

UB-04 Completion Guide

Inpatient Psychiatric Hospitals and Psychiatric Residential Treatment
Facilities for Children Under 21

1													2													3a PAT. CNTL. #		3b MED. REC. #		4 TYPE OF BILL																				
1													2													3a				4																				
																										5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																				
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8 PATIENT NAME													9 PATIENT ADDRESS																																					
a													b													c		d		e																				
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10 BIRTHDATE			11 SEX	12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR			17 STAT			18			19			20			21			22			23			24			25			26			27			28			29 ACDT STATE	30
31 OCCURRENCE DATE			32 OCCURRENCE CODE			33 OCCURRENCE DATE			34 OCCURRENCE CODE			35 OCCURRENCE SPAN FROM			36 OCCURRENCE SPAN THROUGH			37																																
38													39 VALUE CODES CODE			39 VALUE CODES AMOUNT			40 VALUE CODES CODE			40 VALUE CODES AMOUNT			41 VALUE CODES CODE			41 VALUE CODES AMOUNT																						
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#	FIELD NAME	FIELD INSTRUCTIONS
1	Provider Name, Address, and Telephone Number	Enter the provider's name and mailing address and telephone number. The country code is required if outside United States of America.
2	Pay-to Name, Address, and Secondary ID Fields	Enter the Pay-to Name and Address. Required when the address for payment is different than that of the Billing Provider in Form Locator 01.
3a	Patient Control Number	Enter your account number for the patient. The patient's account number will be listed as the "Own Reference Number" on the remittance advice.
4	Type of Bill	Indicate the Medicaid bill type using one of the following codes: 0111 Admit Through Discharge Claim 0112 Interim First Claim 0113 Interim Continuing Claim 0114 Interim Last Claim 0117 Replacement Claim
5	Federal Tax Identification Number	Enter the facility's Federal Tax Identification Number.
6	Statement Covers Period	Enter the beginning and end dates covered by this bill. The last date entered is the discharge date for Claim Types 0111 and 0114 only. The date format is MM-DD-YYYY.
8	Patient Name/Identifier	Enter the patient's last name, first name middle initial. For SC Medicaid, DO NOT include the Patient Identifier.

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10		11	12		13		14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
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a		b		c		d		e		f		g		h		i		j		k		l			
38		39 VALUE CODES CODE		40 VALUE CODES AMOUNT		41 VALUE CODES CODE		42 VALUE CODES AMOUNT		43 VALUE CODES CODE		44 VALUE CODES AMOUNT		45 VALUE CODES CODE		46 VALUE CODES AMOUNT		47 VALUE CODES CODE		48 VALUE CODES AMOUNT		49 VALUE CODES CODE		50 VALUE CODES AMOUNT	
a		b		c		d		e		f		g		h		i		j		k		l		m	

#	FIELD NAME	FIELD INSTRUCTIONS
9 A - E	Patient Address	Enter the patient's mailing address, including street number and name or post office box number or RFD, city name, state name and ZIP code.
10	Patient Birth Date	Enter the patient's birth date in "MMDDYYYY" format. If birth date is unknown, indicate zeros for all eight digits.
11	Patient Sex	Enter the sex of the patient: M – male F – female U – unknown
12	Admission/Start of Care Date	Enter the actual admission date of the patient, including interim bills. Required for all inpatient claims.
14	Admission Type	Enter the code indicating the priority of this inpatient admission: 1 - Emergency 2 - Urgent
15	Source of Referral for Admission or Visit	Enter the appropriate code indicating the referral source. The applicable codes are: 1 – Physician Referral 2 – Clinical Referral 4 – Transfer from Hospital 6 – Transfer from another Health Care Facility 8 – Court/Law Enforcement 9 – Information not available

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10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28				29 ACDT STATE	30
							17					18					
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37					
31																	
38											39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT		
											a						
											b						
											c						
											d						

#	FIELD NAME	FIELD INSTRUCTIONS
17	Patient Discharge Status	Enter the patient's status as of the "through" date of the billing period: 01 - Discharged to home or self-care (routine) 04 - Discharged to an Intermediate Care Facility 05 - Discharged to another type of institution for inpatient care or referred for outpatient services to another institution 07 - Left against medical advice or discontinued care 30 - Still a patient
18-28	Condition Codes	Always enter "C5" in field 18 for SC Medicaid. C5 = Post Payment Review Applicable
31	Occurrence Codes and Dates	Enter the corresponding code, if applicable to this claim that identifies conditions that apply to this billing period. Codes must have 2 digits and must be entered in alpha-numeric sequence. Dates must be six digits and numeric. One entry without the other will generate an edit code. Applicable codes are: 24 - Date of insurance denial 42 - Date of discharge (bill types 0111 and 0114 only)

