

# 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 CIVIL #		4 TYPE OF BILL	
				b MED REC #			
				5 FED TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH 7	
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC	
16 DHR		17 STAT		18 19 20 21		22 23 24 25 26 27 28	
29 ACCT STATE		30		CONDITION CODES			
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37 CODE		38 OCCURRENCE SPAN FROM THROUGH	
39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT	
43 CODE		44 VALUE CODES AMOUNT		45 CODE		46 VALUE CODES AMOUNT	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS 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 ASST. 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		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		67		68		69	
70 ADMIT DX		71 PATIENT REASON DX		72 PPS CODE		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 QUAL	
78 LAST		79 FIRST		80 OPERATING NPI		81 QUAL	
82 LAST		83 FIRST		84 OTHER NPI		85 QUAL	
86 LAST		87 FIRST		88 OTHER NPI		89 QUAL	
90 LAST		91 FIRST		92 OTHER NPI		93 QUAL	
94 LAST		95 FIRST		96 OTHER NPI		97 QUAL	
98 LAST		99 FIRST		100 OTHER NPI		101 QUAL	
102 LAST		103 FIRST		104 OTHER NPI		105 QUAL	
106 LAST		107 FIRST		108 OTHER NPI		109 QUAL	
110 LAST		111 FIRST		112 OTHER NPI		113 QUAL	
114 LAST		115 FIRST		116 OTHER NPI		117 QUAL	
118 LAST		119 FIRST		120 OTHER NPI		121 QUAL	

UB-04 CMS-1450 APPROVED OMB NO 0938-0997 UB04L NUBC<sup>TM</sup> 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 <a href="#">billing manual</a> for additional information.	
			<b>Services</b>	<b>Valid codes for Alaska Medicaid</b>
			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. <b>Exception:</b> 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.  <b>ESRD and FSBC:</b> 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 <b>FL 60</b> .	
8b	Patient Name	M	Enter the Medicaid-eligible patient's ( <b>member's</b> ) 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	<b>Long-term care facilities:</b> Use the date of admission to the facility or new level of care (LOC).	
13	Admission Hour	C	Required for <b>inpatient claims</b> .	
14	Priority (Type) of Admission or Visit	C	Required for <b>inpatient claims and outpatient hospitals</b> .	
15	Point of Origin for Admission or Visit	M		
16	Discharge Hour	C	Required for <b>inpatient claims</b> involving a discharged patient.	
17	Patient Discharge Status	C	Required for <b>inpatient claims</b> .	
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	<p><b>Medicare crossover claims:</b> Enter occurrence code 50 and the Medicare paid date.</p> <p><b>ESRD:</b> On every dialysis claim enter occurrence code 50 and the date of the patient's initial dialysis treatment.</p>
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	<p>Required for <b>inpatient claims</b>.</p> <p>The sum of billed covered and non-covered days must equal:</p> <ul style="list-style-type: none"> <li>The Statement Covers Period (FL 6). Consider the patient's discharge status (FL 17): <ul style="list-style-type: none"> <li>A continuing patient's through date is <b>billed as a covered day using value code 80</b>.</li> <li>A discharged patient's through date is <b>billed as a non-covered day using value code 81</b>.</li> </ul> </li> <li>The number of Service Units for accommodation (FL 46).</li> </ul> <p><b>Do not bill the following as a covered day:</b></p> <ul style="list-style-type: none"> <li>The date of discharge, transfer, or death</li> <li>Unauthorized inpatient days (including days beyond the third consecutive inpatient day)</li> </ul> <p><b>Long-term care facilities:</b> Use value code 34 to indicate the amount of patient liability for the month of service billed.</p> <p><b>Medicare crossover claims:</b></p> <ul style="list-style-type: none"> <li>Report the Medicare deductible in FL 40. <ul style="list-style-type: none"> <li>Use value code A1 if Medicare is primary.</li> <li>Use value code B1 if Medicare is secondary.</li> </ul> </li> <li>Report Medicare coinsurance in FL 41. <ul style="list-style-type: none"> <li>Use value code A2 if Medicare is primary.</li> <li>Use value code B2 if Medicare is secondary.</li> </ul> </li> </ul>
42	Revenue Codes	M	Refer to provider-specific <a href="#">billing manuals</a> for covered revenue codes.
43	Revenue Description/IDE Number/Medicaid Drug Rebate/Line Level Rendering Provider NPI	C	<b>Outpatient claims:</b> 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	<p>Required for <b>inpatient claims and outpatient claims</b>.</p> <p>Revenue Code 0290: The appropriate durable medical equipment CPT/HCPCS code must be included on the claim.</p> <p>Revenue Code 036x: The appropriate operating room services CPT/HCPCS code must be included on the claim.</p> <p>Revenue Code 0900: The appropriate CPT/HCPCS code must be included on the claim.</p> <p>These providers should use the appropriate HCPCS code to bill outpatient lab or pharmacy charges:</p>

