

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

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## Speech Therapy Billing Example: UB-04

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

## Speech Therapy

*Figure 1. Speech therapy.*

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

In this example, a rehabilitation center is billing for speech therapy services. HCPCS codes X4303 (speech language therapy, individual, one hour) is entered in the *HCPCS/Rate* field (Box 44). Enter the usual and customary charges in the *Total Charges* field (Box 47).

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).

Enter the procedure code for speech language therapy (HCPCS code X4303) on claim line 1 of the *HCPCS/Rate* field (Box 44). Enter the descriptor for this code “Speech Language Therapy” in the *Description* field (Box 43). The date that the service was administered, June 9, 2007, is entered in six-digit format in the *Service Date* field (Box 45) as 060907. Enter a 1 in the *Service Units* field (Box 46) and 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 number is placed in the *NPI* field (Box 56).

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

In this example, ICD-9-CM code 784.3 (aphasia) is entered in Box 67 as 7843.

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) because a written referral from a licensed practitioner is required for speech therapy services.

Though not required by policy, the words “Rehabilitation Center” entered in the *Remarks* field (Box 80) facilitate claim processing.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT. CNTL. # 3b MED. REC. #		4 TYPE OF BILL 741																						
8 PATIENT NAME a DOE JANE			9 PATIENT ADDRESS a			5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																	
10 BIRTHDATE 08241980		11 SEX F	12 DATE		ADMISSION 13 HR		14 TYPE	15 SRC	16 DHR	17 STAT	18 19 20 21		CONDITION CODES 22 23 24 25 26 27 28		29 ACDT STATE	30											
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN 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		SPEECH LANGUAGE THERAPY			X4303			060907		1		5000															
2																											
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23		001 PAGE OF			CREATION DATE			TOTALS		5000																	
50 PAYER NAME O/P MEDI-CAL			51 HEALTH PLAN ID			52 REL INFO		53 ASX BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 5000		56 NPI 0123456789		57 OTHER PRV ID											
58 INSURED'S NAME			59 PREL		80 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 DX 7843		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
69 ADMIT DX		70 PATIENT REASON DX		71 FPS CODE		72 ECI		73		74 ATTENDING NPI 1234567890		QUAL		75		76 OTHER NPI		QUAL									
74 PRINCIPAL PROCEDURE DATE		a OTHER PROCEDURE DATE		b OTHER PROCEDURE DATE		c OTHER PROCEDURE DATE		d OTHER PROCEDURE DATE		LAST		FIRST		77 OPERATING NPI 2345678901		QUAL		78 OTHER NPI		QUAL							
c OTHER PROCEDURE DATE		d OTHER PROCEDURE DATE		e OTHER PROCEDURE DATE		f OTHER PROCEDURE DATE		g OTHER PROCEDURE DATE		LAST		FIRST		79 OTHER NPI		QUAL		80 REMARKS		QUAL							
80 REMARKS REHABILITATION CENTER		81CC a		b		c		d		LAST		FIRST		79 OTHER NPI		QUAL		LAST		FIRST							

UB-04 CMS-1450 OMB APPROVAL PENDING NUBC Version 10/08 LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF © 2005 NUBC

Figure 1. Speech Therapy.