billed
by Surgery Clinic**

Figure 1. Surgical procedure by podiatrist and supplies billed by a surgery clinic.

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

Surgical procedures and supplies require authorization. In this example, a surgery clinic bills for treatment of onychia and paronychia of the toe by excision of the nail, performed by a clinic podiatrist.

Enter the two-digit facility type code "83" (special facility – ambulatory surgery center) and one-character claim frequency code "1" as "831" in the *Type of Bill* field (Box 4).

Because the patient's toe nail condition is the result of a non-employment-related accident, enter code "05" and the date of injury in six-digit format in the *Occurrence Codes and Dates* field (Boxes 31 – 34).

Enter CPT-4 code 11730 (avulsion of nail plate, partial or complete, single) with modifier AG (indicating the procedure was performed by the primary surgeon) on claim line 1 in the *HCPCS/Rate* field (Box 44). To bill for the supplies and drugs used during the surgery, enter code 11730 on a second line with modifier UA (supplies and drugs for surgical procedures without general anesthesia).

In the *Service Date* field (Box 45), enter the date of the surgery, November 15, 2010, on both claim lines as 111510. Enter a 1 in the *Service Units* field (Box 46) for each claim line. Enter 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 surgical clinic's provider number is placed in the *NPI* field (Box 56).

Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code 681.11 represents onychia and paronychia of the toe and is entered on the claim as 68111.

Information describing the procedures performed and the supplies used is entered in the *Remarks* field (Box 80). This information is optional but is recommended because it helps claim examiners price the supplies being billed.

Enter the rendering podiatrist's provider number in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 PAT. CNTL # b. MED. REC. #		4 TYPE OF BILL 831	
8 PATIENT NAME a. DOE JOHN				9 PATIENT ADDRESS a.			
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT YO	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE 05 100310		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
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		EXCISION OF NAIL		11730AG		111510 1 19500	
2		SURGICAL TRAY FOR NAIL		11730UA		111510 1 3000	
3		EXCISION					
4							
5							
6							
7							
8							
9							
10							
11							
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23		001 PAGE OF		CREATION DATE		TOTALS 22500	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 22500		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 ICDX 68111		67		68		69	
70 PATIENT REASON DX		71 FPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		QUAL		QUAL	
80 REMARKS COMPLETE EXCISION OF TOENAIL/SURGICAL TRAY		81 CC a		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	

Figure 1. Surgical Procedure by Podiatrist and Supplies Billed by a Surgery Clinic.