## Podiatry Services Billing Example: UB-04

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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-10-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.

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## 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 thru 34).

Enter CPT® code 11730 (avulsion of nail plate, partial or complete, simple; 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 on both claim lines in the six-digit format. 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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).

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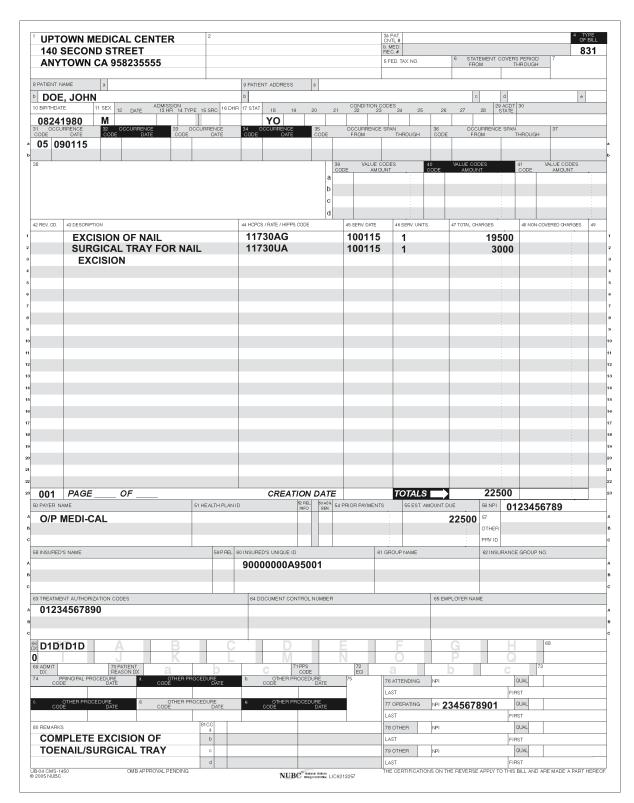


Figure 1: Surgical Procedure by Podiatrist and Supplies Billed by a Surgery Clinic.

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## «Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
**	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.