Keying an Institutional Claim UB-04

ConnectCenter provides the ability to create a UB-04 institutional claim through the Claims menu, Create a Claim option. There are minimum field requirements to create a basic valid claim. This guide lists fields that are commonly required.

Topics covered

Keying Tips

- Prior to keying claims, it is recommended that frequently used providers be entered into Provider Management.

- Because ConnectCenter requires the entry of a lot of payer and provider information that is typically the same between different claims, you will find that **copying** an existing claim becomes an essential short-cut in creating new claims.

    - You should copy only claims that have already been validated, sent to the clearinghouse and accepted by the payer.

    - Whenever you need to bill for a patient for whom you have successfully submitted a previous claim in ConnectCenter, copy that claim to save time. Use Claims > Claim Search to search by the patient's name or ID. You may also want to select a Status of "Accepted." Select any claim from the list of matching claims and choose Copy. You will likely only need to update service dates and details.

    - The exception to the recommendation on copying validated claims, occurs for those interested in storing template claims in the Incomplete Claims worklist. In this case, you may copy an accepted claim covering frequently provided services. Save an unfinished version of the copied claim to establish the template. It can be helpful to enter something descriptive as the patient name. Later, select the incomplete claim from the Incomplete claim list and copy it to open a new claim while preserving the template for later use.

- Any data that resides on multiple tabs need only be updated on one tab.

    - For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, then the Patient Last Name field on the UB tab will be automatically updated.

- At any time while creating your claim you can click 'Validate'. Validate will alert you to errors on the claim that would otherwise prevent the claim from being processed.

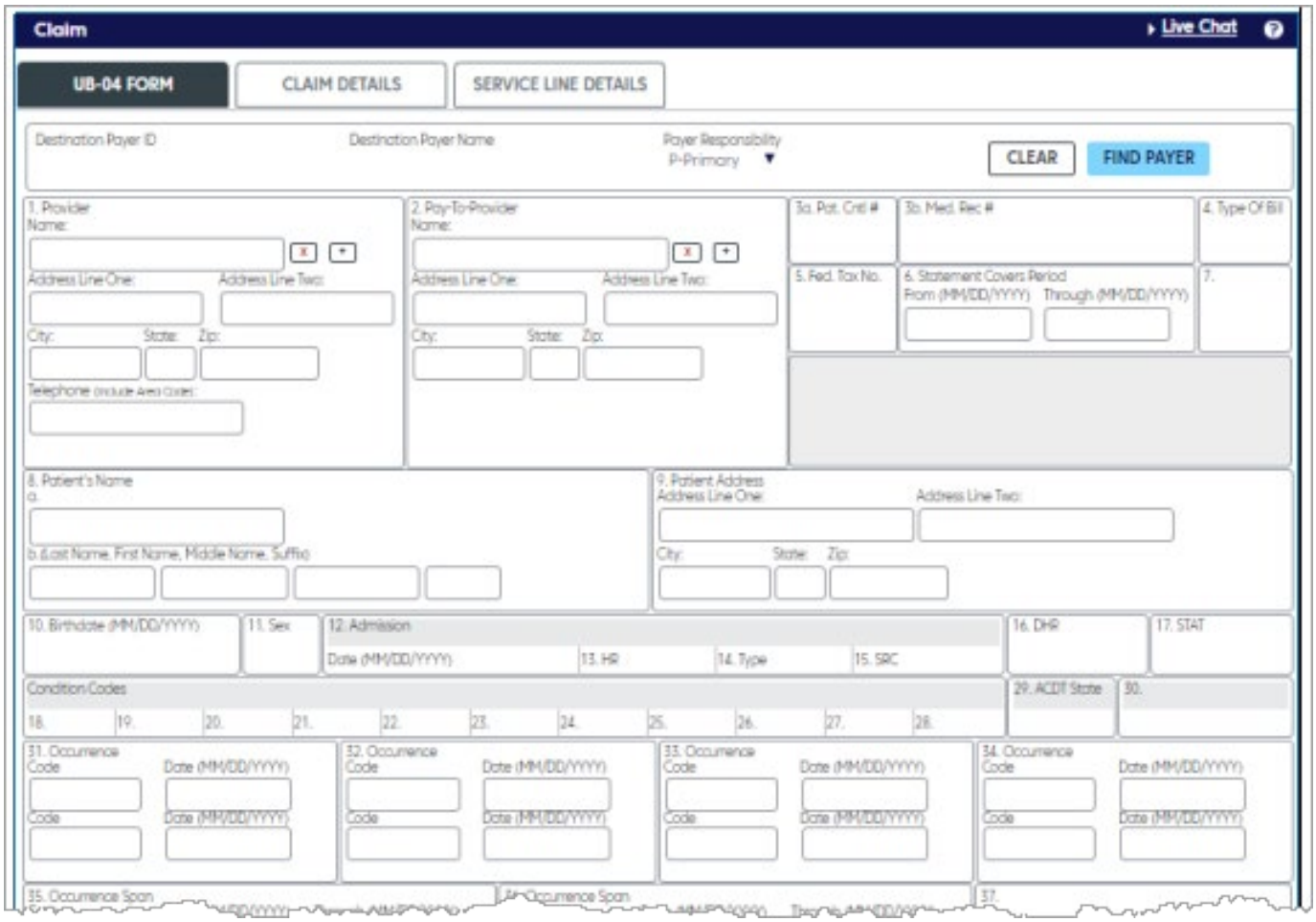
    - Only claims that are error free can be send to the clearinghouse for processing.

