
Radiology Billing Examples: UB-04

Page updated: August 2020

The examples in this section are to help providers bill radiology procedures on the *UB-04* claim form. Refer to the *Radiology: Diagnostic* 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. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Examples in this section do not necessarily represent current Medi-Cal policy.

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.

Chest X-ray

Figure 1. Chest X-ray.

This is an example only. Please adapt to your billing situation.

In this case a woman who has had the flu goes to a community clinic to have her cough checked. The clinic physician orders an X-ray, which is performed at and billed by the clinic. This claim example illustrates “standard billing” in which the facility bills for both the technical and professional components of the X-ray and reimburses the physician for the professional component according to their mutual agreements.

Enter the two-digit facility type code “73” (clinic – free standing) and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

CPT® code 71020 (radiologic examination, chest, two views, frontal and lateral) is billed without a modifier (indicating both professional and technical components were provided) in the *HCP/CS/Rates* field (Box 44). Enter a description of the service (chest X-ray) in the *Description* field (Box 43). The description is optional but aids in claim adjudication and provider record keeping.

Enter the date of service, 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 community clinic’s provider number 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.

Enter the NPI for the referring or prescribing physician in the *Attending* field (Box 76). This field is mandatory for radiologists. Enter the NPI for the rendering provider in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555										2										3a PAT CIVL # 3b MED REC #										4 TYPE OF BILL 731																																																																																																																																																																																			
8 PATIENT NAME a DOE, JANE										9 PATIENT ADDRESS b										c										e																																																																																																																																																																																			
10 BIRTHDATE 08241980										11 SEX F										12 DATE										13 ADMISSION										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 OCCURRENCE DATE										36 OCCURRENCE SPAN FROM THROUGH										37 OCCURRENCE SPAN FROM THROUGH										38																																																																																																																																											
39 CODE										40 VALUE CODES AMOUNT										41 CODE										42 VALUE CODES AMOUNT										43 CODE										44 VALUE CODES AMOUNT																																																																																																																																																															
42 REV CD										43 DESCRIPTION										44 HCPCS / ICD / HPPS CODE										45 SERV DATE										46 SERV UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																																																																																																																																											
										CHEST X-RAY										71020										100115										1										2700																																																																																																																																																															
001										PAGE OF										CREATION DATE										TOTALS										2700																																																																																																																																																																									
50 PAYER NAME O/P MEDI-CAL										51 HEALTH PLAN ID										52 PRIOR PAYMENTS										53 EST AMOUNT DUE 2700										54 NPI 0123456789										55 OTHER PAYER ID																																																																																																																																																															
58 INSURED'S NAME										59 REL										60 INSURED'S UNIQUE ID 90000000A95001										61 GROUP NAME										62 INSURANCE GROUP NO.																																																																																																																																																																									
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																																																																																																																																																													
66 D01 D1D1D1D										A										B										C										D										E										F										G										H																																																																																																																																	
67 ADMIT CEX										70 PATIENT REASON DK a										b										71 ICD CODE c										72 ED a										b										c																																																																																																																																																					
74 PRINCIPAL PROCEDURE CODE										a OTHER PROCEDURE CODE										b OTHER PROCEDURE CODE										75 ATTENDING NPI 1234567890										QUAL																																																																																																																																																																									
c OTHER PROCEDURE CODE										d OTHER PROCEDURE CODE										e OTHER PROCEDURE CODE										76 OPERATING NPI 2345678901										QUAL																																																																																																																																																																									
80 REMARKS										81CC a										b										78 OTHER NPI										QUAL																																																																																																																																																																									
										c										79 OTHER NPI										QUAL																																																																																																																																																																																			
										d										LAST										FIRST																																																																																																																																																																																			

UB-04 CMS-1450 © 2005-11-8-00 OMB APPROVAL PENDING NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Figure 1: Chest X-ray.

Bilateral Radiography Billed With Unilateral Code

Figure 2. Bilateral Radiography Billed with Unilateral Code.

This is an example only. Please adapt to your billing situation.

In this case a clinic physician orders an eye socket X-ray, which is performed at and billed by the clinic. This claim example illustrates the billing of a bilateral radiographic procedure with a unilateral code.

Enter the two-digit facility type code “73” (clinic – free standing) and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

CPT code 70190 (radiologic examination; optic foramina) is billed with modifier TC (technical component) in the *HCPCS/Rates* field (Box 44). Enter a description of the service (eye socket X-ray) in the *Description* field (Box 43). The description is optional but aids in claim adjudication and provider record keeping.

Enter the date of service in the *Service Date* field (Box 45) in the six-digit format. Enter a “2” in the *Service Units* field (Box 46). This number indicates the procedure is bilateral. 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 community clinic’s provider number is placed in the *NPI* field (Box 56).

Enter the NPI for the referring or prescribing physician in the *Attending* field (Box 76). This field is mandatory for radiologists. Enter the NPI for the rendering provider in the first *Operating* field (Box 77).

Enter in the *Remarks* field (Box 80) that the procedure was performed bilaterally.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT CIVL # 3b MEID REC #		4 TYPE OF BILL 731	
8 PATIENT NAME DOE, JANE			9 PATIENT ADDRESS			
10 BIRTHDATE 08241980	11 SEX F	12 DATE ADMISSION		13 HRT	14 TYPE	15 SRC
16 DHR		17 STAT	18-21			22-25
26-27		28		29 ACCT STATE		30
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE
35 CODE		36 CODE		37		
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT
42 REV CD		43 DESCRIPTION EYE SOCKET X-RAY		44 HCPCS / ICD / NPPS CODE 70190TC		45 SERV DATE 100115
46 SERV UNITS 2		47 TOTAL CHARGES 2700		48 NON-COVERED CHARGES		49
001 PAGE OF		CREATION DATE		TOTALS		2700
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 PRIOR PAYMENTS		53 EST. AMOUNT DUE 2700
54		55		56 NPI 0123456789		57 OTHER PIV ID
58 INSURED'S NAME		59 REL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME
62		63		64		65 EMPLOYER NAME
66		67		68		69
70 ADMIT DATE		71 PATIENT REASON DK		72		73
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 QUAL
78		79		80		81
82		83		84		85
86		87		88		89
90 REMARKS PROCEDURE DONE BILATERALLY		91		92		93
94		95		96		97
98		99		100		101

Figure 2: Bilateral Radiography Billed with Unilateral Code.

<<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.