



# First Health Services Corporation®

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## UB-04 Instructions

The Alaska Medicaid Management Information System (MMIS) is now equipped to accommodate the UB-04 claim form. During a brief transition period which will end August 31, 2007, Alaska Medicaid will accept either the UB-04 or the UB-92. UB-92 forms received on or after September 1, 2007 will be returned to the provider without processing.

Instructions for submitting the UB04: All claims must be submitted with the Medicaid Provider ID number. National Provider Identifier (NPI) numbers may also be submitted.\* It is important to note some Field Locators have been completely removed, some have changed content and others are new. The following is an abbreviated guide to the UB-04.

Fields for **Covered** and **Noncovered Days** do not exist on the UB-04 form. This information is critical for processing inpatient hospital and nursing home (LTC) claims. To correctly report this data on the UB-04, use the Value Code and Value Code Amount fields in Field Locators 39-41. Long term care providers will also use these Field Locators to report patient liability amounts. See graphic.

Special indicators can impact hospital provider's copay amounts. See the graphic for Field Locators 14 and 18-28 for examples.

Other Field Locators significant to billing Alaska Medicaid are listed below.

- **FL 8** Patient Name – ID: This used to be FL 12. **Required.**
- **FL 29** Accident State: **Required** when related to a motor vehicle accident.
- **FL 56** Billing Provider's National Provider Identifier (NPI) (see graphic below).
- **FL 57** Billing Provider's Medicaid Provider ID Number (see graphic below).
- **FL 60** Recipient ID number.
- **FL 66** International Classification of Diseases (ICD-9-CM) qualifier. Enter a 9 in this field to indicate the version of the International Classification of Diseases reported.
- **FL 67** Enter the ICD-9-CM diagnoses codes here.
- **FL 76** NPI for the Attending Physician.
- **FL 77** NPI for the Operating Physician.
- **FL 78** NPI for Referring Provider information.
- **FL 79** NPI for Referring Provider information.
- **FL 81** Code – Code (overflow field for additional codes that do not fit into other fields).
- **FL 85** Provider Representative Signature is **deleted**. The provider's signature on the Provider Enrollment application serves as billing authorization.

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\* Providers will need to include their Medicaid Provider ID number on all paper claim forms until they have been approved for submission of NPI number only.

## Field Locator 14 and 18-28

1													2													3a PAT. CNTRL. #			4 TYPE OF BILL																								
8 PATIENT NAME													9 PATIENT ADDRESS													5 FED. TAX NO.			6 STATEMENT COVERS PERIOD FROM			7 THROUGH																					
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 ACCT STATE			30										
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE			35 OCCURRENCE CODE			36 OCCURRENCE DATE			37 OCCURRENCE SPAN FROM			38 THROUGH			39 OCCURRENCE SPAN FROM			40 THROUGH			41 OCCURRENCE SPAN FROM			42 THROUGH																				
39 CODE													VALUE CODES AMOUNT			40 CODE			VALUE CODES AMOUNT			41 CODE			VALUE CODES AMOUNT																												
42 REV. CD													43 DESCRIPTION													44 HCPCS / RATE / HIPPS CODE													45 SERV. DATE			46 SERV. UNITS			47 TOTAL CHARGES			48 NON-COVERED CHARGES			49		

**FL 14** Admission Type. Use a "1" for an emergency.

**FL 18-28** Condition Codes:  
 ML indicates patient is in a nursing home.  
 A1 indicates claim is EPSDT related.  
 A4 indicates family planning.

## Field Locators 39-41

1													2													3a PAT. CNTRL. #			4 TYPE OF BILL																								
8 PATIENT NAME													9 PATIENT ADDRESS													5 FED. TAX NO.			6 STATEMENT COVERS PERIOD FROM			7 THROUGH																					
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 ACCT STATE			30										
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE			35 OCCURRENCE CODE			36 OCCURRENCE DATE			37 OCCURRENCE SPAN FROM			38 THROUGH			39 OCCURRENCE SPAN FROM			40 THROUGH			41 OCCURRENCE SPAN FROM			42 THROUGH																				
39 CODE													VALUE CODES AMOUNT			40 CODE			VALUE CODES AMOUNT			41 CODE			VALUE CODES AMOUNT																												
42 REV. CD													43 DESCRIPTION													44 HCPCS / RATE / HIPPS CODE													45 SERV. DATE			46 SERV. UNITS			47 TOTAL CHARGES			48 NON-COVERED CHARGES			49		

Use Value **Code 80** for covered days.  
 Use Value **Code 81** for noncovered days.  
 Use Value **Code 34** for LTC patient liability amount.

Enter the applicable number of covered days, noncovered days, and for LTC billers, enter patient liability for the month of service billed.

**FL 39-41**  
 Line "a" must be used prior to using subsequent lines b-d.

**Example:** Covered for five days and noncovered for four days.

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT			
a	80	5							
b	81	4							
c									
d									
45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	

### Field Locators 56 and 57

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
						57 OTHER PRV ID
58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID			

**FL 56** Enter the Billing Provider's NPI number.

**FL 57** Enter the Billing Provider's Medicaid ID number.

### Field Locators 60 and 81

58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME		62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE		72 ECI	73	
74 PRINCIPAL PROCEDURE CODE	OTHER PROCEDURE CODE	OTHER PROCEDURE CODE	OTHER PROCEDURE CODE	75 ATTENDING NPI	LAST	FIRST
76	77 OPERATING NPI	LAST	FIRST	78 OTHER NPI	LAST	FIRST
79 OTHER NPI	LAST	FIRST	79 OTHER NPI	LAST	FIRST	
80 REMARKS		81				

**FL 60** Recipient's Medicaid ID number.

**FL 81** If providing taxonomy, in the small box to the left report the qualifier code B3, and then the taxonomy code in the larger box to the immediate right (the middle column).

A good source of information can be found at: <http://nubc.org/>

The provider manuals are currently being updated with the above information. Individual provider manual updates will be available on FHSC's website (<http://alaska.fhsc.com>) upon completion. Watch the provider newsletter and Remittance Advice for more information.