Form Locator and Description		M: Mandatory C: Mandatory- Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions
			<ul style="list-style-type: none"> <li>Outpatient Hospitals</li> <li>ESRD Facilities</li> </ul> <p><b>Ambulatory surgery centers:</b> Bill bilateral surgery by entering 2 units in FL 46 or using modifier 50 and entering 1 unit.</p> <p><b>ESRD:</b> List all labs performed by the facility with modifiers, as applicable.</p>
45	Service/Assessment Date	O	
46	Service Units	M	<p>Use the applicable coding reference to determine correct service unit measurements (days, hours, etc.).</p> <p><b>Inpatient claims:</b> 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.</p> <p><b>Outpatient claims:</b> Enter the total number of HCPCS units for multiple services on the same day. Include service units for all lab services.</p> <p><b>Long-term care facilities:</b> 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.</p>
47	Total Charges	M	
48	Non-covered Charges	O	
49	Reserved for Assignment by the NUBC	B	
50	Payer Name	M	<p>Alaska Medicaid is the payer of last resort. Other payers are <b>always</b> listed before Alaska Medicaid. When billing Alaska Medicaid enter <b>Medicaid</b>. Do not use any of the following names in place of <b>Medicaid</b>: Alaska Medicaid, Alaska Medical Assistance, DenaliCare, Denali KidCare, Conduent, Xerox, First Health, or ACS.</p> <p><b>Medicare crossover claims:</b> Enter <b>Medicare</b> on line A if Medicare is primary or on line B if Medicare is secondary.</p>
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	<p>If other insurance (including Medicare) was billed, attach the explanation of benefits showing the paid amount, even if the paid amount is \$0.00.</p> <p><b>Medicare crossover claims:</b> Enter the Medicare Paid Amount on the appropriate line (A for primary, B for secondary).</p>
55	Estimated Amount Due – Payer	C	<b>Medicare crossover claims:</b> The estimated amount due is the sum of the Medicare deductible and coinsurance (see <b>FL 40-41</b> ). Enter on the appropriate line (A for primary, B for secondary).
56	National Provider Identifier – Billing Provider	M	
57	Other (Billing) Provider Number	O	

Form Locator and Description		M: Mandatory C: Mandatory- Conditional O: Optional B: Leave Blank	Alaska Medicaid-Specific Instructions
58	Insured's Name	M	Enter the Medicaid patient's ( <b>member's</b> ) 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 ( <b>member's</b> ) 10-digit Alaska Medical Assistance identification number.
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 Comagine Health 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. <b>ESRD:</b> Enter the comorbidity diagnosis code.
68	Reserved for Assignment by the NUBC	B	
69	Admitting Diagnosis Code	C	Required for all <b>inpatient claims</b> 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 <b>inpatient claims</b> when a procedure was performed.
74a-e	Other Procedure Codes and Dates	C	Required for <b>inpatient claims</b> 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 <b>Care Management Program</b> and rendering provider is <b>not</b> the primary care provider, a copy of the primary care provider's referral <b>must</b> be attached to the claim.
80	Remarks Field	O	
81	Code-Code Field	O	