



UB-04, Inpatient / Outpatient

Hospital (inpatient and outpatient), hospice, home health, rural health clinic, federally qualified health center, and birthing center must bill on a UB-04.

UB-04 Instructions

The blocks divided into rows A, B, C reflect the following:

- A Primary Payer
- B Secondary Payer
- C Tertiary Payer

All information in field 50, 54, 60, and 63 should follow the instructions listed below:

- Line A applies to payer A
- Line B applies to payer B
- Line C applies to payer C

Field Requirements: (Blank = Not Required)

- C Conditionally Required
- R Required Field including Nursing Home
- RI Required Inpatient
- RO Required Outpatient
- RNH Required Nursing Home

**Note – All requirements will be enforced on January 1, 2015. Failure to comply could result in claim rejections.

Form Locator	Required Field	Field Name	Comments
1	R	Provider Name, Address, Phone number	Enter the name, address, and phone number of the billing provider. Address includes street address, city, state and 9-digit ZIP Code.
2	C	Service Facility Name, Address, and ID	Enter the service facility location's name and address. Enter the service facility ID as: Provider 10-digit NPI, dash, three-digit facility code.
3A	R	Patient Control Number	Alphanumeric characters may be used (Maximum of 20). The patient account number is printed on the remittance advice.
3B		Medical Record Number	Alphanumeric characters may be used (Maximum of 20). The medical record number is not printed on the remittance advice.

Form Locator	Required Field	Field Name	Comments
4	R	Type of Bill	<p>Enter 0 then the appropriate three-digit code for type of bill.</p> <p>Valid values are:</p> <p>11x = Hospital Inpatient (Including Medicare Part A)</p> <p>12x = Hospital Inpatient (Medicare Part B Only)</p> <p>13x = Hospital Outpatient</p> <p>14x = Hospital Other</p> <p>18x = Hospital Swing Beds</p> <p>21x = SNF Inpatient (Including Medicare Part A)</p> <p>22x = SNF Inpatient (Medicare Part B Only)</p> <p>23x = SNF Outpatient</p> <p>28x = SNF Swing Bed</p> <p>32x = Home Health</p> <p>34x = Home Health</p> <p>71x = Rural Health Clinic</p> <p>72x = Outpatient ESRD</p> <p>73x = Federally Qualified Health Center (FQHC)</p> <p>74x = Outpatient Rehab Clinic</p> <p>77x = Federally Qualified Health Center (FQHC)</p> <p>81x = Hospice</p> <p>82x = Hospice/Hospital Center</p> <p>83x = Ambulatory Surgery Center</p> <p>84x = Birthing Center</p> <p>85x= Critical Access</p> <p>89x = Inpatient Residential Treatment Center</p> <p>"X" indicates frequency.</p> <p>Valid values are:</p> <p>0 = Zero Claim</p> <p>1 = Admit thru Discharge</p> <p>2 = Interim Bill - First Claim</p> <p>3 = Interim Bill - Cont Claim</p> <p>4 = Interim Bill – Final Claim</p> <p>5 = Late Charge Only Claim</p> <p>7 = Prior claim/Replacement</p> <p>8 = Cancel of Prior Claim</p> <p>9 = Final Claim for a Home Health PPS episode</p> <p><i>Please note: Values 2, 3, & 4 cannot be used on acute care hospital claims.</i></p>



Form Locator	Required Field	Field Name	Comments
			<i>If the frequency code indicates an adjustment of a prior claim (7, 8), the original claim ID (as assigned by THP), must be referenced in field 64.</i>
5	R	Federal Tax ID	Enter numeric 9-digit Federal Tax ID.
6	R	Statement Covers Period From - Through	Enter the dates of service covered by the claim. Enter each date as MMDDCCYY or MMDDYY Note: Inpatient dates of service must reflect the date of admission thru date of discharge.
7			No entry required.
8A	R	Patient ID	Enter patient 11-digit THP member ID number exactly as it appears on the patient's ID card
8B	R	Patient Name	Enter patient Last, First Name
9A	R	Patient Address	Enter Address
9B	R	City	Enter City
9C	R	State	Enter State
9D	R	Zip Code	Enter 9-digit ZIP Code
9E	C	Country Code	No entry required.
10	R	Birth Date	Enter the patient's date of birth. Must be valid date and format MMDDCCYY.
11	R	Sex	Enter the patient's gender code: M (male), F (female), or U (unknown).
12	RI, RNH	Admission Date	Enter the date that the patient was admitted to the facility. Must be valid date and format MMDDYY or MMDDCCYY.
13	RI, RNH	Admission Hour	Enter the 2-digit hour the patient was admitted using the military hour. Valid values are 00 – 23.
14	RI, RNH	Type of Admission	Enter 1-digit admission type code. Valid values are 1, 2, 3, 4, or 9.
15	R	Source of Admission	Enter 1-digit admission source. Valid values are 1 – 9. **Required for all inpatient and outpatient services.
16	RI, RNH	Discharge Hour	Enter 2-digit hour the patient was discharged using the military hour. Valid values are 00 – 23.



