

1. UB-04 Billing Guide for PROMISe™ Ambulatory Surgical Centers

Purpose of the Document	<p>The purpose of this document is to provide a block-by-block reference guide to assist the following provider types in successfully completing the UB-04 claim form:</p> <ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC)
Document Format	<p>The document contains a table with five columns and each column provides a specific piece of information as explained below:</p> <ul style="list-style-type: none"> • Form Locator Number – Provides the field number as it appears on the claim form. • Form Locator Name – Provides the field name as it appears on the claim form. • Form Locator Code – Lists one of four codes that denote how the Form Locator should be treated. They are: <ul style="list-style-type: none"> • M – Indicates that the Form Locator must be completed. • A – Indicates that the Form Locator must be completed, if applicable. • O – Indicates that the Form Locator is optional. • LB – Indicates that the Form Locator should be left blank. • Notes – Provides important information specific to completing the Form Locator Number field. In some instances, the Notes section will indicate provider specific Form Locator completion instructions.
Font Sizes	<p>Because of limited field size, either of the following type faces and sizes are recommended for form completion:</p> <ul style="list-style-type: none"> • Times New Roman, 10 point • Arial, 10 Point <p>Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.</p>
Signature Approval	<p>Each batch of claims submitted MUST be accompanied by 1 (one) properly completed Signature Transmittal Form (MA 307). A batch can consist of a single claim or as many as 100 claims.</p> <p>Go to the DHS Website to download a copy of the form with completion instructions.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
1	Provider Name, Address, and Telephone Number	M	Enter the information in Form Locator 1 on the appropriate line: Line 1 – Provider Name Line 2 – Complete street address Line 3 – City, state, and zip code Line 4 – Area code and telephone number
2	Unlabeled (Pay-To Name, Address, and Pay-to Provider ID)	A	Enter the information in Form Locator 2 on the appropriate line: Line 1 – Pay-to Provider Name Line 2 – Pay-to Street Address Line 3 – Pay-to City, State, and ZIP Code Line 4 – Pay-to Provider ID (9-digit provider number and 4-digit service location)
3a	Patient Control Number	M	Enter the patient's unique alpha, numeric, or alphanumeric number assigned by the provider. You may enter up to 24 characters. DHS will capture and return 24 characters. Your patient's account number will appear on the RA Statement when this Form Locator is completed, which will make identifying claims easier when the beneficiary number is not recognized by DHS.
3b	Medical Record Number	O	Enter the designated medical/health record number that you have assigned to the beneficiary. This Form Locator will hold up to 24 alphanumeric characters. <i>The medical record number will not be displayed on the RA Statement.</i>
4	Type of Bill	M	The UB-04 claim form may be used to bill for outpatient hospital care or to replace a claim for outpatient hospital care that was paid by MA. Enter the appropriate three-digit code to identify the type

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			<p>of bill being submitted. The format of the three-digit code is indicated below:</p> <ol style="list-style-type: none"> 1. First digit: Type of facility – always enter “8” to indicate special facility. 2. Second digit: Bill classification – enter “3” to indicate outpatient or “4” for Hospital Special Treatment Room. 3. Third digit: Frequency – enter 0, 1, 7, or 8. <p>0 – Non Payment/Zero Claim</p> <p>This code is used when a bill is submitted to a payer and the provider does not anticipate a payment as a result of submitting the bill, but needs to inform the payer of the non-reimbursable care (that is, where patient pay is equal to or exceeds the amount billed).</p> <p>1 – Admit Through Discharge Claim</p> <p>This code is used for a bill that is expected to be the only bill received for a course of treatment. This includes bills representing a total course of treatment, and bills which represent an entire period of the primary third party payer.</p> <p>7 – Replacement of a Prior Claim</p> <p>This code is used when a specific bill has been issued for a specific Provider, Patient, Payer, Insured, and “Statement Covers Period”, and the bill needs to be restated in its entirety except for the same identity information. When using this code, the payer is to operate on the principle that the original bill is null and void, and the information present on this bill represents a complete replacement of the previously issued bill.</p> <p>This code replaces a prior claim. It does not simply adjust a prior claim. (Frequency Code 7</p>

