

MassHealth
Billing Guide for the UB-04

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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.

General Instructions for Submitting Paper Claims (cont.)

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.

1		2		32 PAY CTR#		4 TYPE OF BILL														
5 PATIENT NAME		6 PATIENT ADDRESS		5 FED. TAX NO.		8 STATEMENT COVERS PERIOD FROM THROUGH														
10 BIRTH DATE	11 SEX	13 DATE	14 ADMISSION HR	14 TYPE	16 SPD	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	OCCURRENCE SPAN FROM THROUGH		38 OCCURRENCE SPAN FROM	39	39 THROUGH	37	38 VALUE CODES AMOUNT		40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT			
42 REV CD	43 DESCRIPTION			44 HCPCS /RATE / NIPPS CODE		45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49								
PAGE		OF		CREATION DATE				TOTALS												
50 PAYER NAME		51 HEALTH PLAN ID		52 PBL RPTD	53 PBL RSN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	57 OTHER PPR ID									
58 INSURED'S NAME				59 P-REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.											
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME												
66 DX	67		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	68
69 ADMIT DX	70 PAYMENT REASON DX		71 RPT CODE	72 RPT DATE		73 RPT DATE		74 ATTENDING NPI		75 QUIL										
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OPERATING NPI		79 QUIL										
74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER NPI		79 QUIL										
80 REMARKS				81 UC	82	83	84		85		86									

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 MONETARY 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)(i) 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)	<p>Enter the billing provider's name, doing business as (DBA) address, city, state, zip code, and telephone number.</p> <p>Please Note: The billing provider address must be a street address. Do not use P.O. boxes or lock boxes.</p>
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	<p>Enter the four-digit code to indicate the type of bill. The fourth digit defines the frequency of the bill for the institutional claim.</p> <p>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.</p>
5	Fed. Tax No.	Enter billing provider's federal tax ID number.
6	Statement Covers Period From/Through	<p><i>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):</i></p> <p>Enter the beginning and ending service dates of the period included on this bill in MMDDYY format.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals, and Psychiatric Outpatient Hospitals:</i></p> <p>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.</p> <p><i>Nursing Facilities and Hospice Providers:</i></p> <p>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.</p>
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	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the date of admission.</p> <p><i>Home Health Agencies and Community Health Centers (for Home Health Services Only):</i></p> <p>Enter the date on which the episode of care began.</p> <p><i>Nursing Facilities:</i></p> <p>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.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, and Psychiatric Outpatient Hospitals:</i></p> <p>Not required</p>
13	Admission Hr	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>Enter the code referring to the hour during which the patient was admitted for care. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
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	<p><i>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:</i></p> <p>Enter a code indicating the point of patient origin (source) for this admission or visit. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
16	DHR	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the code indicating the discharge hour of the patient from inpatient care. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
17	Stat	<p><i>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:</i></p> <p>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.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
18-28	Condition Codes	<p>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.</p> <p>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.</p>
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	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>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.</p> <p><i>Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>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.</p> <p><i>Nursing Facilities:</i></p> <p>Not required</p>
35-36	Occurrence Span Code From/Through	<p><i>Nursing Facilities and Hospice Room and Board:</i></p> <p>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.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
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	<p><i>All Provider Types:</i></p> <p>Enter Value Code 24 (Medicaid rate code) along with the total charges amount of the claim.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, Hospice Room and Board, and Nursing Facilities:</i></p> <p>Enter Value Code 80 for covered days and the number of covered days.</p> <p>Do not count the “through” date as a covered day on claims that contain a discharged or deceased patient status code.</p> <p>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).</p> <p><i>Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Hospice Room and Board, and Nursing Facilities:</i></p> <p>If a member has a patient-paid amount, on a separate line, enter Value Code FC and the patient-paid amount.</p>
42 (Lines 1-22)	Rev. Cd.	<p><i>All Provider Types:</i></p> <p>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.</p> <p><i>Acute Inpatient and Psychiatric Inpatient Hospitals:</i></p> <p>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.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>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.</p>



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

Field No.	Field Name	Description
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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) 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.

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.