Form Locator	Required Field	Field Name	Comments
17	R	Patient Status	Enter 2-digit patient status code. Valid values are 00 – 99. **Note: 5010 does not allow a 'blank' for patient status. We will default to '01' until 12/31/2014 and then all 'blanks' will reject. <i>'01' = Discharged to home or selfcare (routine discharge)</i>
	C	Condition Codes	Enter if applicable.
29		Accident State	No entry required.
30			No entry required.
31-34	C RNH	Occurrence codes and dates	Enter the appropriate occurrence codes and valid dates (format MMDDCCYY) beginning with 31a and entering horizontally through 34a. When needed, continue entering codes and dates using 31b-34b listing them horizontally. For Inpatient Hospital: See instructions for billing no PART A at the end of the UB billing instructions.
35-36	C	Occurrence Span	For Inpatient Only: Enter the appropriate occurrence span (format MMDDCCYY) beginning with 35a and entering horizontally through 36a. When needed, continue entering spans using 35b and 36b listing them horizontally.
37			No entry required.
38		Responsible Party Name and Address	No entry required.
39-41	C	Value Codes and Amounts	Enter the appropriate value code(s) with the corresponding amount(s). The first value code and amount are entered in block 39a. The second through twelfth value codes and amounts are entered in 40A, 41A, 39B, 40B, etc. Valid values are: 06 = Blood Deductible A1 = Deductible Payer A B1 = Deductible Payer B C1 = Deductible Payer C



Form Locator	Required Field	Field Name	Comments
			<p>A2 = Coinsurance Payer A B2 = Coinsurance Payer B C2 = Coinsurance Payer C D3 = Partial patient resource for Nursing home, ICF/MR and hospice services provided in a nursing home 80 = Covered Days 81= Non-Covered Days 82 = Coinsurance Days 83 = Lifetime Reserve Days 31 = Nursing home, ICF/MR and hospice services provided in a nursing</p>
42	R	Revenue Code	<p>Enter the 4-digit revenue code.</p> <p>CRITICAL ACCESS HOSPITALS: If there is an assigned CPT or HCPCS code for a drug billed with revenue codes 025X and 0636, it must be billed along with the NDC information listed in Block 43 so drug rebates can be collected from drug companies.</p>
43	C	Description	<p>When billing a CPT or HCPCS code for a drug, enter the NDC qualifier of N4, followed by the 11-digit NDC number, (space), and the unit of measurement followed by the metric decimal quantity or unit.</p> <ul style="list-style-type: none"> Do not enter a space between the qualifier and NDC. Do not enter hyphens or spaces within the NDC number. <p>The NDC number being submitted to THP must be the actual NDC number on the package or container from which the medication was administered.</p> <p>Refer to the drug code list on the BMS website for a list of drugs that require NDC codes. Enter the NDC unit of measurement code and numeric quantity administered to the patient. Enter the actual metric decimal quantity (units) administered to the patient. If reporting a fraction of a unit, use a</p>



Form Locator	Required Field	Field Name	Comments
43 Line 23	C	Page ___ of ___	decimal point. The unit of measurement codes are as follows: F2 -International Unit GR-Gram ML-Milliliter UN- Unit Example N499999999999 ML22.4 Refer to dhhr.wv.gov/bms for additional billing instructions/FAQs. Required if continuous bill; Page 1 of 3, page 2 of 3, etc.
44	C, RNH	HCPCS/Rates/HPPS code	Enter the appropriate CPT or HCPCS procedure code, followed by up to four 2-digit modifiers. Rates must be between 0 and 99999999 (\$999,999.99). 340B providers are required to use UD modifier to indicate drugs used from 340B stock
45	RO, RNH	Service Date	Enter the line item service date (format MMDDCCYY). This field is used only for outpatient claims and nursing facilities. DOS must be within the last year, and prior to the receipt date.
46	R	Service Units	Enter the number of times the procedure billed was performed. Enter number of covered days for inpatient only . <i>Note: Outpatient surgery and recovery are to be billed in 15-minute time increments.</i> <i>Observation is to be billed in one-hour units. See Attachment 1 of the Chapter 510 of the Provider Manual, dhhr.wv.gov/bms</i>
47	R	Total Charges	Enter Total Charges.
48	C	Non-Covered Charges	Enter Non-Covered Charge.
49			No entry required.
50 A-C	C	Payer (A, B, C)	Enter the name identifying each payer organization from which the provider received payment for the bill.
51 A-C	C	Provider Number (A, B, C)	
52		Release of Info Certification	No entry required.



