NEW **UB-04** FORM & INSTRUCTIONS

PASSPORT H E A L T H ★ P L A N ™

The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) previously approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form accommodates the National Provider Identifier (NPI) and incorporated other important changes. This form replaced the UB-92 claim form and was phased in over a transition period beginning March 1, 2007. The UB-04 form has been used exclusively for institutional billing beginning May 23, 2007. Sample UB-04 forms for inpatient and outpatient services are enclosed.

The UB-04 Claim Form and NPI

The UB-04 claim form includes several fields that accommodate the use of your NPI. Although the form accommodates the NPI, you must continue to report your current provider identification numbers in the appropriate areas of the form.

UB-04 DATA FIELD REQUIREMENTS

FIELD LOCATION UB-04	DESCRIPTION	INPATIENT	OUTPATIENT
1	Provider Name and Address	Required	Required
2	Pay-To Name and Address	Situational	Situational
3a	Patient Control Number	Required	Required
3b	Medical Record Number	Required	Required
4	Type of Bill	Required	Required
5	Federal Tax Number	Required	Required
6	Statement Covers Period	Required	Required
7	Future Use	N/A	N/A
8a	Patient ID	Situational	Situational
8b	Patient Name	Required	Required
9	Patient Address	Required	Required
10	Patient Birthdate	Required	Required
11	Patient Sex	Required	Required
12	Admission Date	Required	Required
13	Admission Hour	Required	Required
14	Type of Admission/Visit	Required	N/A
15	Source of Admission	Required	Required
16	Discharge Hour	Required	Required
17	Patient Discharge Status	Required	Required
18-28	Condition Codes	Required if Applicable	Required if Applicable
29	Accident State	Situational	Situational
30	Future Use	N/A	N/A
31-34	Occurrence Code and Dates	Required if Applicable	Required if Applicable
35-36	Occurrence Span Codes and Dates	Required if Applicable	Required if Applicable
37	Future Use	N/A	N/A
38	Subscriber Name and Address	Required	Required
39-41	Value Codes and Amounts	Required if Applicable	Required if Applicable
42	Revenue Code	Required	Required
43	Revenue Code Description	Required	Required
44	HCPCS/Rates	Required if Applicable	Required if Applicable

*For additional information on the completion of fields, please refer to the NUBC Official UB-04 Data Specifications Manual.

FIELD LOCATION UB-04	DESCRIPTION	INPATIENT	OUTPATIENT
45	Service Date	N/A	Required
46	Units of Service	Required	Required
47	Total Charges (By Rev. Code)	Required	Required
48	Non-Covered Charges	Required if Applicable	Required if Applicable
49	Future Use	N/A	N/A
50	Payer Identification (Name)	Required	Required
51	NPI	Required	Required
52	Release of Info Certification	Required	Required
53	Assignment of Benefit Certification	Required	Required
54	Prior Payments	Required if Applicable	Required if Applicable
55	Estimated Amount Due	Required	Required
56	NPI	Required	Required
57	Health Plan IDs	Required	Required
58	Insured's Name	Required	Required
59	Patient's Relation to the Insured	Required	Required
60	Insured's Unique ID	Required	Required
61	Insured Group Name	Situational	Situational
62	Insured Group Number	Situational	Situational
63	Treatment Authorization Codes	Required if Applicable	Required if Applicable
64	Document Control Number	Situational	Situational
65	Employer Name	Situational	Situational
66	Diagnosis/Procedure Code Qualifier	Required	Required
67	Principal Diagnosis Code/Other Diagnosis Codes	Required	Required
68	Future Use	N/A	N/A
69	Admitting Diagnosis Code	Required	Required if Applicable
70	Patient's Reason for Visit Code	Situational	Situational
71	PPS Code	Situational	Situational
72	External Cause of Injury Code	Situational	Situational
73	Future Use	N/A	N/A
74	Principal Procedure Code/Date	Required if Applicable	Required if Applicable
75	Future Use	N/A	N/A
76	Attending Name/ ID-Qualifier	Required	Required
77	Operating ID	Situational	Situational
78-79	Other ID	Situational	Situational
80	Remarks	Situational	Situational
81	Code-Code Field/Qualifiers		
	*0-A0	N/A	N/A
	*A1-A4	Situational	Situational
	*A5-B0	N/A	N/A
	*B1-B2	Situational	Situational
	*B3	Required	Required

*For additional information on the completion of fields, please refer to the NUBC Official UB-04 Data Specifications Manual.