    - It is recommended that you wait to 'Validate' your claim until you have completed all data you expect will be needed; clicking 'Validate' too

early in the data entry process will result in false errors stemming from omission of fields that have not yet been entered.

- ConnectCenter autosaves your claim as you make changes. Claims can be saved as 'work in progress' prior to sending the claim to the clearinghouse.
- Only claims that have NOT been sent and accepted by the clearinghouse can be deleted.

UB-04 Form



UB-04 Key Fields

Box	Field / Description
	Payer Information • Use the Find Payer button to find your payer. A complete list of all payers available to you can be found here. • The Payer Responsibility will be Primary • If you need to set the Payer Responsibility to Secondary or Tertiary, please complete the 'Other Insurance/COB' section that is on the Claim Details Tab. If you have one additional payer, use the first occurrence; if you have two additional payers – information must be completed for both other payers • Do not include a dash (-) in the extended zip code. • Claim Filing Ind (Recommended value = CI) NOTE: The Claim Filing Ind field is on the Claim Details Tab
1	Billing Provider Name and Address (Address, City, State, Zip Code, phone number) • Use the green + button to select information from your provider list • NOTE: Zip code must be the full nine-digit Zip Code with no dashes. Use the green + button to select information from your provider list • Do not use dashes for the phone number or an extended zip code. • An extension should be represented by a 'x' and then a number. There should be no spaces between the base telephone number and the extension.
3a	Patient Control Number

Box	Field / Description
4	Type of Bill (Do not key the leading zero on this field) • The code expected in the Type of Bill field is similar to, but not exactly the same, as the code that you would enter on a paper UB04 form. You must follow the rules given here to create a code ConnectCenter can accept • Typically, the Type of Bill field is composed of three fields after the leading zero is dropped. In the case of ConnectCenter, in addition to dropping the leading zero, you must insert an "A" into the middle of the Bill Type Code • The first two positions of the ConnectCenter Bill Type code must be the Facility Type Code and Type of Care • The third position is an A • The last position is the Claim Frequency Code Examples of Type of Bill: • 61A3 • 11A1 For additional information, please see the Appendix to this document.
5	Federal Tax Number (9 numeric - no dashes)
6	Statement Covers Period (MM/DD/YYYY)
8b	Patient Name
9	Insured's Address (Address, City, State, Zip Code with no dash)
10	Insured's Date of Birth (MM/DD/YYYY)
11	Sex (M, F)

Box	Field / Description
12	Admission Date (MM/DD/YYYY)
13	Admission HR – The hours field must be keyed on the Claim Detail Tab, Miscellaneous Claim Dates in the Admission Hours field (HHMM)
14	Admission Type – 1 position numeric
15c	SRC
42	Revenue Code – 4 position Alphanumeric
44	HCPCS
45	Service Date (N/A if inpatient) (MM/DD/YYYY)
46	Units of Service (Numeric, decimal point can be used – 3 positions to the right) If your claim requires that the service line is expressed in DAYS, the Unit/Basis measurement can be modified by accessing the Service Line Details, Service Line Information, Service Line Supplemental Information and entering DA in the Unit/Basis Measurement Code field for EACH applicable service line.
47	Total Charges (By Rev. Code)  Click the refresh button. The system will calculate the total charges based on the amounts entered in all service lines.
50	Payer Identification (Name) Box 50 will be automatically populated after you select a payer

