



Date: 10/15/08

Medi-Cal

Important Provider Notice: #102

Subject: UB-04 CLAIM COMPLETION REMINDERS
(see attached copies of Inpatient and Outpatient UB-04 claim samples)

Just a few reminders-PHC requires that all claims billed on a UB-04 have the following fields completed:

- Box 1 requires name, address and phone number.
- Box 4 requires the Type of Bill code-this code must be 3 or more digits.
- Box 6 is required for inpatient claims-this will be rejected if the dates are blank, in the future or are invalid.
- Box 8b requires the member's first and last name.
- Box 10 requires the member's date of birth.
- Box 14 is required for inpatient claims-must have an admit type of 1,3, or 4.
- Box 17 is required for inpatient claims and must be two digits.
- Boxes 18-28-Condition code 80 is required if OHC applies to the claim.
- Boxes 31-34-Occurrence codes 01, 02, 03, or 05 must be used if related to an accident and Occurrence code 04 must be used if related to a worker's comp claim.
- Box 37-Delay reason codes must be used if applicable.
- Boxes 39-41-Values code 23 and the dollar amount must be used to report a member's Share of Cost. Value codes A1(Part A deductible), A2(Part A coinsurance) or 06(blood deductible) and the corresponding dollar amounts if billing a Medicare Part A claim.
- Box 42, lines 1-22-the 4 digit revenue code must be used for inpatient claims. Line 23 must have 0001 for total charges with the total dollar amount in Box 47, line 23.
- Box 44-Procedure/HCPCS codes are required for outpatient claims. If a modifier is applicable, please enter the modifier immediately after the procedure code.
- Box 45-Service date is required for outpatient claims.
- Box 46-Service units are required for outpatient claims. Service units are not required for inpatient ancillary services. Do not list any credit or adjustment amounts here.
- Box 47-Service charge is required for lines 1-22, line 23 is for Total charge.
- Box 56-NPI number is required on all claims.
- Box 58-List the insured's name here-this is only required if claim is for a newborn or organ donor.

- Box 59-Must use 03 if newborn or 11 if organ donor.
- Box 60-the member's Medi-Cal/BIC ID# is required.
- Box 67-the primary diagnosis code is required.
- Box 74-use primary procedure code only when applicable.
- Box 76-only required when a primary procedure code is listed in Box 74. List the name and NPI# of the referring or prescribing physician.

Attachments for UB-04 Claims:

Attached documentation for claims, CIFs or appeals should clearly reference the claim field number or procedure that requires additional documentation. The claim field number on the attachment should be legible, underlined or circled in black ballpoint pen. Allow adequate line space between each claim field number description.

Attachments must be single-sided because only one side of the document is scanned. Carbon copies of documents are not acceptable. Instead, make a photocopy of the original.

Attach undersized documentation to an 8½ x 11-inch sheet of 20-lb. white bond paper with non-glare tape. Cut oversized attachments (such as *Explanation of Medicare Benefits* [EOMB]/*Medicare Remittance Notice* [MRN]/*Remittance Advice* [RA]) in half, and tape each half to a separate 8½ x 11-inch white sheet of paper. Staple attachments in the top right corner of the form.

Note: Do not highlight or use tape to fasten attachments to the claim form.

Please do not attach claims or copies of claims to original claims. These may be interpreted as a “stand alone” claim and may be separated from the original claim for processing.

If you have any further questions regarding the completion of the UB-04 claim form, please feel free to contact the PHC Customer Service Department at (707) 863-4130.