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			<p>cannot be used to correct beneficiary or provider number errors. For those errors, submit bill with Frequency Code 8.) See Form Locator 80 for a complete listing of Reason for Adjustment Codes.</p> <p>8 – Void/Cancel of Prior Claim</p> <p>This code is used to reflect the elimination of a previously submitted bill in its entirety for a specific Provider, Patient, Payer, Insured, and “Statement Covers Period”.</p> <p>When using Frequency Code 8 to return all monies paid, you are not required to back-out each revenue code claim line submitted on the approved claim.</p>
5	Federal Tax Number	LB	Do not complete this Form Locator.
6	Statement Covers Period (From/Through)	M	Enter the dates the beneficiary was treated in the facility. Use both the From and Through dates. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107).
7	Unlabeled	LB	Do not complete this Form Locator.
8 (a, b)	Patient Name a) Patient ID b) Patient Name	LB M	<p>Do not complete this portion of the Form Locator.</p> <p>Enter last name, first name, and middle initial of the patient in Form Locator 8b.</p> <p>Note: If submitting a claim for a newborn under the mother’s beneficiary number, complete this Form Locator with the name of the baby. If the baby’s name is not available, you may enter “Baby Boy” or “Baby Girl”.</p>

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9 (a–e)	Patient Address	O	Enter the address of the patient. a) Street b) City c) State d) ZIP Code e) Country Code
10	Birthdate	M O	Enter the birth date of the beneficiary in an 8-digit format (MMDDYYYY). Do not use spaces, slashes, dashes, or hyphens (for example, 09121984). Newborn - If submitting a claim for a newborn under the mother's beneficiary number, you must complete this Form Locator with the newborn's date of birth All others, other than newborns.
11	Sex	M O	Enter M for Male or F for Female. Newborn: If submitting a claim for a newborn under the mother's beneficiary number, you must complete this Form Locator with the gender of the newborn. All others, other than newborns.
12	Admission Date	LB	Do not complete this Form Locator.
13	Admission Hour	LB	Do not complete this Form Locator.
14	Admission Type	M	Enter 1 for an emergency admission – the condition requires immediate medical attention and any time delay would be harmful to the patient. Enter 2 for an urgent admission – a condition such that medical attention, while not immediately essential, should be provided very early to prevent

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			possible loss or impairment of life, limb, or body function. Enter 3 for an elective admission. Enter 4 for a newborn admission. Enter 5 for a trauma admission. (The Department recognizes Trauma Admission, Admission Type Code 5 as an emergency admission.)
15	Source of Admission	A	If the beneficiary resides in a long term care facility, enter 5 . This indicates that the beneficiary is exempt from copayment.
16	Discharge Hour	LB	Do not complete this form locator.
17	Patient Discharge Status	LB	Do not complete this form locator.
18–28	Condition Codes	A	Enter the appropriate condition codes in Form Locators 18 through 28. <i>For a complete listing and description of Condition Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i>
29	Accident State	LB	Do not complete this Form Locator.
30 (1, 2)	Unlabeled	LB	Do not complete this Form Locator.
31–34 (a, b)	Occurrence Code/Date	A	Enter the appropriate Occurrence Code and date. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107). Complete Form Locators 31a through 34a before completing 31b through 34b. Occurrence codes should be entered in numerical sequence.

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			<i>For a complete listing and description of Occurrence Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i>
35, 36	Occurrence Span Code and Dates	LB	Do not complete these Form Locators.
37	Unlabeled	LB	Do not complete this Form Locator.
38	Unlabeled	LB	Do not place anything in this area of the claim form.
39–41 (a–d)	Value Codes and Amount	A	<p>Enter the appropriate value codes and amounts. Value codes should be entered in numerical sequence.</p> <p>Form Locators 39a through 41a must be completed before Form Locators 39b through 41b.</p> <p>Note: New value code 66 is used for Patient Pay only.</p> <p>Note: Value Code 73 is used for Sequestration adjustment amount. When submitting a paper crossover claim on a UB04 claim form, use Value Code 73 (Sequestration adjustment amount).</p> <p><i>For a complete listing and description of Value Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i></p>
42 (1–22)	Revenue Codes	M	<p>Enter the appropriate four-digit revenue codes to identify the delivered services.</p> <p>When billing for services involving a third-party payment, only one claim line may be billed on an invoice.</p> <p><i>For a complete listing and description of Revenue Codes, please refer to the Desk Reference for Inpatient Revenue Codes for Fee-for-Service</i></p>