Box	Field / Description
51	Health Plan ID Box 51 will be automatically populated after you select a payer
52	Release of Info Certification (Y, I)
53	Assignment of Benefit Certification (Y, N, W)
56	NPI Box 56 will automatically populate after you provide the provider information in box 1 if the provider is selected from your provider list
58	Insured's Last and First Name
59	Patient's Relation to the Insured (18 if the subscriber is also the patient)
60	Insured's Unique ID
63	Treatment Authorization Code
67	Principal Diagnosis Code/Other diagnosis codes (Enter without the decimal point)

Claim Details

Although the UB04 claim form contains the most critical fields needed on a claim, some fields will be found on the Claim Details tab or the Service Lines Details tab instead.

Note, each field on the UB04 form is also duplicated on either the Claim Detail or Service Line Details. For each field that is duplicated on more than one tab, updating the field on one form will also update that field on other tabs. For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, the Patient Last Name field on the 1500 tab will be automatically updated.

Special Case - Other Insurance/COB

If your claim requires the destination payer be a value other than primary, then the 'Other Insurance/COB' data section on the **Claim Details Tab** must be completed.

Section	Field/Description
Other Insurance/COB, Payer, Payer Information	Payer Responsibility - Use the drop down to select P for Primary, S for Secondary or T for Tertiary Payer ID - Use the Find Payer button to select a payer or provide a payer id with an ID Type = PI
Other Insurance/COB, Insured/Subscriber	Insured/Subscriber Name and Address Information Patient Relationship to Insured • 01 – Spouse • 18 – Self • 19 – Child • 21 - Unknown • ID Type • MI – Member Identification Number

Section	Field/Description
Other Insurance/COB, Other Adjudication Information	Provide the Adjudication Payment Date and the Amount Paid by this payer
Other Insurance/COB, Supplemental Provider Information	Additional IDs for Providers ID Types • 0B – State License Number • 1G – Provider UPIN • G2 – Provider Commercial Number • LU – Location Number

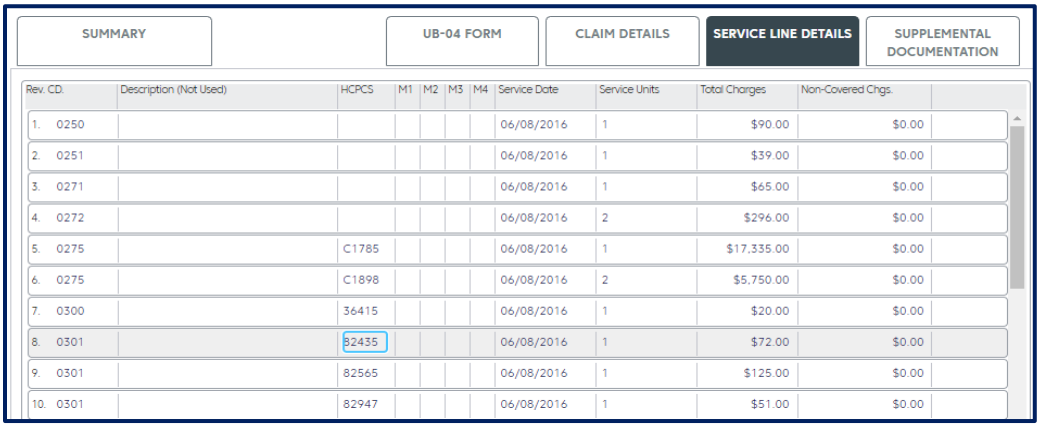
NOTE: This is the basic information needed for a claim that requires Coordination of Benefits information. Once the basic information has been provided the 'Validate' functionality will provide guidance on completing additionally required fields.

If your claim has only one additional payer make sure to complete the first occurrence of the 'Other Insurance/COB' section.

Service Line Details

For each service line, all the detailed information described below can be entered. The top of the Service Line Details tab will display summary information about each service line, matching the details entered on the UB-04 Form.

When completing service line details on the lower portion of the Service Line Detail tab, be sure to select which service line your details supplement by clicking the appropriate line at the top of the form. A blue outline should appear highlighting the field you've clicked. In addition, the entire selected row will be highlighted in gray. In the illustration above, see row 8 and procedure code 82435 as an example.



