

OVERVIEW

A claim is a request for payment for services rendered by a health care professional or supplier –commonly referred to as the Rendering Provider.

The UB04 Form, (formerly known as the UB-92), is the standardized medical claim form used by institutional providers.

Forms that are incomplete or inaccurate can cause the claim to be rejected or processed incorrectly. Thus, it is very important to fully review the information entered on the UB04 Claim Form to determine the difference between a Clean and a Non-Clean Claim submission.

- **Clean Claim:** A claim that meets all Plan requirements for processing and does not require external investigation.
- **Non-Clean Claim:** A claims that is submitted where the plan’s obligation to pay is not reasonably clear.

For example:

- There is a reasonable basis supported by specific information available that claims for services rendered were submitted fraudulently.
- Additional information is needed to determine liability to pay the claim:
 - Covered benefits.
 - Eligibility of a person for coverage
 - Third Party coverage of another insurer

UB04 Form

The following instruction guide will provide a sample copy of the UB04 Claim Form along with the corresponding field descriptions.

1		2		35 PAYOR CODE #		4 TYPE OF BILL	
3 PATIENT NAME		4 PATIENT ADDRESS		5 MEDICARE REG. #		6 STATEMENT COVERS PERIODS FROM	
7		8		9		10	
11 SEX		12 DATE OF BIRTH		13 ADMISSION DATE		14 TYPE OF SERVICE	
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UB-04 Claim Form Instructions

<u>FORM LOCATOR NAME</u>	<u>INSTRUCTIONS</u>
1. Billing Provider Name & Address	Enter the name and address of the hospital/facility submitting the claim.
2. Pay to Address	Pay to address if different than field 1.
3a. Patient Control Number	Enter your facility's unique account number assigned to the patient, up to 20 alpha/numeric characters. This number will be printed on the RA and will help you identify the patient.
3b. Medical Record Number	Number assigned to patient's medical record by provider. Up to 30 alpha/numeric characters.
4. Type of Bill	<p>Enter the four digit code that identifies the specific type of bill and frequency of submission. The first digit is a leading zero.</p> <p><u>2nd Digit - Submitting Facility</u></p> <p>1 = Hospital 2 = Skilled Nursing 3 = Home Health 4 = Christian Science (Hospital) 5 = Christian Science (Extended Care) 6 = Intermediate Care 7 = Clinic (Use "2nd Digit - Clinics Only" below) 8 = Special Facility (Use "2nd Digit - Special Facilities Only" below)</p> <p><u>3rd Digit - Bill Classification (Except Clinics and Special Facilities)</u></p> <p>1 = Inpatient (Including Medicare Part A) 2 = Inpatient (Medicare Part B Only) 3 = Outpatient 4 = Other 5 = Intermediate Care - Level I</p>

	<p>6 = Intermediate Care - Level II 7 = Intermediate Care - Level III 8 = Swing Beds</p> <p><u>3rd Digit - Clinics Only</u></p> <p>1 = Rural Health 2 = Hospital Based or Independent Renal Dialysis Center 3 = Free Standing 4 = Outpatient Rehabilitation Facility (ORF) 5 = Comprehensive Outpatient Rehabilitation Facility (CORF) 9 = Other</p> <p><u>3rd Digit - Special Facilities Only</u></p> <p>1 = Hospice (Non-Hospital Based) 2 = Hospice (Hospital Based) 3 = Ambulatory Surgery Center 4 = Free Standing Birthing Center 9 = Other</p> <p><u>4th Digit - Frequency</u></p> <p>0 = Non-Payment/Zero Claim 1 = Admit Through Discharge Date (one claim covers entire stay) 2 = First Interim Claim 3 = Continuing Interim Claim 4 = Last Interim Claim 5 = Late Charge(s) Only Claim 6 = 7 = Replacement of Prior Claim 8 = Void/Cancel of Prior Claim</p>
5. Federal Tax Number	Enter the facility's tax identification number.