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			<i>Providers, located in Appendix A of the handbook.</i>
(23)	Unlabeled	LB	Do not complete this row.
43 (1–22)	Revenue Code Description	M	Enter the appropriate narrative description to correspond to the related revenue codes found in Form Locator 42.
(23)	Page __ of __	LB	Do not complete this row. The back side of claim form must be left blank. DHS is not currently accepting double-sided, data-populated claim forms.
44 (1–22)	HCPCS / Rate / HIPPS Code	M	Enter the appropriate HCPCS Codes and modifiers. When billing for services involving a third-party payment, only one claim line may be billed on an invoice. <i>For a complete listing and description of Modifier Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i>
(23)	Unlabeled	LB	Do not complete this row.
45 (1–22)	Service Date	M	Enter the applicable date(s) of service. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030407). The Service Dates must fall between the From and Through dates entered in Form Locator #6.
(23)	Creation Date	M	Enter the Claim Creation Date on line 23 of this Form Locator. See the sample exhibit below:

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
<p>Creation Date and Total Charges Fields</p> <p style="text-align: center;">See FL #45 (Must) See FL #47 (Must)</p>			
46 (1-22)	Units of Service	M	Enter the number of units, services, or items provided.
47 (1-22)	Total Charges	M	Enter total amount for each HCPCS code on the appropriate corresponding lines for the current billing period. Hospitals must show the usual and customary charge to the general public for covered services during the treatment. Claim and claim adjustment submissions must include only positive dollar amounts.
(23)	Unlabeled (Total Charges)	M	Enter the sum of all charges entered in Form Locator 47, rows 1 – 22, in row 23. See the sample field exhibit in Form Locator 45 above.
48 (1-23)	Non-Covered Charges	LB	Do not complete this Form Locator.
49 (1-23)	Unlabeled	LB	Do not complete this Form Locator.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
<p>Note #1: Form Locators 50 through 65, lines A, B, and C, are designed to accommodate payer information.</p> <ul style="list-style-type: none"> Line “A” denotes the primary payer, Line “B” denotes the secondary payer, and Line “C” denotes the tertiary payer. <p>Codes:</p> <ul style="list-style-type: none"> Medicare “B” = 2 Other Insurance = 1 and name of plan. Medical Assistance = MAPA <p>Possible Payer Combinations:</p> <p>Medical Assistance is the only payer (the beneficiary does not have any other resources):</p> <ul style="list-style-type: none"> Complete 50(A) with the word MAPA. <p>Medicare “B” is primary and Medical Assistance is secondary:</p> <ul style="list-style-type: none"> If Medicare “B” is primary, complete 50(A) with the number 2. Complete 50(B) with MAPA. <p>Other insurance is primary and Medical Assistance is secondary:</p> <ul style="list-style-type: none"> If other insurance is primary, complete 50(A) with the number 1 and the name of the primary insurance plan (for example, 1 Aetna). Complete 50(B) with MAPA. <p>The patient has two other insurance plans, and Medical Assistance:</p> <ul style="list-style-type: none"> If Medicare “B” is the primary insurance plan, complete 50(A) with the number 2. If another insurance plan is primary, complete 50(A) with the number 1 and the name of the primary insurance plan (for example, 1 Aetna) Complete 50(B) with the number 1 and name of the secondary insurance plan (for example, 1 Blue Cross) Complete 50(C) with MAPA. <p>When completing Form Locators 51 through 65, place the information applicable to the primary payer on line “A”, the secondary payer on line “B”, and the tertiary payer on line “C”.</p>			
50 (A, B, C)	Payer Name		A – Primary Payer B – Secondary Payer C – Tertiary Payer

