Nebraska Medicaid Long-Term Care
UB-04 Billing Instructions
For
Nursing Facility, ICF/MR, Assisted Living – Waiver, Hospital Swing Bed and Hospice in
Nursing Facility or ICF/MR (ICF/ID)
Providers

These instructions can be used in combination with the CMS-1450 (UB-04) claim form
instructions in the National Uniform Billing Committee Data Specifications Manual’s CMS-
1450 (UB-04) claim form instructions. This Data Specifications Manual is available from the National
Uniform Billing Committee at: http://www.nubc.org

FL DATA ELEMENT DESCRIPTION REQUIREMENT
1. Provider Name, Address & Telephone Number  Required
2. Pay-to Name and Address  Situational
3a Patient Control Number  Situational
   The patient control number will be included on the Medicaid Remittance Advice.
3b Medical /Health Record Number  Situational
   The number assigned to the patient's medical/health record by the provider.
4. Type of Bill  Required
   • Use Bill Type codes 21X or 28X for nursing facility and nursing facility hospice services
   • Use Bill Type codes 65X or 66X for ICF/MR and ICF/MR hospice services
   • Use Bill Type code 66X for assisted living Waiver services
   • Use Bill Type code 18X for hospital swing beds services
   Third digit must correspond to claim frequency code:
   1 = Admit through Discharge Claim
   2 = Interim – First Claim
   3 = Interim – Continuing Claim
   4 = Interim – Last Claim
5. Federal Tax Number  Required
6. Statement Covers Period  Required
   Enter beginning and end claim services dates.
7. Reserved for Assignment by the NUBC  Not Used
8. **Patient Name/Identifier**  
   The patient is the person who received services.  
   Required

9. **Patient Address**  
   The patient address will be the facility address.  
   Required

10. **Patient Birth Date**  
    Required

11. **Patient Sex**  
    Required

12. **Admission Date**  
    The date the resident was admitted to the facility or elected hospice.  
    Required

13. **Admission Hour**  
    Not Used

14. **Priority (Type of Visit)**  
    Not Used

15. **Source of Referral for Admission**  
    Not Used

16. **Discharge Hour**  
    Not Used

17. **Patient Discharge Status**  
   Code indicates the disposition or discharge status of the patient for the period  
   covered by the claim and is required only when patient’s stay ends at the facility.  
   Situational

18-28. **Condition Codes**  
    Not Used

29. **Accident State**  
    Not Used

30. **Reserved for National Assignment by the NUBC**  
    Not Used

31-34. **Occurrence Codes and Dates**  
    Not Used

35-36. **Occurrence Span Code and Dates**  
   Situational  
   - Use Occurrence Span Code 70 to report nursing facility Medicare Days  
   and enter the beginning and end dates (nursing facilities only).  
   - Use Occurrence Span Code 74 to report Hospital Days and enter the  
   beginning and end dates (all providers except hospital swing bed providers).

37. **Reserved for National Assignment by the NUBC**  
    Not Used

38. **Responsible Party Name and Address**  
    Not Used

39-41. **Value Codes and Amounts**  
    Not Used
42. **Revenue Code** Required
   - Use Revenue Codes 0100 through 0179 to report In-Facility Days.
   - Use Revenue Code 0183 to report Therapeutic Leave Days.
   - Use Revenue Code 0185 to report Hospital Leave Days.
   - Use Revenue Code 0180 to report Non-Billable Leave Days.
   - Do Not report Leave Days on Swing Bed Claims.

43. **Revenue Description** Situational
   For Assisted Living Facilities, the following descriptions may be used as appropriate:
   - Days in ALF
   - Hospital Leave Days
   - Therapeutic Leave Days

44. **Rates** Required
    Enter provider’s usual and customary rate.

45. **Service Date** Not Used

46. **Units of Service** Required
    Enter the number of days corresponding to the Revenue Code(s) reported in 42.
    Days must be entered as whole numbers, not decimals or fractions.

47. **Total Charges (by Revenue Code Category)** Required
    Multiply the number of days reported in 46 by the rate reported in 44.

48. **Non-Covered Charges** Not Used

49. **Reserved for National Assignment by the NUBC** Not Used

50. **Payer Name** Situational
    Use when another payer was primary to Medicaid or the client had a share of cost.

51. **Health Plan Identification Number** Situational
    Use when another payer was primary to Medicaid or the client had a share of cost.

