MassHealth
Billing Guide for the UB-04

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Table of Contents

Introduction

This document provides detailed instructions for completing the paper UB-04 claim form for MassHealth claims (including Direct Data Entry on the POSC.) Additional instructions on other billing matters, including member eligibility, prior authorization, claims status and payment, claim correction, and billing for members with other health insurance are located in Subchapter 5 of your MassHealth provider manual.

For information about the resulting remittance advice, see the MassHealth *Guide to the Remittance Advice for Paper Claims and Electronic Equivalents* at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications. Click on Provider Library, then MassHealth Billing Guides for Paper Claim Submitters.

Please Note: Effective January 1, 2012, MassHealth adopted an all-electronic claims submission policy to achieve greater efficiency. All claims must be submitted electronically, unless the provider has received an approved electronic claim submission waiver. Ninety-day waiver requests and final deadline appeals must be submitted electronically via the Provider Online Service Center (POSC) or on paper if you have received an approved electronic claim submission waiver.

Please see All Provider Bulletin 217, (dated September 2011), and All Provider Bulletin 223, (February 2012), for more information about MassHealth's paper claims waiver policy. For information on how to submit 90-day waiver requests and final deadline appeals electronically, please also see All Provider Bulletins 220 and 221, (December 2011), and All Provider Bulletin 226, (June 2012). Helpful information is also contained in All Provider Bulletins 232 and 233 (February 2013).

General Instructions for Submitting Paper Claims

UB-04 Claim Form

The following providers must use the UB-04 claim form when submitting paper claims to MassHealth.

- acute inpatient hospitals
- acute outpatient hospitals, including hospital-licensed health centers and other hospital satellite clinics
- chronic disease and rehabilitation inpatient hospitals
- chronic disease and rehabilitation outpatient hospitals
- community health centers (home health services only)
- home health agencies
- hospice providers
- intensive residential treatment programs
- intermediate care facilities for the mentally retarded
- nursing facilities
- psychiatric inpatient hospitals
- psychiatric outpatient hospitals
- substance use disorder treatment inpatient hospitals
- substance use disorder treatment outpatient hospitals

Additional Details

Up to 22 revenue codes and associated charges may be entered on each UB-04 claim form. For inpatient claims that exceed 22 lines, submit an electronic claim. For outpatient claims, bundle services to submit the claim on a single form.

Entering Information on the UB-04 Claim Form

- Complete a separate claim form for each member to whom services were provided.
- Type or print all applicable information (as stated in the instructions) on the claim form, using black ink only. Be sure all entries are complete, accurate, and legible.
- For each claim line, enter all required information as applicable, repeating if necessary. Do not use ditto marks or words such as "same as above."
- Attach any necessary reports or required forms to the claim form.
- When a required entry is a date, enter the date in MMDDYY or MMDDYYYY format.

Time Limitations on the Submission of Claims

Claims must be received by MassHealth within 90 days from the date of service or the date of the explanation of benefits from another insurer. For additional information about the deadlines for submitting claims and exceptions, see MassHealth billing regulations beginning at 130 CMR 450.309.

Claims for Members with Other Health Insurance Coverage

Special instructions for submitting claims for services furnished to members with Medicare or health-insurance coverage are contained in Subchapter 5 of your MassHealth provider manual.

Provider Preventable Conditions

See Appendix V of your provider manual for more information on how to bill for Provider Preventable Conditions (PPCs).

340B Drugs

The enactment of the Veterans Health Care Act of 1992 resulted in the 340B Drug Pricing Program, which is Section 340B of the Public Health Service Act. Through this program, providers qualifying as 340B-covered entities are able to acquire drugs at significantly discounted rates. These drugs are not eligible for the Medicaid Drug Rebate Program because of the discounted acquisition cost. The State Medicaid programs must be able to distinguish between claims for 340B drugs and claims that are not for 340B drugs.

In order for providers to indicate when they are submitting claims for physician-administered 340B drugs in an office or clinical setting, the National Medicaid Electronic Data Interchange HIPAA workgroup has recommended the use of the UD modifier. This will allow Medicaid programs to identify claims for 340B drugs and exclude them from the rebate collection process.

MassHealth has implemented the recommended approach. Providers that participate in the 340B program must bill using the UD modifier on the UB-04, along with the applicable HCPCS code, when submitting claims for physician-administered 340B drugs in an office or clinical setting. Please note that NDC codes are also required on these claims. See instructions for Field 43 in the How to Complete the UB-04 Claim Form section in this guide.

General Instructions for Submitting Paper Claims (cont.)

Electronic Claims

To submit electronic claims, refer to Subchapter 5, Part 3, of your MassHealth provider manual or contact the MassHealth Customer Service Center. Refer to Appendix A of your MassHealth provider manual for contact information.

Please Note: When submitting electronic files to MassHealth, be sure to review this UB-04 billing guide, the appropriate companion guides, and our Billing Tips flyers to determine the appropriate requirements for submitting electronic files to MassHealth. These documents can be found on the MassHealth website at www.mass.gov/masshealth.

Where to Send Paper Claim Forms

Appendix A of your MassHealth provider manual describes where to submit paper claims. Keep a copy of the submitted claim for your records. Please note that MassHealth does not accept mail with postage due.

Additional References

For additional information about MassHealth, see the administrative and billing regulations at 130 CMR 450.000 (for all providers), any relevant program regulations, and the Request for Application (RFA) for the relevant rate year (for in-state acute and chronic hospitals only).

Further Assistance

If, after reviewing the following item-by-item instructions, you need additional assistance to complete the UB-04 claim form, you can contact the MassHealth Customer Service Center. Refer to Appendix A of your MassHealth provider manual for all MassHealth Customer Service contact information.

How to Complete the UB-04 Claim Form

A sample of the front of the UB-04 claim form is shown below. A sample of the back of the form is shown on the next page. Following these samples are instructions for completing each field on the UB-04 claim form. Refer to the National Uniform Claim Committee (NUBC) Instruction Manual available at www.nubc.org. Many types of providers use the UB-04 claim form to bill MassHealth for services. In some cases, special instructions have been provided for specific services or situations. Complete each field as instructed generally and follow specific instructions for your provider type or situation, as applicable.

How to Complete the UB-04 Claim Form (cont.)

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARTY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.

2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.

3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.

4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.

5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.

6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.

7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.

8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.

9. For TRICARE Purposes:

   (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;

(b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;

(c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;

(d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;

(e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,

(f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.

(g) Based on 42 United States Code 1395cc(a)(1)(j) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and

(h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE http://www.nubc.org/ FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
1	(Unnamed)	Enter the billing provider's name, doing business as (DBA) address, city, state, zip code, and telephone number.
		Please Note: The billing provider address must be a street address. **Do not use** P.O. boxes or lock boxes.
2	Service Facility Name/NPI	Enter the Service Facility Provider's Name, address, city, state, zip and NPI If it is different from the billing provider name\NPI and address.
3a	Pat Cntl #	Enter the patient control number, if one is assigned. If one is not assigned, enter the member's last name.
3b	Med. Rec. #	Enter the medical record number.
4	Type of Bill	Enter the four-digit code to indicate the type of bill. The fourth digit defines the frequency of the bill for the institutional claim.
		The type of bill codes and UB-04 claim frequency type code values for specific provider types are listed in the Code Sets for the UB-04 Claim Form section of this guide.
5	Fed. Tax No.	Enter billing provider's federal tax ID number.
6	Statement Covers Period From/Through	*Acute Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals, Substance Use Disorder Treatment Hospitals, Psychiatric Inpatient Hospitals, Home Health Agencies, and Community Health Centers (for Home Health Services Only):*
		Enter the beginning and ending service dates of the period included on this bill in MMDDYY format.
		Acute Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals, and Psychiatric Outpatient Hospitals:
		In both the "from" and "through" fields, enter the date on which services were provided. Use a separate claim form for each date of service.
		Nursing Facilities and Hospice Providers:
		Enter the beginning and ending service dates of the period included on this bill in MMDDYY format. Do not bill for more than one calendar month on a claim.
7	(Unnamed)	Not used
8a	Patient Name	Not required
8b	Patient Name	Enter the name of the MassHealth member receiving services in the following order: last name, first name, middle initial.
9a	Patient Address	Enter the street address of the MassHealth member receiving services.
9b	Patient Address	Enter the city of the MassHealth member receiving services.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
9c	Patient Address	Enter the state of the MassHealth member receiving services.
9d	Patient Address	Enter the zip code of the MassHealth member receiving services.
9e	Patient Address	Not required
10	Birthdate	Enter the member's date of birth in MMDDYYYY format.
11	Sex	Enter an "M" or "F" to indicate the member's gender.
12	Admission Date	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:*
		Enter the date of admission.
		Home Health Agencies and Community Health Centers (for Home Health Services Only):
		Enter the date on which the episode of care began.
		Nursing Facilities:
		Enter the date of the member's initial admission or the date of the most recent readmission to the facility following a three-day hospital stay.
		Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, and Psychiatric Outpatient Hospitals:
		Not required
13	Admission Hr	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:*
		Enter the code referring to the hour during which the patient was admitted for care. Refer to the NUBC Instruction Manual for code values.
		All Other Provider Types:
		Not required
14	Admission Type	Enter the code indicating the priority of this admission or visit. Refer to the NUBC Instruction Manual for code values.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
15	Admission Src	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Nursing Facilities:*
		Enter a code indicating the point of patient origin (source) for this admission or visit. Refer to the NUBC Instruction Manual for code values.
		All Other Provider Types:
		Not required
16	DHR	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:*
		Enter the code indicating the discharge hour of the patient from inpatient care. Refer to the NUBC Instruction Manual for code values.
		All Other Provider Types:
		Not required
17	Stat	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals , Psychiatric Inpatient Hospitals, Nursing Facilities, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:*
		Enter the code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill, as reported in Field 6 (Statement Covers Period). Refer to the NUBC Instruction Manual for code values.
		All Other Provider Types:
		Not required
18-28	Condition Codes	Enter the code(s) used to identify conditions or events relating to this bill that may affect processing. Refer to the NUBC Instruction Manual for code values.
		If a member has other insurance, refer to Subchapter 5 of your MassHealth provider manual for additional instructions about billing for services to members with other health insurance.
29	ACDT State	If applicable, enter the two-digit state abbreviation used by the United States Postal Service for the state where the accident occurred.
30	(Unnamed)	Not required

