
Local Educational Agency (LEA) Billing Examples

Page updated: March 2021

Examples in this section are to help providers bill Local Educational Agency (LEA) services on the *UB-04* claim form. Refer to the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example(s). 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.

«One Session Developmental Assessment for Non-IEP/IFSP Student»

Figure 1. One session developmental assessment rendered to a student whose care is not subject to an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP).

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

«In this case, a licensed physical therapist renders a developmental assessment to a non-IEP/IFSP student on October 1, 2020.» The session lasts 45 minutes.

Enter the two-digit facility type code “89” (special facility – other) and one-character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

«CPT® code 96110 (developmental assessment) with modifier GP (licensed physical therapist) is entered on claim line 1 in the *HCPCS/Rate* field (Box 44).» An explanation of code 96110 is placed in the *Description* field (Box 43). «The date of service for the assessment is placed in the *Service Date* field (Box 45) in the six-digit format (100120).»

The numeral “3” is entered in the *Service Units* field (Box 46) for code 96110 to bill for the 45-minute session. «(Code 96110 is billed in 15-minute increments ($45 \div 15 = 3$ units).)»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code “0001” 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 the *Totals* field (Box 47, line 23). Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60).

The LEA provider’s National Provider Identifier (NPI) is placed in the *NPI* field (Box 56).

«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. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who provides health care services to students.» For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

The name of the school district is required in the *Remarks* field (Box 80).

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| 1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555 | | 2 | | 3a PAT. CNTRL # b. MED. REC. # | | 4 TYPE OF BILL 891 | |
| 8 PATIENT NAME a DOE, JANE | | | | 9 PATIENT ADDRESS a | | | |
| 10 BIRTH-DATE 08242013 | | 11 SEX F | | 12 DATE | | 13 ADMISSION 13 HR | |
| 14 TYPE | | 15 SRC | | 16 DHR | | 17 STAT | |
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«Two Sessions of Speech Therapy on Same Date of Service for IEP Student»

Figure 2. Two speech therapy treatment sessions on the same date of service, IEP student. This is a sample only. Please adapt to your billing situation.

«In this case, a licensed speech-language pathologist provides two individual speech therapy sessions to a student with an IEP on October 1, 2020. The morning session lasts 60 minutes and the afternoon session lasts 60 minutes.»

Enter the two-digit facility type code “89” (special facility – other) and one-character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

CPT code 92507 (speech therapy initial service, individual) is entered with modifiers GN (licensed speech-language pathologist) and TM (IEP) on claim line 1 in the *HCPCS/Rate* field (Box 44). The additional speech therapy session is billed on claim line 2 with CPT code 92507 and modifiers 22 (additional 15-minute service), GN and TM. «Explanations for both 92507 services are placed in the *Description* field (Box 43) and a date of service for each session is placed in the *Service Date* field (Box 45) in six-digit format (100120).»

The numeral “3” is entered in the *Service Units* field (Box 46) on claim line 1 for the initial service. Though the session lasted for 60 minutes (four 15-minute units), reimbursement for the initial service is limited to 3 units. The numeral “5” is entered in the *Service Units* field on claim line 2 for the additional services provided beyond the initial service. «The “5” represents the additional 15-minute increment from the morning session and four standard 15-minute units in the afternoon.»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 0001 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 the *Totals* field (Box 47, line 23). Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s NPI is placed in the *NPI* field (Box 56).

«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. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional who referred the student for the treatment service in the *Attending* field (Box 76).

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who provides health care services to students.» (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim” in *the Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district and time of day for each speech therapy session is required in the *Remarks* field (Box 80).