6. Statement Covers Period	Enter the beginning and ending service dates of for the period covered on the claim in MMDDYY format.																								
7. Administrative Necessary Days	Enter the number of Administratively Necessary Days (AND).																								
8. Patient Name	Enter the recipient's name exactly as it is spelled on the Medical Assistance ID card.																								
9. Patient Address	Enter the recipient's mailing address including street address, city, state and zip code.																								
10. Birth Date	Enter the recipient's date of birth in MMDDCCYY format.																								
11. Sex	Enter "M" for Male, "F" for Female or "U" for unknown.																								
12. Admission Date	Enter the start date of this episode of care. Use the MMDDCCYY format.																								
13. Admission Hour	<p>Enter the hour (using a two-digit code below) that the patient entered the facility.</p> <table data-bbox="722 1115 1252 1808"> <tr> <td>1:00 a.m. - 01</td> <td>2:00 a.m. - 02</td> </tr> <tr> <td>3:00 a.m. - 03</td> <td>4:00 a.m. - 04</td> </tr> <tr> <td>5:00 a.m. - 05</td> <td>6:00 a.m. - 06</td> </tr> <tr> <td>7:00 a.m. - 07</td> <td>8:00 a.m. - 08</td> </tr> <tr> <td>9:00 a.m. - 09</td> <td>10:00 a.m. - 10</td> </tr> <tr> <td>11:00 a.m. - 11</td> <td>12:00 noon - 12</td> </tr> <tr> <td>1:00 p.m. - 13</td> <td>2:00 p.m. - 14</td> </tr> <tr> <td>3:00 p.m. - 15</td> <td>4:00 p.m. - 16</td> </tr> <tr> <td>5:00 p.m. - 17</td> <td>6:00 p.m. - 18</td> </tr> <tr> <td>7:00 p.m. - 19</td> <td>8:00 p.m. - 20</td> </tr> <tr> <td>9:00 p.m. - 21</td> <td>10:00 p.m. - 22</td> </tr> <tr> <td>11:00 p.m. - 23</td> <td>12:00 a.m. - 24/00</td> </tr> </table>	1:00 a.m. - 01	2:00 a.m. - 02	3:00 a.m. - 03	4:00 a.m. - 04	5:00 a.m. - 05	6:00 a.m. - 06	7:00 a.m. - 07	8:00 a.m. - 08	9:00 a.m. - 09	10:00 a.m. - 10	11:00 a.m. - 11	12:00 noon - 12	1:00 p.m. - 13	2:00 p.m. - 14	3:00 p.m. - 15	4:00 p.m. - 16	5:00 p.m. - 17	6:00 p.m. - 18	7:00 p.m. - 19	8:00 p.m. - 20	9:00 p.m. - 21	10:00 p.m. - 22	11:00 p.m. - 23	12:00 a.m. - 24/00
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<p>14. Admit Type</p>	<p>Enter one of the following primary reason for admission codes:</p> <p>1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Information Not Available</p>
<p>15. Source of Admission</p>	<p>Enter one of the following source of admission codes:</p> <p>1 = Physician Referral 2 = Clinic Referral 3 = HMO Referral 4 = Transfer from Hospital 5 = Transfer from SNF 6 = Transfer From Another Health Care Facility 7 = Emergency Room 8 = Court/Law Enforcement 9 = Information Not Available</p> <p>In the Case of Newborn</p> <p>1 = Normal Delivery 2 = Premature Delivery 3 = Sick Baby 4 = Extramural Birth</p>
<p>16. Discharge Hour</p>	<p>Enter the hour (using a two-digit code below) that the patient entered the facility.</p> <p>1:00 a.m. - 01 2:00 a.m. - 02 3:00 a.m. - 03 4:00 a.m. - 04 5:00 a.m. - 05 6:00 a.m. - 06 7:00 a.m. - 07 8:00 a.m. - 08 9:00 a.m. - 09 10:00 a.m. - 10 11:00 a.m. - 11 12:00 noon - 12</p>

	<p>1:00 p.m. - 13 2:00 p.m. - 14</p> <p>3:00 p.m. - 15 4:00 p.m. - 16</p> <p>5:00 p.m. - 17 6:00 p.m. - 18</p> <p>7:00 p.m. - 19 8:00 p.m. - 20</p> <p>9:00 p.m. - 21 10:00 p.m. - 22</p> <p>11:00 p.m. - 23 12:00 a.m. - 24/00</p>
<p>17. Patient Discharge Status</p>	<p>Enter one of the following two-digit codes for the patient's status (as of the "through" date):</p> <p>01 = Discharged to home or self care (routine discharge)</p> <p>02 = Discharged/transferred to another short-term general hospital</p> <p>03 = Discharged/transferred to skilled nursing facility (SNF)</p> <p>04 = Discharged/transferred to an intermediate care facility (ICF)</p> <p>05 = Discharged/transferred to another type of institution</p> <p>06 = Discharged/transferred to home under care of organized home health service organization</p> <p>07 = Left against medical advice</p> <p>08 = Reserved</p> <p>09 = Admitted as an inpatient to this hospital (Medicare Outpatient Only)</p> <p>20 = Expired (or did not recover - Christian Science patient)</p> <p>21 - 29 Reserved</p> <p>30 = Still a patient</p> <p>40 = Expired at home</p> <p>41 = Expired in a medical facility; e.g., hospital, SNF, ICF, or free-standing hospice (Medicare Hospice Care Only)</p> <p>42 = Expired - place unknown (Medicare Hospice Care Only)</p> <p>43 = Discharged to Federal Health Care Facility</p>

