## Speech Therapy Billing Example: UB-04

Page updated: August 2020

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-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.

Page updated: August 2020

## 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 is entered in the six-digit format in the *Service Date* field (Box 45). 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 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 authorization.

In this example, an ICD-10-CM 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.

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.

Page updated: August 2020

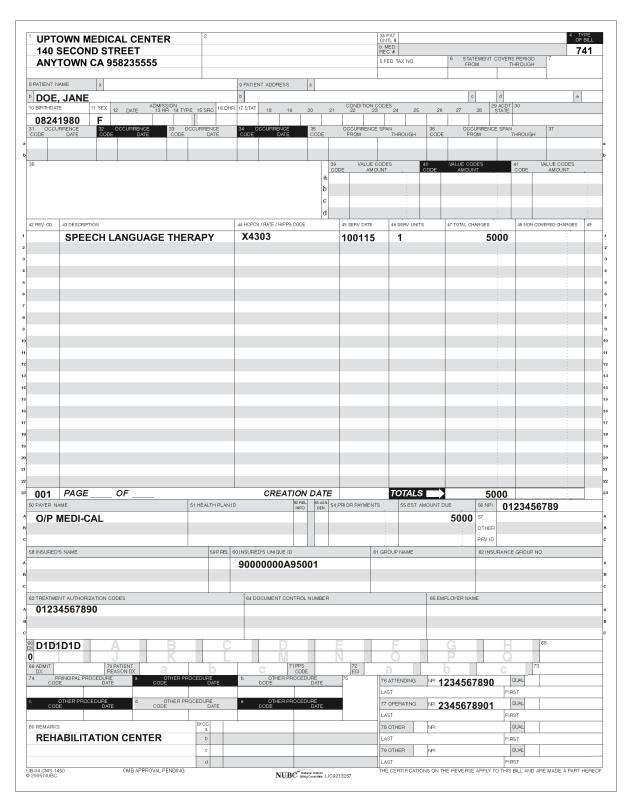


Figure 1: Speech Therapy.

Page updated: August 2020

## «Legend»

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

Symbol	Description
<b>((</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
<b>&gt;&gt;</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.