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| 1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555 | | 2 | | 3a PAT. CNTRL # b. MED. REC. # | | 4 TYPE OF BILL 891 | |
| 8 PATIENT NAME a DOE, JANE | | | | 9 PATIENT ADDRESS b | | | |
| 10 BIRTHDATE 08242013 | | 11 SEX F | | 12 DATE | | 13 ADMISSION HR | |
| 14 TYPE | | 15 SRC | | 16 DHR | | 17 STAT | |
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| 26 | | 27 | | 28 | | 29 ACCT STATE | |
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| 34 OCCURRENCE DATE | | 35 CODE | | 36 OCCURRENCE SPAN FROM | | 37 OCCURRENCE SPAN THROUGH | |
| 38 CODE | | 39 OCCURRENCE SPAN FROM | | 40 OCCURRENCE SPAN THROUGH | | 41 CODE | |
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| 50 PAYER NAME O/P MEDI-CAL | | 51 HEALTH PLAN ID | | 52 FILE INFO | | 53 ASST BEN | |
| 54 PRIOR PAYMENTS | | 55 EST AMOUNT DUE 198 90 | | 56 NPI 0123456789 | | 57 OTHER PRV ID | |
| 58 INSURED'S NAME | | 59 PREL | | 60 INSURED'S UNIQUE ID 90000000A05001 | | 61 GROUP NAME | |
| 62 INSURANCE GROUP NO. | | 63 TREATMENT AUTHORIZATION CODES | | 64 DOCUMENT CONTROL NUMBER | | 65 EMPLOYER NAME | |
| 66 ICD-10 D1D1D1D | | 67 | | 68 | | 69 | |
| 70 ADMIT DX | | 71 PATIENT REASON DX | | 72 PPS CODE | | 73 | |
| 74 PRINCIPAL PROCEDURE CODE | | 75 OTHER PROCEDURE CODE | | 76 OTHER PROCEDURE CODE | | 77 OTHER PROCEDURE CODE | |
| 78 ATTENDING NPI 2345678912 | | 79 QUAL | | 80 LAST | | 81 FIRST | |
| 82 OPERATING NPI 1234567890 | | 83 QUAL | | 84 LAST | | 85 FIRST | |
| 86 OTHER NPI | | 87 QUAL | | 88 LAST | | 89 FIRST | |
| 90 OTHER NPI | | 91 QUAL | | 92 LAST | | 93 FIRST | |
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«“From-Through” Billing: Two or More Sessions on Different Dates of Service for IEP Student

Figure 3. “From-through” billing: Two or more sessions on different dates of service, IEP student.»

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

«In this case, a speech-language pathology assistant provides individual speech therapy sessions to a student with an IEP for seven days, starting on October 1, 2020.» Each session is 20 minutes.

Enter the two-digit facility type code “89” (special facility – other) and one-character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

On claim line 1 enter an explanation of code 92507 (speech therapy initial service, individual) in the *Description* field (Box 43). «Enter the beginning date of service (October 1, 2020) in six-digit format in the *Service Date* field (Box 45) as 100120.» No other information is entered on this line.

«On claim line 2, enter CPT code 92507 with modifiers HM (speech-language pathology assistant) and TM (IEP) in the *HCPCS/Rate* field (Box 44). Enter the specific dates the services were rendered (10/1, 2, 5, 6, 7, 8 and 9) in the *Description* field (Box 43). The “through,” or last, date of service (October 9, 2020) is entered in the *Service Date* field (Box 45) as 100920.»

Note: “From-through” billing may be used for both consecutive and non-consecutive dates of service.

Enter the numeral “7” in the *Service Units* field (Box 46) on claim line 2 to indicate the number of days the student received the individual speech therapy services. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code “0001” 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 the *Totals* field (Box 47, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s NPI is placed in the *NPI* field (Box 56).

«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. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional who referred the student for the treatment service in the *Attending* field (Box 76).

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who provides health care services to students.» (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district is required in the *Remarks* field (Box 80).