42 (Line 23)	Rev Cd	Enter Revenue Code 0001.
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How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
43 (Lines 1-22)	Description	<p><i>Physician-administered drugs by Acute Outpatient Hospitals and Chronic Disease and Rehabilitation Hospitals:</i></p> <p>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.</p> <p>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.</p> <p>Enter the following information in the description field if billing for drugs (this should be left justified):</p> <ul style="list-style-type: none"> • Qualifier N4; • the 11-digit national drug code (NDC); • the NDC unit of measure. The unit of measurement qualifier codes are <ul style="list-style-type: none"> ○ 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
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43 (Lines 1-22)	Description, cont.	
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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	N4XXXXXXXXXXXXUN00000001.500	J1234

Example: Billing a compound drug

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
1 636	N4XXXXXXXXXXXXUN00000001.500VY001	J1234
2 636	N4XXXXXXXXXXXXUN00000001.500VY001	J2345

43 (Line 23)	Page__ of __	
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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	<p>If required, enter the HCPCS code and modifier applicable to ancillary service and outpatient bills.</p> <p><i>Acute Outpatient Hospitals:</i></p> <p>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.</p> <p><i>Substance Use Disorder Treatment Outpatient Hospitals:</i></p> <p>Enter an applicable HCPCS code for each revenue code entered in Lines 1-22 in Field 42.</p> <p><i>Chronic Disease and Rehabilitation Outpatient Hospitals:</i></p> <p>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.</p> <p><i>Nursing Facilities, Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Not required</p> <p><i>Home Health Agencies, Community Health Centers (for Home Health Services only), and Hospice Providers:</i></p> <p>Refer to Subchapter 6 of your MassHealth provider manual for the applicable HCPCS code.</p> <p><i>340B Providers:</i></p> <p>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.</p>

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
1	636	N4XXXXXXXXX00000001.500	J7030	01/31/11	1
2	636	N4XXXXXXXXX00000001.500	J1170 UD	01/31/11	2

Field No.	Field Name	Description
45 (Lines 1-22)	Serv. Date	<p><i>Community Health Centers (Home Health Services Only), Home Health Agencies, and Hospice Providers:</i></p> <p>Enter the date the service was provided in MMDDYYYY format.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Hospice Room and Board, and Nursing Facilities:</i></p> <p>Not required</p>



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

Field No.	Field Name	Description
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	<p><i>All Provider Types:</i></p> <p>Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, Hospice Room and Board, and Psychiatric Inpatient Hospitals:</i></p> <p>The total number of units of service for all room-and-board charges must equal the number of covered days.</p> <p>Do not count the “through” date as a covered day on claims that contain a discharge or deceased patient status code.</p> <p><i>Home Health Agencies:</i></p> <p>Refer to the service code descriptions in Subchapter 6 of the <i>Home Health Agency Manual</i> to determine how units are calculated for each service code.</p>
47 (Lines 1-22)	Total Charges	<p>For each claim line, enter the total charges that apply to the revenue codes entered in Lines 1-22 in Field 42.</p> <p>Do not deduct the member’s copayment amount from the total charge of the claim.</p>
47 (Line 23)	Totals	<p>Enter the total of all entries in this column on the bottom line.</p> <p>This is a required field.</p>
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
50A-C	Payer Name	<p>If MassHealth is the primary payer, enter “MassHealth” in Field 50A.</p> <p>If MassHealth is the secondary payer, enter “MassHealth” in Field 50B.</p> <p>If MassHealth is the tertiary payer, enter “MassHealth” in Field 50C.</p>
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.



