

- p. 29 - Definition Should be: The code referring to the hour during which the patient was admitted for inpatient ~~or outpatient~~ care.
- p. 107 - RC 0300 Standard Abbreviation should be: **LAB**
- p. 124 - RC 058x Should be:
- | <u>SubC</u> | <u>Subcategory Definition</u> | <u>Standard Abbreviation</u> |
|-------------|--------------------------------|------------------------------|
| 0 | General Classification | HH-OTH VIS |
| 1 | Visit Charge | HH-OTH VIS/VISIT |
| 2 | Hourly Charge | HH-OTH VIS/HOUR |
| 3 | Assessment | HH-OTH VIS/ASSESS |
| 4-8 | RESERVED | |
| 9 | Other Home Health Visit | HH-OTH VIS/OTHER |
- p. 164 and 165 - Notes Should be: There are **8** positions for dollars, 2 positions for cents.
- p. 167 - UB-04 Reporting OR
Required on or after the mandated NPI Implementation Date **when** NPI is not used **in** FL 56 and an identification number other than the NPI is necessary for the receiver to identify the provider.
- p. 241 - Change Log Should be: FL 72 a-c
- p. 153 Field Attributes Dollar values reported for Accommodation Rates must include whole dollars, the decimal, and the cents.
- p. 233 FL 64 Loop ID for Destination Payer should be **2300**.
- p. 219 FL 54 Buffer space should be **0**; FL 55 is correct.
- p. 19 Note (b) Should read: “Do not use for Medicare **inpatient hospital** PPS claims.”
- p. 94 - Notes The HCPCS usage notations in the revenue code section (FL 42) are provided for general guidance only; they do not represent hard and fast rules. Actual application may vary depending on certain circumstances.

- FL 42 - Various Pages In the process of developing the UB-04, the “9 - Other” revenue subcategory codes were reviewed for necessity, clarity and redundancy. As a result several “9” codes were re-designated as reserved for assignment by the NUBC because the “0 - General Classification” codes are sufficient.
- Specific revenue codes removed from UB-92 include 0599, 0709, 0719, 0749, 0759, 0779, 0789, and 0799. For clarity, RC 0392 was added to UB-04 to distinguish “Processing and Storage” from “Other” (RC 0399). In addition, any unused code in UB-92 has been specifically designated as “RESERVED” in UB-04.
- These changes are not reflected in any UB-92 update. As noted on FL 42, the changes are effective 3/1/07 (for UB-04 claims).
- p. 194 - Reporting Identifiers - National Provider Identifier
- UB-04 and 005010
- The situational reporting rule for a Referring Provider should be slightly different than that for Rendering Providers and Other Operating Physicians. **For Referring Provider only**, the situational usage should be:
- Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI **and the NPI is available to the submitter.**
- OR
- Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.
- p. 217
- Crosswalk addition: Admission Hour - UB-92 FL 18/UB-04 FL 13
- p. 244
- Margins - Face - The top margin from the top edge of the form to the first print position is **1/8 inches ~~1/16 or .4 mm~~** The left margin is **1/8 ~~0.15~~ inches** to the left end of the first print position.
- UB-04 Printing Requirements
- It has come to our attention that some laser printers are having difficulty meeting the print specification of the UB-04 form.
- The UB-04 form and the UB-92 contain identical margin specifications. Both forms are 82 characters across. To accommodate the 80 character limitation of some laser printers, many users of the UB-92 form developed workarounds that basically “cheated” on the printing layout. This was commonly accomplished by starting in the second position and ending in the 80th position, basically ignoring the first column on the left and the last column on the right. The UB-92 had no critical data elements in these fields.
- In order to meet the UB-04 print specifications, users should utilize laser printers that have “edge-to-edge” print capability (4 mm margins on the left and right) or wide carriage impact printers (dot-matrix or line printers).

- p. 49 Condition Code 06 is revised as follows:
- | | |
|---|--|
| ESRD Patient in First <u>30</u>
Months of Entitlement
Covered by Employer
Group Health Insurance | Code indicates Medicare as the secondary insurer because the patient also is covered through an employer group health insurance during his first <u>30</u> months of End Stage Renal Disease (ESRD) entitlement. |
|---|--|
- p. 164 - Reporting • UB-04: Situational. Required when the indicated payer has paid an amount to the provider towards this bill. ~~It is acceptable to show "0" as the amount paid.~~ Report "0.00" if there is no payment made by the health plan or payment was applied to coinsurance or deductible.
- p. 169 - Reporting • 004010/004010A1: Required. (Note: The 004010/004010A1 version has 16 more (specific) coding possibilities than the UB-04 and 005010.)
- If the patient is the subscriber, report in Loop ID 2000B.
- If the patient is not the subscriber but has a unique identifier assigned by the destination payer, report in Loop ID 2000BC.
- p. 161 CMS' "Medicare Claims Processing Manual Chapter 1 - General Billing Requirements" contains mapping errors. UB-04 FL 51 is **Health Plan Identification Number**; NOT Medicare Provider Number. Legacy Provider Numbers are reported in FL 57.