Form Locator	Required Field	Field Name	Comments
		Indicator	
53		Assignment of Benefits (Cert Indicator)	No entry required.
54 A-C	C	Prior Payments (A, B, C)	Enter the amount(s) paid by each primary carrier listed in field 50. Correspond the payment with the payers in field 50. Attach a copy of the EOB from the insurance or Medicare carrier. If claim or claim lines are denied, include the explanation of denial codes, if applicable, for claim processing.
55		Estimated Amount Due	No entry required.
56	R	NPI	Enter in the provider NPI
58		Insured's Name	Enter insured's name if applicable. Last Name, First Name and Middle Initial.
59		Patient's Relation to Insured	No entry required.
60	R	Insured's Unique ID Number	Enter all of the insured's unique ID numbers assigned by each payer organization. The member's 11-digit THP ID number must be entered and correspond with the Medicaid entry in field 50 A, B, or C. If Medicaid is primary, enter the member's THP ID in Field 60A. If Medicaid is secondary, enter the member's THP ID in Field 60B. If Medicaid is tertiary, enter the member's THP ID in Field 60C.
61	C	Group Name	Enter if applicable.
62	C	Insurance Group Number	Enter if applicable.
63	C	Treatment Authorization Codes	Enter the prior authorization number if applicable. Correspond each prior authorization number with the payer(s) listed in field 50 A, B, or C.
64	C	Document Control Number	Enter the original claim number. This is the claim ID to be adjusted. **Required if the last digit of the claim frequency code is 7 or 8 in Block 4.
65		Employer Name	No entry required.
66	R	ICD Code Indicator	Enter 0 for ICD-10.



Form Locator	Required Field	Field Name	Comments
67	R	Principal Diagnosis Code and POA Indicator (Required if in-patient)	Enter the ICD-10 code for the principal diagnosis in the unshaded area. Enter present on admission (POA) indicator in the shaded area: Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined
67 A-Q	C	Other Diagnosis Code and POA Indicator (Required if in-patient)	Enter the other ICD-10 diagnosis codes in the unshaded code if applicable. Enter POA indicator in the shaded area. See 67 above.
68			No entry required.
69	RI	Admitting Diagnosis Code	Enter the appropriate ICD-10 admitting diagnosis code, if applicable.
70A-C	C	Patient Reason Code for Visit	Enter the appropriate ICD-9 or ICD-10 reason code, if applicable. Required for all unscheduled outpatient visits with a type of bill 013X or 085X with a type of admission 1, 2, or 5 and revenue codes of 045X, 0516, 0526 or 762.
71		PPS code	No entry required.
72	C	External Cause of Injury Code	Enter the ICD-10 external cause of injury code(s) if applicable.
73			No entry required.
74	RI	Principle Procedure Codes	Enter the ICD-10 code and date (format MMDDCCYY) identifying the principal procedure for inpatient claims only.
74 A-E	C	Other Procedure Codes	Enter other procedure code(s) and date(s) (format MMDDCCYY) if applicable.
75			This field identifies the name and NPI of the individual with the primary responsibility for performing surgical procedures. Enter the operating physician's NPI,



Form Locator	Required Field	Field Name	Comments
			Last Name and First Name.
76	R	Attending NPI Qual Last Name First Name	Enter in the attending physicians NPI Last Name and First Name.
77	C	Operating	Required when surgical procedure is on the claim.
78/79	C	Other Providers	Use this field to report other providers involved with the patient's care. Enter the provider's NPI, Last Name and First Name. A qualifier must be used to indicate the type of provider. Qualifiers are: ZZ Other operating physician DN Referring provider 82 Rendering provider
80		Remarks	No entry required.
81		Code/Code	No entry required.

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