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

Field No.	Field Name	Description
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	<p>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.</p> <p>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.</p> <ul style="list-style-type: none">• 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	<p><i>All Provider Types:</i></p> <p>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.</p> <p><i>Acute Inpatient Hospitals:</i></p> <p>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.</p> <p><i>Acute Inpatient and Acute Outpatient Hospitals:</i></p> <p>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.</p>
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)	<p><i>For Adjustments:</i></p> <p>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.</p> <p>Refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p> <p><i>For Resubmittals:</i></p> <p>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.</p> <p>Refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p>
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.
		<p><i>All Inpatient Hospitals:</i></p> <p>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.</p> <p>Refer to the CMS website for a list of the POA Exempt Diagnosis Codes: www.cms.gov/hospitalacqcond/.</p>

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

Field No.	Field Name	Description
67(A-Q)	(Unnamed)	<p>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.</p> <p><i>All Inpatient Hospitals:</i></p> <p>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.</p> <p>Refer to the CMS website for a list of the POA Exempt Diagnosis Codes: www.cms.gov/hospitalacqcond/.</p>
68	(Unnamed)	Not used
69	Admit DX	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>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.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
70(a-c)	Patient Reason DX	<p><i>Acute Outpatient Hospitals, Hospital Licensed Health Centers, Chronic Disease and Rehabilitation Outpatient Hospitals, Substance Use Disorder Outpatient Treatment Hospitals, and Psychiatric Outpatient Hospitals:</i></p> <p>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.</p> <p><i>All Other Provider Types:</i></p> <p>Not required.</p>
71	PPS Code	Not Required
72(a-c)	ECI	<p>Situational. Required when the medical treatment is sought for, or causes</p> <ul style="list-style-type: none"> • 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	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>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.</p> <p>Acute Hospitals</p> <ul style="list-style-type: none"> 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. <p><i>All Other Provider Types:</i></p> <p>Not required</p>
74 (a-e)	Other Procedure Code/Date	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Use Disorder Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>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.</p> <p>Acute Hospitals</p> <ul style="list-style-type: none"> 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. <p><i>All Other Provider Types:</i></p> <p>Not required</p>
75	(Unnamed)	Not used
76	Attending NPI Qual Last First	<p>Enter the name and NPI of the physician who is primarily responsible for the care of the patient reported in this claim.</p> <p>OB – State license number 1G – Provider UPIN number G2 – Provider commercial number LU – Location number</p> <ul style="list-style-type: none"> 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	<i>Acute Inpatient and Outpatient Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals:</i> <i>An Operating physician is required when a surgical procedure code is billed.</i>
	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). <ul style="list-style-type: none"> The Operating physician should be actively participating/enrolled with MassHealth at least as a non-billing provider. <p><i>All Other Provider Types:</i> Not required</p>
78-79	Other NPI Qual	If applicable, enter the name and NPI of the individual corresponding to that value. Refer to the NUBC Instruction Manual for qualifier values. ZZ – Other Operating - can only be included if an Operating Physician NPI is submitted on the claim.
	Last First	DN – Referring Provider 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	<i>Hospice Providers:</i> When billing for out-of-county home hospice care, enter the county in which the hospice service was furnished. <i>All Other Provider Types:</i> 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 by Provider Type Page in This Billing Guide
Acute Inpatient Hospitals24
Acute Outpatient Hospitals.....30
Chronic Disease and Rehabilitation Inpatient Hospitals33
Chronic Disease and Rehabilitation Outpatient Hospitals.....37
Community Health Centers (for Home Health Services Only)41
Home Health Agencies41
Hospice Providers.....41
Nursing Facilities.....42
Psychiatric Inpatient Hospitals42
Psychiatric Outpatient Hospitals.....42
Substance Use Disorder Treatment Inpatient Hospitals43
Substance Use Disorder Treatment Outpatient Hospitals.....43

Revenue Codes for Acute Inpatient Hospitals

Table with 4 columns: Code, Description, Code, Description. Includes categories like 0001 Total Charge, 011x Room and Board – Private (One Bed), 012x Room and Board – Semi-private (Two Beds), and 013x Room and Board – Three and Four Beds.

