UB-04 Form Guidelines for Paper Claims

CMS MANDATE					
Field #	**Designation**	**Data Required**	**Source of Data**	**Other Information (Global)**	**State Specific Information**
1	Provider Name and Address	Vendor information for billing purposes	Must match exactly vendor information submitted on contract	Last Name, First Name ### Street Name St. City, State #####-####	
2	Pay to: Name and Address	Pay to: name and address if different from field: 1	WellCare Explanation of Payment (EOP)	Last Name, First Name #### Street Name City, State #####-####	
3a	Patient Control Number	Provider issued	Provider		
3b	Patient Medical Record #	Situational: provide if one is assigned	Institution		
4	Type of Bill	Bill Type Code	CMS/Medicare Manual	Expanded from 3 to 4 digits	ILLINOIS only bill frequency 1 through 4 accepted
5	Federal Tax ID Number	9-digit Tax ID (24-xxxxxxxxx)	State issued	Mandate	
6	Statement Covers Period: From - Through	Beginning and ending DOS From: MMDDYY Through: MMDDYY	Institution		
7	Save for Future Use	Save for Future Use	Save for Future Use	This field holds 8 characters	
8a	Patient Name - ID	WellCare Member ID	ID Card		ILLINOIS submit either the WC ID or Medicaid ID
8b	Patient Name	Last Name, First Name and Middle Initial	ID card or member	Use comma to separate last and first names. Record hyphen on hyphenated names.	
9	Patient Address	Number and Street, City, State, Zip Code	Member	#### Street Name St. City, State #####-####	
10	Member's Birth Date	MMDDYYYY	Member		
11	Sex	M or F	Member		
12	Admission Date	MMDDYY	Institution		
13	HR	HOUR (time of admission)	Provider	Military Time *(hour only)* : HH	
14	Type	Required only on Inpatient Claims	CMS/Medicare Manual	CMS Code Structures: '1' - '9'. Note, codes '6' - '8' not yet in effect. Code '9' information not available.	ILLINOIS '9' is not an allowed code
15	SRC	Source of Referral for Admission or visit	CMS/Medicare Manual	CMS Code Structures: '1' - '9', and 'A' - 'Z'	
16	D HR	Discharge Hour		Military Time (hour only): HH	
17	Stat	Patient Discharge Status (2 digit code)	Hospital	There are many codes, refer to UB-04 manual	ILLINOIS Required for inpatient only
18-28	Condition Codes	2 digit code	CMS/Medicare Manual	There are many codes, refer to UB-04 manual. Note, if all condition codes are filled, use field 81 with the appropriate qualifier (A1) to indicate condition codes	
29	ACDT State	Not Required: two letter state in which an automobile accident occurred			
30	Save for Future Use	Save for Future Use	Save for Future Use	This field holds 13 characters	

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31-34	Occurrence Code, Date	2-digit code followed by MMDDYY	CMS/Medicare Manual	There are many codes, refer to UB-04 manual	
35-36	Occurrence Span Code, From - Through	Required when matching condition code exists 2 characters followed by "from date" (MMDDYY) and "through date" (MMDDYY)	CMS/Medicare Manual	There are many codes, refer to UB-04 manual. Note, if all occurrence codes are filled, use field 81 with the appropriate qualifier (A2) to indicate occurrence codes.	
37	Save for Future Use	Save for Future Use	Save for Future Use	Holds 8 characters	
38	Responsible Party's name and address	HealthPlan Name (i.e., WellCare Health Plans) #### Street Name St. City, State #####-####	Must match name and address of health plan responsible for the bill	Note, used to print the responsible party's name and address if a window envelope is used.	
39-41	Value Codes, Code, Amount	Alpha Numeric: Value Code: Alpha Numeric (2) Amount: Numeric (9)	Provider	The codes and amounts communicate specific information that will affect the claims processing. There are many codes, refer to UB-04 manual. Note, if all value codes are filled, use field 81 with the appropriate qualifier (A4) to indicate value codes.	
42	Rev. CD	Revenue Codes	CMS/Medicare Manual	22 available lines	
43	Description	Revenue Code Description	CMS/Medicare Manual		
44	HCPCS / Rates	Valid HCPCS Code or Revenue Code Rates	CPT4/HCPCS 2007	Also NDC codes (11 digits) for specific drugs; See Federal register.	ILLINOIS HCPCS code required for all outpatient 837I claims. 'Rate' required for all accommodation revenue codes.
45	Serv. Date	Date Service Was Performed (MMDDYY)	Provider		
46	Serv. Units	Service Units	Provider	Up to six digits	
47	Total Charges	Line Item Charge	Services Performed		
48	Non-Covered Charges				
49	Save for Future Use	Save for Future Use	Save for Future Use	Holds 2 characters	
50a	Payer Name - Primary	Health plan name (i.e., WellCare Health Plans)	Billing Entity		
50b	Payer Name - Secondary	Secondary payer if applicable			ILLINOIS Required if patient has other insurance.
50c	Payer Name - Tertiary	Tertiary payer if applicable			
51	Health Plan ID No.	Report HIPAA National Health Plan Identifier when mandatory	This field is intended to contain the unique identifier used by each carrier that identifies the facility that is billing. (The WellCare Provider ID, or Tax ID # preceded by qualifier **24-**)		ILLINOIS continue to send the proprietary 3-digit TPL codes & 2-digit status codes to Illinois in its prescribed format.
52	Rel Info	Release of Information (primary, secondary, tertiary)	Alpha Numeric: 1 per line; 3 lines		

