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## Physical Therapy Billing Example: UB-04

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

## **Physical Therapy Services**

*Figure 1. Physical therapy services.*

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

In this example, a rehabilitation center is billing for physical therapy services. HCPCS code X3908 (treatment, including a combination of any modalities and procedures) is entered in the *HCPCS/Rate* 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). The occurrence code “05” (other accident) and the date the accident occurred are entered in the *Occurrence Code/Date* field (Box 31), indicating that the accident/injury is not employment related.

Enter 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 is placed in the *NPI* field (Box 56).

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

List the facility description (“Rehabilitation Center,” as seen in this example) in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT. CNTL. #	4 TYPE OF BILL 741
8 PATIENT NAME DOE, JANE	9 PATIENT ADDRESS	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 ADMISSION 13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACCT STATE
30	31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE
34 OCCURRENCE DATE	35 CODE	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	PHYSICAL THERAPY TREATMENT	X3908	100115
2		X3908	100115
3		X3908	100115
4		X3908	100115
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23	001 PAGE OF	CREATION DATE	TOTALS 16000
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASX BEN
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
O/P MEDI-CAL			
16000			
58 INSURED'S NAME	59 P/F/EL	60 INSURED'S UNIQUE ID	61 GROUP NAME
62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
90000000A95001	70265892410		
66 DX	67	68	69
D1D1D1D	A	B	C
0	J	K	L
M	N	O	P
Q	R	S	T
U	V	W	X
Y	Z	AA	AB
AC	AD	AE	AF
AG	AH	AI	AJ
AK	AL	AM	AN
AO	AP	AQ	AR
AS	AT	AU	AV
AW	AX	AY	AZ
BA	BB	BC	BD
BE	BF	BG	BH
BI	BJ	BK	BL
BM	BN	BO	BP
BQ	BR	BS	BT
BU	BV	BW	BX
BY	BZ	CA	CB
CC	CD	CE	CF
CG	CH	CI	CJ
CK	CL	CM	CN
CO	CP	CQ	CR
CS	CT	CU	CV
CW	CX	CY	CZ
DA	DB	DC	DD
DE	DF	DG	DH
DI	DJ	DK	DL
DM	DN	DO	DP
DQ	DR	DS	DT
DU	DV	DW	DX
DY	DZ	EA	EB
EC	ED	EE	EF
EG	EH	EI	EJ
EK	EL	EM	EN
EO	EP	EQ	ER
ES	ET	EU	EV
EW	EX	EY	EZ
FA	FB	FC	FD
FE	FF	FG	FH
FI	FJ	FK	FL
FM	FN	FO	FP
FQ	FR	FS	FT
FU	FV	FW	FX
FY	FZ	GA	GB
GC	GD	GE	GF
GG	GH	GI	GJ
GK	GL	GM	GN
GO	GP	GQ	GR
GS	GT	GU	GV
GW	GX	GY	GZ
HA	HB	HC	HD
HE	HF	HG	HH
HI	HJ	HK	HL
HM	HN	HO	HP
HQ	HR	HS	HT
HU	HV	HW	HX
HY	HZ	IA	IB
IC	ID	IE	IF
IG	IH	II	IJ
IK	IL	IM	IN
IO	IP	IQ	IR
IS	IT	IU	IV
IW	IX	IY	IZ
JA	JB	JC	JD
JE	JF	JG	JH
JI	JJ	JK	JL
JM	JN	JO	JP
JQ	JR	JS	JT
JU	JV	JW	JX
JY	JZ	KA	KB
KC	KD	KE	KF
KG	KH	KI	KJ
KK	KL	KM	KN
KO	KP	KQ	KR
KS	KT	KU	KV
KW	KX	KY	KZ
LA	LB	LC	LD
LE	LF	LG	LH
LI	LJ	LK	LL
LM	LN	LO	LP
LQ	LR	LS	LT
LU	LV	LW	LX
LY	LZ	MA	MB
MC	MD	ME	MF
MG	MH	MI	MJ
MK	ML	MN	MO
MP	MQ	MR	MS
MT	MU	MV	MW
MX	MY	MZ	NA
NB	NC	ND	NE
NF	NG	NH	NI
NJ	NK	NL	NM
NO	NP	NQ	NR
NS	NT	NU	NV
NW	NX	NY	NZ
OA	OB	OC	OD
OE	OF	OG	OH
OI	OJ	OK	OL
OM	ON	OO	OP
OQ	OR	OS	OT
OU	OV	OW	OX
OY	OZ	PA	PB
PC	PD	PE	PF
PG	PH	PI	PJ
PK	PL	PM	PN
PO	PP	PQ	PR
PS	PT	PU	PV
PW	PX	PY	PZ
QA	QB	QC	QD
QE	QF	QG	QH
QI	QJ	QK	QL
QM	QN	QO	QP
QQ	QR	QS	QT
QU	QV	QW	QX
QY	QZ	RA	RB
RC	RD	RE	RF
RG	RH	RI	RJ
RK	RL	RM	RN
RO	RP	RQ	RR
RS	RT	RU	RV
RW	RX	RY	RZ
SA	SB	SC	SD
SE	SF	SG	SH
SI	SJ	SK	SL
SM	SN	SO	SP
SQ	SR	SS	ST
SU	SV	SW	SX
SY	SZ	TA	TB
TC	TD	TE	TF
TG	TH	TI	TJ
TK	TL	TM	TN
TO	TP	TQ	TR
TS	TT	TU	TV
TW	TX	TY	TZ
UA	UB	UC	UD
UE	UF	UG	UH
UI	UJ	UK	UL
UM	UN	UO	UP
UQ	UR	US	UT
UU	UV	UW	UX
UY	UZ	VA	VB
VC	VD	VE	VF
VG	VH	VI	VJ
VK	VL	VM	VN
VO	VP	VQ	VR
VS	VT	VU	VV
VW	VX	VY	VZ
WA	WB	WC	WD
WE	WF	WG	WH
WI	WJ	WK	WL
WM	WN	WO	WP
WQ	WR	WS	WT
WU	WV	WW	WX
WY	WZ	XA	XB
XC	XD	XE	XF
XG	XH	XI	XJ
XK	XL	XM	XN
XO	XP	XQ	XR
XS	XT	XU	XV
XW	XZ	YA	YB
YC	YD	YE	YF
YG	YH	YI	YJ
YK	YL	YM	YN
YO	YP	YQ	YR
YS	YT	YU	YV
YW	YZ	ZA	ZB
ZC	ZD	ZE	ZF
ZG	ZH	ZI	ZJ
ZK	ZL	ZM	ZN
ZO	ZP	ZQ	ZR
ZS	ZT	ZU	ZV
ZW	ZX	ZY	ZZ

Figure 1: Physical Therapy Services

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	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.