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

0360 General Classification
 0361 Minor Surgery
 0362 Organ Transplant – Other Than
 Kidney
 0367 Kidney Transplant
 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

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	070x Cast Room
0470 General Classification	0700 General Classification
0471 Diagnostic	
0472 Treatment	071x Recovery Room
0479 Other Audiology	0710 General Classification
048x Cardiology	072x Labor Room/Delivery
0480 General Classification	0720 General Classification
0481 Cardiac Cath Lab	0721 Labor
0482 Stress Test	0722 Delivery Room
0489 Other Cardiology	0723 Circumcision
049x Ambulatory Surgical Care	0724 Birthing Center
0490 General Classification	0729 Other Labor Room/Delivery
0499 Other Ambulatory Surgical Care	073x EKG/ECG (Electrocardiogram)
050x Outpatient Services	0730 General Classification
0500 General Classification	0731 Holter Monitor
0509 Other Outpatient	0732 Telemetry
	0739 Other EKG/ECG
051x Clinic	074x EEG (Electroencephalogram)
*0510 General Classification	0740 General Classification
*0511 Chronic Pain Center	
*0512 Dental Clinic	075x Gastro-Intestinal (GI) Services
*0515 Pediatric Clinic	0750 General Classification
*0519 Other Clinic	
053x Osteopathic Services	076x Specialty Room – Treatment/ Observation Room
*0530 General Classification	0761 Treatment Room
*0531 Osteopathic Therapy	0762 Observation Room
*0539 Other Osteopathic Services	0769 Other Specialty Rooms
061x Magnetic Resonance Technology (MRT)	079x Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)
0610 General Classification	0790 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	

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

080x	Inpatient Renal Dialysis	0918	Testing
		0919	Other Behavioral Health Treatments
0800	General Classification		
*0801	Inpatient Hemodialysis		
*0802	Inpatient Peritoneal Dialysis (Non-CAPD)	092x	Other Diagnostic Services
*0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	*0920	General Classification
*0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	0921	Peripheral Vascular Lab
0809	Other Inpatient Dialysis	0922	Electromyogram
		0923	Pap Smear
		0924	Allergy Test
		0925	Pregnancy Test
081x	Acquisition of Body Components	*0929	Other Diagnostic Service
0810	General Classification	094x	Other Therapeutic Services (also see 095x, an extension of 094x)
0811	Living Donor		
0812	Cadaver Donor		
0813	Unknown Donor	*0940	General Classification
0814	Unsuccessful Organ Search – Donor Bank Charges	*0941	Recreational Therapy
0819	Other Donor	0942	Education/Training
		0943	Cardiac Rehabilitation
088x	Miscellaneous Dialysis	0946	Complex Medical Equipment – Routine
0880	General Classification	0947	Complex Medical Equipment – Ancillary
0881	Ultrafiltration	0948	Pulmonary Rehabilitation
0882	Home Dialysis Aid Visit	0949	Other Therapeutic Service
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		