We would also like to remind you of the requirements for electronic transactions. As a reminder, Passport Health Plan strongly recommends the continued use of plan identification numbers in addition to NPI.

837 I DATA FIELD REQUIREMENTS

LOOP ID	Loop Name	Segment Name	PRV01 Qualifier	PRV02 Qualifier	PRV03 Value
==================== 837 I ==================== BILLING TAXONOMY LOOP ====================						
2000A	Billing/Pay-To Provider Specialty Information	PRV	BI	ZZ	= Taxonomy
			PT		

LOOP ID	Loop Name	Segment Name	NM101 Qualifier	NM108 Qualifier	NM109 Value
==================== 837 I ==================== BILLING PROVIDER LOOP ====================						
2010AA	Billing Provider	NM1	85	24	= TAX ID
				34	= SSN
				XX	= NPI

LOOP ID	Loop Name	Segment Name	REF01 Qualifier		REF02 Value
2010AA	Billing Provider Secondary Identification	REF	SY		= SSN
			EI		= TAX ID
			1D		= MAID

LOOP ID	Loop Name	Segment Name	NM101 Qualifier	NM108 Qualifier	NM109 Value
==================== 837 I ==================== PAY TO PROVIDER LOOP ====================						
2010AB	Pay-To-Provider	NM1	87	24	= TAX ID
				34	= SSN
				XX	= NPI

LOOP ID	Loop Name	Segment Name	REF01 Qualifier		REF02 Value
2010AB	Pay-To-Provider Secondary Identification	REF	SY		
			EI		
			1D		

LOOP ID	Loop Name	Segment Name	NM101 Qualifier	NM108 Qualifier	NM109 Value
==================== 837 I ==================== ATTENDING PROVIDER LOOP ====================						
2310A	Attending Physician	NM1	82	24	= TAX ID
				34	= SSN
				XX	= NPI

LOOP ID	Loop Name	Segment Name	REF01 Qualifier		REF02 Value
2310A	Attending Physician Secondary Identification	REF	N5		= Facets ID

LOOP ID	Loop Name	Segment Name	NM101 Qualifier	NM108 Qualifier	NM109 Value
==================== 837 I ==================== SERVICE FACILITY LOOP ====================						
2310E	Service Facility Location	NM1	82	24	= TAX ID
				34	= SSN
				XX	= NPI

LOOP ID	Loop Name	Segment Name	REF01 Qualifier		REF02 Value
2310E	Service Facility Location Secondary Identification	REF	N5		= Facets ID

Please let us know if you have any questions regarding these instructions. In addition, if you have any questions regarding the NPI, the application process, or reporting your NPIs to us, please contact your Provider Relations representative.

SAMPLE INPATIENT UB-04 FORM

1 Any Hospital 123 Any Street Anytown NJ 08999	2 Any Hospital 456 Any Street Anytown NJ 08999	3a PAT. CNTL # 1234			
		b. MED. REC. # 98765			0111
		5 FED. TAX NO. 221234567	6 STATEMENT COVERS PERIOD FROM THROUGH 11 03 06 11 04 06		7 RESERVED

8 PATIENT NAME	a	Patient ID if different from Sub	9 PATIENT ADDRESS	a	1234 Main Street			
b Doe, John			b Anytown			c NJ	d 08999	County code if other than USA

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
03 20 1971	M	11 03 06	08 3 3	12	01	Condition Codes Required Identifying Events							PA	RESERVED	

31 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37
a	Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing					FUTURE USE

38		39 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT
John Doe 1234 Main Street Anytown, NJ 08999		a A1	952 00			
		b	Value Codes and amounts required when necessary to process claim			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0129	Semi-Private	200.00		2	400 00	0 00	Future Use
2 0250	Pharmacy			1	50 00	0 00	
3 0360	OR Services				100 00	0 00	
23	PAGE 1 OF 1	CREATION DATE			550 00	0 00	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 2222222222
A Passport Health Plan	Report HIPAA National Health Plan Identifier when mandatory	Y	Y	Required when indicated payer has paid amount to Provider	Amount estimated to be due	57 1234567890
B Secondary Payer						OTHER Secondary
C Tertiary Payer						PRV ID Tertiary