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
31-34	Occurrence Code/Date	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:*
		Enter the code from the list of occurrence codes listed in the Code Sets for the UB-04 Claim Form section of this guide, and the associated date in MMDDYYYY format, defining a significant event related to this bill that may affect payer processing.
		Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:
		Enter the occurrence code from the list of occurrence codes listed in the Code Sets for the UB-04 Claim Form section of this guide, and the associated date in MMDDYYYY format, if the member has been discharged from an inpatient hospital stay within the last 30 days.
		Nursing Facilities:
		Not required
35-36	Occurrence Span Code From/Through	*Nursing Facilities and Hospice Room and Board:*
		If applicable, enter the occurrence span code listed in the Code Sets for the UB-04 Claim Form section of this guide, for any medical-leave-of-absence days or nonmedical-leave-of-absence days along with the associated dates of leave.
		All Other Provider Types:
		Not required
37	(Unnamed)	Not used
38	(Unnamed)	Not required

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
39-41	Value Codes Code/Amount	*All Provider Types:* Enter Value Code 24 (Medicaid rate code) along with the total charges amount of the claim. *Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, Hospice Room and Board, and Nursing Facilities:* Enter Value Code 80 for covered days and the number of covered days. Do not count the "through" date as a covered day on claims that contain a discharged or deceased patient status code. Hospice providers can bill hospice room and board on the member's day of discharge from hospice if the member remains in the nursing facility after discharge from hospice. Hospice providers must use patient Status Code 30 (Still Patient). *Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Hospice Room and Board, and Nursing Facilities:* If a member has a patient-paid amount, on a separate line, enter Value Code FC and the patient-paid amount.
42 (Lines 1-22)	Rev. Cd.	*All Provider Types:* Enter the revenue codes that identify a specific accommodation, ancillary service, or unique billing calculations or arrangements. These codes are listed in the Code Sets for the UB-04 Claim Form section of this guide. *Acute Inpatient and Psychiatric Inpatient Hospitals:* If the member occupied more than one type of bed accommodation on the same day, enter for that day only the revenue code for the last bed accommodation to which the member was transferred. *Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:* Do not include revenue codes for room-and-board charges incurred on the day of discharge, unless the member was admitted and discharged on the same day.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
		Nursing Facilities:

If a member has medical-leave-of-absence (MLOA) days or nonmedical-leave-of-absence (NMLOA) days in the statement billed period, bill the revenue code and the number of room-and-board days (excluding MLOA and NMLOA days) with the number of room-and-board days in Field 46. Then enter the revenue code for the MLOA days or NMLOA days on a different line with the appropriate revenue code and number of days in Field 46. The total number of room-and-board days and MLOA or NMLOA days should equal the number of covered days.

Example:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 N
0022	HIPPS	CBX01		28	0	
0100	ROOM & BOARD			28	5600.00	
0185	MEDICAL LEAVE			3	240.30	
0001					5840.30	

Hospice Providers:

Hospice providers cannot bill a hospice room and board or MLOA days for any day that it bills at the hospice inpatient respite care rate or general inpatient care rate for hospice services it provided to a member.

If a member has medical-leave-of-absence (MLOA) days or nonmedical-leave-of-absence (NMLOA) days in the statement billed period, bill the revenue code and the number of room-and-board days (excluding MLOA and NMLOA days) on the first line with the number of room-and-board days in Field 46. Then enter the revenue code for the MLOA days or NMLOA days on a different line with the appropriate revenue code and number of days in Field 46. The total number of room-and-board days and MLOA or NMLOA days should equal the number of covered days.

Field No.	Field Name	Description
42 (Line 23)	Rev Cd	Enter Revenue Code 0001.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
43 (Lines 1-22)	Description	*Physician-administered drugs by Acute Outpatient Hospitals and Chronic Disease and Rehabilitation Hospitals:*

Report national drug code (NDC) information for physician-administered drugs (including 340B) that are billed separately and are identified on the claim with a Level II HCPCS code.

This requirement does not apply to vaccines. It also does not apply to hospital claims that are paid as part of a bundled rate, such as the claims paid through the bundled hospital Payment Amount Per Episode (PAPE) at this time.

Enter the following information in the description field if billing for drugs (this should be left justified):

- Qualifier N4;

- the 11-digit national drug code (NDC);

- the NDC unit of measure. The unit of measurement qualifier codes are

  - F2: international unit (for example, anti-hemophilia factor);
  - GR: gram (for creams, ointments, and bulk powders);
  - ME: milligrams (for creams, ointments, and bulk powders);
  - ML: milliliter (for liquids, suspensions, solutions, and lotions);
  - UN: unit (for tablets, capsules, suppositories, and powder-filled vials); and

- The quantity of the drug administered, which includes fractions. The submitter is not required to enter leading zeros.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description

43 (Lines 1-22) — Description, cont.

When billing for a compound drug, use:

- Reference Identification Qualifier: Value is VY labeled as Link Sequence Number

- The compound drug association number (a three-digit compound drug association number indicates that the ingredients are part of the same compound drug). This number can be only three digits in length, and the submitter must make sure that all ingredients of the compound prescription have the same compound drug association number.

Please Note: Make sure that all the individual ingredients that make up the compound have the same compound drug association number. List each drug ingredient that is part of the compound on a separate line with the VY qualifier and a compound drug association number segment.

Example: Billing an NDC drug

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
1 636	N4XXXXXXXXXXXUN00000001.500	J1234

Example: Billing a compound drug

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
1 636	N4XXXXXXXXXXXUN00000001.500VY001	J1234
2 636	N4XXXXXXXXXXXUN00000001.500VY001	J2345

43 (Line 23) — Page__ of __

MassHealth accepts only single-page UB-04 claims. This should always be Page 1 of 1.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
44 (Lines 1-22)	HCPCS/ Rates/HIPPS Code	If required, enter the HCPCS code and modifier applicable to ancillary service and outpatient bills.

Acute Outpatient Hospitals:

> If the revenue code entered in Field 42 requires a HCPCS code, refer to the Ingenix Uniform Editor for accurate mapping of revenue codes and HCPCS codes.

Substance Use Disorder Treatment Outpatient Hospitals:

> Enter an applicable HCPCS code for each revenue code entered in Lines 1-22 in Field 42.

Chronic Disease and Rehabilitation Outpatient Hospitals:

> Enter an applicable HCPCS code for each revenue code entered in Lines 1-22 in Field 42. Refer to the Ingenix Uniform Editor for guidance in mapping revenue codes and HCPCS codes. Also enter an appropriate modifier as required. Refer to Subchapter 6 of your MassHealth provider manual for the use of modifiers.

Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:

> Not required

Nursing Facilities:

> For the revenue code line with 0022, the HIPPS code must be entered.

> **Example**:

: REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0022	HIPPS`	CBX01	101523	27	:
0100	ROOM & BOARD			27	3000.(
0185	MEDICAL LEAVE			3	240.;
0001					3240.;

Home Health Agencies, Community Health Centers (for Home Health Services only), and Hospice Providers:

> Refer to Subchapter 6 of your MassHealth provider manual for the applicable HCPCS code.