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

Revenue Codes for Acute Outpatient Hospitals

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

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

035x CT Scan	042x Physical Therapy
*0350 General Classification	*0420 General Classification
*0351 CT – Head Scan	*0421 Visit
*0352 CT – Body Scan	*0423 Group
*0359 CT – Other	*0424 Evaluation or Reevaluation
036x Operating Room Services	043x Occupational Therapy
0360 General Classification	*0430 General Classification
0361 Minor Surgery	*0431 Visit
	*0433 Group
	*0434 Evaluation or Reevaluation
037x Anesthesia	044x Speech Therapy – Language Pathology
0370 General Classification	*0440 General Classification
0371 Anesthesia Incident to Radiology	*0441 Visit
0372 Anesthesia Incident to Other DX Services	*0443 Group
	*0444 Evaluation or Reevaluation
038x Blood and Blood Components	045x Emergency Room
0381 Packed Red Cells	*0450 General Classification
0383 Plasma	*0456 Urgent Care
0384 Platelets	*0459 Other Emergency Room
0385 Leukocytes	
0386 Other Blood Components	
0387 Other Derivatives (Cryoprecipitate)	
039x Administration, Processing, and Storage for Blood and Blood Components	046x Pulmonary Function
0390 General Classification	0460 General Classification
0391 Administration (e.g., Transfusion)	0469 Other Pulmonary
040x Other Imaging Services	047x Audiology
0400 General Classification	0470 General Classification
0401 Diagnostic Mammography	0471 Diagnostic
0402 Ultrasound	0472 Treatment
0403 Screening Mammography	0479 Other Audiology
0404 Positron Emission Tomography	048x Cardiology
041x Respiratory Services	0480 General Classification
*0410 General Classification	0481 Cardiac Cath Lab
*0412 Inhalation Services	0482 Stress Test
*0413 Hyperbaric Oxygen Therapy	0483 Echocardiology
*0419 Other Respiratory Services	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	0740	General Classification
*0515	Pediatric Clinic		
*0519	Other Clinic	075x	Gastro-Intestinal (GI) Services
		0750	General Classification
053x	Osteopathic Services	076x	Specialty Room – Treatment/ Observation Room
*0530	General Classification	0761	Treatment Room
		0762	Observation Room
061x	Magnetic Resonance Technology (MRT)	077x	Preventive Care Services
0610	General Classification	0771	General Classification
0611	MRI – Brain/Brainstem	082x	Hemodialysis – Outpatient or Home
0612	MRI – Spinal Cord/Spine	0820	General Classification
		0821	Hemodialysis/Composite or Other Rate
062x	Medical Surgical Supplies – Extension of 027x	083x	Peritoneal Dialysis – Outpatient or Home
0621	Supplies Incident to Radiology	0830	General Classification
0622	Supplies Incident to Other DX Services	0831	Peritoneal/Composite or Other Rate
063x	Pharmacy – Extension of 025x	084x	Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home
0634	Erythropoietin (EPO) <10,000 Units	0840	General Classification
0635	EPO ≥ 10,000 Units	0841	CAPD/Composite or Other Rate
0636	Drugs Requiring Detailed Coding	085x	Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home
070x	Cast Room	0850	General Classification
0700	General Classification	0851	CCPD/Composite or Other Rate
071x	Recovery Room		
0710	General Classification		
072x	Labor Room/Delivery		
0720	General Classification		
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)	0921 Peripheral Vascular Lab
0900 General Classification	0922 Electromyogram
0901 Electroshock Treatment	0923 Pap Smear
	0924 Allergy Test
	0925 Pregnancy Test
	*0929 Other Diagnostic Service
091x Behavioral Health Treatments/ Services – Extension of 090x	094x Other Therapeutic Services (also see 095x, an extension of 094x)
0914 Individual Therapy	*0940 General Classification
0918 Testing	0942 Education/Training
	0943 Cardiac Rehabilitation
092x Other Diagnostic Services	0944 Drug Rehabilitation
*0920 General Classification	0945 Alcohol Rehabilitation

Revenue Codes for Chronic Disease and Rehabilitation Inpatient Hospitals

0001 Total Charge	
011x Room and Board – Private (One Bed)	015x Room and Board – Ward
*0110 General Classification	*0150 General Classification
*0111 Medical/Surgical/GYN	*0151 Medical/Surgical/GYN
*0113 Pediatric	*0153 Pediatric
*0117 Oncology	*0158 Rehabilitation
*0118 Rehabilitation	*0159 Other
*0119 Other	016x Other Room and Board – Other
012x Room and Board – Semi-private (Two Beds)	*0160 General Classification
*0120 General Classification	*0167 Self-Care
*0121 Medical/Surgical/GYN	*0169 Other
*0123 Pediatric	022x Special Charges
*0127 Oncology	0221 Admission Charges
*0128 Rehabilitation	0223 UR Service Charge
*0129 Other	0224 Late Discharge, Medically Necessary
013x Room and Board – Three and Four Beds	0229 Other Special Charges
*0130 General Classification	
*0131 Medical/Surgical/GYN	
*0133 Pediatric	
*0137 Oncology	
*0138 Rehabilitation	
*0139 Other	

