STATE OF MARYLAND
KIDNEY DISEASE PROGRAM

UB-04

Billing Instructions

for

Freestanding Dialysis Facility Services

Revised 9/1/08

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COMPLETION OF UB-04 FOR KIDNEY DISEASE PROGRAM SERVICES

The uniform bill for institutional providers is known as the UB-04 and is the replacement for the UB-92 form. Starting July 30, 2007 all institutional paper claims must use the UB-04; the UB-92 will no longer be acceptable after this date.

The instructions are organized by the corresponding boxes or "Form Locators" on the paper UB-04 and detail only those data elements required for Kidney Disease Program billing. For electronic billing, please refer to the eCMS Companion Guide, which can be found on the following website: dhmheclaims.org/kdp/index.asp

The UB-04 is a uniform institutional bill suitable for use in billing multiple third party liability (TPL) payers. When submitting the above claims, complete all items required by each payer who is to receive a copy of the form.

The Kidney Disease Program statute of limitations for timely claim submission is as follows: Invoices for services rendered at free-standing dialysis facilities must be received within six (6) months of the date of service on the claim. If a claim is received within the 6 month limit but rejected, resubmission will be accepted within 60 days of the date of rejection or within 6 months of the date of service, whichever is longer. If a claim is rejected because of late receipt, the patient may not be billed for that claim. If a claim is submitted and neither a payment nor a rejection is received within 90 days, the claim should be resubmitted.

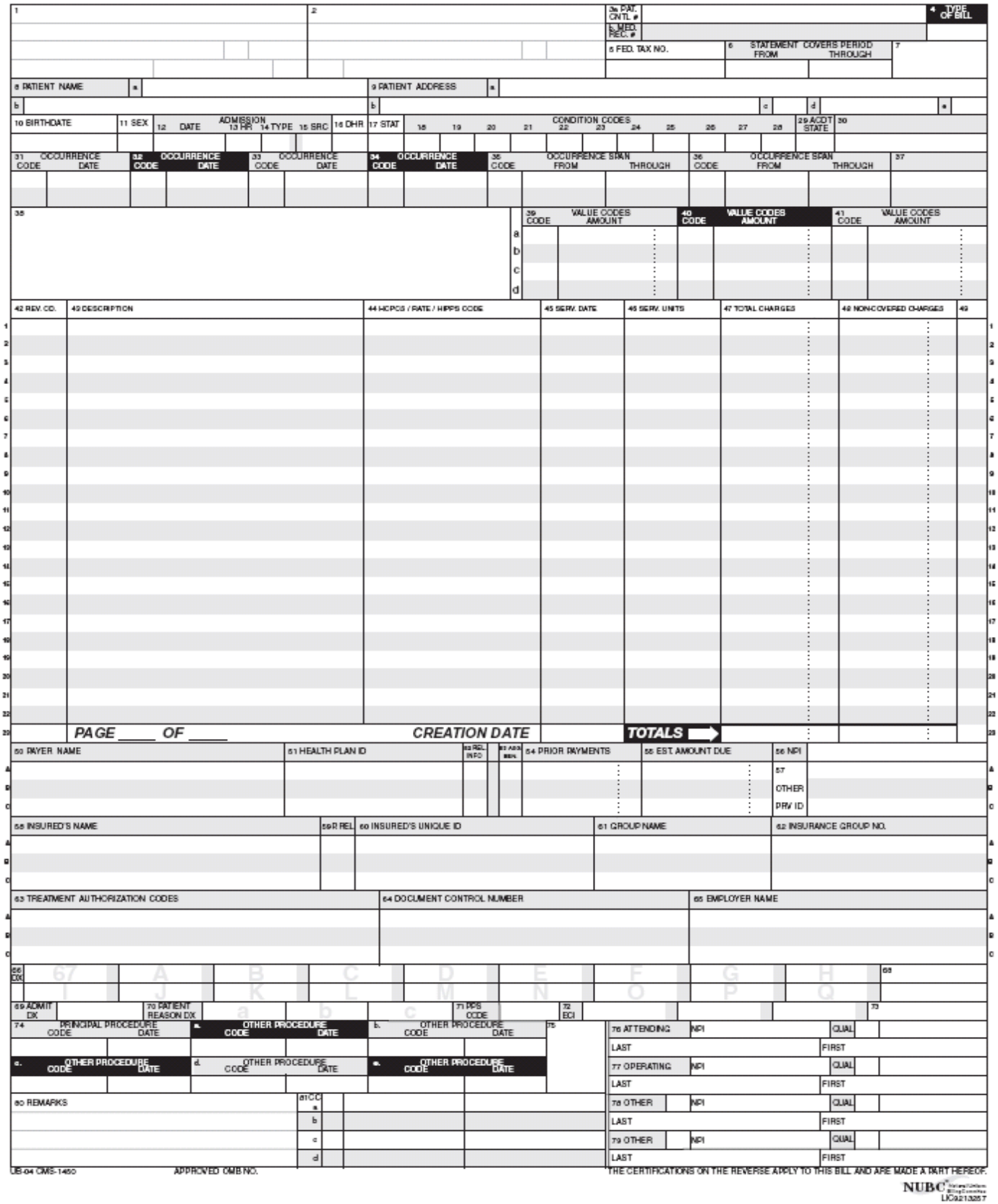
For any claim initially submitted to Medicare and for which services have been approved or denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 90 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later.