340B Providers:

> The UD modifier should be billed on the UB-04 claim form and associated with the applicable HCPCS code and NDC to properly identify 340B drugs.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
1 636	N4XXXXXXXX00000001.500	J7030	01/31/11	1
2 636	N4XXXXXXXX00000001.500	J1170 UD	01/31/11	2

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
45 (Lines 1-22)	Serv. Date	*Community Health Centers (Home Health Services Only), Home Health Agencies, and Hospice Providers:*
		Enter the date the service was provided in MMDDYYYY format.
		Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Hospice Room and Board, and Nursing Facilities:
		Not required
45 (Line 23)	Creation Date	Enter the date the claim form was submitted for reimbursement. This date cannot be earlier than the service dates billed on the claim form.
46 (Lines 1-22)	Serv. Units	*All Provider Types:*
		Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements.
		Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, Hospice Room and Board, and Psychiatric Inpatient Hospitals:
		The total number of units of service for all room-and-board charges must equal the number of covered days.
		Do not count the "through" date as a covered day on claims that contain a discharge or deceased patient status code.
		Home Health Agencies:
		Refer to the service code descriptions in Subchapter 6 of the *Home Health Agency Manual* to determine how units are calculated for each service code.
47 (Lines 1-22)	Total Charges	For each claim line, enter the total charges that apply to the revenue codes entered in Lines 1-22 in Field 42.
		Do not deduct the member's copayment amount from the total charge of the claim.
47 (Line 23)	Totals	Enter the total of all entries in this column on the bottom line.
		This is a required field.
48 (Lines 1-22)	Non-Covered Charges	Not required
48 (Line 23)	Non-Covered Charges (Totals)	Not required
49 (Lines 1-23)	(Unnamed)	Not used

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
50A-C	Payer Name	If MassHealth is the primary payer, enter "MassHealth" in Field 50A.
		If MassHealth is the secondary payer, enter "MassHealth" in Field 50B.
		If MassHealth is the tertiary payer, enter "MassHealth" in Field 50C.
51A-C	Health Plan ID	If applicable, enter the seven-digit MassHealth carrier code. Refer to Appendix C of your MassHealth provider manual for carrier code values.
52A-C	Rel Info	If applicable, enter the appropriate code for release of information. Refer to the NUBC Instruction Manual for code values.
53A-C	Asg. Ben.	If applicable, enter the appropriate code that indicates whether the provider has a signed form authorizing the third-party payer to remit payment directly to the provider. Refer to the NUBC Instruction Manual for code values.
54A-C	Prior Payments	Not required unless the member has other health-insurance coverage. Do not enter previous MassHealth payments. Enter the total amount received toward the payment of services on this claim form from third-party payers other than MassHealth, and attach a copy of the explanation of benefits from the other payers to the claim form.
		The following provider types must refer to the appropriate appendix (supplemental instructions for claims with other insurance) of their MassHealth provider manual for more information.
		• acute inpatient hospitals • chronic disease and rehabilitation inpatient hospitals • home health agencies • psychiatric inpatient hospitals • nursing facilities
55A-C	Est. Amount Due	Enter the amount estimated by the provider to be due from the indicated payer (estimated responsibility minus prior payments).
56	NPI	Enter the provider's 10-digit national provider identifier (NPI).
57A-C	Other Prv ID	Use this field to report other provider identifiers assigned by the health plan (as indicated in Field 50, Lines A-C). For the line corresponding to Medicaid, if you are an atypical provider and do not have an NPI, enter your 10-character MassHealth provider ID.
58A-C	Insured's Name	Enter the name of the individual under whose name the insurance benefit is carried.
59A-C	P. Rel	Enter the code indicating the relationship of the patient to the identified insured. Refer to the NUBC Instruction Manual for code values.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
60A-C	Insured's Unique ID	*All Provider Types:* Enter the unique number assigned by the health plan to the insured. For the line corresponding to Medicaid, enter the 12-character MassHealth member ID. *Acute Inpatient Hospitals:* Use separate claim forms for a mother and her newborn. Do not submit claims for services to the newborn on the mother's claim form. Do not use the mother's member ID number for the newborn; you must use the newborn's individual member ID number. *Acute Inpatient and Acute Outpatient Hospitals:* For organ-donor claims in which the donor is not a MassHealth member, enter the MassHealth member ID number of the member receiving the organ, and enter a patient control number in Field 3a and the appropriate patient relationship code for the organ donor in Field 59.
61A-C	Group Name	Enter the group or plan name through which the insurance is provided to the insured.
62A-C	Insurance Group No.	Enter the identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.
63A-B	Treatment Authorization Codes	Enter all of the following treatment authorization codes issued by MassHealth for the claim, as applicable: prior-authorization (PA) number, preadmission screening (PAS) number, and referral number.
63C	Treatment Authorization Codes	If applicable, enter the PA number from the other payer.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
64A	Document Control Number (Line A only)	*For Adjustments:*

When requesting an adjustment to paid claims, if the frequency code on the Type of Bill is "7" (Replacement of Prior Claim), enter an "A" followed by the 13-character internal control number (ICN) assigned to the paid claim. The ICN appears on the remittance advice on which the original claim was paid. When submitting an adjustment, include all lines that were on the original claim. Correct the line that needs to be adjusted.

Refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.

For Resubmittals:

When resubmitting a denied claim, enter an "R" followed by the 13-character ICN assigned to the denied claim. The ICN appears on the remittance advice on which the original claim was denied.

Refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.

Field No.	Field Name	Description
64B-C	Document Control Number	Not required
65	Employer Name	If applicable, enter the name of the employer that provides health-care coverage for the insured individual identified in Field 58.
66	DX	Enter the qualifier that denotes the version of International Classification of Diseases (ICD) reported.
67	(Unnamed)	Enter the ICD-CM codes describing the principal diagnosis.

All Inpatient Hospitals:

Enter the ICD-CM codes describing the principal diagnosis and the present-on-admission (POA) indicator, if applicable. Refer to the NUBC Instruction Manual for code values.

Refer to the CMS website for a list of the POA Exempt Diagnosis Codes: www.cms.gov/hospitalacqcond/.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
67(A-Q)	(Unnamed)	Enter the ICD-CM diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received or the length of stay.
		All Inpatient Hospitals:
		Enter the ICD-CM diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received or the length of stay, if applicable. Also enter the POA indicator if applicable. Refer to the NUBC Instruction Manual for code values.
		Refer to the CMS website for a list of the POA Exempt Diagnosis Codes: www.cms.gov/hospitalacqcond/.
68	(Unnamed)	Not used
69	Admit DX	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:*
		Enter the ICD-CM diagnosis code describing the patient's diagnosis at the time of admission. Refer to the NUBC Instruction Manual for specific requirements.
		All Other Provider Types:
		Not required
70(a-c)	Patient Reason DX	*Acute Outpatient Hospitals, Hospital Licensed Health Centers, Chronic Disease and Rehabilitation Outpatient Hospitals, Substance Use Disorder Outpatient Treatment Hospitals, and Psychiatric Outpatient Hospitals:*
		Enter the ICD-CM diagnosis code describing the patient's reason for visit at the time of outpatient registration. Refer to the NUBC Instruction Manual for specific requirements.
		All Other Provider Types:
		Not required.
71	PPS Code	Not Required
72(a-c)	ECI	Situational. Required when the medical treatment is sought for, or causes
• injury
• poisoning
• adverse Effect
73	(Unnamed)	Not used

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
74	Principal Procedure Code/Date	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:*
		If applicable, enter the ICD code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date in MMDDYY format.
		Acute Hospitals
		• The Operating physician's NPI is required on all Institutional claims if a surgical procedure code is submitted on the claim
		• The Operating physician should be actively participating/enrolled with MassHealth at least as a non-billing provider.
		All Other Provider Types:
		Not required
74 (a-e)	Other Procedure Code/Date	*Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:*
		If applicable, enter the ICD codes identifying all significant procedures, other than the principal procedure, and the dates in MMDDYY format on which the procedures were performed.
		Acute Hospitals
		• The Operating physician's NPI is required on all Institutional claims if a surgical procedure code is submitted on the claim
		• The Operating physician should be actively participating/enrolled with MassHealth at least as a non-billing provider.
		All Other Provider Types:
		Not required
75	(Unnamed)	Not used
76	Attending NPI Qual Last First	Enter the name and NPI of the physician who is primarily responsible for the care of the patient reported in this claim.
		OB – State license number
		1G – Provider UPIN number
		G2 – Provider commercial number
		LU – Location number
		• The Attending physician should be actively participating/enrolled with MassHealth at least as a non-billing provider.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
77	Operating NPI	*Acute Inpatient and Outpatient Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals:*
		An Operating physician is required when a surgical procedure code is billed.
	Qual	OB – State license number
		1G – Provider UPIN number
		G2 – Provider commercial number
		LU – Location number
	Last First	If applicable, enter the name and NPI of the individual with the primary responsibility for performing the surgical procedure(s).
		• The Operating physician should be actively participating/enrolled with MassHealth at least as a non-billing provider.
		All Other Provider Types:
		Not required
78-79	Other NPI	If applicable, enter the name and NPI of the individual corresponding to that value. Refer to the NUBC Instruction Manual for qualifier values.
	Qual	ZZ – Other Operating - can only be included if an Operating Physician
		NPI is submitted on the claim.
		DN – Referring Provider
	Last First	82 – Rendering Provider
		DK – Ordering Provider
		Secondary Identifier Qualifiers:
		OB – State license number
		1G – Provider UPIN number
		G2 – Provider commercial number
		LU – Location number
	Notes	The ordering, referring, prescribing, rendering and operating provider should be actively participating/enrolled with MassHealth at least as a non-billing provider.
80	Remarks	*Hospice Providers:*
		When billing for out-of-county home hospice care, enter the county in which the hospice service was furnished.
		All Other Provider Types:
		Not required

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
81a	CC	Enter Qualifier B3 (Health Care Provider Taxonomy Code). Enter the taxonomy code applicable for the NPI listed in Field 56 only if instructed to do so by MassHealth.
81b	CC	Enter Qualifier B3 (Health Care Provider Taxonomy Code). Enter the taxonomy code applicable for the NPI listed in Field 76, if applicable, and only if instructed to do so by MassHealth.
81c	CC	Enter Qualifier B3 (Health Care Provider Taxonomy Code). Enter the taxonomy code applicable for the NPI listed in Field 77, if applicable, and only if instructed to do so by MassHealth.
81d	CC	Not required

Code Sets for the UB-04 Claim Form

Refer to the NUBC Instruction Manual for complete code sets. When MassHealth accepts all codes within a code set, that code set is not included in this section.