	<p>50 = Hospice- Home 51 = Hospice – Medical Facility 52- 60 Reserved 61 = Discharge to Hospital Based Swing Bed 62 = Discharged to Inpatient Rehab 63 = Discharged to Long Term Care Hospital 64 = Discharged to Nursing Facility 65 = Discharged to Psychiatric Hospital 66 = Discharged to Critical Access Hospital</p>
18-28. Condition Codes	Enter two digit alpha numeric codes up to eleven occurrences to identify conditions that may affect processing of this claim. See National Uniform Billing Committee for guidelines.
29. Accident State	Enter two-digit state abbreviation.
30. Accident Date	Date accident occurred.
31-34. Occurrence Codes and Dates	<p>Enter up to four code(s) and associated date(s) for any significant event(s) that may affect processing of this claim.</p> <p>01 = Auto Accident 02 = Auto Accident - No Fault Insurance 03 = Accident - Tort Liability 04 = Accident - Employment Related 05 = Other Accident 06 = Crime Victim 09 = Start of Infertility Treatment 11 = Illness - Onset of Symptoms 12 = Date of Onset For Chronically Dependant 16 = Date of Last Therapy 17 = Date Outpatient Occupational Therapy 18 = Date of Retirement 20 = Date Guarantee of Payment Began</p>

	21 = Date UR Notice Received
	22 = Date Active Care Ended
	24 = Date Insurance Denied
	25 = Date Benefits Terminated By Primary Payer
	26 = Date Skilled SNF Became Available
	27 = Date Hospice Certification
	28 = Date Comprehensive Outpatient Rehab
	29 = Date Outpatient Physical Therapy
	30 = Date Outpatient Speech Pathology
	31 = Date Beneficiary Notified of Intent to Bill (procedures)
	32 = Date Beneficiary Notified of Intent to Bill
	33 = First Day of COB for ESRD
	34 = Date of Election of Extended Care
	35 = Date Treatment for Physical Therapy
	36 = Date of Inpatient Discharge for Covered Transplant
	37 = Date of Inpatient for Non-Covered Transplant
	38 = Date Treatment for Home IV
	39 = Date Discharged on Continuous IV
	40 = Scheduled Date of Admission
	41 = Date of First Test Pre-Admit
	42 = Date of Discharge
	43 = Cancelled Surgery
	44 = Inpatient Admit Changed to Outpatient
	44 = Date Treatment Started Occupational
	45 = Date Treatment Started Speech
	46 = Date Treatment Started Cardiac Rehab
	47 = Date Cost Outlier Begins
	A1= Birth Date- Insured A
	A2 = Effective Date – Insured A Policy
	A3 = Benefits Exhausted
	A4 = Split Bill Date

	<p>B1= Birth Date-Insured B B2 = Effective Date Policy B B3 = Benefits Exhausted – Payer B C1 = Birth Date – Insured C C2 = Effective Date – Insured C C3 = Benefits Exhausted -Payer C</p>
35-36. Occurrence Span	Enter the span of occurrence dates as indicated in 31 - 35.
38. Responsible Party Name and Address	Enter the responsible party name and address.
39. - 41. Value Code and Amount	<p>Enter up to three value codes to identify special circumstances that may affect processing of this claim. See NUBC manual for specific codes.</p> <p>In the Amount box, enter the number, amount, or UCR value associated with that code.</p>
42. Revenue Code	<p>Enter a four digit Revenue Code beside each service described in column 43.</p> <p>(See Section 800, "Revenue Codes.")</p> <p>After the last Revenue Code, enter "0001" corresponding with the Total Charges amount in column 47. (PAPER CLAIMS ONLY)</p>
43. Description	<p>Enter a brief description that corresponds to the Revenue Code in column 42. List applicable NDC if location 44 is a J code.</p> <p>Report the N4 qualifier in the first two (2) positions, left justified, followed immediately by the 11 character NDC number. Immediately following the last character of the NDC (no space) the Unit of Measurement Qualifier immediately followed by the quantity with a floating decimal with a limit of 3 characters to the right of the decimal point.</p> <p>Unit of Measurement: F2 - International Unit GR - Gram ML - Milliliter UN - Unit</p> <p>To report more than one NDC per HCPC use the</p>

