
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.

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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CONT. # b. MED. REC. #		4 TYPE OF BILL 741	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION TYPE	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
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		100115	
2						1	
3						5000	
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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 ASG. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 5000		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.P.E.L.		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 DX D1D1D1D		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		77 QUAL	
78 LAST		79 OTHER NPI 2345678901		80 QUAL		81 FIRST	
82 LAST		83 OTHER NPI		84 QUAL		85 FIRST	
86 LAST		87 OTHER NPI		88 QUAL		89 FIRST	
90 LAST		91 OTHER NPI		92 QUAL		93 FIRST	
80 REMARKS REHABILITATION CENTER		81 OCC. a		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	

Figure 1: Speech Therapy.

<<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.