
Audiological Services Billing Example: UB-04

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

Audiological Services

Figure 1 is a sample only. Please adapt to your billing situation.

In this example, a rehabilitation clinic is billing for audiological services. HCPCS codes X4526 (hearing therapy, individual, one hour) and X4530 (impedance audiometry – bilateral) are entered in the *HCPCS/Rates* 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).

“Y8” is entered in the *Condition Codes* field (Box 24) to indicate that the procedures being billed are not covered by Medicare. Enter the usual and customary charges in the *Total Charges* field (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).

Because the services are not part of an initial or six-month evaluation, authorization is required. The *Treatment Authorization Request* (TAR) number is entered in the *Treatment Authorization Codes* field (Box 63). Refer to the *Audiological Services* section of this manual for more information on authorization.

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 audiological services.

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.

Enter the words “Rehabilitation Center” in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT. CNTRL. # b. MED. REC. #		4 TYPE OF BILL 741	
8 PATIENT NAME a DOE, JANE			9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 HR.	14 TYPE	15 SRC	16 DHR
17 STAT Y8	18	19	20	21	22	23
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42	43	44
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	HEARING THERAPY	X4526	100115	1	5000	
2	IMPEDANCE AUDIOMETRY	X4530	100115	1	3800	
3						
4						
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6						
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23	001	PAGE OF	CREATION DATE	TOTALS	8800	
50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BSN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 8800	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	67	68	
69 ADMIT. DX	70 PATIENT REASON DX	71 FPS CODE	72 EC3	73	74	75
76 ATTENDING NPI 1234567890	77 OPERATING NPI 2345678901	78 OTHER NPI	79 OTHER NPI	80	81	82
80 REMARKS REHABILITATION CENTER	81CC a	81CC b	81CC c	81CC d	83	84

Figure 1: Audiological Services.

<<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.