

UB04 STEP BY STEP INSRUCTIONS

For all NF; ICF/MR; SWB; Hospice in NF or ICF/MR

A clean legible claim will be easier and quicker to process. The posted instructions are located at the following web address:

<http://dhhs.ne.gov/Documents/471-000-71.pdf>

1	A Perfect Nursing Facility
	1234 Happy Avenue
	Pleasant City, NE 68701
	(000)000-0000

1. Enter the complete facility name, address and telephone number*

**HINT: The address should reflect where claims should be returned in case of errors, i.e Hospice claims should reflect the Hospice agency address.*

4	TYPE OF BILL
	211

4. Enter the type of bill from NE Medicaid LTC Care UB-04 Billing Instructions, number 4.

5	FED. TAX NO.
	10000089

5. Enter your 9 digit Federal Tax Number.

6		STATEMENT COVERS PERIOD	
	FROM		THROUGH
	01/01/2011		01/31/2011

6. Enter the dates of service being billed. Dates billed must all be within the same month.*

**HINT: Billing period does not necessarily need to include the entire month, i.e. resident is discharged in the middle of the month*

8 PATIENT NAME	a
b	Ella Cinder

8b & 9a-d.
Enter the residents name and the facility address.*

9 PATIENT ADDRESS	a	1243 Happy Avenue	
b	Pleasant City	c NE	d 68701

**HINT: Hospice claims should note the Nursing Facility name, address, city, state and zip of the resident in this area.*

10 BIRTHDATE	11 SEX
10/13/1916	F

10 & 11. Enter the birth date as mm/dd/yyyy and the sex of the resident in each field.

ADMISSION			
12 DATE	13 HR	14 TYPE	15 SRC
01/01/2011			

12. Enter the DATE the resident is admitted to the facility or elected hospice: entered as mm/dd/yyyy OR mm/dd/yy depending on the software.

ADMISSION			
12 DATE	13 HR	14 TYPE	15 SRC
01/01/11			

Note: the admit date on the claim must match the prior authorization (if required)

17 STAT
01

17. Discharge Rsn (Reason):
 Facility staff must enter the discharge status code noted below, **only when patient's stay ends at the facility**, using the National Patient Status Codes maintained by the National Uniform Billing Committee (NUBC)

National Description Code:

- 01 Discharged to Home or Self Care
- 02 Discharge/transferred to another short term general hospital for inpatient care
- 03 Discharged/transferred to SNF with Medicare certification
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to a designated cancer center or children's hospital
- 06 Discharged/transferred to home under care of organized home health service
- 07 Left against medical advice or discontinued care
- 09 Admitted as an inpatient to this hospital
- 20 Expired
- 30 Still a Patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired – place unknown
- 43 Discharged to a Federal Hospital
- 50 Discharged to Hospice - home
- 51 Discharged to Hospice – medical facility
- 61 Discharged/transferred within this inst. To hospital-based Medicare swing-bed
- 62 Discharged/transferred to an inpatient rehabilitation facility
- 63 Discharged/transferred to an Medicare certified long term care hospital
- 64 Discharged/transferred to a nursing facility certified under Medicaid
- 65 Discharged to a psychiatric hospital
- 66 Discharged to a Critical Access Hospital (CAH)
- 70 Discharged/transferred to another type of health care institution

Occurrence Span Codes and Applicable Revenue Codes

(Note: Field 43 is used on the following page as an illustration guide for clarification of the following examples).

Occurrence Span Code 70:

36 CODE	OCCURRENCE SPAN	
	FROM	THROUGH
70	01/10/2011	01/15/2011

FROM = First Medicare Covered Day
THROUGH = Last Medicare Covered Day

Enter the beginning and end dates of the Medicare Stay i.e. first to last Medicare covered day.

Revenue Code = 0180

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0180	Non Billable Days	Providers customary Rate		6	Rate x 6

Used for NF; ICF/MR

If using occurrence span code 70 in field 35 or 36, revenue code 0180 must used in field 42.

For example; in the diagram above the occurrence span for this resident’s Medicare Days (01/10/2011 through 01/15/2011) the non billable days would appear as Revenue code 180 with 6 days entered in field 46.

Occurrence Span Codes and Applicable Revenue Codes
 (Note: Field 43 is used on the following page as an illustration guide for clarification of the following examples).

Occurrence Span Code 74:

FROM = Admit date
 THROUGH = Discharge Date

35 CODE	OCCURRENCE SPAN	
	FROM	THROUGH
74	01/10/2011	01/31/2011

Enter the beginning and end dates of the hospital stay, i.e., admit to discharge dates. This is not the reentry date to the facility it is the actual hospital discharge date.

Revenue Code = 0185

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0111	In Facility Days	Providers Customary Rate		9	Rate x 31
0185	Hospital Leave Days (occurrence code 74)	Providers Customary Rate		15	Rate x 15
0180	Non Billable Leave Days (occurrence code 74)	Providers Customary Rate		7	Rate x 7

Used for NF; ICF/MR; HOSPICE in NF or ICF/MR

Occurrence Code 74 – Hospital days

If using occurrence span code 74 in field 35 or 36, revenue code 0185 must be used in field 42 to report *billable* hospital leave days.

