

UB-04 Claim Form Instructions

This document is intended to provide Alaska Medicaid-specific instructions and clarifications for completion of the UB-04 claim form. It is to be used as a **companion to, and not a replacement for**, the UB-04 Data Specifications Manual, available from the National Uniform Billing Committee at <http://www.nubc.org/>.

Each number listed in the instructions corresponds to a form locator on the UB-04 claim form; additional fields may be required for providers billing electronically in a HIPAA-compliant format.

These claim form instructions are intended for the following facilities and services:

- Administrative Wait Bed
- Ambulatory Surgery Center
- End-Stage Renal Disease (ESRD) Center
- Federally Qualified Health Center
- Free-Standing Birth Center
- Home Health Agency
- Hospice
- Inpatient Hospital
- Inpatient Psychiatric Hospital
- Intermediate Care Facility
- Outpatient Hospital
- Residential Psychiatric Treatment Center
- Rural Health Clinic
- Skilled Nursing Facility
- Swing Bed
- Tribal Clinic
- Tribal Hospital

1	2	3a PAT CNTRL #	4 TYPE OF BILL
		b MED REC #	
		5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM
			THROUGH
8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b	c	d	e
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 ACOT	30	STATE
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE
35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE
OCCURRENCE SPAN FROM	THROUGH	37	
38	a	39 VALUE CODES CODE	40 VALUE CODES AMOUNT
b	c	41 VALUE CODES CODE	42 VALUE CODES AMOUNT
c	d		
42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV DATE
46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1			
2			
3			
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22			
23	PAGE	OF	CREATION DATE
			TOTALS
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASSO BEN
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A			
B			
C			
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	A	B
C	A	B	C
66	67	68	69
70 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 EC
73	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI
77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	QUAL
LAST	FIRST	LAST	FIRST
80 REMARKS	81CC a	b	c
d	e	f	g
UB-04 CMS-1450	APPROVED OMB NO. 0938-0997	UB04L	NIBC TFP24394485

Sample UB-04

Form Locator and Description		M: Mandatory C: Mandatory-Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions	
1	Billing Provider Name, Address and Telephone Number	M		
2	Billing Provider's Designated Pay-to Address	O	Alaska Medicaid directs all payments to the pay-to address on the provider enrollment file, regardless of the address input in this FL.	
3a	Patient Control Number	O	If used, patient control number will appear on the remittance advice.	
3b	Medical/Health Record Number	O		
4	Type of Bill	M	Frequency codes (position 4 value) 7 and 8 will not be processed as an adjustment or void. Instead, submit an Adjustment Void Request Form (AK-05). Refer to your billing manual for additional information.	
			Services	Valid codes for Alaska Medicaid
			Ambulatory Surgery	0831
			ESRD	0721
			FSBC	084x
			Home Health	032x, 033x, 034x
Hospice	081x, 082x			
5	Federal Tax Number	O		
6	Statement Covers Period	M	The statement covers period cannot cross state fiscal years (July 1 through June 30), the calendar year for tribal hospitals, or facility's fiscal year. Include all covered and non-covered days. Exception: do not include days when the patient was ineligible for Alaska Medical Assistance. The date of discharge, transfer, or death must be listed as the "through" date when the patient's status (FL 17) indicates discharge, transfer, or death. ESRD and FSBC: Bill single dates of service only; spanned dates/multiple units will be denied.	
7	Reserved for Assignment by the NUBC	B		
8a	Patient Identifier	B	See FL 60 .	
8b	Patient Name	M	Enter the Medicaid-eligible patient's (member's) name as it appears on their eligibility card.	
9	Patient Address	O		
10	Patient Birth Date	O		
11	Patient Sex	O		
12	Admission/Start of Care Date	M	Long-term care facilities: Use the date of admission to the facility or new level of care (LOC).	
13	Admission Hour	C	Required for inpatient claims .	
14	Priority (Type) of Admission or Visit	C	Required for inpatient claims and outpatient hospitals .	
15	Point of Origin for Admission or Visit	M		
16	Discharge Hour	C	Required for inpatient claims involving a discharged patient.	
17	Patient Discharge Status	C	Required for inpatient claims .	
18-28	Condition Codes	C		

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29	Accident State	C	
30	Reserved for Assignment by NUBC	B	
31-34	Occurrence Codes and Dates	C	Medicare crossover claims: Enter occurrence code 50 and the Medicare paid date. ESRD: On every dialysis claim enter occurrence code 50 and the date of the patient's initial dialysis treatment.
35-36	Occurrence Span Codes and Dates	C	
37	Reserved for Assignment by NUBC	B	
38	Responsible Party Name and Address	O	
39-41	Value Codes and Amounts	C	Required for inpatient claims . The sum of billed covered and non-covered days must equal: <ul style="list-style-type: none"> The Statement Covers Period (FL 6). Consider the patient's discharge status (FL 17): <ul style="list-style-type: none"> A continuing patient's through date is billed as a covered day using value code 80. A discharged patient's through date is billed as a non-covered day using value code 81. The number of Service Units for accommodation (FL 46). Do not bill the following as a covered day: <ul style="list-style-type: none"> The date of discharge, transfer, or death Unauthorized inpatient days (including days beyond the third consecutive inpatient day) Long-term care facilities: Use value code 34 to indicate the amount of patient liability for the month of service billed. Medicare crossover claims: <ul style="list-style-type: none"> Report the Medicare deductible in FL 40. <ul style="list-style-type: none"> Use value code A1 if Medicare is primary. Use value code B1 if Medicare is secondary. Report Medicare coinsurance in FL 41. <ul style="list-style-type: none"> Use value code A2 if Medicare is primary. Use value code B2 if Medicare is secondary.
42	Revenue Codes	M	Refer to provider-specific billing manuals for covered revenue codes.
43	Revenue Description/IDE Number/Medicaid Drug Rebate/Line Level Rendering Provider NPI	C	Outpatient claims: Report all NDC information for pharmacy charges (rev codes 025x and 063x) as outlined in the NUBC manual.
44	HCPCS/Accommodation Rates/HIPPS Rate Codes	C	Required for inpatient claims and outpatient claims . Revenue Code 036x: Use the appropriate CPT/HCPCS code to bill operating room services. These providers should use the appropriate HCPCS code to bill outpatient lab or pharmacy charges: <ul style="list-style-type: none"> Outpatient Hospitals ESRD Facilities Ambulatory surgery centers: Bill bilateral surgery by entering 2 units in FL 46 or using modifier 50 and entering 1 unit.

Form Locator and Description		M: Mandatory C: Mandatory-Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions
			ESRD: List all labs performed by the facility with modifiers, as applicable.
45	Service/Assessment Date	O	
46	Service Units	M	Use the applicable coding reference to determine correct service unit measurements (days, hours, etc.). Inpatient claims: Submitted units for room and board (multiple LOCs permissible) must be equal to the number of covered and non-covered days reported in FLs 39-41. Outpatient claims: Enter the total number of HCPCS units for multiple services on the same day. Include service units for all lab services. Long-term care facilities: Bill authorized oxygen charges on a separate line, per month. Service units must equal the number of liters/bottles used. Attach documentation of the metered amount of oxygen administered to the claim.
47	Total Charges	M	
48	Non-covered Charges	O	
49	Reserved for Assignment by the NUBC	B	
50	Payer Name	M	Alaska Medicaid is the payer of last resort. Other payers are always listed before Alaska Medicaid. When billing Alaska Medicaid enter Medicaid . Do not use any of the following names in place of Medicaid : Alaska Medicaid, Alaska Medical Assistance, DenaliCare, Denali KidCare, Conduent, Xerox, First Health, or ACS. Medicare crossover claims: Enter Medicare on line A if Medicare is primary or on line B if Medicare is secondary.
51	Payer ID/ Health Plan ID	C	List the appropriate identifier of any insurance other than Medicaid.
52	Release of Information Certification Indicator	M	Enter "Y".
53	Assignment of Benefits Certification Indicator	B	
54	Prior Payments – Payer	C	If other insurance (including Medicare) was billed, attach the explanation of benefits showing the paid amount, even if the paid amount is \$0.00. Medicare crossover claims: Enter the Medicare Paid Amount on the appropriate line (A for primary, B for secondary).
55	Estimated Amount Due – Payer	C	Medicare crossover claims: The estimated amount due is the sum of the Medicare deductible and coinsurance (see FL 40-41). Enter on the appropriate line (A for primary, B for secondary).
56	National Provider Identifier – Billing Provider	M	
57	Other (Billing) Provider Number	O	
58	Insured's Name	M	Enter the Medicaid patient's (member's) name as it appears on the eligibility card.
59	Patient's Relationship to Insured	M	
60	Insured's Unique Identifier	M	Enter the Medicaid patient's (member's) 10-digit Alaska Medical Assistance identification number.

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61	Insured's Group Name	O	
62	Insured's Group Number	C	List the group number(s) of any other insurance, if a group number appears on the insurance ID card.
63	Authorization Code/Referral Number	C	If service authorization (SA) is required, enter the ten-character alphanumeric Alaska Medicaid SA number or eight-digit Qualis SA number.
64	Document Control Number	B	
65	Employer Name	O	
66	Diagnosis and Procedure Code Qualifier	M	Enter 0 to indicate ICD-10 diagnosis codes.
67	Principal Diagnosis Code and Present on Admission Indicator	M	Submit a principal diagnosis and any other diagnoses in fields A-Q when other condition(s) coexist or subsequently develop during treatment. Only ICD-10 diagnosis codes will be accepted. ESRD: Enter the comorbidity diagnosis code.
68	Reserved for Assignment by the NUBC	B	
69	Admitting Diagnosis Code	C	Required for all inpatient claims except for claims submitted with type of bill codes: 028X, 065X, 066X, 086X.
70a-c	Patient's Reason for Visit	O	
71	Prospective Payment System Code	B	
72a-c	External Cause of Injury Code and Present on Admission Indicator	O	
73	Reserved for Assignment by the NUBC	B	
74	Principal Procedure Code and Date	C	Required for inpatient claims when a procedure was performed.
74a-e	Other Procedure Codes and Dates	C	Required for inpatient claims when additional procedures were performed.
75	Reserved for Assignment by the NUBC	B	
76	Attending Provider Name and Identifiers	M	Enter the NPI and name of the licensed physician who certified the medical necessity of services rendered and has primary responsibility for the patient's care and treatment.
77	Operating Physician Name and Identifiers	O	
78-79	Other Provider Names and Identifiers	C	If the member is enrolled in the Care Management Program and rendering provider is not the primary care provider, a copy of the primary care provider's referral must be attached to the claim.
80	Remarks Field	O	
81	Code-Code Field	O	