All third-party resources, such as Medicaid, insurance or Worker's Compensation, should be billed first and payment either received or denied before the Kidney Disease Program may be billed for any portion not covered. Claims must be submitted with the TPL explanation of benefits attached.

Invoices may be typed or printed. If printed, the entries must be legible. Do not use pencil or a red pen to complete the invoice. Otherwise, payment may be delayed or the claim rejected.

Completed invoices are to be mailed to the following address:

Kidney Disease Program
201 W. Preston Street, Rm. SS-3
Baltimore, MD 21201


1
2
3a PAT. CNTL #
4 TYPE OF BILL
b MED. REC. #
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME
9 PATIENT ADDRESS
10 BIRTHDATE
11 SEX
12 ADMISSION DATE
13 HR
14 TYPE
15 SRC
16 DHR
17 STAT
CONDITION CODES
29 ACDT STATE
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
52 REL. INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
67
A B C D E F G H I J K L M N O P Q
68
69 ADMIT DX
70 PATIENT REASON DX
a b c
71 PPS CODE
72 ECI
73
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
76 ATTENDING NPI QUAL
LAST FIRST
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST
80 REMARKS
81CC
a
b
c
d
UB-04 CMS-1450 APPROVED OMB NO.
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
NUBC
LIC9213257

The instructions that follow are keyed to the form locator number and headings on the UB-04 form.

FL 01 **Billing Provider Name, Address, and Telephone Number**

Required. Enter the name and service location of the provider submitting the bill.

Line 1 Enter the provider name filed with the Kidney Disease Program.

Line 2 Enter the street address to which the invoice should be returned if it is rejected due to provider error.

Line 3 Enter the City, State & full nine-digit ZIP Code

Line 4 Telephone, Fax, County Code (desirable but optional)

FL 02 **Pay-to Name and Address**

Leave Blank – Internal Use Only

FL 03a **Patient Control Number**

Not Required

FL 03b **Medical/Health Record Number**

Optional. Enter the medical/health record number assigned to the patient by the freestanding dialysis facility when the provider needs to identify for future inquiries the actual medical record of the patient. Up to 24 positions may be entered.

FL 04 **Type of Bill**

Required. Enter the 4-digit code indicating the specific type of bill. For freestanding dialysis facilities, use the bill type 0721. All four digits are required to process a claim.

FL 05 **Federal Tax Number**

Required. The number assigned to the provider by the federal government for tax reporting purposes. The format is: NN-NNNNNNN; 10 positions (include hyphen).

NOTE: Must include 'Store Number' next to column heading, when applicable.

FL 06 **Statement Covers Period (From - Through)**

Required. Enter the "From" and "Through" dates covered by the services on the invoice (MMDDYY). Your facility may not bill for two separate months on one claim form.

NOTE A: For all services received on a single day both the "From" and "Through" dates will be the same. Continuing treatment must be billed on a day-to-day basis.

NOTE B: Medicare Part B claims should include the "From" and "Through" dates as indicated on the Medicare payment listing or EOMB.

FL 07 **NOT USED – Reserved for Assignment by NUBC**

FL 08a **Patient Name – Identifier**

Not required. Patient's ID (if different than the subscriber/insured's ID).

FL 08b **Patient Name**

Required. Enter the patient's name as it appears on the Kidney Disease Program card: last name, first name, and middle initial. (Please print this information clearly.)

FL 09, 1a-2e **Patient Address**

Optional. Enter the patient's complete mailing address, as follows:

Line 1a -- Enter the patient address – Street number and name; if no street address, enter the P.O. Box number
Line 2b -- Enter the patient address – City
Line 2c -- Enter the patient address – State
Line 2d -- Enter the patient address –Zip
Line 2e -- Enter the patient address –Country Code (Report if other than USA)

FL 10 **Patient Birth Date**

Required. Enter the month, day, and year of birth (MMDDYYYY). Example: 11223333

FL 11 **Patient Sex**

Not required. Enter the patient's sex as recorded at admission, outpatient service, or start of care.

M – Male F – Female U – Unknown

FL 12 **Admission/Start of Care Date**
Not required.

FL 13 **Admission Hour**
Not required.

FL 14 **Priority (Type) of Visit**
Not required.

FL 15 **Source of Referral for Admission or Visit**
Not required.

FL 16 **Discharge Hour**
Not required.

FL 17 **Patient Discharge Status**
Not required.

FL 18-28 **Condition Codes**
Not required. A provider may use the condition code if using them for other billers. The Kidney Disease Program will not deny claims if the condition code is present.

FL 29 **Accident State.**
Not required.

FL 30 **Reserved for Assignment by NUBC - Not Used**

FL 31-34 a b **Occurrence Codes and Dates**
Not required. A provider may use the condition code if using them for other billers. The Kidney Disease Program will not deny claims if the condition code is present.

FL 35-36a b **Occurrence Span Codes and Dates**
Not required.

FL 37 **NOT USED**

FL 38 **Responsible party name and address**
Not required.

FL 39-41 a-d **Value Codes and Amounts**
Not required. A provider may use the condition code if using them for other billers. The Kidney Disease Program will not deny claims if the condition code is present.

FL 42 **Revenue Codes**

Required. Line 1-23. Enter the appropriate four-digit numeric revenue code. When reporting the revenue code, if needed, report the corresponding HCPCS code for the service rendered. The appropriate revenue code must be entered to explain each charge in FL 47. If multiple services are provided on the same day for like services, that is, those with the same HCPCS, the provider should combine the like services for each day and report the date along with the number of units provided, as well as the revenue code. Services provided on different days should be listed separately along with the date of service, units, and revenue code.

The 23rd line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.

To assist in bill review, revenue codes should always be listed in ascending numeric sequence, by date of service (outpatient). The exception is Revenue Code 0001, which is used on paper claims only and is reported on Line 23 of the last page of the claim.

FL 43 **Revenue Descriptions**

Situational. Enter a narrative description or standard abbreviation for each revenue code shown in FL 42. Descriptions or abbreviations will correspond to the revenue codes shown in the Revenue Code Matrix included in these Instructions.

FL 44 **HCPCS/Accommodation Rates/HIPPS Rate Codes**

Required. The field contains 5 positions for the base code, plus 8 positions for up to 4 HCPCS modifiers.

FL 45 **Service Date**

Line 1-22: Enter the actual date (MMDDYY) the service was provided. All requested dates must be within "From/Through" dates in field 6.

Line 23: Enter Creation Date (MMDDYY) **Required.**
Enter the date the bill was created or prepared for submission. Creation Date on Line 23 should be reported on all pages of the UB04.

FL 46 **Units of Service**

Required. Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements. There must be a unit of service for every revenue code except 0001.

FL 47 **Total Charges**

Enter the sum of the total charges pertaining to the related revenue code for the current billing period as entered in the statement covers period (FL 06).

Line Item Charges
Required - Lines 1-22. Line items allow up to nine numeric digits (0,000,000.00); 7 positions for dollars, 2 positions for cents.