Fields 31 through 34 – Occurrence Codes and Dates

Chronic Disease and Rehabilitation Inpatient Hospitals:

21   Date Active Care Ended – Code indicating the date of receipt by the provider of the UR Committee's finding that the admission or future stay was not medically necessary.

22   Date Active Care Ended – Code indicates the date covered level of care ended in a NF or general hospital, date on which active care ended in a psychiatric or tuberculosis hospital, or date on which patient was released on a trial basis from a residential facility. Code not required when Condition 21 is used.

Acute Inpatient Hospitals:

31   Date Beneficiary Notified of Intent to Bill (Accommodations) – The date of notice provided by the hospital to the patient that inpatient care is no longer required (AD Days).

74   Noncovered Level of Care/Leave of Absence Dates – The from/through dates of a period at a noncovered level of care or leave of absence in an otherwise covered stay, excluding any period reported by Occurrence Span Code 76, 77 or 79 (Noncovered stay, zero pay claims).

Psychiatric Inpatient Hospitals:

31   Date Beneficiary Notified of Intent to Bill (Accommodations) – The date of notice provided by the hospital to the patient that inpatient care is no longer required (AD Days).

32   Date Beneficiary Notified of Intent to Bill (Procedures or Treatments) – The date of notice provided to the beneficiary that requested care (diagnostic procedures or treatments) may not be reasonable or necessary.

Fields 35 and 36 – Occurrence Span Codes and Dates

Nursing Facilities and Hospice Room and Board:

MassHealth accepts up to four occurrences per claim form.

70   Qualifying stay dates for NF use only
71   Prior stay dates – medical leave of absence (MLOA)
74   First/last visit dates – nonmedical leave of absence (NMLOA)

Fields 39 through 41 – Value Codes/Amount

All Provider Types:

24   MassHealth rate – Enter the value code amount assigned by MassHealth.
80   Covered days – The number of days covered by the primary payer as qualified by the payer (not required for outpatient providers).

Code Sets for the UB-04 Claim Form (cont.)

Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, Nursing Facilities, and Hospice Room and Board:

FC   Patient-paid amount – The amount the provider has received from the patient toward the payment of this bill.

Field 42 – Revenue Codes

For additional information on the description of the revenue codes, refer to the NUBC Instruction Manual.

Revenue Codes for Acute Inpatient Hospitals

0001   Total Charge

011x   Room and Board – Private (One Bed)

*0110   General Classification
*0111   Medical/Surgical/GYN
*0112   Obstetrics (OB)
*0113   Pediatric
*0114   Psychiatric
*0115   Hospice
*0116   Detoxification
*0117   Oncology
*0118   Rehabilitation
*0119   Other

012x   Room and Board – Semi-private (Two Beds)

*0120   General Classification
*0121   Medical/Surgical/GYN
*0122   Obstetrics (OB)

*0123   Pediatric
*0124   Psychiatric
*0125   Hospice
*0126   Detoxification
*0127   Oncology
*0128   Rehabilitation
*0129   Other

013x   Room and Board – Three and Four Beds

*0130   General Classification
*0131   Medical/Surgical/GYN
*0132   Obstetrics (OB)
*0133   Pediatric
*0134   Psychiatric
*0135   Hospice
*0136   Detoxification
*0137   Oncology
*0138   Rehabilitation
*0139   Other

Code Sets for the UB-04 Claim Form (cont.)

015x   Room and Board – Ward

*0150   General Classification
*0151   Medical/Surgical/GYN
*0152   Obstetrics (OB)
*0153   Pediatric
*0154   Psychiatric
*0155   Hospice
*0156   Detoxification
*0158   Rehabilitation
*0159   Other

016x   Other Room and Board – Other

*0160   General Classification
*0164   Sterile Environment
*0167   Self-Care
*0169   Other

017x   Nursery

*0170   General Classification
*0171   Newborn – Level I
*0172   Newborn – Level II
*0173   Newborn – Level III
*0174   Newborn – Level IV
*0179   Other Nursery

020x   Intensive Care

*0200   General Classification
*0201   Surgical
*0202   Medical
*0203   Pediatric
*0204   Psychiatric
*0206   Intermediate ICU
*0207   Burn Care
*0208   Trauma
*0209   Other Intensive Care

021x   Coronary Care Unit

*0210   General Classification
*0211   Myocardial Infarction
*0212   Pulmonary Care
*0213   Heart Transplant
*0214   Intermediate CCU
*0219   Other Coronary CCU

022x   Special Charges

0220   General Classification
0221   Admission Charges
0222   Technical Support Charge
0223   UR Service Charge

023x   Incremental Nursing Charge

0230   General Classification
0231   Nursery
0232   OB
0233   ICU
0234   CCU
0235   Hospice
0239   Other

025x   Pharmacy (also see 063x, an extension of 025x)

0250   General Classification
0251   Generic Drugs
0252   Non-Generic Drugs
0253   Take-Home Drugs
0254   Drugs Incident to Other Diagnostic Services
0255   Drugs Incident to Radiology
0257   Non-Prescription
0258   IV Solutions
0259   Other Pharmacy

026x   IV Therapy

0260   General Classification
0261   Infusion Pump
0262   IV Therapy/Pharmacy Services
0263   IV Therapy/Drug/Supply Delivery
0264   IV Therapy/Supplies
0269   Other IV Therapy

Code Sets for the UB-04 Claim Form (cont.)

027x **Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)**

0270	General Classification
0271	Non-Sterile Supply
0272	Sterile Supply
0273	Take-Home Supplies
0274	Prosthetic/Orthotic Devices
0275	Pacemaker
0276	Intraocular Lens
0277	Oxygen – Take Home
0278	Other Implant
0279	Other Supplies/Devices

028x **Oncology**

0280	General Classification
0289	Other Oncology

029x **Durable Medical Equipment (Other Than Renal)**

0290	General Classification
0291	Rental
0292	Purchase of New DME
0293	Purchase of Used DME
0299	Other Equipment

030x **Laboratory**

0300	General Classification
0301	Chemistry
0302	Immunology
0303	Renal Patient (Home)
0304	Non-Routine Dialysis
0305	Hematology
0306	Bacteriology and Microbiology
0307	Urology
0309	Other Laboratory

031x **Laboratory Pathology**

0310	General Classification
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other Laboratory Pathology

032x **Radiology – Diagnostic**

0320	General Classification
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other Radiology – Diagnostic

033x **Radiology – Therapeutic and/or Chemotherapy Administration**

0330	General Classification
0331	Chemotherapy Administration – Injected
0332	Chemotherapy Administration – Oral
0333	Radiation Therapy
0335	Chemotherapy Administration – IV
0339	Other Radiology – Therapeutic

034x **Nuclear Medicine**

0340	General Classification
0341	Diagnostic
0342	Therapeutic
0343	Diagnostic Radiopharmaceuticals
0349	Other

035x **CT Scan**

*0350	General Classification
*0351	CT – Head Scan
*0352	CT – Body Scan
*0359	CT – Other

Code Sets for the UB-04 Claim Form (cont.)

036x	**Operating Room Services**		041x	**Respiratory Services**
0360	General Classification		*0410	General Classification
0361	Minor Surgery		*0412	Inhalation Services
0362	Organ Transplant – Other Than Kidney		*0413	Hyperbaric Oxygen Therapy
0367	Kidney Transplant		*0419	Other Respiratory Services
0369	Other OR Services			

037x Anesthesia

0370	General Classification
0371	Incident to Radiology
0374	Acupuncture
0379	Other Anesthesia

042x Physical Therapy

*0420	General Classification
*0421	Visit
*0422	Hourly
*0423	Group
*0424	Evaluation or Reevaluation
*0429	Other Physical Therapy

038x Blood and Blood Components

0380	General Classification
0381	Packed Red Cells
0383	Plasma
0384	Platelets
0385	Leukocytes
0386	Other Blood Components
0387	Other Derivatives (Cryoprecipitate)
0389	Other Blood and Blood Components

043x Occupational Therapy

*0430	General Classification
*0431	Visit
*0432	Hourly
*0433	Group
*0434	Evaluation or Reevaluation
*0439	Other Occupational Therapy

039x Blood Storage and Processing

0390	General Classification
0391	Blood Administration (e.g., Transfusion)
0399	Other Blood Handling

044x Speech Therapy – Language Pathology

*0440	General Classification
*0441	Visit
*0442	Hourly
*0443	Group
*0444	Evaluation or Reevaluation
*0449	Other Speech Therapy

040x Other Imaging Services

0400	General Classification
0401	Diagnostic Mammography
0402	Ultrasound
0403	Screening Mammography
0404	Positron Emission Tomography
0409	Other Imaging Services

045x Emergency Room

*0450	General Classification
*0456	Urgent Care
*0459	Other Emergency Room

046x Pulmonary Function

| 0460 | General Classification |
| 0469 | Other Pulmonary |

Code Sets for the UB-04 Claim Form (cont.)

