

UB-04 Billing Instructions for Long Term Care Claims

25-1 Box #	Description	UB-04 Box #	Instructions
1A	Provider Name, Address, Phone #	1	Enter Provider Name, Address & Phone #
1A	Pay to Name/Address	2	Enter if different than box 1
New Field	Facility Taxonomy Code	81CCa	Enter Facility Taxonomy Code with a B3 qualifier https://taxonomy.nucc.org/
2	Provider Number	56	Enter billing NPI
New Field	Type of Bill	4	<p>Enter the appropriate 3 digit code as follows:</p> <p><u>1st Digit - Type of Facility</u> 2 = Skilled Nursing (LOC = ICF I) (LOC = ICF II) (LOC = SNF)</p> <p><u>2nd Digit - Classification</u> 1 = Skilled Nursing Inpatient</p> <p><u>3rd Digit - Frequency Definition</u> 1 = Admit Through Discharge Claim. Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. 2 = Interim - First Claim. Use this code for the first of an expected series of claims for a course of treatment. 3 = Interim - Continuing Claim. Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted. 4 = Interim - Final Claim. Use this code for a claim, which is the last claim. The "Through" date of this bill (Form Locator 6) is the discharge date or date of death</p> <p><u>Example:</u> Member is still under care and billing for one month of service in a series of months, TOB would be 213</p>

25-1 Box #	Description	UB-04 Box #	Instructions
New Field	Tax ID	5	Enter Federal Tax ID Number
3	Delete	49	Leave blank
4	Patient Name	8a	Enter recipients name as shown on their MediCal eligibility card, last name, first name, middle initial
New Field	Patient's Address	9a-e	Enter patients address: 9a = Street address 9b = City 9c = State 9d = Zip Code 9e = Zip Plus
5	Patient's CIN	60 A	Enter patients MediCal CIN
6	Year of Birth	10	Enter patient's date of birth using MMDDYY format
New Field	Admission Hour	13	Enter the time of admission in 24-hour format (00-23) no minutes. If unknown enter 10
New Field	Admission Type	14	Enter the numeric code indicating the necessity for admission to the hospital: <ul style="list-style-type: none"> • 1 = Emergency admission • 2= Urgent admission • 3 = Elective admission • 9 = Information not available
New Field	Source of Admission	15	Enter the Source of Referral for Admission: <ul style="list-style-type: none"> • 1 = Physician Referral • 2 = Clinic Referral • 4 = Transfer from a hospital (different facility) • 5 = Transfer from another SNF • 6 = Transfer from another health care facility • 7 = Transfer from ED • 9 = Information not available
7	Patient Sex	11	Enter the sex of the patient as: M = Male F = Female U = Unknown
8	TAR #	63	Optional - Enter TAR # if applicable

25-1 Box #	Description	UB-04 Box #	Instructions
9	Medical Record #	3a	Optional - Enter patient control number
10	Attending M.D. Provider Number	76	Enter attending provider NPI and In the box to the right of the QUAL field
11	Billing Limits Exceptions	37a	Leave blank
New Field	PHC Address	38	Enter Partnership HealthPlan, P.O. Box 1368, Suisun City, CA 94585
New Field	Admission Date	12	Enter date of admission
12-13	Dates of Service From – Through	6	Enter the from and through dates of service using MMDDYY format
14	Patient Status	17	This code indicates the patient's status as of the through date of the billing period from box 6 Patient Status Guide – UB04 – Box 17
15	Accommodation Code	42	Enter revenue code using: Accommodation – Revenue Code Guide – UB04 Box 42
New Field	Revenue Description	43	Enter the description of the corresponding Revenue Code See Revenue Code Descriptions – UB04 Box 43
New Field	Units of Service	46	Enter the number of days
New Field	ICD Indicator	66	Enter 0 for ICD 10 Indicator
16	Primary Diagnosis Code	67	Enter Primary Diagnosis Code
New Field	Admit Diagnosis	69	Enter Primary Diagnosis Code
17	Gross amount	47	Total Charges
18	Patient Liability	39-41	Enter 24 and the appropriate Value Code Amount using the Value Code Guide. Value Codes Guide In addition enter 23 and the amount for SOC if applicable

25-1 Box #	Description	UB-04 Box #	Instructions
18A	Medicare Type	50	Enter Primary payer name
19	Other Coverage	54	Enter Primary carrier payments
22-116	Lines 2-6	N/A	N/A
20	Net Amount Billed	55	Enter estimated amount due
126A	Explanations	80	Enter any remarks needed to provide information not shown elsewhere on the bill, but are necessary for proper payment

Signature is not required on the UB04

Patient Status Guide – UB04 – Box 17

25-1 Box #	Description	UB04 Box #	Description
14		17	
00	Still under care	30	Still a patient
01	Admitted	09	Admitted as inpatient
02	Expired	20	Expired
02		40	Expired at home
02		41	Expired in a Medical Facility
02		42	Expired - place unknown
03	Discharged to Acute Hospital	02	Transferred to Inpatient Care
03		05	Transferred to designated cancer center or children's hospital
03		43	Transferred to a Federal Health Care Center
03		51	Transferred to Hospice facility
03		62	Transferred to inpatient rehabilitation facility

