
Podiatry Services Billing Example: UB-04

Page updated: August 2020

The example in this section is to help providers bill podiatry services on the UB-04 claim. For general policy information, refer to the *Podiatry 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. 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.

Surgical Procedure by Podiatrist and Supplies Billed by Surgery Clinic

Figure 1. Surgical procedure by podiatrist and supplies billed by a surgery clinic.

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

Surgical procedures and supplies require authorization. In this example, a surgery clinic bills for treatment of onychia and paronychia of the toe by excision of the nail, performed by a clinic podiatrist.

Enter the two-digit facility type code “83” (special facility – ambulatory surgery center) and one-character claim frequency code “1” as “831” in the *Type of Bill* field (Box 4).

Because the patient’s toe nail condition is the result of a non-employment-related accident, enter code “05” and the date of injury in six-digit format in the *Occurrence Codes and Dates* field (Boxes 31 thru 34).

Enter CPT® code 11730 (avulsion of nail plate, partial or complete, simple; single) with modifier AG (indicating the procedure was performed by the primary surgeon) on claim line 1 in the *HCP/Rate* field (Box 44). To bill for the supplies and drugs used during the surgery, enter code 11730 on a second line with modifier UA (supplies and drugs for surgical procedures without general anesthesia).

In the *Service Date* field (Box 45), enter the date of the surgery on both claim lines in the six-digit format. Enter a 1 in the *Service Units* field (Box 46) for each claim line. Enter the usual and customary charges in the *Total Charges* field (Box 47).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the Payer Name field (Box 50). The surgical clinic’s provider number is placed in the *NPI* field (Box 56).

Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

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.

Information describing the procedures performed and the supplies used is entered in the *Remarks* field (Box 80). This information is optional but is recommended because it helps claim examiners price the supplies being billed.

Enter the rendering podiatrist’s provider number in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CONT. # b. MED. REC. #		4 TYPE OF BILL 831	
8 PATIENT NAME DOE, JOHN		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION TYPE 14	
15 SRC		16 DHR		17 STAT		18	
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23		24		25		26	
27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE 05 090115		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38	
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<<Legend>>

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

Symbol	Description
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