047x Audiology

0470   General Classification
0471   Diagnostic
0472   Treatment
0479   Other Audiology

048x Cardiology

0480   General Classification
0481   Cardiac Cath Lab
0482   Stress Test
0489   Other Cardiology

049x Ambulatory Surgical Care

0490   General Classification
0499   Other Ambulatory Surgical Care

050x Outpatient Services

0500   General Classification
0509   Other Outpatient

051x Clinic

*0510   General Classification
*0511   Chronic Pain Center
*0512   Dental Clinic
*0515   Pediatric Clinic
*0519   Other Clinic

053x Osteopathic Services

*0530   General Classification
*0531   Osteopathic Therapy
*0539   Other Osteopathic Services

061x Magnetic Resonance Technology (MRT)

0610   General Classification
0611   MRI – Brain/Brainstem
0612   MRI – Spinal Cord/Spine
0619   MRT – Other

062x Medical/Surgical Supplies – Extension of 027x

0621   Supplies Incident to Radiology

070x Cast Room

0700   General Classification

071x Recovery Room

0710   General Classification

072x Labor Room/Delivery

0720   General Classification
0721   Labor
0722   Delivery Room
0723   Circumcision
0724   Birthing Center
0729   Other Labor Room/Delivery

073x EKG/ECG (Electrocardiogram)

0730   General Classification
0731   Holter Monitor
0732   Telemetry
0739   Other EKG/ECG

074x EEG (Electroencephalogram)

0740   General Classification

075x Gastro-Intestinal (GI) Services

0750   General Classification

076x Specialty Room – Treatment/ Observation Room

0761   Treatment Room
0762   Observation Room
0769   Other Specialty Rooms

079x Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)

0790   General Classification

Code Sets for the UB-04 Claim Form (cont.)

080x   **Inpatient Renal Dialysis**

0800   General Classification
*0801   Inpatient Hemodialysis
*0802   Inpatient Peritoneal Dialysis (Non-CAPD)
*0803   Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
*0804   Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
0809   Other Inpatient Dialysis

081x   **Acquisition of Body Components**

0810   General Classification
0811   Living Donor
0812   Cadaver Donor
0813   Unknown Donor
0814   Unsuccessful Organ Search – Donor Bank Charges
0819   Other Donor

088x   **Miscellaneous Dialysis**

0880   General Classification
0881   Ultrafiltration
0882   Home Dialysis Aid Visit
0889   Other Miscellaneous Dialysis

090x   **Behavioral Health Treatment/ Services**

0900   General Classification
0901   Electroshock Treatment
0902   Milieu Therapy
0903   Play Therapy

091x   **Behavioral Health Treatments/ Services – Extension of 090x**

0911   Rehabilitation
0912   Partial Hospitalization – Less Intensive
0913   Partial Hospitalization – Intensive
0914   Individual Therapy
0915   Group Therapy
0916   Family Therapy
0917   Biofeedback

0918   Testing
0919   Other Behavioral Health Treatments

092x   **Other Diagnostic Services**

*0920   General Classification
0921   Peripheral Vascular Lab
0922   Electromyelogram
0923   Pap Smear
0924   Allergy Test
0925   Pregnancy Test
*0929   Other Diagnostic Service

094x   **Other Therapeutic Services (also see 095x, an extension of 094x)**

*0940   General Classification
*0941   Recreational Therapy
0942   Education/Training
0943   Cardiac Rehabilitation
0946   Complex Medical Equipment – Routine
0947   Complex Medical Equipment – Ancillary
0948   Pulmonary Rehabilitation
0949   Other Therapeutic Service

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Acute Outpatient Hospitals

0001	Total Charge	0302	Immunology
		0304	Non-Routine Dialysis
025x	**Pharmacy (also see 063x, an extension of 025x)**	0305	Hematology
		0306	Bacteriology and Microbiology
		0307	Urology
0250	General Classification	0309	Other Laboratory
0251	Generic Drugs		
0252	Non-Generic Drugs	**031x**	**Laboratory Pathology**
0253	Take-Home Drugs		
0254	Drugs Incident to Other Diagnostic Services	0310	General Classification
		0311	Cytology
0255	Drugs Incident to Radiology	0312	Histology
0257	Non-Prescription	0314	Biopsy
0258	IV Solutions	0319	Other Laboratory/Pathology
026x	**IV Therapy**	**032x**	**Radiology – Diagnostic**
0260	General Classification	0320	General Classification
		0321	Angiocardiology
027x	**Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)**	0322	Arthrography
		0323	Arteriography
		0324	Chest X Ray
		0329	Other Radiology – Diagnostic
0270	General Classification		
0271	Non-Sterile Supply	**033x**	**Radiology and/or Chemotherapy Administration**
0272	Sterile Supply		
0273	Take-Home Supplies		
0274	Prosthetic/Orthotic Devices	0330	General Classification
0275	Pacemaker	0331	Chemotherapy Administration – Injected
0276	Intraocular Lens		
0278	Other Implant	0332	Chemotherapy Administration – Oral
		0333	Radiation Therapy
028x	**Oncology**	0335	Chemotherapy Administration – IV
0280	General Classification	**034x**	**Nuclear Medicine**
029x	**Durable Medical Equipment (Other Than Renal)**	0340	General Classification
		0341	Diagnostic
		0342	Therapeutic
0290	General Classification	0343	Diagnostic Radiopharmaceuticals
0291	Rental	0349	Other Nuclear Medicine
0292	Purchase of New DME		
0293	Purchase of Used DME		
030x	**Laboratory**		
0300	General Classification		
0301	Chemistry		

Code Sets for the UB-04 Claim Form (cont.)

035x	**CT Scan**

*0350	General Classification
*0351	CT – Head Scan
*0352	CT – Body Scan
*0359	CT – Other

036x	**Operating Room Services**

0360	General Classification
0361	Minor Surgery

037x	**Anesthesia**

0370	General Classification
0371	Anesthesia Incident to Radiology
0372	Anesthesia Incident to Other DX Services

038x	**Blood and Blood Components**

0381	Packed Red Cells
0383	Plasma
0384	Platelets
0385	Leukocytes
0386	Other Blood Components
0387	Other Derivatives (Cryoprecipitate)

039x	**Administration, Processing, and Storage for Blood and Blood Components**

0390	General Classification
0391	Administration (e.g., Transfusion)

040x	**Other Imaging Services**

0400	General Classification
0401	Diagnostic Mammography
0402	Ultrasound
0403	Screening Mammography
0404	Positron Emission Tomography

041x	**Respiratory Services**

*0410	General Classification
*0412	Inhalation Services
*0413	Hyperbaric Oxygen Therapy
*0419	Other Respiratory Services

042x	**Physical Therapy**

*0420	General Classification
*0421	Visit
*0423	Group
*0424	Evaluation or Reevaluation

043x	**Occupational Therapy**

*0430	General Classification
*0431	Visit
*0433	Group
*0434	Evaluation or Reevaluation

044x	**Speech Therapy – Language Pathology**

*0440	General Classification
*0441	Visit
*0443	Group
*0444	Evaluation or Reevaluation

045x	**Emergency Room**

*0450	General Classification
*0456	Urgent Care
*0459	Other Emergency Room

046x	**Pulmonary Function**

0460	General Classification
0469	Other Pulmonary

047x	**Audiology**

0470	General Classification
0471	Diagnostic
0472	Treatment
0479	Other Audiology

048x	**Cardiology**

0480	General Classification
0481	Cardiac Cath Lab
0482	Stress Test
0483	Echocardiology
0489	Other Cardiology

Code Sets for the UB-04 Claim Form (cont.)