	<p>NDC attachment form.</p> <p>Enter "Total Charges" after the last description in this column to correspond with the total of all charges amount in column 47.</p>
44. HCPC	Utilized for outpatient bills. If billing for an injectable code must display an NDC in location 43.
45. Service Date	Enter the date this service was provided (MMDDCCYY format).
46. Service Units	Enter the number of hospital accommodation days or units of service (such as pints of blood) which were rendered. AND days must correspond to the number of days in form locator 7.
47. Total Charges	Enter the total amount charged for each line of service. Also, enter the total of all charges after the last amount in this column.
48. Non-Covered Charges	Enter the amount, if any that is not covered by the primary payer for this service.
50. Payer	<p>Enter the name and three-digit carrier code of the primary payer on line A and other payers on lines B and C. (Medical Assistance is always the payer of last resort.)</p> <p>If the patient has Medical Assistance only, enter "<u>RI Medicaid</u>" on line A.</p> <p>If Medicare is the primary payer, indicate Part A or Part B coverage.</p>
51. Health Plan ID	The number used by the health plan to identify itself.
52. Release of Information	Enter "Y" for yes or "N" for no.
53. Assignment of Benefits	Enter "Y" for yes.
54. Prior Payments	Enter the amounts paid by the other insurance payers listed in form locator 50. If payment is made by other insurance, proof of payment (e.g., EOB) must be attached to the claim form.
55. Estimated Amount Due	The amount estimated to be due.

56. National Provider Identifier Billing Provider (NPI)	Unique identifier assigned to the provider. Seven digit RI Medical Assistance Provider ID if not submitting NPI.
57. Other Provider Identifier	Taxonomy must be entered if NPI is entered in location 56. This id must be entered in line A,B,C that corresponds to the line in which the “RI Medicaid” payer information is entered in locator 50.
58. Insured's Name	If other health insurance is involved, enter the insured's name.
59. Patient's Relation to Insured	Enter the code for the patient's relationship to the insured. 01 = Spouse 18 = Self 19= Child 20 = Employee 21 = Unknown 39 = Organ Donor 40 = Cadaver Donor 53 = Life Partner G8 = Other Relationship
60. Insured's Unique Identifier	Enter recipient's nine-digit Medical Assistance ID. This id must be entered in line A,B,C that corresponds to the line in which the RI Medicaid payer information is entered in locator 50.
61. Group Name	Enter the name of insured's other group health coverage, if applicable.
62. Insurance Group Number	Enter insured's group number, if applicable.
63. Treatment Authorization Number	Number that designates that treatment has been authorized.
64. Document Control Number	Control number assigned to the original bill.

65. Employer Name	Name of employer providing health coverage.
66. Diagnosis and Procedure Code Qualifier	Enter 9 for ICD 9 coding.
67. Principal Diagnosis Code on Admission	Enter the ICD-9-CM diagnosis code that describes the nature of the illness or injury.
67A - Q Other Diagnosis Codes	Enter up to 16 ICD-9-CM codes for other diagnoses.
68. Admitting Diagnosis Code	Enter the ICD-9-CM diagnosis code that describes the patient's condition at the time of admission.
70. Patient's Reason for Visit	Enter the ICD-9-CM diagnosis code that describes the patient's reason for visit.
71. PPS Code	The PPS code assigned to the claim.
72. External Cause of Injury Code	Enter the ICD-9-CM diagnosis code pertaining to external cause of injuries.
74. Principal Procedure Code and Date	Enter the ICD code that identifies the principal procedure performed. Enter the date of that procedure.
74A-E. Other Procedure Codes	Enter other ICD codes identifying all significant procedures performed. Enter the date of those procedures.
76. Attending Provider Name and Identifiers	Enter NPI of individual in charge of patient care. If UPIN number is entered, qualifier must be 1G. Enter the last and first name below.
77. Operating Physician Name and Identifiers	Required when surgical procedure is performed. Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.
78. - 79. Other Provider Name and Identifiers	Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.
80. Remarks Field/Signature	Enter provider signature or authorized agent.

81cc. Code-Code Field	Enter B3 in the qualifier if locations 76-79 contain an NPI. Enter the corresponding provider taxonomy of provider NPI's entered in locations 76a – 81CCa 77b – 81CCb 78c – 81CCc 79d – 81CCd
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