

UB-04 Tips for Billing: Outpatient Services

Page updated: August 2020

This section describes *UB-04* claim fields that must be completed accurately and completely in order to avoid claim suspense or denial. Tips below are designed to supplement instructions in the *UB-04 Completion: Outpatient Services* section in this manual.

Common Billing Errors

Field	Description	Error
6	Statement Covers Period (From-Through)	<p>Entering information in this field, which is not required by Medi-Cal for outpatient claims.</p> <p>Billing Tip: For outpatient “From-Through” billing instructions, see the <i>UB-04 Special Billing Instructions for Outpatient Services</i> section in this manual.</p>
18 thru 24	Condition Codes	<p>Omitting codes or entering a Medi-Cal local billing limit exception code (A, 1 - 9).</p> <p>Billing Tip: The delay reason code is entered in the <i>Unlabeled</i> field (Box 37A) of the claim.</p> <p>Billing Tip: Enter codes in numeric-alpha order. For example, 80, 82, X1.</p>
39 thru 41	Value Codes and Amount (Patient’s Share of Cost)	<p>Missing value code information. Entering only the value code and not the amount. Entering only the amount and not the value code.</p> <p>Billing Tip: Value codes and amounts should be entered from left to right, top to bottom in numeric-alpha sequence starting with the lowest value. Value code information is required for Medicare crossovers.</p>

Common Billing Errors (Continued)

Field	Description	Error
43	Description	<p>Omitting individual dates of service required after entering description of services rendered.</p> <p>Billing Tip: The description must identify the particular service code indicated in the <i>HCPCS/Rate</i> field (Box 44). For more information, refer to the specific policy section in this manual or the CPT® code book.</p> <p>Omitting the product ID qualifier and NDC for physician-administered drugs. Incorrect entry of optional unit of measure and numeric quantity.</p> <p>Billing Tip: Check instructions in the <i>Physician-Administered Drugs – NDC: UB-04 Billing Instructions</i> and <i>UB-04 Completion: Outpatient Services</i> sections of this manual for the appropriate product ID qualifier, NDC, unit of measure qualifier and numeric quantity, and instructions on entering this information. Unit of measure and numeric quantity are optional; however, entering the NDC quantity in the proper format is crucial to the correct payment for a billed NDC.</p>
44	HCPCS/Rate/ HIPPS Code	<p>Entering incorrect code for provider type, omitting procedure code or omitting modifier(s).</p> <p>Billing Tip: Revenue codes are increasingly required on outpatient claims, including:</p> <ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) (all codes) • Home and Community-Based Waiver Services (select codes) • Hospice (room and board only) • Organ procurement <p>For Section 340B providers submitting claims for physician administered drugs: omitting the modifier UD.</p> <p>Billing Tip: Check instructions in the <i>UB-04 Completion: Outpatient Services</i> section of this manual for the appropriate location of modifier UD for Section 340B drugs on the <i>UB-04</i>.</p>

Common Billing Errors (Continued)

Field	Description	Error
46	Service Units	<p>Entering the wrong service units as required by the billing code.</p> <p>Billing Tip: Although this is a seven-digit field, Medi-Cal only allows two digits in this field.</p>
50 A thru C	Payer Name	<p>Entering a Place of Service code.</p> <p>Billing Tip: Enter the two-digit facility type and one-character frequency code as specified in the <i>National Uniform Billing Data Element Specifications</i> manual in the <i>Type of Bill</i> field (Box 4). Missing all payer information.</p> <p>Billing Tip: Be sure to enter the “O/P” indicator.</p>
54 A thru B	Prior Payments (Other Coverage)	<p>Missing prior payment or Other Health Coverage not indicated.</p> <p>Billing Tip: Be sure to enter the patient’s other health insurance payment. Do not enter Medicare payments in this box.</p>
56	NPI	<p>Missing or incorrect NPI number.</p> <p>Billing Tip: Enter the NPI.</p>
60 A thru C	Insured’s Unique ID	<p>Missing the recipient’s Medi-Cal ID number.</p> <p>Billing Tip: Verify that the recipient is eligible for the services rendered by using the POS network or telephone AEVS. Do not enter the Medicare ID number.</p>
63	Treatment Authorization Codes	<p>Entering EVC number instead of the TAR number.</p> <p>Billing Tip: The EVC number is only for verifying eligibility. Do not enter this number on the claim.</p>
80	Remarks	<p>Reducing font size or abbreviating terminology to fit in the field.</p> <p>Billing Tip: If additional information cannot be completely entered in this field, attach the additional information to the claim. Reducing font size and abbreviating terminology may result in scanning difficulties and/or medical review denials.</p>

Field Completion Reminders

Providers should remember the following when completing the claim form.

- Submit separate claims for outpatient services. Do not combine inpatient and outpatient services on the same claim.
- Enter the provider name. Enter the address, without a comma between the city and state, and a nine-digit ZIP code, without a hyphen, in the upper left corner of the form (Box 1). A telephone number is optional in this field.

Note: The nine-digit ZIP code entered in this box must match the providing biller's nine-digit ZIP code on file for claims to be reimbursed correctly.

- The upper middle *Unlabeled* field (Box 2) is reserved for the California MMIS Fiscal Intermediary use only. Type only in areas of the claim form designated as fields. Do not type in undesignated white space.
- Enter the three-digit facility type code in the *Type of Bill* field (Box 4).
- Enter the service date for each detail line.
- To strike out a claim line with incorrect information, draw a line through the entire detail line from the left border of the *Revenue Code* field (Box 42) to the right border of the *Unlabeled* field (Box 49). Enter the correct billing information on another detail line. Be sure to use only a blue or black ballpoint pen. Felt-tip pens are unacceptable.
- Include the individual dates of service after entering a description of services rendered in the *Description* field (Box 43) for "from-through" billing.
- Enter "001" (Total Charges) in field 42, line 23, and enter the total amount in field 47, line 23.
- Enter the provider's NPI in the *NPI* field (Box 56). For atypical providers who do not have an NPI, enter the provider number in the *Other Provider ID* field (Box 57).

Paper Claim Form Requirements

The following paper claim form requirements and standard billing procedures can speed claim processing and prevent delays. Before submitting claims, check to see that:

- The *UB-04* claim is printed with “drop-out” ink and that the form meets National Uniform Billing Committee (NUBC) standards.
- The original claim is submitted. Carbon copies or photocopies, computer-generated claim form facsimiles or claim forms created on laser printers are not acceptable.
- Individual claim forms are separated. Each claim is processed separately. Do not staple individual claims together. Stapling individual claims together indicates the second claim is an “attachment,” not an original claim to be processed separately.
- All perforated sides are removed. For accurate scanning, be sure to leave a ¼-inch border on the left and right side of the form after removing the perforated sides.
- Information is typed within the designated area of the field. Be sure the type falls completely within the text space and is properly aligned with corresponding information. If using a DOT matrix printer, do not use “draft mode.” The characters do not have enough distinction and clarity for the optical character reader to accurately determine the contents.
- All dates are entered without slashes. Do not use punctuation, such as decimal point (.), dollar sign (\$), positive (+) or negative (-) symbol when entering amounts.
- Attachments are taped to an 8½ x 11-inch sheet of paper with non-glare tape. Do not use original claims as attachments.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.