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 Angiocardiography
 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	042x Physical Therapy
*0350 General Classification	*0420 General Classification
*0351 CT – Head Scan	*0421 Visit
*0352 CT – Body Scan	*0422 Hourly
*0359 CT – Other	*0423 Group
036x Operating Room Services	*0424 Evaluation or Reevaluation
0360 General Classification	*0429 Other Physical Therapy
0361 Minor Surgery	043x Occupational Therapy
0369 Other OR Services	*0430 General Classification
037x Anesthesia	*0431 Visit
0370 General Classification	*0432 Hourly
0371 Incident to Radiology	*0433 Group
0374 Acupuncture	*0434 Evaluation or Reevaluation
0379 Other Anesthesia	*0439 Other Occupational Therapy
038x Blood and Blood Components	044x Speech Therapy – Language Pathology
0380 General Classification	*0440 General Classification
0381 Packed Red Cells	*0441 Visit
0383 Plasma	*0442 Hourly
0384 Platelets	*0443 Group
0385 Leukocytes	*0444 Evaluation or Reevaluation
0386 Other Blood Components	*0449 Other Speech Therapy
0387 Other Derivatives (Cryoprecipitate)	046x Pulmonary Function
0389 Other Blood and Blood Components	0460 General Classification
039x Blood Storage and Processing	0469 Other Pulmonary
0390 General Classification	047x Audiology
0391 Blood Administration (e.g., Transfusion)	0470 General Classification
0399 Other Blood Handling	0471 Diagnostic
040x Other Imaging Services	0472 Treatment
0400 General Classification	0479 Other Audiology
0401 Diagnostic Mammography	048x Cardiology
0402 Ultrasound	0480 General Classification
0403 Screening Mammography	0481 Cardiac Cath Lab
0404 Positron Emission Tomography	0482 Stress Test
0409 Other Imaging Services	0483 Cardiology
041x Respiratory Services	0489 Other Cardiology
*0410 General Classification	
*0412 Inhalation Services	
*0413 Hyperbaric Oxygen Therapy	
*0419 Other Respiratory Services	

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
053x	Osteopathic Services	*0802	Inpatient Peritoneal Dialysis (Non-CAPD)
*0530	General Classification	*0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
*0531	Osteopathic Therapy	*0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
*0539	Other Osteopathic Services	0809	Other Inpatient Dialysis
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	091x	Behavioral Health Treatments/ Services – Extension of 090x
062x	Medical/Surgical Supplies – Extension of 027x	0911	Rehabilitation
0621	Supplies Incident to Radiology	0914	Individual Therapy
0622	Supplies Incident to Other DX Services	0915	Group Therapy
070x	Cast Room	0916	Family Therapy
0700	General Classification	0917	Biofeedback
071x	Recovery Room	0918	Testing
0710	General Classification	0919	Other Behavioral Health Treatments
073x	EKG/ECG (Electrocardiogram)	092x	Other Diagnostic Services
0730	General Classification	*0920	General Classification
0731	Holter Monitor	0921	Peripheral Vascular Lab
0732	Telemetry	0922	Electromyogram
0739	Other EKG/ECG	0923	Pap Smear
074x	EEG (Electroencephalogram)	0924	Allergy Test
0740	General Classification	*0929	Other Diagnostic Service
075x	Gastro-Intestinal (GI) Services	094x	Other Therapeutic Services (also see 095x, an extension of 094x)
0750	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.)

096x Professional Fees (also see 097x and 098x)	0975 Operating Room
0960 General Classification	0976 Respiratory Therapy
0961 Psychiatric	0977 Physical Therapy
0962 Ophthalmology	0978 Occupational Therapy
0963 Anesthesiologist (MD)	0979 Speech Pathology
0969 Other Professional Fees	098x Professional Fees (Extension of 096x and 097x)
097x Professional Fees (Extension of 096x)	0985 EKG
0971 Laboratory	0986 EEG
0972 Radiology – Diagnostic	0987 Hospital Visit
0973 Radiology – Therapeutic	0988 Consultation
0974 Radiology – Nuclear Med.	