049x	**Ambulatory Surgical Care**		**073x**	**EKG/ECG (Electrocardiogram)**
0490	General Classification		0730	General Classification
0499	Other Ambulatory Surgical Care		0731	Holter Monitor
			0732	Telemetry
051x	**Clinic**			
			074x	**EEG (Electroencephalogram)**
*0510	General Classification			
*0515	Pediatric Clinic		0740	General Classification
*0519	Other Clinic			
			075x	**Gastro-Intestinal (GI) Services**
053x	**Osteopathic Services**			
			0750	General Classification
*0530	General Classification			
			076x	**Specialty Room – Treatment/ Observation Room**
061x	**Magnetic Resonance Technology (MRT)**			
			0761	Treatment Room
0610	General Classification		0762	Observation Room
0611	MRI – Brain/Brainstem			
0612	MRI – Spinal Cord/Spine		**077x**	**Preventive Care Services**
062x	**Medical Surgical Supplies – Extension of 027x**		0771	General Classification
			082x	**Hemodialysis – Outpatient or Home**
0621	Supplies Incident to Radiology			
0622	Supplies Incident to Other DX Services		0820	General Classification
			0821	Hemodialysis/Composite or Other Rate
063x	**Pharmacy – Extension of 025x**			
			083x	**Peritoneal Dialysis – Outpatient or Home**
0634	Erythropoietin (EPO) <10,000 Units			
0635	EPO ≥ 10,000 Units		0830	General Classification
0636	Drugs Requiring Detailed Coding		0831	Peritoneal/Composite or Other Rate
			084x	**Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home**
070x	**Cast Room**			
0700	General Classification		0840	General Classification
			0841	CAPD/Composite or Other Rate
071x	**Recovery Room**			
			085x	**Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home**
0710	General Classification			
072x	**Labor Room/Delivery**			
			0850	General Classification
0720	General Classification		0851	CCPD/Composite or Other Rate
0721	Labor			
0722	Delivery Room			

Code Sets for the UB-04 Claim Form (cont.)

090x **Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)**

0900 General Classification
0901 Electroshock Treatment

091x **Behavioral Health Treatments/ Services – Extension of 090x**

0914 Individual Therapy
0918 Testing

092x **Other Diagnostic Services**

*0920 General Classification

0921 Peripheral Vascular Lab
0922 Electromyelogram
0923 Pap Smear
0924 Allergy Test
0925 Pregnancy Test
*0929 Other Diagnostic Service

094x **Other Therapeutic Services (also see 095x, an extension of 094x)**

*0940 General Classification
0942 Education/Training
0943 Cardiac Rehabilitation
0944 Drug Rehabilitation
0945 Alcohol Rehabilitation

Revenue Codes for Chronic Disease and Rehabilitation Inpatient Hospitals

0001 Total Charge

011x **Room and Board – Private (One Bed)**

*0110 General Classification
*0111 Medical/Surgical/GYN
*0113 Pediatric
*0117 Oncology
*0118 Rehabilitation
*0119 Other

012x **Room and Board – Semi-private (Two Beds)**

*0120 General Classification
*0121 Medical/Surgical/GYN
*0123 Pediatric
*0127 Oncology
*0128 Rehabilitation
*0129 Other

013x **Room and Board – Three and Four Beds**

*0130 General Classification
*0131 Medical/Surgical/GYN
*0133 Pediatric
*0137 Oncology
*0138 Rehabilitation
*0139 Other

015x **Room and Board – Ward**

*0150 General Classification
*0151 Medical/Surgical/GYN
*0153 Pediatric
*0158 Rehabilitation
*0159 Other

016x **Other Room and Board – Other**

*0160 General Classification
*0167 Self-Care
*0169 Other

022x **Special Charges**

0221 Admission Charges
0223 UR Service Charge
0224 Late Discharge, Medically Necessary
0229 Other Special Charges

Code Sets for the UB-04 Claim Form (cont.)

025x **Pharmacy (also see 063x, an extension of 025x)**

0251	Generic Drugs
0252	Non-Generic Drugs
0253	Take-Home Drugs
0254	Drugs Incident to Other Diagnostic Services
0255	Drugs Incident to Radiology
0257	Non-Prescription
0258	IV Solutions
0259	Other Pharmacy

026x **IV Therapy**

0260	General Classification
0261	Infusion Pump
0262	IV Therapy/Pharmacy Services
0263	IV Therapy/Drug/Supply Delivery
0264	IV Therapy/Supplies
0269	Other IV Therapy

027x **Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)**

0270	General Classification
0271	Non-Sterile Supply
0272	Sterile Supply
0273	Take-Home Supplies
0274	Prosthetic/Orthotic Devices
0277	Oxygen – Take Home
0279	Other Supplies/Devices

028x **Oncology**

0280	General Classification
0289	Other Oncology

029x **Durable Medical Equipment (Other Than Renal)**

0290	General Classification
0291	Rental
0292	Purchase of New DME
0293	Purchase of Used DME
0299	Other Equipment

030x **Laboratory**

0300	General Classification
0301	Chemistry
0302	Immunology
0303	Renal Patient (Home)
0304	Non-Routine Dialysis
0305	Hematology
0306	Bacteriology and Microbiology
0307	Urology
0309	Other Laboratory

031x **Laboratory Pathology**

0310	General Classification
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other Laboratory Pathology

032x **Radiology – Diagnostic**

0320	General Classification
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other Radiology – Diagnostic

033x **Radiology – Therapeutic and/or Chemotherapy Administration**

0330	General Classification
0331	Chemotherapy Administration – Injected
0332	Chemotherapy Administration – Oral
0333	Radiation Therapy
0335	Chemotherapy Administration – IV
0339	Other Radiology – Therapeutic

034x **Nuclear Medicine**

0340	General Classification
0341	Diagnostic
0342	Therapeutic
0349	Other

Code Sets for the UB-04 Claim Form (cont.)

	035x	**CT Scan**
	*0350	General Classification
	*0351	CT – Head Scan
	*0352	CT – Body Scan
	*0359	CT – Other

	036x	**Operating Room Services**
	0360	General Classification
	0361	Minor Surgery
	0369	Other OR Services

	037x	**Anesthesia**
	0370	General Classification
	0371	Incident to Radiology
	0374	Acupuncture
	0379	Other Anesthesia

	038x	**Blood and Blood Components**
	0380	General Classification
	0381	Packed Red Cells
	0383	Plasma
	0384	Platelets
	0385	Leukocytes
	0386	Other Blood Components
	0387	Other Derivatives (Cryoprecipitate)
	0389	Other Blood and Blood Components

	039x	**Blood Storage and Processing**
	0390	General Classification
	0391	Blood Administration (e.g., Transfusion)
	0399	Other Blood Handling

	040x	**Other Imaging Services**
	0400	General Classification
	0401	Diagnostic Mammography
	0402	Ultrasound
	0403	Screening Mammography
	0404	Positron Emission Tomography
	0409	Other Imaging Services

	041x	**Respiratory Services**
	*0410	General Classification
	*0412	Inhalation Services
	*0413	Hyperbaric Oxygen Therapy
	*0419	Other Respiratory Services

	042x	**Physical Therapy**
	*0420	General Classification
	*0421	Visit
	*0422	Hourly
	*0423	Group
	*0424	Evaluation or Reevaluation
	*0429	Other Physical Therapy

	043x	**Occupational Therapy**
	*0430	General Classification
	*0431	Visit
	*0432	Hourly
	*0433	Group
	*0434	Evaluation or Reevaluation
	*0439	Other Occupational Therapy

	044x	**Speech Therapy – Language Pathology**
	*0440	General Classification
	*0441	Visit
	*0442	Hourly
	*0443	Group
	*0444	Evaluation or Reevaluation
	*0449	Other Speech Therapy

	046x	**Pulmonary Function**
	0460	General Classification
	0469	Other Pulmonary

	047x	**Audiology**
	0470	General Classification
	0471	Diagnostic
	0472	Treatment
	0479	Other Audiology

	048x	**Cardiology**
	0480	General Classification
	0481	Cardiac Cath Lab
	0482	Stress Test
	0483	Cardiology
	0489	Other Cardiology

Code Sets for the UB-04 Claim Form (cont.)

049x	**Ambulatory Surgical Care**		**080x**	**Inpatient Renal Dialysis**	

0490	General Classification		0800	General Classification
0499	Other Ambulatory Surgical Care		*0801	Inpatient Hemodialysis
			*0802	Inpatient Peritoneal Dialysis (Non-CAPD)
053x	**Osteopathic Services**		*0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
*0530	General Classification		*0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
*0531	Osteopathic Therapy		0809	Other Inpatient Dialysis
*0539	Other Osteopathic Services			

061x	**Magnetic Resonance Technology (MRT)**		**088x**	**Miscellaneous Dialysis**
0610	General Classification		0880	General Classification
0611	MRI – Brain/Brainstem		0881	Ultrafiltration
0612	MRI – Spinal Cord/Spine		0889	Other Miscellaneous Dialysis
0619	MRT– Other			

062x	**Medical/Surgical Supplies – Extension of 027x**		**091x**	**Behavioral Health Treatments/ Services – Extension of 090x**
0621	Supplies Incident to Radiology		0911	Rehabilitation
0622	Supplies Incident to Other DX Services		0914	Individual Therapy
			0915	Group Therapy
070x	**Cast Room**		0916	Family Therapy
			0917	Biofeedback
0700	General Classification		0918	Testing
			0919	Other Behavioral Health Treatments

071x	**Recovery Room**		**092x**	**Other Diagnostic Services**
0710	General Classification		*0920	General Classification
			0921	Peripheral Vascular Lab
073x	**EKG/ECG (Electrocardiogram)**		0922	Electromyelogram
			0923	Pap Smear
0730	General Classification		0924	Allergy Test
0731	Holter Monitor		*0929	Other Diagnostic Service
0732	Telemetry			
0739	Other EKG/ECG		**094x**	**Other Therapeutic Services (also see 095x, an extension of 094x)**

074x	**EEG (Electroencephalogram)**		*0941	Recreational Therapy
0740	General Classification		0942	Education/Training
			0943	Cardiac Rehabilitation
075x	**Gastro-Intestinal (GI) Services**		0946	Complex Medical Equipment – Routine
			0947	Complex Medical Equipment – Ancillary
0750	General Classification		0948	Pulmonary Rehabilitation
			0949	Other Therapeutic Service

Code Sets for the UB-04 Claim Form (cont.)

