

New UB04 Claim Form Overview

The National Uniform Billing Committee (NUBC) has approved a revised version of the UB92 institutional claim form known as a **UB04** form. Health plans, clearinghouses and other information support vendors should be ready to handle and accept the UB04 form on March 1, 2007. Providers have through May 2007 to convert to the new UB04 format according to Medicare guidelines and recommendations from the NUBC. However, Coventry will accept either form submitted. We do not have a specified termination date for accepting UB92 forms.

Coventry Health Care and its vendor partner, ACS, have been working hard to ensure that both systems can accept and use the data submitted on the revised form. Fields on the UB92 form have been changed, moved and/or deleted when compared to the new UB04 form. Additional fields have been added to the UB04 such as NPI, additional diagnosis code fields, and a specified DRG field. **Coventry does not have any special requirements that differ from the national instructions for each field on the UB04 form.**

Some of the more significant changes and data capture instructions for the UB04 are listed below. A copy of the new UB04 follows this list.

- Box 1 - Facility Name, Address and Telephone number**
Used for the actual location address. Will only be captured if box 2 is blank
- Box 2 - Facility Pay-to Name and Address**
Name and Address where payment should be sent. PO Box addresses are to be sent in this box.
- Box 3a - Patient Control # (patient account #) no change**
3b - Med. Rec. # (UB92 box 23)
- Box 8a - Patient ID**
This is the patients unique ID which will be captured for claims adjudication. If it is blank, the data will be captured from the old box 60, which is insured ID on the UB04
- Box 8b - Patient Name (UB92 box 12)**
- Box 9a,b,c,d - Patient Address, City, State, Zip Code. (UB92 box 13)**
- Box 29 - Accident State (new field)**
Not data captured
- Box 39-41 - Value Codes**
UB92 boxes 8, 9, 10 were deleted. Data will now need to be sent as value codes. All value codes will now be captured.

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- Box 42 - Revenue Code and line level details**
Line 23 now consists of a Page number field, (# of # pages), a Creation Date Field, and a Total charge field. The Total charge field eliminates the need for Rev code 001.
- Box 56 - NPI**
Facility NPI should be submitted in this field.
- Box 57 - Other Physician ID**
This field is for old legacy id that the facility is currently submitting in box 51 on the UB92. Box 51 on the UB04 has been changed to the Health Plan ID, which is a national number that has not been rolled out. For historical Coventry plans, this field will be data captured and should be submitted along with the NPI number.
- Box 66 - DX Qualifier**
Not currently used, but will distinguish between ICD-9 and ICD-10 coding.
- Box 67 - Diagnosis**
There is now a place for 18 codes, only first 4 are captured on First Claim. First 6 for IDX.
- Box 69 - Admit Diagnosis**
Should be used by provider on all inpatient claims
- Box 70 - Patient Reason For Visit**
For outpatient claims, this field contains the diagnosis code that indicates the reason for the visit. It should be used instead of an Admit Diagnosis field. This field will be keyed when the admit diagnosis field is blank and will populate in the Admit DX field in all systems.
- Box 71 - PPS CODE**
This is were you will locate the DRG code.
- Box 72 - External Cause of Injury**
Now up to three "E" diagnosis codes can be submitted for accidents. Only one will be captured.
- Box 74a-e - Principal Procedure code**
Key the same as today. First Claim – the first two are captured. IDX captures all.
- Box 81 - Code to Code Field**
This field is used to communicate any additional information that is not defined in a specific field. The main data element that Coventry will be using from this field is the taxonomy code. For IDX claims adjudication, a provider can submit a taxonomy (national specialty coding) to assist in the provider selection logic for facilities with separate sub-parts that share the same NPI number.