| | | | | | | | |
|--|--|--------------------------------------|--|--|--|--|--|
| 1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555 | | 2 | | 3a PAT. UNIT # b. MED. REC. # | | 4 TYPE OF BILL 891 | |
| 8 PATIENT NAME a | | 9 PATIENT ADDRESS a | | 5 FED. TAX NO. | | 6 STATEMENT COVERS PERIOD FROM THROUGH | |
| b DOE, JANE | | | | | | | |
| 10 BIRTHDATE 08242013 | | 11 SEX F | | 13 HR. TYPE | | 14 TYPE | |
| 12 DATE | | 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 THROUGH | | 37 OCCURRENCE SPAN FROM THROUGH | |
| 38 | | 39 VALUE CODES AMOUNT | | 40 VALUE CODES AMOUNT | | 41 VALUE CODES AMOUNT | |
| a | | b | | c | | d | |
| 42 REV. CD. | | 43 DESCRIPTION | | 44 HCPCS / RATE / HPPS CODE | | 45 SERV. DATE | |
| 1 | | SPEECH THERAPY INITIAL INDIV | | 100123 | | 100923 | |
| 2 | | 10/1, 2, 5, 6, 7, 8, 9 | | 92507HMTM | | 7 | |
| 3 | | | | | | 128 59 | |
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| 22 | | | | | | | |
| 23 | | 0001 PAGE OF | | CREATION DATE | | TOTALS 128 59 | |
| 50 PAYER NAME O/P MEDI-CAL | | 51 HEALTH PLAN ID | | 52 REL INSD | | 53 ASG SRV | |
| 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE 128 59 | | 56 NPI 0123456789 | | 57 OTHER PRV ID | |
| 58 INSURED'S NAME | | 59 PREL | | 60 INSURED'S UNIQUE ID 90000000A05001 | | 61 GROUP NAME | |
| 62 INSURANCE GROUP NO. | | 63 TREATMENT AUTHORIZATION CODES | | 64 DOCUMENT CONTROL NUMBER | | 65 EMPLOYER NAME | |
| 66 DX D1D1D1D O | | 67 A B C D E F G H I J K L M N O P Q | | 68 | | 69 | |
| 70 PATIENT REASON DX | | 71 PPS CODE | | 72 EQ | | 73 | |
| 74 PRINCIPAL PROCEDURE CODE DATE | | 75 OTHER PROCEDURE CODE DATE | | 76 ATTENDING NPI 2345678912 | | 77 QUAL | |
| 78 OTHER PROCEDURE CODE DATE | | 79 OTHER PROCEDURE CODE DATE | | 80 OTHER NPI 1234567890 | | 81 QUAL | |
| 82 REMARKS LEA SCHOOL DISTRICT | | 83 CC a b c d | | 84 LAST FIRST | | 85 LAST FIRST | |
| | | | | 86 LAST FIRST | | 87 LAST FIRST | |
| | | | | 88 LAST FIRST | | 89 LAST FIRST | |

«Figure 3: “From-Through” Billing. Two or More Sessions on Different Dates of Service, IEP Student»

«Retroactive Billing for IEP Student

Figure 4. Retroactive billing, IEP student.»

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

«In this case, three LEA services were rendered in October 2019 to a student with an IEP, more than a year before proof of the student’s eligibility could be established. When eligibility was confirmed in November 2020, the LEA provider billed retroactively.»

Enter the two-digit facility type code “89” (special facility – other) and one character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

«HCPCS code T1004 and CPT codes 96130 and 96152 are billed on subsequent claim lines in the *HCPCS/Rate* field (Box 44) for the three services rendered (initial psychological assessment, school health aide services and health and behavior intervention).» An explanation of each of the services is placed in the *Description* field (Box 43). «In addition, the appropriate modifiers are placed next to each procedure code, including the TM modifier to denote the services were performed pursuant to an IEP, and modifier AJ next to procedure code 96152 to indicate the health and behavior intervention was rendered by a credentialed school social worker.

The date each service was rendered is placed in the *Service Date* field (Box 45) in the six-digit format (100119, 101119 and 101519). Enter the numeral “1” in the *Service Units* field (Box 46) for the initial assessment (CPT code 96130) and health and behavior intervention service (CPT code 96152) and the numeral “3” in the *Service Units* field for the school health aide services (HCPCS code T1004).» The “3” represents the 45 minutes that the trained health care aide spent with the student. «School health aide services are billed in 15-minute increments ($45 \div 15 = 3$ units).»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code “0001” 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 the *Totals* field (Box 74, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s NPI is placed in the *NPI* field (Box 56). «The ordering, referring or prescribing practitioner’s NPI is placed in the *Attending* field (Box 76).