For example: If resident exceeds the 15 hospital bed hold days allowed, enter the remaining non covered hospital days under Revenue code 180 with number of days in field 46 (see line 3 in example above).

Revenue Codes field 42

(Note: Field 43 is used on the following page as an illustration guide for clarification of the following examples).

Revenue Codes Range from 0100-0179 to report In-Facility Days*

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0100	In Facility Days	Providers customary Rate		30	Rate x 30

Used for NF; ICF/MR; SWB; Hospice

**HINT: Revenue codes can be found on various web sites by searching using key words "revenue codes for UB04". Claims will not be denied for any codes used within the specified range for field 42.*

Revenue Code = 0183 Therapeutic Leave Days

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0183	Therapeutic Leave Days	Providers customary Rate		4	Rate x 4

Occurrence Spans codes/dates are not applicable for this Revenue Code
Used for NF; ICF/MR

42. Use the appropriate Revenue code located in the UB04 Billing instructions. One code per line.

44. Use your Customary Rate for each line

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0111	Nursing Home Days	Providers Customary Rate		9	Rate X 9
0185	Hospital Leave Days (use occurrence code 74)	Providers Customary Rate		5	Rate x 5
0180	Non Billable Days (use occurrence code 70)	Providers Customary Rate		17	Rate x 17

46. Should represent the number of days corresponding to the Revenue codes and Occurrence Spans, if applicable.

TOTALS → Total of 47 ←

Enter the total charges of field 47 in this area.

50. Use when another payer was primary to Medicaid or the client had a Share of Cost.

51. Health Plan Identification number, use when another payer was primary to Medicaid.

50 PAYER NAME	51 HEALTH PLAN ID	52 MED. INFO	53 ASS. BEN.	54 PRIOR PAYMENTS
Share of Cost				133.52
BCBS	123456789			100.95

54. For services listed on this claim, enter any payments made, due or obligated from other sources unless the source is Medicare. Other sources may include health insurance, liability insurance, excess income, etc. A copy of the Medicare Explanation of Benefits (EOB), insurance remittance advice, denial, or other documentation must be attached to each claim when submitting multiple claims. DO NOT enter previous Medicaid payments, Medicaid copayment amounts, Medicare payments, or the difference between the providers' billed charge and the Medicaid allowable (provider "write-off" amount). Enter patient's share of cost amount (POS) if paid.

56 NPI | 1234567890

56. Enter your National Provider Identification Number (NPI). **Effective 01/01/2012 your NPI # is mandatory. Claims will pay based on the NPI number, not on the eleven-digit Nebraska Provider Number.**

57	10000000011
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Effective 01/01/2012, eleven digit Nebraska Medicaid provider number assigned by Nebraska Medicaid will not be required.

57. Enter the 11-digit Nebraska Medicaid Provider Number assigned to your facility. **Prior to 01/01/2012, payments will be made to the provider name/address listed on the Medicaid Provider agreement associated with this provider number.**

58 INSURED'S NAME
Ella Cinder

58. Enter the Medicaid recipient's name or the correct information related to the payer in field 50. In most cases the name should be the same as field 8b on the claim form.

59 P.REL
18

59. Use patient relationship code #18 for all claims if the information in field 58 equals the information in field 8b

- 01- Spouse
- 18- Self
- 19- Child
- 20- Employee
- 21- Unknown
- 53- Life Partner
- G8- Other Relationship

Identify the relationship of the patient to the primary insurance policyholder using the following two digit codes if the information in field 50 is different than field 58 and 8b.

60 INSURED'S UNIQUE ID
200000000-21

60. Enter the Medicaid recipient's complete 11 digit identification number.

66 DX	4019	25000
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67. Enter the ICD-9-CM code for the primary and secondary diagnosis. COMPLETE diagnosis code is required.*

HINT: A complete code may include a third, fourth, and fifth digit, as defined in ICD-9-CM.

76. Effective 01/01/2012, enter the Physicians NPI number.

76 (QUAL) Enter the State two letter abbreviation followed by the License number, not required effective 01/01/2012

76 ATTENDING	NPI 100000000	QUAL	NE	12345
LAST Who	FIRST Guess			

Enter the physician's **last** and **first** name.

80 REMARKS
exceeded bed hold days

80. Use to explain unusual services and to document medical necessity, for example, when unit limitations are exceeded.

81CC a	313M00000X (NF)
b	zip+4

81CC. (a & b) Effective 01/01/2012 you must enter the billing provider's taxonomy code as reported to Nebraska Medicaid and the zip + four in the designated areas.

There are several sites on the internet where you can download a UB04, if it is not included in your facility software. UB04 PDF forms can be found on various web sites by searching using key words "*free fillable UB04 forms*". If you have advanced Adobe Acrobat on your systems, you can fill, save and print the forms. If not, you will be able to fill and print the forms only.