096x **Professional Fees (also see 097x and 098x)**

0960	General Classification
0961	Psychiatric
0962	Ophthalmology
0963	Anesthesiologist (MD)
0969	Other Professional Fees

097x **Professional Fees (Extension of 096x)**

0971	Laboratory
0972	Radiology – Diagnostic
0973	Radiology – Therapeutic
0974	Radiology – Nuclear Med.

0975	Operating Room
0976	Respiratory Therapy
0977	Physical Therapy
0978	Occupational Therapy
0979	Speech Pathology

098x **Professional Fees (Extension of 096x and 097x)**

0985	EKG
0986	EEG
0987	Hospital Visit
0988	Consultation

Revenue Codes for Chronic Disease and Rehabilitation Outpatient Hospitals

0001	Total Charge

025x **Pharmacy (also see 063x, an extension of 025x)**

0250	General Classification
0251	Generic Drugs
0252	Non-Generic Drugs
0253	Take-Home Drugs
0254	Drugs Incident to Other Diagnostic Services
0255	Drugs Incident to Radiology
0257	Non-Prescription
0258	IV Solutions
0259	Other Pharmacy

026x **IV Therapy**

260	General Classification

027x **Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)**

0270	General Classification
0271	Non-Sterile Supply
0272	Sterile Supply
0273	Take-Home Supplies
0274	Prosthetic/Orthotic Devices
0275	Pacemaker
0276	Intraocular Lens

029x **Durable Medical Equipment**

0290	General Classification
0291	Rental
0292	Purchase of New DME
0293	Purchase of Used DME

030x **Laboratory**

0300	General Classification
0301	Chemistry

(Other Than Renal)

0302	Immunology
0304	Non-Routine Dialysis
0305	Hematology
0306	Bacteriology and Microbiology
0307	Urology
0309	Other Laboratory

031x **Laboratory Pathology**

0310	General Classification
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other Laboratory/Pathology

Code Sets for the UB-04 Claim Form (cont.)

032x   Radiology – Diagnostic

0320   General Classification
0321   Angiocardiology
0322   Arthrography
0323   Arteriography
0324   Chest X Ray
0329   Other Radiology – Diagnostic

033x   Radiology and/or Chemotherapy Administration

0330   General Classification
0331   Chemotherapy Administration – Injected
0332   Chemotherapy Administration – Oral
0333   Radiation Therapy
0335   Chemotherapy Administration – IV

034x   Nuclear Medicine

0340   General Classification
0341   Diagnostic
0342   Therapeutic
0343   Diagnostic Radiopharmaceuticals
0349   Other Nuclear Medicine

035x   CT Scan

*0350   General Classification
*0351   CT – Head Scan
*0352   CT – Body Scan
*0359   CT – Other

036x   Operating Room Services

0360   General Classification
0361   Minor Surgery

037x   Anesthesia

0370   General Classification
0371   Anesthesia Incident to Radiology
0372   Anesthesia Incident to Other DX Services
0379   Other anesthesia

038x   Blood and Blood Components

0381   Packed Red Cells
0383   Plasma
0384   Platelets
0385   Leukocytes
0386   Other Blood Components
0387   Other Derivatives (Cryoprecipitate)

039x   Administration, Processing, and Storage for Blood and Blood Components

0390   General Classification
0391   Administration (e.g., Transfusion)

040x Other Imaging Services

0400   General Classification
0401   Diagnostic Mammography
0402   Ultrasound
0403   Screening Mammography
0404   Positron Emission Tomography

041x   Respiratory Services

*0410   General Classification
*0412   Inhalation Services
*0413   Hyperbaric Oxygen Therapy
*0419   Other Respiratory Services

042x   Physical Therapy

*0420   General Classification
*0421   Visit
*0423   Group
*0424   Evaluation or Reevaluation
*0429   Other Physical Therapy

043x   Occupational Therapy

*0430   General Classification
*0431   Visit
*0433   Group
*0434   Evaluation or Reevaluation
*0439   Other Occupational Therapy

Code Sets for the UB-04 Claim Form (cont.)

044x	**Speech Therapy – Language Pathology**		**061x**	**Magnetic Resonance Technology (MRT)**

*0440	General Classification
*0441	Visit
*0443	Group
*0444	Evaluation or Reevaluation
*0449	Other Speech Therapy

045x   **Emergency Room**

*0450	General Classification
*0456	Urgent Care
*0459	Other Emergency Room

046x   **Pulmonary Function**

0460	General Classification
0469	Other Pulmonary

047x   **Audiology**

0470	General Classification
0471	Diagnostic 0472 Treatment
0472	Treatment
0479	Other Audiology

048x   **Cardiology**

0480	General Classification
0481	Cardiac Cath Lab
0482	Stress Test
0483	Echocardiology
0489	Other Cardiology

049x   **Ambulatory Surgical Care**

0490	General Classification
0499	Other Ambulatory Surgical Care

051x   **Clinic**

*0510	General Classification
*0515	Pediatric Clinic
*0519	Other Clinic

053x   **Osteopathic Services**

*0530	General Classification
*0531	Osteopathic Therapy

061x   **Magnetic Resonance Technology (MRT)**

0610	General Classification
0611	MRI – Brain/Brainstem
0612	MRI – Spinal Cord/Spine

062x   **Medical Surgical Supplies – Extension of 027x**

0621	Supplies Incident to Radiology
0622	Supplies Incident to Other DX Services

063x   **Pharmacy – Extension of 025x**

0634	Erythropoietin (EPO) <10,000 Units
0635	EPO ≥ 10,000 Units
0636	Drugs Requiring Detailed Coding

070x   **Cast Room**

0700	General Classification

071x   **Recovery Room**

0710	General Classification

073x   **EKG/ECG (Electrocardiogram)**

0730	General Classification
0731	Holter Monitor
0732	Telemetry

074x   **EEG (Electroencephalogram)**

0740	General Classification

075x   **Gastro-Intestinal (GI) Services**

0750	General Classification

082x   **Hemodialysis – Outpatient or Home**

0820	General Classification
0821	Hemodialysis /Composite or Other Rate

Code Sets for the UB-04 Claim Form (cont.)

083x	**Peritoneal Dialysis – Outpatient or Home**		**094x**	**Other Therapeutic Services (also see 095x, an extension of 094x)**
0830	General Classification		*0940	General Classification
0831	Peritoneal/Composite or Other Rate		0942	Education/Training
			0943	Cardiac Rehabilitation
084x	**Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home**		0944	Drug Rehabilitation
			0945	Alcohol Rehabilitation
			0949	Other Therapeutic Service
0840	General Classification		**096x**	**Professional Fees**
0841	CAPD/Composite or Other Rate			
			0960	General Classification
085x	**Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home**		0961	Psychiatric
			0962	Ophthalmology
			0963	Anesthesiologist (MD)
0850	General Classification		**097x**	**Professional Fees**
0851	CCPD/Composite or Other Rate			
			0971	Laboratory
090x	**Behavioral Health Treatment/Services (also see 091x, an extension of 090x)**		0972	Radiology – Diagnostic
			0974	Radiology – Nuclear
			0975	Operating room
0900	General Classification		**098x**	**Professional Fees**
0901	Electroshock Treatment			
			0982	Outpatient services
091x	**Behavioral Health Treatments/ Services – Extension of 090x**		0983	Clinic
			0985	EKG
			0986	EEG
0911	Rehabilitation		0987	Hospital Visit
0914	Individual Therapy		0988	Consultation
0915	Group Therapy			
0916	Family Therapy			
0918	Testing			
0919	Other Behavioral Health Treatments			
092x	**Other Diagnostic Services**			
*0920	General Classification			
0921	Peripheral Vascular Lab			
0922	Electromyleogram			
0923	Pap Smear			
0924	Allergy Test			
0925	Pregnancy Test			
*0929	Other Diagnostic Service			

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Community Health Centers (for Home Health Services Only)

0001	Total Charge		**055x**	**Skilled Nursing**
			0551	Visit
042x	**Physical Therapy**		0552	Hour
*0421	Visit		**057x**	**Home Health (HH) Aide**
043x	**Occupational Therapy**		0570	General Classification
*0431	Visit		0572	Hour
044x	**Speech Therapy – Language Pathology**			
*0441	Visit			