Revenue Codes for Chronic Disease and Rehabilitation Outpatient Hospitals

0001 Total Charge	029x Durable Medical Equipment
025x Pharmacy (also see 063x, an extension of 025x)	0290 General Classification
0250 General Classification	0291 Rental
0251 Generic Drugs	0292 Purchase of New DME
0252 Non-Generic Drugs	0293 Purchase of Used DME
0253 Take-Home Drugs	030x Laboratory
0254 Drugs Incident to Other Diagnostic Services	0300 General Classification
0255 Drugs Incident to Radiology	0301 Chemistry
0257 Non-Prescription	(Other Than Renal)
0258 IV Solutions	0302 Immunology
0259 Other Pharmacy	0304 Non-Routine Dialysis
026x IV Therapy	0305 Hematology
260 General Classification	0306 Bacteriology and Microbiology
027x Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)	0307 Urology
0270 General Classification	0309 Other Laboratory
0271 Non-Sterile Supply	031x Laboratory Pathology
0272 Sterile Supply	0310 General Classification
0273 Take-Home Supplies	0311 Cytology
0274 Prosthetic/Orthotic Devices	0312 Histology
0275 Pacemaker	0314 Biopsy
0276 Intraocular Lens	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	0610	General Classification
*0441	Visit	0611	MRI – Brain/Brainstem
*0443	Group	0612	MRI – Spinal Cord/Spine
*0444	Evaluation or Reevaluation	062x	Medical Surgical Supplies – Extension of 027x
*0449	Other Speech Therapy	0621	Supplies Incident to Radiology
045x	Emergency Room	0622	Supplies Incident to Other DX Services
*0450	General Classification	063x	Pharmacy – Extension of 025x
*0456	Urgent Care	0634	Erythropoietin (EPO) <10,000 Units
*0459	Other Emergency Room	0635	EPO ≥ 10,000 Units
046x	Pulmonary Function	0636	Drugs Requiring Detailed Coding
0460	General Classification	070x	Cast Room
0469	Other Pulmonary	0700	General Classification
047x	Audiology	071x	Recovery Room
0470	General Classification	0710	General Classification
0471	Diagnostic 0472 Treatment	073x	EKG/ECG (Electrocardiogram)
0472	Treatment	0730	General Classification
0479	Other Audiology	0731	Holter Monitor
048x	Cardiology	0732	Telemetry
0480	General Classification	074x	EEG (Electroencephalogram)
0481	Cardiac Cath Lab	0740	General Classification
0482	Stress Test	075x	Gastro-Intestinal (GI) Services
0483	Echocardiology	0750	General Classification
0489	Other Cardiology	082x	Hemodialysis – Outpatient or Home
049x	Ambulatory Surgical Care	0820	General Classification
0490	General Classification	0821	Hemodialysis /Composite or Other Rate
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		

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
084x	Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home	0943	Cardiac Rehabilitation
0840	General Classification	0944	Drug Rehabilitation
0841	CAPD/Composite or Other Rate	0945	Alcohol Rehabilitation
085x	Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home	0949	Other Therapeutic Service
0850	General Classification	096x	Professional Fees
0851	CCPD/Composite or Other Rate	0960	General Classification
090x	Behavioral Health Treatment/Services (also see 091x, an extension of 090x)	0961	Psychiatric
0900	General Classification	0962	Ophthalmology
0901	Electroshock Treatment	0963	Anesthesiologist (MD)
091x	Behavioral Health Treatments/ Services – Extension of 090x	097x	Professional Fees
0911	Rehabilitation	0971	Laboratory
0914	Individual Therapy	0972	Radiology – Diagnostic
0915	Group Therapy	0974	Radiology – Nuclear
0916	Family Therapy	0975	Operating room
0918	Testing	098x	Professional Fees
0919	Other Behavioral Health Treatments	0982	Outpatient services
092x	Other Diagnostic Services	0983	Clinic
*0920	General Classification	0985	EKG
0921	Peripheral Vascular Lab	0986	EEG
0922	Electromyogram	0987	Hospital Visit
0923	Pap Smear	0988	Consultation
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
042x	Physical Therapy	0551	Visit
		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
042x	Physical Therapy	0551	Visit
		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	018x	Leave of Absence
065x	Hospice Service	0183	Therapeutic Leave (Total of non-medical-leave-of-absence days)
0651	Routine Home Care	0185	Nursing Home (for Hospitalization)
0652	Continuous Home Care		(Total of medical-leave-of-absence days)
0655	Inpatient Respite Care		
0656	General Inpatient Care Non-Respite		
0658	Hospice Room and Board – Nursing Facility		

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

Revenue Codes for Nursing Facilities

0001 Total Charge

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

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

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

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.