	Rev. CD.	Description (Not Used)	HCPCS	M1	M2	M3	M4	Service Date	Service Units	Total Charges	Non-Covered Chgs.
1.	0250							06/08/2016	1	$90.00	$0.00
2.	0251							06/08/2016	1	$39.00	$0.00
3.	0271							06/08/2016	1	$65.00	$0.00
4.	0272							06/08/2016	2	$296.00	$0.00
5.	0275		C1785					06/08/2016	1	$17,335.00	$0.00
6.	0275		C1898					06/08/2016	2	$5,750.00	$0.00
7.	0300		36415					06/08/2016	1	$20.00	$0.00
8.	0301		82435					06/08/2016	1	$72.00	$0.00
9.	0301		82565					06/08/2016	1	$125.00	$0.00
10.	0301		82947					06/08/2016	1	$51.00	$0.00

Appendix – Common Codes

The following information may be helpful in completing fields that require the entry of a code.

Type of Bill (Box 4)

Type of Bill code is a 4-character code. The third position of the 4-character code should be "A". The other 3 characters can be derived from the information provided below.

Code Reference - Type of Facility – 1st Digit

1st Digit – Type of Facility

1st Digit	Description
1	Hospital
2	Skilled Nursing
3	Home Health Facility
4	Religious Non-medical Health Care Institutions (RNHCI) – Hospital Inpatient
5	Reserved for National Assignment by the NUBC
6	Intermediate Care (not used for Medicare)
7	Clinic (Requires Special Reporting for the Third Digit)
8	Special Facility or ASC Surgery (Requires Special Reporting for the Third Digit)
9	Reserved for National Assignment by the NUBC

Bill Classification – Type of Care – 2nd Digit

Select from the appropriate table: Clinics Only, Special Facilities Only, or Other.

Bill Classification - Clinics Only

2nd Digit	Description - CLINICS ONLY Use this table when the first digit of the bill type code is 7
1	Rural Health Clinic
2	Clinic – Hospital Based or Independent Renal Dialysis Center
3	Freestanding
4	ORF
5	CORF
6	CMHC
7	Federally Qualified Health Center (FQHC) (effective April 1, 2010)
8	Reserved for National Assignment by NUBC
9	Other

Bill Classification - Special Facilities Only

2nd Digit	Description - FOR SPECIAL FACILITIES ONLY Use this table when the first digit of the bill type code is 8
1	Hospice (Non-hospital based)
2	Hospice (Hospital based)
3	Ambulatory Surgery Center
4	Freestanding Birthing Center
5	Critical Access Hospital
6	Residential Facility (Not used for Medicare)
7	Reserved for National Assignment by NUBC
8	Reserved for National Assignment by NUBC
9	Special Facility - Other (Not used for Medicare)

Bill Classification – Other

Other: Not a Clinic or Special Facility

2nd Digit	Description - NOT A CLINIC; NOT A SPECIAL FACILITIES Use this table when the first digit of the bill type code is not 7 or 8
1	Inpatient (Including Medicare Part A)
2	Inpatient (Medicare Part B Only) (Includes HHA Visits Under a Part B Plan of Treatment)
3	Outpatient (Includes HHA Visits Under a Part A Plan of Treatment Including DME Under Part A)
4	Laboratory Services Provided to Non-Patients, or Home Health Not Under a Plan of Treatment
5	Intermediate Care Level 1
6	Intermediate Care Level II
7	Reserved for National Assignment by NUBC
8	Swing Beds
9	Reserved for National Assignment by NUBC

Frequency of the Bill – 4th Digit

4th Digit	Description
0	Nonpayment / Zero Claim
1	Admit through Discharge Claim
2	Interim – First Claim
3	Interim – Continuing Claim (Not valid for Medicare PPS Claims)
4	Interim – Last Claim (Not valid for Medicare Inpatient Hospital PPS Claims)
5	Late Charges Only Claim
6	Reserved for National Assignment by NUBC
7	Replacement of Prior Claim
8	Void / Cancel of a Prior Claim
9	Final Claim for a Home Health PPS Episode

Sex Codes (Box 11)

Code	Definition
M	Male
F	Female
U	Unknown

Admission Codes (Box 14)

Code	Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma
6 – 8	Reserved for National Assignment
9	Information Not Available

Source of Admission Codes (Box 15)