25-1 Box # 14	Description	UB04 Box # 17	Description
03		65	Transferred to Psychiatric Hospital
03		66	Transferred to Critical Access Hospital
03		70	Transferred to another type of facility
04	Discharged to Home	01	Routine discharge to home
04		06	Discharged to home under the care of Home Health agency
04		50	Discharged to home Hospice
05	Discharged to another LTC Facility	03	Transferred to SNF with Medicare Certification
05		04	Transferred to a Facility with Custodial or Supportive Care
05		61	Transferred to a Hospital Based Medicare approved Swing Bed
05		63	Transferred to a Medicare Certified Long Term Care Hospital
05		64	Transferred to another Nursing Facility Certified under Medicaid but not Medicare
06	Leave of Absence to Acute Hospital Bed Hold	30	Still a patient
07	Leave of Absence to Home	30	Still a patient
08	Leave of Absence to Acute Hospital/Discharged	02	Transferred to Inpatient Care
09	Leave of Absence to Home/Discharged	01	Routine discharge to home
10	Admitted/Expired	20	Expired
10		41	Expired in a Medical Facility

25-1 Box # 14	Description	UB04 Box # 17	Description
11	Admitted/Discharged to Acute Hospital	02	Transferred to Inpatient Care
11		43	Transferred to a Federal Health Care Facility
11		51	Transferred to Hospice facility
11		62	Transferred to an Inpatient Rehabilitation Facility
11		65	Transferred to a Psychiatric Hospital
11		66	Transferred to a Critical Access Hospital
11		70	Transferred to another type of Health Care facility
12	Admitted/Discharged to Home	01	Routine discharge to home
12		06	Discharged to home under the care of Home Health agency
12		50	Discharged to home Hospice
13	Admitted/Discharged to another LTC Facility	03	Transferred to SNF with Medicare Certification
13		04	Transferred to a Facility with Custodial or Supportive Care
13		61	Transferred to a Hospital Based Medicare approved Swing Bed
13		63	Transferred to a Medicare Certified Long Term Care Hospital
13		64	Transferred to another Nursing Facility Certified under Medicaid but not Medicare
32	Transferred to LTC Status in Same Facility	04	Transferred to a Facility that Provides Custodial or Supportive Care

Accommodation – Revenue Code Guide – UB04 Box 42

Accom Code	Rev Code	Accom Code	Rev Code	Accom Code	Rev Code
01	0101	64	0180	83	0199
02	0180	65	0101	84	0199
03	0180	66	0101	85	0190
04	0101	68	0180	86	0190
05	0180	69	0180	87	0185
11	1001	71	0190	88	0185
12	0180	72	0190	89	0180
21	0101	73	0185	90	0180
22	0180	74	0185	91	0190
23	0180	75	0190	92	0190
31	1001	76	0190	93	0185
32	0180	77	0185	94	0185
41	0101	78	0185	95	0180
43	0180	79	0180	96	0180
61	0101	80	0180	97	0199
62	0180	81	0180	98	0199
63	0180	82	0180		

Revenue Code Descriptions – UB04 Box 43

Rev Code	Rev Code Description
0101	All Inclusive Room & Board
0180	Leave of Absence General
1001	Residential Treatment Psychiatric
0190	Subacute Care General
0185	Leave of Absence - Nursing Home for Hospitalization
0199	Subacute Care - Other

Value Codes Guide

Accom Code	Rev Code	Rev Code Description	Paper Value Code	Electronic Value Code
01- NF-B Regular Services Distinct Part	0101	All Inclusive Room & Board	01	.01
01- NF-B Regular Services Free Standing	0101	All Inclusive Room & Board	07	.07
02- NF-B Regular Leave Days -Non DD - Distinct Part	0180	Leave of Absence General	02	.02
02-NF-B Regular Leave Days - Non DD - Free Standing	0180	Leave of Absence General	08	.08
03-NF-B Regular Leave Days-DD Patient-Distinct Part	0180	Leave of Absence General	03	.03
03-NF-B Regular Leave Days-DD Patient-Free Standing	0180	Leave of Absence General	09	.09
04-NF-B Rural Swing Bed - Regular Services	0101	All Inclusive Room & Board	04	.04
05-NF-B Rural Swing Bed-Leave Days-Non DD	0180	Leave of Absence General	05	.05
11-NF-B Special Treatment-Mentally Disordered-Regular Services	1001	Residential Treatment Psychiatric	11	.11
12-NFB Special Treatment-Mentally Disordered- Leave Days-Non DD	0180	Leave of Absence General	12	.12
21-NF-A Regular Services	0101	All Inclusive Room & Board	21	.21
22-NF-A Regular Leave Days, Non DD	0180	Leave of Absence General	22	.22
23-NF-A Regular Leave Days, DD Patient	0180	Leave of Absence General	23	.23
31-NF-A Rehab Mentally Disordered, Regular Services	1001	Residential Treatment Psychiatric	31	.31
32-NF-A Rehab Mental Disordered, Leave Days, Non DD	0180	Leave of Absence General	32	.32