Revenue Codes for Home Health Agencies

0001	Total Charge		**055x**	**Skilled Nursing**
			0551	Visit
042x	**Physical Therapy**		0552	Hour
*0421	Visit		**057x**	**Home Health (HH) Aide**
043x	**Occupational Therapy**		0572	Hour
*0431	Visit			
044x	**Speech Therapy – Language Pathology**			
*0441	Visit			

Revenue Codes for Hospice Providers

0001	Total Charge			Nursing Facility
065x	**Hospice Service**		**018x**	**Leave of Absence**
0651	Routine Home Care		0183	Therapeutic Leave (Total of non-medical-leave-of-absence days)
0652	Continuous Home Care		0185	Nursing Home (for Hospitalization) (Total of medical-leave-of-absence days)
0655	Inpatient Respite Care			
0656	General Inpatient Care Non-Respite			
0658	Hospice Room and Board –			

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Nursing Facilities

0001	Total Charge
0022	**Skilled Nursing Facility PPS**
010x	**All-Inclusive Rate**
*0100	All-inclusive room and board plus ancillary
018x	**Leave of Absence**
0183	Therapeutic Leave (Total of non-medical leave of absence days)
0185	Nursing Home (for Hospitalization) (Total of medical-leave-of-absence days)

Revenue Codes for Psychiatric Inpatient Hospitals

0001	Total Charge
012x	**Room and Board – Semi-private (Two Beds)**
*0120	General Classification
*0124	Psychiatric
*0126	Detoxification

Revenue Codes for Psychiatric Outpatient Hospitals

0001	Total Charge	**091x**	**Behavioral Health Treatment/ Services – Extension of 090x**
090x	**Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)**	0911	Rehabilitation
		0912	Partial Hospitalization – Less Intensive
0900	General Classification	0913	Partial Hospitalization – Intensive
0901	Electroshock Treatment	0914	Individual Therapy
0902	Milieu Therapy	0915	Group Therapy
0903	Play Therapy	0916	Family Therapy
0904	Activity Therapy	0917	Biofeedback
0905	Intensive Outpatient Services – Psychiatric	0918	Testing
0906	Intensive Outpatient Services – Chemical Dependency	0919	Other Behavioral Health Treatments
0907	Community Behavioral Health Program (Day Treatment)		

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Substance Use Disorder Treatment Inpatient Hospitals

0001 Total Charge

**012x Room and Board – Semi-private
(Two Beds)**

*0120 General Classification
*0124 Psychiatric
*0126 Detoxification

Revenue Codes for Substance Use Disorder Treatment Outpatient Hospitals

0001 Total Charge

**090x Behavioral Health Treatment/
Services (also see 091x, an
extension of 090x)**

0900 General Classification
0901 Electroshock Treatment
0902 Milieu Therapy
0903 Play Therapy
0904 Activity Therapy
0905 Intensive Outpatient Services –
Psychiatric
0906 Intensive Outpatient Services –
Chemical Dependency
0907 Community Behavioral Health
Program (Day Treatment)

**091x Behavioral Health
Treatment/Services – Extension
of 090x**

0911 Rehabilitation
0912 Partial Hospitalization – Less
Intensive
0913 Partial Hospitalization – Intensive
0914 Individual Therapy
0915 Group Therapy
0916 Family Therapy
0917 Biofeedback
0918 Testing
0919 Other Behavioral Health
Treatments

094x Other Therapeutic Services

0944 Drug Rehabilitation
0945 Alcohol Rehabilitation

**095x Other Therapeutic Services –
Extension of 094x**

0953 Chemical Dependency (Drug and
Alcohol

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Provider Types and Type of Bill Codes

Acute Inpatient Hospitals, Chronic Disease and Rehabilitation Inpatient Hospitals, Non-RFA Inpatient Hospitals (Semi-Acute), Psychiatric Inpatient Hospitals, and Intensive Residential Treatment Programs

011x   Hospital Inpatient (including Medicare Part A)

0110   Nonpayment/Zero
0111   Admit through Discharge Claim
0112   Interim – First Claim
0113   Interim – Continuing Claim
0114   Interim – Last Claim
0115   Late Charges Only
0117   Replacement
0118   Void

Acute Outpatient Hospitals, Chronic Outpatient Hospitals, Non-RFA Outpatient Hospitals, and Psychiatric Outpatient Hospitals

013x   Hospital Outpatient

0130   Nonpayment/Zero
0131   Admit through Discharge Claim
0132   Interim – First Claim
0133   Interim – Continuing Claim
0134   Interim – Last Claim
0135   Late Charges Only
0137   Replacement
0138   Void

Home Health Agencies and Community Health Centers (Home Health Services Only)

032x   Home Health Services under a Plan of Treatment

0320   Nonpayment/Zero
0321   Admit through Discharge Claim
0322   Interim – First Claim
0323   Interim – Continuing Claim
0324   Interim – Last Claim
0325   Late Charges Only
0327   Replacement
0328   Void

034x   Home Health Services not under a Plan of Treatment

0340   Nonpayment/Zero
0341   Admit through Discharge Claim
0342   Interim – First Claim
0343   Interim – Continuing Claim
0344   Interim – Last Claim
0345   Late Charges Only
0347   Replacement
0348   Void

Hospice

081x   Special Facility – Hospice (nonhospital based)

0810   Nonpayment/Zero
0811   Admit through Discharge Claim
0812   Interim – First Claim
0813   Interim – Continuing Claim
0814   Interim – Last Claim
0815   Late Charges Only
0817   Replacement
0818   Void

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

082x **Special Facility – Hospice (hospital based)**

0820   Nonpayment/Zero
0821   Admit through Discharge Claim
0822   Interim – First Claim
0823   Interim – Continuing Claim
0824   Interim – Last Claim
0825   Late Charges Only
0827   Replacement
0828   Void

Nursing Facilities

021x **Skilled Nursing – Inpatient (including Medicare Part A)**

0210   Nonpayment/Zero
0211   Admit through Discharge Claim
0212   Interim – First Claim
0213   Interim – Continuing Claim
0214   Interim – Last Claim
0215   Late Charges Only
0217   Replacement
0218   Void

Nursing Facilities with Level IV Beds (Rest Home Level)

086x **Special Facility – Residential Only**

0860   Nonpayment/Zero
0861   Admit through Discharge Claim
0862   Interim – First Claim
0863   Interim – Continuing Claim
0864   Interim – Last Claim
0865   Late Charges Only
0867   Replacement
0868   Void

* Requires the entry of the number of units in Field 46.

Appendix A: Third Party Liability (TPL) Supplemental Instructions for Submitting Claims on the UB-04 for Members with Other Health Insurance

The following fields must be completed on the UB-04 for all MassHealth claims for members who have additional insurance, including Medicare and/or commercial insurance. The third party liability (TPL) fields on the UB-04 allow for primary, secondary, and tertiary payers. MassHealth will always be the secondary or tertiary payer, depending on the number of other insurance plans that the member has.

In each case, unless otherwise noted, enter the information in the following order.
1. Primary Payer – Line A
2. Secondary Payer – Line B
3. Tertiary Payer – Line C

Field No.	Field Name	TPL Required Information
50 A-C	Payer name	Name of the health plan that may make payment toward services
51 A-C	Health Plan ID	7-digit MassHealth TPL carrier code
53 A-C	Asg. Ben.	Assignment of benefits code indicating whether the provider has signed a form authorizing the third-party payer to pay the provider
54 A-C	Prior Payments	Amount paid by the other insurance
58 A-C	Insured's Name	Name of the individual in whose name the insurance benefit noted in Field 50 is carried (policyholder)
59	P. Rel	Relationship of the patient to the insured noted in Field 58
60 A-C	Insured's Unique ID	Unique number assigned to the patient by the health plan noted in Field 50
61 A-C	Group Name	Name of the group or plan providing insurance to the insured

Appendix A: Third Party Liability (TPL) Supplemental Instructions for Submitting Claims on the UB-04 for Members with Other Health Insurance (cont.)

Instructions for submitting claims with Explanation of Medicare Benefits (EOMB)/Explanation of Benefits (EOB)

1. Complete the UB-04 Paper Claim Form according to the MassHealth Billing Guide for the UB-04.

2. Attach the original or a copy of the other insurance carrier's EOMB/EOB and completed TPL Claim Submission Form to the claim form.

   a. The dates of service, provider name, and patient's name on the EOMB/EOB must correspond to the information on the MassHealth claim.

   b. If more than one member is listed on the EOMB/EOB, circle the member information on the EOMB/EOB that corresponds to the member on the MassHealth claim.

   c. If you are submitting claims with one or more EOMB/EOB attachment, you must write the appropriate MassHealth-assigned carrier code on each EOMB/EOB.

   Please Note: MassHealth-assigned carrier codes may be found in Appendix C: Third-Party-Liability Codes of your MassHealth provider manual or at www.mass.gov/masshealth. Go to MassHealth Regulations and Other Publications, and then to the Provider Library.