All Sources, except newborns

Code	Definition
1	Nonhealthcare Facility Point of Origin
2	Clinic or Physician's Office
3	Reserved for assignment by the NUBC
4	Transfer from a Hospital (Different Facility)
5	Transfer from a Skilled Nursing Facility or Intermediate Care Facility or Assisted Living Facility
6	Transfer from Another Health Care Facility
7	Reserved for assignment by the NUBC
8	Court/Law Enforcement
9	Information Not Available
A	Reserved for assignment by the NUBC
B	Reserved for assignment by the NUBC
C	Reserved for assignment by the NUBC

D	Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from Hospice Facility
G – Z	Reserved for National Assignment

Source Codes Admission Codes for Newborns

Code	Definition
1 – 4	Discontinued
5	Born Inside this Hospital
6	Born Outside this Hospital
7 – 9	Reserved for National Assignment

Patient Discharge Status Codes (Box 17)

Code	Definition
01	Discharged to Home or Self-Care (Routine Discharge)
02	Discharged / Transferred to a Short-Term General Hospital for Inpatient Care
03	Discharged / Transferred to a SNF with Medicare Certification in Anticipation of Skilled Care
04	Discharged / Transferred to a Facility That Provides Custodial or Supportive Care
05	Discharged / Transferred to a Designated Cancer Center or Children's Hospital
06	Discharged / Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care
07	Left Against Medical Advice or Discontinued Care
08	Reserved for Assignment by the NUBC
09	Admitted as an Inpatient to This Hospital
10 – 19	Reserved for Assignment by the NUBC
20	Expired
21	Discharged / Transferred to Court / Law Enforcement

22 - 29	Reserved for Assignment by the NUBC
30	Still a Patient
31-39	Reserved for Assignment by the NUBC
40	Expired at Home
41	Expired in a Medical Facility such as a Hospital, SNF, ICF or Free- Standing Hospice
42	Expired, Place Unknown
43	Discharged / Transferred to a Federal Health Care Facility
44 – 49	Reserved for Assignment by the NUBC
50	Discharged to Hospice, Home
51	Discharged to Hospice, Medical Facility (Certified) Providing Hospice Level of Care
52 – 60	Reserved for Assignment by the NUBC
61	Discharged / Transferred Within This Institution to a Hospital-Based Medicare Approved Swing Bed
62	Discharged / Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital

63	Discharged / Transferred to a Medicare Certified Long Term Care Hospital (LTCH)
64	Discharged / Transferred to a Nursing Facility Certified Under Medicaid but Not Certified Under Medicare
65	Discharged / Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
66	Discharges / Transfers to a Critical Access Hospital
67 – 69	Reserved for Assignment by the NUBC
70	Discharged / Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List
71 – 80	Reserved for Assignment by the NUBC
81	Discharge to Home or Self-Care with a Planned Acute Care hospital Inpatient Readmission
82	Discharged / Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care hospital Inpatient Readmission
83	Discharged /Transferred to a Skilled Nursing Facility with Medicare Certification with a Planned Acute Care hospital Inpatient Readmission
84	Discharged /Transferred to a Facility that Provides Custodial of Supportive Care with a Planned Acute Care hospital Inpatient Readmission

85	Discharged /Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care hospital Inpatient Readmission
86	Discharged /Transferred to Home Under Care of Organized Home Health Service Organization with a Planned Acute Care hospital Inpatient Readmission
87	Discharged /Transferred to Court / Law Enforcement with a Planned Acute Care hospital Inpatient Readmission
88	Discharged /Transferred to a Federal Health Care Facility with a Planned Acute Care hospital Inpatient Readmission
89	Discharged /Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care hospital Inpatient Readmission
90	Discharged /Transferred to an Inpatient Rehabilitation Facility Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care hospital Inpatient Readmission
91	Discharged /Transferred to a Medicare Certified Long-term Care Hospital with a Planned Acute Care hospital Inpatient Readmission
92	Discharged /Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare with a Planned Acute Care hospital Inpatient Readmission
93	Discharged /Transferred to a Psychiatric Hospital or Psychiatric Distinct Part unit of a Hospital with a Planned Acute Care hospital Inpatient Readmission

94	Discharged /Transferred to a Critical Access Hospital with a Planned Acute Care hospital Inpatient Readmission
95	Discharged /Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care hospital Inpatient Readmission

Patients Relationship to the Insured Codes (Box 59)

Code	Definition
01	Spouse
18	Self
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship