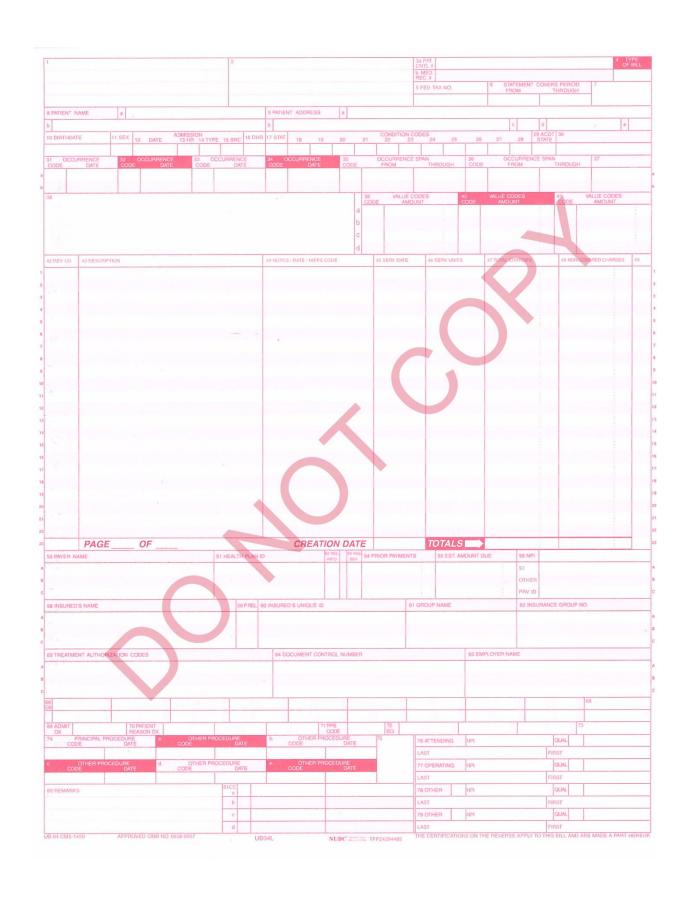**CONDUENT**

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. CNTL #		4 TYPE OF BILL

1

2

3a PAT. CNTL #
b. MED. REC. #
4 TYPE OF BILL

5 FED TAX NO. | 6 STATEMENT COVERS PERIOD FROM THROUGH | 7

8 PATIENT NAME a

9 PATIENT ADDRESS a

b

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 | CONDITION CODES 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

a

b

38 | 39 CODE VALUE CODES AMOUNT | 40 CODE VALUE CODES AMOUNT | 41 CODE VALUE CODES AMOUNT

a
b
c
d

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

PAGE ___ OF ___ | CREATION DATE | TOTALS ▶

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL. INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI

A
B
C

57 OTHER 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

66 DX | | | | | | | | 68

69 ADMIT DX | 70 PATIENT REASON DX | | | 71 PPS CODE | 72 ECI | | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75 | 76 ATTENDING NPI | 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 | 81CC a | 78 OTHER NPI | QUAL | LAST | FIRST

b | 79 OTHER NPI | QUAL | LAST | FIRST
c
d

UB-04 CMS-1450 | APPROVED OMB NO. 0938-0997 | UB04L | NUBC | TFP24394485 | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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
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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	

Form Locator and Description		M: Mandatory C: Mandatory- Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions
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:
			• The Statement Covers Period (FL 6). Consider the patient's discharge status (FL 17):
			  – 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:
			• 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:
			• Report the Medicare deductible in FL 40.
			  – Use value code A1 if Medicare is primary.
			  – Use value code B1 if Medicare is secondary.
			• Report Medicare coinsurance in FL 41.
			  – 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 **outpatient claims**. These providers should use the appropriate HCPCS code to bill outpatient lab or pharmacy charges: • 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. **ESRD**: List all labs performed by the facility with modifiers, as applicable.

Form Locator and Description	M: Mandatory C: Mandatory-Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions
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.
61	Insured's Group Name	O	

Form Locator and Description		M: Mandatory
		C: Mandatory-
		    Conditional
		O: Optional
		B: Leave
		    Blank
			Alaska Medicaid-Specific Instructions

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	