52. **Release of Information Certification Indicator** Not Used

53. **Assignment of Benefits Certification Indicator** Not Used

54. **Prior Payments - Payers** Situational
    - For services listed on this claim, enter any payments made, due, or obligated from other sources unless the source is Medicare. Other sources may include health insurance, liability insurance, excess income, etc.
    - A copy of the Medicare Explanation of Benefits (EOB), insurance remittance advice, explanation of benefits, denial, or other documentation must be attached to each claim when submitting multiple claim forms.
• DO NOT enter previous Medicaid payments, Medicaid copayment amounts, Medicare payments, or the difference between the provider's billed charge and the Medicaid allowable (provider "write-off" amount).
• Enter patient’s share of cost amount (POS), if paid.

55. Estimated Amount Due - Payer Not Used

56. National Provider Identifier – Billing Provider Required beginning 01/01/2012

The unique identification number assigned to the provider submitting the claim.

Effective 01/01/2012, enter the National Provider Identifier (NPI) of the Billing Provider, as reported to Nebraska Medicaid.

57. Other Provider Identifier Required

Enter the eleven-digit Nebraska Medicaid provider number assigned by Nebraska Medicaid (example: 123456789-12). All payments will be made to the provider name and address listed on the Medicaid provider agreement associated with this provider number.

Effective 01/01/2012, this field is no longer required.

58. Insured’s Name Required

Enter Medicaid recipient’s name.

59. Patient’s Relationship to Insured Required

Use Patient Relationship code 18 for all claims.

60. Insured’s Unique Identification Required

Enter the Medicaid recipient’s complete eleven-digit identification number (example: 123456789-01).

61. (Insured) Group Name Situational

Recommended when Nebraska Medicaid is the secondary payer.

62. Insurance Group Number Situational

Recommended when Nebraska Medicaid is the secondary payer.

63. Treatment Authorization Code Situational

64. Document Control Number (DCN) Situational

Required when Type of Bill Frequency Code (FL04) indicates this claim is a replacement claim or void to a previously adjudicated claim.

65. Employer Name of the Insured Not Used
66. **Diagnosis and Procedure Code Qualifier (ICD Version Indicator)**  
   Required

   The qualifier denotes the version of International Classification of Diseases reported.

   The ICD Version Indicator will be used to distinguish if the submitted Code is an ICD-9 or an ICD-10 Code.

   Version ‘9’ indicates the Codes entered as ICD-9 Diagnosis or Surgical Procedure Code.

   Version ‘0’ indicates the Codes entered as ICD-10 Diagnosis or Surgical Procedure Code.

67. **Principal Diagnosis Code**  
   Required

   Enter the International Classification of Diseases–Clinical Modification (ICD-CM) code describing the principal/primary diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care). The COMPLETE diagnosis code is required, as defined in ICD-CM.  
   NOTE: For Assisted Living Facilities only, enter ICD-9-CM, V719 and for ICD-10, Z049.

67 A-Q. **Other Diagnosis Codes--ICD-CM**  
   Situational

   Enter the ICD-CM codes corresponding to conditions that co-exist at the time of admission, or that develop subsequently, and that affect the treatment received and/or the length of stay.

68. **Reserved for National Assignment by the NUBC**  
   Not Used

69. **Admitting Diagnosis**  
   Not Used

70 a-c. **Patient's Reason for Visit**  
   Not Used

71. **Prospective Payment System (PPS) Code**  
   Not Used

72. **ICD-9 External Cause of Injury (ECI) Code**  
   Not Used

    **ICD-10 External Causes of Morbidity (V, W, X, or Y Codes)**  
    Not Used

73. **Reserved for National Assignment by the NUBC**  
   Not Used

74. **Principal Procedure Code and Date**  
   Not Used

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

75. **Reserved for National Assignment by the NUBC**  
   Not Used
76. **Attending Provider Name and Identifiers** **Required**
   Enter the practitioner’s license number. The practitioner license number must begin with the two-digit state abbreviation followed by the state license number (example: NE123456). Enter the attending practitioner’s last and first name.

   NOTE: Through 12/31/2011, for Assisted Living Facilities only, enter code “MD” – generic code for ALFs.

   Effective 01/01/2012, enter the National Provider Identifier (NPI) of the attending practitioner.

   NOTE: For Assisted Living providers, effective 01/01/2012 this field is no longer required.

77. **Operating Physician Name and Identifiers** **Not Used**

78-79. **Other Provider Name and Identifiers** **Not Used**

80. **Remarks Field** **Situational**
   Use to explain unusual services and to document medical necessity, for example, when unit limitations are exceeded.

81. **Code-Code Field** **Situational**
   To report additional codes related to Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.

**81cc.a TAXONOMY CODE OF THE BILLING PROVIDER**

Effective 01/01/2012, enter the 10-digit taxonomy code of the Billing Provider, as reported to Nebraska Medicaid.

**81cc.b ZIP CODE OF THE BILLING PROVIDER**

Effective 01/01/2012, enter the nine-digit Zip Code (Zip+4) of the Billing Provider, as reported to Nebraska Medicaid.