
Acupuncture Services Billing Example: UB-04

Page updated: August 2020

The example in this section is to help providers bill acupuncture services on the *UB-04* claim form. For general policy information, refer to the *Acupuncture 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. (Acupuncture services do not require modifiers.) 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.

Multiple Acupuncture Visits

Figure 1. Multiple acupuncture visits.

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

In this example, acupuncture services are being billed for different dates of service (100115 and 102115) at a rehabilitation clinic. CPT® codes 97810 and 97811 (one or more needles, without electrical stimulation) and 97813 and 97814 (one or more needles with electrical stimulation) are entered in the *HCPCS/Rate* field (Box 44) for the appropriate date of service.

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 Codes and Dates* field (Box 31A), 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).

In this example, a primary 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.

As a requirement for billing acupuncture services, the diagnosis of the condition causing the pain, other treatments given and the results of other treatments must be submitted with each claim; therefore, the statement "See attached documentation" is entered in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 UNIT CONT. #		4 TYPE OF BILL 741	
9 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 NR1 14 TYPE 15 SRC 16 DM1	
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29 ACCT STATE		30		31		32	
33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE	
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<<Legend>>

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

Symbol	Description
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