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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							1	
2							2	
3							3	
4							4	
5	<i>The UB-04 has a total of 22 lines for claim detailed information.</i>							5
23	PAGE ____ OF ____		CREATION DATE		TOTALS			23
50 PAYER NAME		51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A							57	
B							OTHER	
C							PRV ID	
58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A								
B								
C								
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
A								
B								
C								

#	FIELD NAME	FIELD INSTRUCTIONS
42	Revenue Code	<p>Enter the appropriate revenue codes. Accommodation and leaves of absence must be listed by revenue code. Consult your NUBC UB-04 Data Specifications Manual for a complete listing. Revenue codes should be entered in ascending order with the <u>exception of revenue code 0001 (total charges) which must always be the last entry.</u> The most commonly used revenue codes are:</p> <ul style="list-style-type: none"> 0121 – Room and Board, Semi-Private 2 Beds 0131 – Room and Board, Semi-Private >2 Beds 0151 – Room and Board, Ward 0180 – Leave of Absence Days* 0270 – Medical Supplies- General 0300 – Lab 0001 – Total Charge (must be last entry) <p><i>*Leave of Absence Days are not Medicaid reimbursable, and must be deducted from the total number of days billed.</i></p>
43	Revenue Description	Enter a narrative description of the related revenue categories. Abbreviations may be used.
46	Service Units	Enter number of days or units of service when appropriate for a revenue code.

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5							5
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23	PAGE ____ OF ____		CREATION DATE		TOTALS		23
50 PAYER NAME		51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A	50		52		54		57
B							OTHER
C							PRV ID
58 INSURED'S NAME		59 P.REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.
A							
B							
C							
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME	
A							
B							
C							

#	FIELD NAME	FIELD INSTRUCTIONS
47	Total Charges	Sum the total charges, lines 1 - 22. Enter total charges on line 23 of final page as revenue code 0001.
50	Payer Identification	Name of health plan that the provider might expect some payment for the bill. If Medicaid is the only payer, enter "Medicaid" in Field 50 A. If Medicaid is the secondary or tertiary payer, identify the primary payer on line A and enter "Medicaid" on line B or C.
52	Release of Information Certification Indicator	Code indicates whether the provider has on file a signed statement (from the patient or the patient's legal representative) permitting the provider to release data to another organization I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statues Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
54	Prior Payments - Payer	Enter the amount received from the primary payer on the appropriate line when Medicaid is secondary or tertiary. Report all primary insurance payments.

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PAGE ____ OF ____		CREATION DATE		TOTALS			
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A							
B							
C							
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		
A							
B							
C							

#	FIELD NAME	FIELD INSTRUCTIONS
56	National Provider Identifier	Enter the facility's 10-digit NPI.
58	Insured's Name	Enter the insured's last and first name.
60	Insured's Unique Identification	Enter the patient's 10-digit Medicaid number on the same lettered line (A, B, or C) that corresponds to the line on which Medicaid payer information was shown in Fields 50–51.
63	Treatment Authorization Code	Enter the assigned authorization number from the Prior Authorization Form (DHHS Form 254). This number should be entered on the same lettered line (A, B, or C) that corresponds to the Medicaid line in Field 50.
64 A - C	Document Control Number (DCN)	Enter the claim control number (CCN) of the paid Medicaid claim when submitting a replacement or void claim to Medicaid.

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66 DX	67										68	
69 ADMIT DX	70 PATIENT REASON DX		a	b	c	71 PPS CODE	72 ECI	a	b	c	73	
74 PRINCIPAL PROCEDURE CODE DATE			a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI		76	QUAL
									LAST		FIRST	
c. OTHER PROCEDURE CODE DATE			d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE				77 OPERATING NPI		QUAL	
									LAST		FIRST	
80 REMARKS				81 CC a								
				b	81							
				c								
				d								
					78 OTHER NPI		QUAL					
					LAST		FIRST					
					79 OTHER NPI		QUAL					
					LAST		FIRST					

UB-04 CMS-1450
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OMB APPROVAL PENDING

NUBC[®] National Uniform
Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

#	FIELD NAME	FIELD INSTRUCTIONS
67	Principal Diagnosis Code	Enter the ICD Diagnosis Code including the fourth and fifth digits where applicable.
76	Attending Provider Name and Identifiers	Enter the Attending Physician's National Provider Identifier (NPI).
81	Taxonomy Code	Enter Qualifying code "B3" for Taxonomy code and enter 10-character Taxonomy code. ex. B <u>322D00000X</u> (Underlined code is sample taxonomy code)