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
		A	Medicare Part “B” – Enter “2” to indicate Medicare, if applicable.
		A	Commercial Insurance – Enter the number “1” and the name of the insurance carrier to indicate commercial insurance, if applicable.
		M	MAPA – Enter “MAPA” to indicate Pennsylvania Medical Assistance.
51 (A, B, C)	Health Plan ID	LB	Do not complete this Form Locator.
52 (A, B, C)	Release of Information	LB	Do not complete this Form Locator.
53 (A, B, C)	Assignment of Benefits	LB	Do not complete this Form Locator.
54 (A, B, C)	Prior Payments	A	A – Primary Payer B – Secondary Payer C – Tertiary Payer Due from Primary Payer – Enter the amount of liability toward this hospitalization by any other insurance resource (other than Medicare).
		A	Medicare – To ensure the proper use of the patient’s Medicare resources, bill Medicare first for services provided to beneficiary’s who may be eligible for Medicare. Enter the amount approved by Medicare Part B in this Form Locator on the appropriate A or B line.
		LB	MAPA – Leave Blank – there is no information to place in this Form Locator. See Form Locator 50, Note # 1, for the A, B, C format rules. <i>Only positive dollar amounts are to be entered for any payer and patient when billing MA.</i>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
55 (A, B, C)	Estimated Amount Due	LB	Do not complete this Form Locator.
56	NPI (National Provider Identifier)	M	Enter the 10-digit National Provider Identifier number.
57 (A, B, C)	Other Provider ID	O O M	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Enter the Medicare provider number. (Optional)</p> <p>Commercial Insurance – Enter the provider number. (Optional)</p> <p>MAPA – Enter the 9-digit provider number and 4-digit service location For example, 0342212210001). (Must)</p> <p>Do not use slashes, hyphens, or spaces. See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
58 (A, B, C)	Insured's Name	A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Because MA is the payer of last resort, complete the appropriate Medicare or other private insurance information by entering the name of the person who owns the other insurance coverage.</p> <p>MAPA – Do not complete this portion of the Form Locator. See Form Locator 50, Note # 1, for the A, B, C format rules.</p>

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59 (A, B, C)	Patient's Relationship to Insured	A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Other Insurance – If Applicable – Complete the appropriate Medicare or other private insurance information by entering the appropriate “Patient’s Relationship to Insured” code.</p> <p>MAPA – Do not complete this portion of the Form Locator.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p> <p><i>For a complete listing and description of Patient’s Relationship to Insured, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook. Please note that the Patient’s Relationship to Insured Codes are the same codes used electronically in the 837I.</i></p>
60 (A, B, C)	Insured’s Unique ID	A A M	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Enter the patient’s Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Indicator (MBI) number (After January 1, 2020 only enter the MBI number), as shown on the Health Insurance Card, Certificate of Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form, or as reported by the Social Security office.</p> <p>Commercial Insurance – Enter the policy number for the insurance company.</p> <p>MAPA – Enter the 10-digit beneficiary number as shown on the MA ACCESS Card.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			See Form Locator 50, Note # 1, for the A, B, C format rules.
61 (A, B, C)	Insurance Group Name	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare– Leave Blank.</p> <p>Commercial Insurance – Enter the name of the group or plan through which insurance has been obtained.</p> <p>MAPA – Leave Blank.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
62 (A, B, C)	Insurance Group Number	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Enter the insurance group number which identifies the group listed in Form Locator 61.</p> <p>MAPA – Leave Blank.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
63 (A, B, C)	Treatment Authorization Codes	LB LB A	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare– Leave Blank.</p> <p>Commercial Insurance– Leave Blank.</p> <p>MAPA – Enter the 10-digit prior authorization number.</p> <p>For additional information regarding authorization and your specific provider type, refer to the PA PROMISE™ Provider Handbook for 837</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			<p>Institutional/UB-04 Claim Form, Section 7, or to the PSR, DRG, or CHR Manuals.</p> <p>Do not enter a treatment authorization number for the following types of treatment:</p> <ol style="list-style-type: none"> 1. Medicare deductible or coinsurance for treatment with Medicare Part A. 2. Non-Pennsylvania facilities. <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p> <p>Note: When completing this Form Locator), use the Medical Assistance authorization number only, when applicable. Do not use a Medicare or other insurance's prior authorization number.</p>
64 (A, B, C)	Document Control Number	LB LB A	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Leave Blank.</p> <p>MAPA – When resubmitting denied claims, enter the original denied ICN number on the MAPA line.</p> <p>For claim adjustments or voids, enter the ICN number of the last paid claim.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
65 (A, B, C)	Employer Name	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Enter the name of the employer of the insured or possibly insured patient, spouse, parent, or guardian identified in Form Locator 58.</p> <p>MAPA – Leave Blank.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			See Form Locator 50, Note # 1, for the A, B, C format rules.
66	DX Version Qualifier	LB	Do not complete this Form Locator.
67	Principal Diagnosis Code	M	For dates of discharge prior to October 1, 2015, enter up to five digits of the ICD-9-CM code for the principal diagnosis; OR for dates of discharge on or after October 1, 2015, enter up to seven digits of the ICD-10-CM code for the principal diagnosis. Do not include decimals.
67 (A–H)	Other Diagnosis Code	A	For dates of discharge prior to October 1, 2015, enter up to five digits of the ICD-9-CM code; OR for dates of discharge on or after October 1, 2015, enter up to seven digits of the ICD-10-CM code for diagnoses, other than the principal diagnosis, in fields A-H. Do not include decimals.
67 (I–Q)		LB	Do not complete fields 67 I–Q.
68	Unlabeled	LB	Do not complete this Form Locator.
69	Admitting Diagnosis Code	LB	Do not complete this Form Locator.
70 (A, B, C)	Patient Reason DX	O	Enter the patient's reason for visit code in field A (one to five digits). Do not include decimals. Do not complete fields B & C.
71	PPS Code	LB	Do not complete this Form Locator.
72 (A, B, C)	External Cause of Injury Code	A	For dates of discharge prior to October 1, 2015, enter up to five digits of the ICD-9-CM External Cause of Injury Code; OR for dates of discharge on or after October 1, 2015, enter up to seven digits of the ICD-10-CM External Cause of Injury Code.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Do not include decimals. Do not complete fields B & C.
73	Unlabeled	LB	Do not complete this Form Locator.
74	Principal Procedure Code & Date	LB	Do not complete this Form Locator.
74 (A-E)	Other Procedure Code & Date	LB	Do not complete this Form Locator.
75	Unlabeled	LB	Do not complete this Form Locator.

