## UB-04 Claim Form Guide for Long Term Care Claims-ICF/DD Facilities

This guide will assist with correct billing information required for Long Term Care claims submission.

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## UB-04 Claim Form Guide for Long Term Care Claims-ICF/DD Facilities

This guide will assist with correct billing information required for Long Term Care claims submission.

Вох	This guide will assist with correct billing informa Description	Box	Description
1	Facility Name, Address and Telephone number	42	
2	Facility Pay-to Name and Address	2	
3	Member control number for your facility	1	
4	Type of Bill = <b>065X</b> , <b>066X</b>	-	
-			Revenue Code: The following revenue codes are used based on the accommodation code billed.
	<u>X represents:</u>		the accommodation code blied.
	<b>0</b> – Non-payment/zero claim		Revenue Code/Accommodation Codes:
	1 - Admit through discharge		Revenue Code 0101= Accom. Codes 41,42,61,65,62,66
	2 - Interim first claim		Revenue Code 0180 = Accom. Codes 43,44,63,68,64,69
	3 - Interim continuing claim		
	4 - Interim last claim		
	7 - Replacement of prior claim		
	8 - Void/cancel of prior claim		
5	Federal Tax No.	43	Description of Service
6	Statement Covers Period (From/Through): Dates of	45	Service Date (From Date of Service)
0.0.0	service billing	40	Complete Unite (Numbers of days to 1995 a)
8 & 9	Member Name & Address	46	Service Units (Number of days billing)
10	Member Birthdate	47	
11	Member Sex	47	Total Charges
12	Admission Date	50	Payer = Blue Shield of California
17	Status Code:	55	Estimated Amount Due. This is the difference between the Total
	01 – Discharged to Hospital for Innationt Care	<b>F</b> C	Charges and other deductions such as SOC/NCS
	02 – Discharged to Hospital for Inpatient Care	56	National Provider Identifier (NPI)
	<ul> <li>O3 – Discharged to SNF w/ Medicare Certification</li> <li>O4 – Discharged to Facility for Custodial/Supp. Care</li> </ul>	58	Member Name
	<b>05</b> – Discharged to Designated Cancer Ctr or	63	Treatment Authorization Codes: Authorization Number
	Children's Hospital	66	Diagnosis Qualifier – distinguish between ICD-9 and ICD-10
	<b>06</b> – Discharged to home under care of OHHSO		coding. Default value = 0
	<b>09</b> - Admitted		Ĵ,
	<b>20</b> – Expired	67	Diagnosis
	<b>30</b> - Still a patient	76	Attending Physician's NPI, Last, and First name as required.
	<b>40</b> – Expired at home		
	41 – Expired in a Medical Facility	80	Remarks – field for additional comments not found in any field of
	<b>42</b> – Expired – Place Unknown		the UB-04 form
	43 – Discharged to Federal Health Care Facility		
	<b>50</b> – Hospice – Home		
	51 – Hospice – Medical Facility		
	61 – Discharged to an Approved Swing Bed		
	62 – Discharged to IP Rehab Facility (IRF)		
	63 – Discharged to a Long Term Care Hospital (LTCH)		
	64 – Discharged to Nursing Facility certified under		
	Medicaid		
	<b>65</b> – Discharged to a Psychiatric Hospital		
	<ul> <li>66 – Discharged to Critical Access Hospital (CAH)</li> <li>70 – Discharged to another type of Health Care</li> </ul>		
	Institution not defined		
38	Responsible Party Name and Address	-	
38	Value Codes:	-	
39	<b>23:</b> Patient's Share of Cost		
	24: Accommodation Code		
	66: Non-Covered Cost		