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.

1 Facility Name / Facility Address	2	3a PAT. CNTL #	1234567890		4 TYPE OF BILL
		b. MED. REC. #			0653
		5 FED. TAX NO.	951234567	6 STATEMENT COVERS PERIOD FROM 02/01/2024 THROUGH 02/28/2024	7

8 PATIENT NAME	a Jay Doe	9 PATIENT ADDRESS	a 123 Main Street, Los Angeles, CA 90001
b		b	c / d / e

10 BIRTHDATE	11 SEX	12 DATE / 13 HR / 14 TYPE / 15 SRC	16 DHR	17 STAT	18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28	29 ACDT STATE	30
04/20/1950	F	01/01/2020		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
a						
b						

38 Jay Doe 123 Main Street Los Angeles, CA 90001		39 CODE VALUE CODES AMOUNT	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
	a	24	42	
	b	23	800 00	
	c	66	150 00	
	d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0101	Room & Board		02/01/2023	28	3100 00		1
							2
							...
	PAGE ___ OF ___	CREATION DATE		TOTALS	3100 00		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567890
A Blue Shield of California					2450 00	57 OTHER	
B						PRV ID	
C							

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Jay Doe		9123456789		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A H12345678		
B		
C		

66 DX	I10	67	F72	A	B	C	D	E	F	G	H	68
				I	J	K	L	M	N	O	P	Q

69 ADMIT DX	70 PATIENT REASON DX a b c	71 PPS CODE	72 ECI a b c	73

74 PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75	76 ATTENDING	NPI	QUAL
				LAST		FIRST
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE		77 OPERATING	NPI	QUAL
				LAST		FIRST
80 REMARKS Additional comments	81CC a b c d			78 OTHER	NPI	QUAL
				LAST		FIRST
				79 OTHER	NPI	QUAL
				LAST		FIRST

UB-04 CMS-1450   APPROVED OMB NO. 0938-0997   NUBC National Uniform Billing Committee   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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ICF/DD Facilities

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Box	Description	Box	Description
1	Facility Name, Address and Telephone number	42	Revenue Code: The following revenue codes are used based on the accommodation code billed. **Revenue Code/Accommodation Codes:** Revenue Code 0101= Accom. Codes 41,42,61,65,62,66 Revenue Code 0180 = Accom. Codes 43,44,63,68,64,69
2	Facility Pay-to Name and Address		
3	Member control number for your facility		
4	Type of Bill = **065X, 066X** **X represents:** **0** – Non-payment/zero claim **1** - Admit through discharge **2** - Interim first claim **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 service billing	45	Service Date (From Date of Service)
8 & 9	Member Name & Address	46	Service Units (Number of days billing)
10	Member Birthdate		
11	Member Sex	47	Total Charges
12	Admission Date	50	Payer **= Blue Shield of California**
17	Status Code: **01** – Discharged to home **02** – Discharged to Hospital for Inpatient Care **03** – Discharged to SNF w/ Medicare Certification **04** – Discharged to Facility for Custodial/Supp. Care **05** – Discharged to Designated Cancer Ctr or Children's Hospital **06** – Discharged to home under care of OHHSO **09** - Admitted **20** – Expired **30** - Still a patient **40** – Expired at home **41** – Expired in a Medical Facility **42** – Expired – Place Unknown **43** – Discharged to Federal Health Care Facility **50** – 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 **65** – Discharged to a Psychiatric Hospital **66** – Discharged to Critical Access Hospital (CAH) **70** – Discharged to another type of Health Care Institution not defined	55	Estimated Amount Due. This is the difference between the Total Charges and other deductions such as SOC/NCS
		56	National Provider Identifier (NPI)
		58	Member Name
		63	Treatment Authorization Codes: Authorization Number
		66	Diagnosis Qualifier – distinguish between ICD-9 and ICD-10 coding. **Default value = 0**
		67	Diagnosis
		76	Attending Physician's NPI, Last, and First name as required.
		80	Remarks – field for additional comments not found in any field of the UB-04 form
38	Responsible Party Name and Address		
39	Value Codes: **23:** Patient's Share of Cost **24:** Accommodation Code **66:** Non-Covered Cost		