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The following graphic shows Form Locators 76–79 with sample data and their requirements. Please refer to the detailed notes for each Form Locator for specific completion instructions.



	Attending Physician ID		
	NPI	M	Enter the NPI (National Provider Identifier) number for the attending physician.
	Qualifier	LB	Do not enter the Qualifier Code.
	ID Number (Unlabeled)	M	Enter the attending practitioner’s license number. The full professional license number contains a prefix consisting of two alphabetic characters, the six-digit certification number, and a one-character alphabetic suffix. Do not enter hyphens or spaces. If the practitioner's license number was issued after June 29, 2001, enter the number in the new format (for example, MD123456). Out-of-state providers can enter a dummy license number consisting of the 2-character state abbreviation, six nines, and an X (for example, NY999999X).
	Last	M	Enter the Attending Physician’s last name.

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	First	M	Enter the Attending Physician's first name.
77	Operating Physician ID	LB	Do not complete this Form Locator.
78	Other Physician ID	LB	Do not complete this Form Locator.
79	Other Physician ID	LB	Do not complete this Form Locator.
80 (a-d)	Remarks	A A A	<p>Newborn When billing for a newborn under the mother's beneficiary number, enter the mother's name, date of birth, and social security number in this Form Locator.</p> <p>Qualified Small Businesses Qualified small businesses must <u>always</u> enter the following message in Form Locator 80 (Remarks a, b, c, d) of the UB-04: “(Name of Vendor) is a qualified small business concern as defined in 4 Pa Code §2.32.”</p> <p>Reason For Adjustment Codes Enter one or more of the following reason codes to explain your request for an adjustment:</p> <ul style="list-style-type: none"> • 8001 Change the Patient Control Number • 8002 Change the Covered Dates • 8003 Change the Covered/Non covered Days • 8004 Change the Admission Dates/Time • 8005 Change the Discharge Times • 8006 Change the Status • 8007 Change the Medical Record Number

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			<ul style="list-style-type: none"> • 8008 Change the Condition Codes (sometimes to make claim an “outlier” claim) • 8009 Change the Occurrence Codes • 8010 Change the Value Codes • 8011 Change the Revenue Codes • 8012 Change the Units Billed • 8013 Change the Amount Billed • 8014 Change the Payer Codes • 8015 Change the Prior Payments • 8016 Change the Prior Authorization Number • 8017 Change the Diagnosis Codes • 8018 Change the ICDN Codes and Dates • 8019 Change the Phys. ID Numbers • 8020 Change the Billed Date
81 (a–d)	CC	LB	Do not complete this Form Locator.