Accom Code	Rev Code	Rev Code Description	Paper Value Code	Electronic Value Code
41-ICF/DD Regular Services 59↓ Beds	0101	All Inclusive Room & Board	41	.41
41-ICF/DD Regular Services 60↑ Beds	0101	All Inclusive Room & Board	42	.42
43-ICF/DD Leave Days, DD Patient 59↓ Beds	0180	Leave of Absence General	43	.43
43-ICF/DD, Leave Days, DD Patient 60↑ Beds	0180	Leave of Absence General	44	.44
61-ICF/DD-H 4-6 Beds, Regular Services	0101	All Inclusive Room & Board	61	.61
62-ICF/DD-N 4-6 Beds, Leave Days, DD Patient	0101	Leave of Absence General	62	.62
63-ICF/DD-H 4-6 Beds, Leave Days, DD Patient	0180	Leave of Absence General	63	.63
64-ICF/DD-N 4-6 Beds, leave Days, DD Patient	0180	Leave of Absence General	64	.64
65-ICF/DD-H 7-15 Beds, Regular Services	0101	All Inclusive Room & Board	65	.65
66-ICF/DD-N 7-15 Beds, Regular Services	0101	All Inclusive Room & Board	66	.66
68-ICF/DD-H 7-15 Beds, Leave Days, DD Patient	0180	Leave of Absence General	68	.68
69-ICF/DD-N 7-15 Beds, Leave Days, DD Patient	0180	Leave of Absence General	69	.69
71-NF-B Adult Subacute Hospital DP/NF-B Ventilator Dependent, Regular Services	0190	Subacute Care General	71	.71
72-NF-B Adult Subacute Hospital DP/NF-B Non Ventilator Dependent, Regular Services	0190	Subacute Care General	72	.72
73-NF-B Adult Subacute Hospital DP/NF-B Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	73	.73

Accom Code	Rev Code	Rev Code Description	Paper Value Code	Electronic Value Code
74-NF-B Adult Subacute Hospital DP/NF-B Non Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	74	.74
75-NF-B Adult Subacute, Free Standing, Ventilator Dependent, Regular Services	0190	Subacute Care General	75	.75
76-NF-B Adult Subacute, Free Standing, Non Ventilator Dependent, Regular Services	0190	Subacute Care General	76	.76
77-NF-B Adult Subacute, Free Standing, Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	77	.77
78-NF-B Adult Subacute, Free Standing, Non Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	78	.78
79-NF-B Adult Subacute Hospital DP/NF-B Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	79	.79
80-NF-B Adult Subacute Hospital DP/NF-B Non Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	80	.80
81-NF-B Adult Subacute Free Standing Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	80	.81
82-NF-B Adult Subacute Free Standing Non Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	82	.82
83-NF-B Pediatric Subacute Hospital DP/NF-B Supplemental Rehab Services	0199	Subacute Care - Other	83	.83
84-NF-B Pediatric Subacute Hospital FP/NF-B Ventilator Weaning Services	0199	Subacute Care - Other	84	.84
85-NF-B Pediatric Subacute Hospital DP/NF-B Ventilator Dependent Regular Services	0190	Subacute Care General	85	.85
86-NF-B Pediatric Subacute Hospital DP/NF-B Non Ventilator Regular Services	0190	Subacute Care General	86	.86

Accom Code	Rev Code	Rev Code Description	Paper Value Code	Electronic Value Code
87 -NF-B Pediatric Subacute Hospital DP/NF-B Ventilator Dependent Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	87	.87
88 -NF-B Pediatric Subacute Hospital DP/NF-B Non Ventilator Dependent Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	88	.88
89 -NF-B Pediatric Subacute Hospital DP/NF-B Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	89	.89
90 -NF-B Pediatric Subacute Hospital DP/NF-B Non Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	90	.90
91 -NF-B Pediatric Subacute Freestanding NF-B Ventilator Dependent, Regular Services	0190	Subacute Care General	91	.91
92 -NF-B Pediatric Subacute Freestanding NF-B Non Ventilator Dependent, Regular Services	0190	Subacute Care General	92	.92
93 -NF-B Pediatric Subacute Freestanding NF-B Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	93	.93
94 -NF-B Pediatric Subacute Freestanding NF-B Non Ventilator Dependent, Bed Hold	0185	Leave of Absence - Nursing Home for Hospitalization	94	.94
95 -NF-B Pediatric Subacute Freestanding NF-B Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	95	.95
96 -NF-B Pediatric Freestanding NF-B Non Ventilator Dependent, Leave of Absence	0180	Leave of Absence General	96	.96
97 -NF-B Pediatric Subacute Freestanding NF-B Supplemental Rehab Services	0199	Subacute Care - Other	97	.97
98 -NF-B Pediatric Subacute Freestanding NF-B Ventilator Weaning Services	0199	Subacute Care - Other	98	.98