Total (Summary) Charges
Required on Line 23 of the final claim page using Revenue Code 0001.
The 23rd line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.

Revenue code 0001 is not used on electronic transactions; report the total claim charge in the appropriate data segment/field according to the electronic companion guides.

FL 48 **Non-Covered Charges**
Not required.

FL 49 **Reserved for Assignment by NUBC**

FL 50 a,b,c **Payer Name**
Optional. First line, 50a is the Primary Payer Name. Second line, 50b is the Secondary Payer Name. Third line, 50c is the Tertiary Payer Name. Multiple payers should be listed in priority sequence according to the priority in which the provider expects to receive payment from these payers.

NOTE: If other payers listed, then Kidney Disease Program should be the last entry in this field.

FL 51 a,b,c **Health Plan Identification Number**
Not required.

FL 52 a,b,c **Release of Information Certification Indicator**
Not required.

FL 53 a,b,c **Assignment of Benefits Certification Indicator**
Not required.

FL 54 a,b,c **Prior Payments - Payer**
Not required.

FL 55 a,b,c **Estimated Amount Due**
Required. Report the estimated amount due.

FL 56 **National Provider Identifier (NPI) – Billing Provider**

Required. The unique identification number assigned to the provider submitting the bill; NPI is the10-digit national provider identifier. Beginning on the Medical Assistance NPI compliance date of July 30, 2007, when the Billing Provider is an organization health care provider, the organization health care provider will report its NPI or its subpart's NPI in FL 56.

Note: Organizational health care providers must continue to report proprietary legacy identifiers necessary for KDP to identify the Billing Provider entity in **FL 5**.

FL 57 **Other (Billing) Provider Identifier - Legacy**
Not required.

FL 58 a,b,c **Insured's Name**
Not required.

FL 59 a,b,c **Patient Relationship to Insured**
Not required**.**

FL 60 a,b,c **Insured's Unique ID**

Required. Enter the 6-digit KDP identification number.

If there are other insurance numbers shown, such as Medicare, or TPL, then the KDP identification number should appear last in the field.

FL 61 a,b,c **Insured's Group Name**
Not required**.**

FL 62 a,b,c **Insured's Group Number**
Not required.

FL 63 a,b,c **Treatment Authorization Code**
Not required.

FL 64 a-c **Document Control Number (DCN)**
Not required.

FL 65 **Employer Name (of the Insured)**
Not required.

FL 66 **Diagnosis and Procedure Code Qualifier (ICD Version Indicator)**

Not required. The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

FL 67 **Principal Diagnosis Code and Present on Admission Indicator**

Principal Diagnosis Code

Required. Enter the 7-digit ICD-9-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

Always code to the most specific level possible, but do not enter any decimal points when recording codes on the UB-04.

Follow the official guidelines for ICD reporting. Refer to the Official ICD-9-CM Guidelines for Coding and Reporting for additional information.

The ICD-9-CM codes will be used for inpatient and outpatient services.

FL 67 a-q **Other Diagnosis Codes**

Enter the ICD-9-CM diagnoses codes corresponding to all conditions that co-exist at the time of treatment, that develop subsequently, or that affect the treatment received.

FL 68 **Reserved for Assignment by NUBC**

FL 69 **Admitting Diagnosis**
Not required**.**

FL 70 a,b,c **Patient's Reason for Visit Code**
Not required.

FL 71 **Prospective Payment System (PPS) Code**
Not required.

FL 72 a-c **External Cause of Injury Code (ECI or E-Code)**
Not required.

FL 73 **Reserved for Assignment by NUBC - Not required.**

FL 74 **Principal Procedure Code and Date**
Not required.

FL 74 a-e **Other Procedure Codes and Dates**
Not required.

FL 75 **Reserved for Assignment by NUBC**

FL 76 **Attending Provider Name and Identifiers**
Not required.

FL 77 **Operating Physician Name and Identifiers**
Not required.

FL 78 **Other Provider (Individual) Names and Identifiers**
Not required.

FL 79 **Other Provider (Individual) Names and Identifiers**
Not required.

FL 80 **Remarks - Not required**

FL 81 a-d **Code-Code Field**
Not required.