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. Here, indicator “0” is entered below the *DX* field.

No NPI is required in the *Operating* field (Box 77) because the service was rendered by an employee of the LEA and the employee does not have an individual NPI. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

All LEA claims require the name of the school district in the *Remarks* field (Box 80). In addition, because the provider is submitting a retroactive claim, the claim includes clarification in the *Remarks* field of the date that proof of recipient eligibility was established (month, day and year).

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------------|-------------------------|--------------------------------|-------------------------|-------------------------|------------|---------|----------------|-----------|---------|----------------|---------------|---------|----------------|-----------|
| 1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555 | 2 | | 3a PAT. CNTL. # b. MED. REC. # | | 4 TYPE OF BILL 891 | | | | | | | | | | | | | |
| 6 PATIENT NAME a DOE, JANE | | | 9 PATIENT ADDRESS b | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 08242013 | 11 SEX F | 12 DATE OF 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 CODE | 32 OCCURRENCE DATE | 33 OCCURRENCE CODE | 34 OCCURRENCE DATE | 35 CODE | 36 OCCURRENCE SPAN FROM | 37 THROUGH | 38 CODE | 39 OCCURRENCE SPAN FROM | 40 THROUGH | 41 CODE | 42 VALUE CODES | 43 AMOUNT | 44 CODE | 45 VALUE CODES | 46 AMOUNT | 47 CODE | 48 VALUE CODES | 49 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 | INITIAL PSYCHOLOGICAL ASSMT | 96130TM | 100123 | 1 | 322 41 | | | | | | | | | | | | | |
| 2 | SCHOOL HEALTH AIDE SERVICES | T1004TM | 101123 | 3 | 16 53 | | | | | | | | | | | | | |
| 3 | HEALTH/BEHAVIOR INTERVENTION | 96152AJTM | 101523 | 1 | 81 87 | | | | | | | | | | | | | |
| 23 | 0001 | PAGE | OF | CREATION DATE | TOTALS | 420 81 | | | | | | | | | | | | |
| A | 60 PAYER NAME O/P MEDI-CAL | 51 HEALTH PLAN ID | 60 REL INFO | 61 ASG BEN | 64 PRIOR PAYMENTS | 65 EST. AMOUNT DUE 420 81 | 66 NPI 0123456789 | | | | | | | | | | | |
| A | 68 INSURED'S NAME | 59 P REL | 60 INSURED'S UNIQUE ID 90000000A05001 | 61 GROUP NAME | 62 INSURANCE GROUP NO. | 67 OTHER PRV ID | | | | | | | | | | | | |
| A | 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME | | | | | | | | | | | | | | | |
| A | 66 DX D1D1D1D | 67 | 68 | 69 | 70 | 71 | 72 | | | | | | | | | | | |
| A | 69 ADMIT DATE | 70 PATIENT REASON DX | 71 IFS CODE | 72 EQ | 73 | 74 | 75 | | | | | | | | | | | |
| A | 74 PRINCIPAL PROCEDURE CODE | 75 OTHER PROCEDURE CODE | 76 OTHER PROCEDURE CODE | 77 OTHER PROCEDURE CODE | 78 OTHER PROCEDURE CODE | 79 OTHER PROCEDURE CODE | 80 OTHER PROCEDURE CODE | | | | | | | | | | | |
| A | 80 REMARKS LEA SCHOOL DISTRICT PROOF OF RECIPIENT ELIGIBILITY DELAYED RECEIVED 110620 | 81 CC a | b | c | d | 76 ATTENDING NPI 1234567890 | 77 QUAL | | | | | | | | | | | |
| A | | | | | | 78 LAST | 79 QUAL | | | | | | | | | | | |
| A | | | | | | 79 LAST | 80 QUAL | | | | | | | | | | | |
| A | | | | | | 80 LAST | 81 QUAL | | | | | | | | | | | |

«Figure 4: Retroactive Billing, IEP Student»

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. |