

UB-04 Claim Form Guide - Long Term Care Claims (effective 02/01/2024)

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

1 Facility Name Facility Address			2			36 PAT. CNTL. # 37 MED. REC. #		1234567890			6 TYPE OF BILL 0213													
8 PATIENT NAME a Jay Doe				9 PATIENT ADDRESS a 123 Main Street, Los Angeles, CA 90001								5 FED. TAX NO. 951234567		8 STATEMENT COVERS PERIOD FROM 02/01/2024		7 THROUGH 02/28/2024								
10 BIRTH-DATE 04/20/1950		11 SEX F	12 DATE OF ADMISSION 01/01/2020			13 HR		14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE			32 OCCURRENCE DATE			33 OCCURRENCE DATE			34 OCCURRENCE DATE			35 OCCURRENCE SPAN FROM THROUGH			36 OCCURRENCE SPAN FROM THROUGH			37						
38 Jay Doe 123 Main Street Los Angeles, CA 90001										39 CODE a 24		40 VALUE CODES AMOUNT :01		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT				
45 REV. CD.	43 DESCRIPTION				44 HCPCS / RATE / HPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
1 0101	2 Room & Board								3 02/01/2023		4 28		5 3100:00											
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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: Rev. Code 0101 = Accom. Codes 01, 04, 07, 21 Rev. Code 0180 = Accom. Codes 02, 03, 05, 08, 09, 12, 22, 23, 32, 79, 80, 81, 82, 89, 90, 95, 96 Rev. Code 0185 = Accom. Codes 73, 74, 77, 78, 87, 88, 93, 94 Rev. Code 0190 = Accom. Codes 71, 72, 75, 76, 85, 86, 91, 92 Rev. Code 0199 = Accom. Codes 83, 84, 97, 98 Rev. Code 1001 = Accom. Codes 11, 31
2	Facility Pay-to Name and Address		
3	Member control number for your facility		
4	Type of Bill = 021X 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		
12	Admission Date	47	Total Charges
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	50	Payer = Blue Shield of California
		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		