Field #	Designation	Data Required	Source of Data	Other Information (Global)	State Specific Information
53	ASG BEN.	Assignment of Benefits (primary, secondary, tertiary)	Alpha Numeric: 1 per line; 3 lines		
54	Prior Payments		Estimated patient prior payments		
55	Est. Amount Due		Estimated amount due		
56	NPI Number	Provider's NPI number	Issued for CMS by the National Plan and Provider Enumeration System (NPPES).	As of May 23rd mandated by CMS	
57a	Not Labeled	Provider's NPI Taxonomy	Refer to: http://www.wpc-edi.com/taxonomy/more_information	Taxonomy Code (15)	
57b	Not Labeled			Provider Medicaid or Medicare ID, or other Legacy ID not to be reported beginning 5/23/08.	
57c	Not Labeled			Provider Medicaid or Medicare ID, or other Legacy ID not to be reported beginning 5/23/08.	
58	Insured's Name	Member's Last Name, First Name, Middle Initial	Member's ID Card	Must be exactly what is on the member's ID card; In some states Medicaid uses the mother's ID for infants	
59	P. Rel	Patient's relationship to member		There are many codes, refer to UB-04 manual	
60a	Insured's Unique ID - primary	Member's ID Number	Member's ID Card	WellCare subscriber ID - primary	
60b	Insured's Unique ID - secondary	Member's ID Number	Member's ID Card	WellCare subscriber ID - secondary for dual eligible members	
60c	Insured's Unique ID - tertiary	Member's ID Number	Member's ID Card	Member Care/Caid ID	
61	Group Name	Insurance Group Name		If applicable (note, currently not used by WellCare Health Plans)	
62	Insurance Group No.	Insurance Group Number		If applicable (note, currently not used by WellCare Health Plans)	
63	Treatment Authorization Codes	Authorization Number	Plan Issued Authorization Number		
64	Document Control Number	N/A			ILLINOIS this field will be required when the State starts accepting bill frequency '7' & '8'.
65	Employer Name	N/A			
66	DX	Diagnosis Version Qualifier	ICD-9-CM 2007	ICD-10 in Oct 2008	
67	Prin. Diag. CD	Principal Diagnosis Code	ICD-9-CM 2007	ICD-10 in Oct 2008	
67A-Q	Other Diag. Codes	Other Diagnosis Code	ICD-9-CM 2007	ICD-10 in Oct 2008	
68	Save for Future Use	Save for Future Use	Save for Future Use	Top is 8 characters and bottom is 9 characters	

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69	Adm.Diag. CD.	Admitting Diagnosis Code	ICD-9-CM 2007	ICD-10 in Oct 2008	ILLINOIS required for inpatient only.
70	Patient Reason DX	Patient's Reason for Visit Code(s)	Alpha Numeric: 7. Up to three lines	ICD-10 in Oct 2008	
71	PPS Code	Prospective Payment System DRG Code		Use for DRG Code	
72	ECI	External cause of injury code	ICD-9-CM 2007	ICD-10 in Oct 2008	
73	Save for Future Use	Save for Future Use	Save for Future Use	9 characters	
74	Principal Procedure Code, Date	Procedure Code/Date	ICD-9-CM 2007	ICD-10 in Oct 2008	
74a-e	Other Procedure Code, Date	Procedure Code/Date	ICD-9-CM 2007	ICD-10 in Oct 2008	
75	Save for Future Use	Save for Future Use	Save for Future Use	Room for 4 rows with 3, 4, 4, and 4 alpha-numeric characters, respectively.	
76	Attending Physician ID	NPI Number	Provider or Institution	The NPI goes in 1st box; A Qualifier ID goes in the next box (2 characters max) **Common Qualifiers** **24** Tax ID **ZZ** Taxonomy	
77	Operating Physician ID	NPI Number, Last Name, First Name	Provider or Institution		

Field #	Designation	Data Required	Source of Data	Other Information (Global)	State Specific Information
78-79	Other Physician ID	NPI Number, Last Name, First Name	Provider or Institution	Same as above (field 76 and field 77), but designated space after "Other" to be used to indicate Other Type. Common other types include: DN = Referring Provider ZZ = Other Operating Physician 82 = Rendering Provider Note, consult the UB-04 Manual for more information.	
80	Remarks	The provider enters any remarks needed to provide information that is not shown elsewhere on the bill but which is necessary for proper payment. ie. Renal Dialysis, DME specific.	Provider or Institution	The top line holds 21 characters, and each of the following three hold 26.	Illinois: this field is required to be blank to be used for the Document Control Number (DCN)
81	CC	Codes Codes: To report additional codes related to a form locator or to report external code list approved by the NUBC for inclusion to the institutional data set. A 2 character designator is used to signify the information that follows	Provider or Institution	For each line, the character limits are 2/10/12 Note, WellCare recommends using this field to contain the Taxonomy Codes corresponding to fields 76-79. The qualifier for taxonomy is ZZ.	