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Doe, John	18	ABC1234567800	Watch Repair, Inc.	1234
B Secondary				
C Tertiary				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 02468	491234	Watch Repair, Inc.
B Secondary		
C Tertiary		

66 DX 3910	Use A through Q to report "Other Diagnosis" if applicable		68 Reserved
9			

69 ADMIT DX 4280	70 PATIENT REASON DX	May be used to report reason for visit	71 PPS CODE	DRG	72 ECI	May be used to report external cause of injury	73 Reserved

74 PRINCIPAL PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING	NPI 2222222222	QUAL OB 1234569822
3749 11 03 06		Reserved	LAST Smith		FIRST David
d. OTHER PROCEDURE CODE DATE			77 OPERATING	NPI	QUAL
			LAST		FIRST

80 REMARKS	81CC a B3 282N00000X	78 OTHER	NPI	QUAL
May be used to report additional information.	b Secondary	LAST		FIRST
	c Tertiary	79 OTHER	NPI	QUAL
	d	LAST		FIRST

Green = Required/Preferred
Black = Situational/Required if Applicable/Reserved

SAMPLE **OUTPATIENT UB-04** FORM

1 Any Hospital 123 Any Street Anytown NJ 08999	2 Any Hospital 456 Any Street Anytown NJ 08999	3a PAT. CNTL # 1234		0131
		b. MED. REC. # 98765		
		5 FED. TAX NO. 221234567	6 STATEMENT COVERS PERIOD FROM 11 03 06 THROUGH 11 04 06	7 RESERVED

8 PATIENT NAME a Patient ID if different from Sub	9 PATIENT ADDRESS a 1234 Main Street		
b Doe, John	b Anytown	c NJ d 08999	County code if other than USA

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
03 20 1971	M	11 03 06	08	3	3	12	01	Condition Codes Required Identifying Events	PA	RESERVED

31 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	35 CODE OCCURRENCE SPAN FROM THROUGH	36 CODE OCCURRENCE SPAN FROM THROUGH	37
a Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing				FUTURE USE

38	39 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
John Doe 1234 Main Street Anytown, NJ 08999	a A1 952 00	
	b Value Codes and amounts required when necessary to process claim	
	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
1 0310	Laboratory	88173	11 03 06	1	100 00	0 00	Future
2 0402	Ultrasoud	76942	11 04 06	1	100 00	0 00	Use
3 0360	OR Services	3749	11 04 06	1	100 00	0 00	
4							
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22							
23 PAGE 1 OF 1	CREATION DATE				300 00	0 00	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 2222222222
A Passport Health Plan	Report HIPAA National Health Plan Identifier when mandatory	Y	Y	Required when indicated payer has paid amount to Provider	Amount estimated to be due	57 OTHER PRV ID 1234567890
B Secondary Payer						Secondary
C Tertiary Payer						Tertiary

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Doe, John	18	ABC1234567800	Watch Repair, Inc.	1234
B Secondary				
C Tertiary				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 02468	491234	Watch Repair, Inc.
B Secondary		
C Tertiary		

66 DX 3910	Use A through Q to report "Other Diagnosis" if applicable	68 Reserved
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69 ADMIT DX 4280	70 PATIENT REASON DX May be used to report reason for visit	71 PPS CODE DRG	72 ECI May be used to report external cause of injury	73 Reserved

74 PRINCIPAL PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI 2222222222	QUAL OB 1234569822
3749 11 04 06		Reserved	LAST Smith	FIRST David
d. OTHER PROCEDURE CODE DATE			77 OPERATING NPI	QUAL
			LAST	FIRST

80 REMARKS	81CC a B3 282N00000X	76 OTHER NPI	QUAL
May be used to report additional information.	b Secondary	LAST	FIRST
	c Tertiary	79 OTHER NPI	QUAL
	d	LAST	FIRST

UB-04 CMS-1450   APPROVED OMB NO.   NUBC National Uniform Billing Committee LIC9213257   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Green = Required/Preferred
Black = Situational/Required if Applicable/Reserved