

Maine State Uniform Billing Committee
Combining Facility and Professional Claim Using UB-04 Data Set

Briefly describe the goals you are trying to achieve/accomplish:

The Maine SUBC is trying to achieve greater consistency between the paper UB-04 and the electronic 837-I standards by allowing for the reporting of the performing provider on inpatient and outpatient claims which contain hospital based physician charges. Currently hospitals which employ physicians can negotiate with the payers to bill for these services on a UB-04 or a 1500. Maine state government (Maine Health Data Organization) collects data from the payers, and this data is unreliable because hospital based providers are not identified with the same level of granularity as they would be if the claims were submitted electronically or on a 1500. What Maine is proposing is simply to allow form locator 49 to be assigned as a pointer field which could reference one of the provider fields to report the performing provider. This field would only be completed for professional fee revenue codes where the hospital was choosing to bill for the hospital based physician on the UB-04. For example, a hospital which employed a surgeon and chose to bill for all the hospital services on a UB-04 would bill for the facility component of the surgery under revenue code 0360, and the professional (surgeon) component under revenue code 0975. We are proposing that the facility would then enter the number 77 in field 49 to point to the physician in field 77 as the performing provider for this service. It is not sufficient to say that the Operating Physician is a given as the performing provider for the services in 0975, because there can be more than one surgeon involved in a case, and the hospital may or may not be billing for both of their services. This change would allow the payer to capture the performing physician for services submitted on a UB-04, and would in turn allow them to provide this information back to the MHDO so that there would be consistency in the data where hospital based physicians are concerned.

Indicate the various areas that would be affected.

- 1a) Will new UB-04 codes be required? Yes X No ___
- 1b) If yes, indicate the UB-04 Form Locator that will require a new code element. FL 49
- 1c) Briefly describe the new code element and the conditions under which it will be required for reporting purposes. Include specific Type of Bills that would be affected.
Please see description above. Codes would simply be the FL #s of the physician fields: 76, 77, 78, and 79. Bill types would be in and outpatient bill types, hospital only, when provider based physicians are billed on the UB-04.

UB-04 Manual would also have to be updated to allow for the submission of detailed CPT coding for professional bill codes (096X, 097X, 098X) on inpatient claims. This is consistent with the CMS precedent requiring providers to submit detailed coding for certain drugs and biologicals on inpatient claims. Again, this would only be utilized if the hospital had contracted with the payer to bill for professional services on the UB-04.

2a) Are health plans in your state supportive of the change?

Yes No

Describe which plans are supportive and which are not. For those that are not supportive also indicate their reasons for opposing the change.

Health plans were supportive because it would only be used by providers who had contracted with the payers to bill for their provider based physicians in this manner.

3a) Has your state committee considered alternatives? If yes, please describe the alternative solution that was considered and the basis for ruling it out for consideration.

Alternative would be to require all facilities to bill for the professional component of hospital based physicians on a 1500, regardless of payer. This was considered to be inefficient since some hospitals (critical access hospitals) do not have to bill on a 1500 even to Medicare, and this would require them to support two forms programs. Multiple claims also add to the administrative cost of healthcare.

4) What timeframe would be needed for implementation of the change.

Since rendering provider information is already captured in hospital information systems, it would merely be a matter of mapping to begin using this field. Implementation should be able to be accomplished in 3-6 months if approved.