MassHealth

Billing Guide for the UB-04

Executive Office of Health and Human Services

MassHealth

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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*](http://www.mass.gov/eohhs/docs/masshealth/provlibrary/newmmis-remittanceadvice.pdf) at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on [MassHealth Regulations and Other Publications](http://www.mass.gov/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Government&L2=Laws%2c+Regulations+and+Policies&L3=MassHealth+Regulations+and+Other+Publications&sid=Eeohhs2). Click on Provider Library, then [MassHealth Billing Guides for Paper Claim Submitters](http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Laws%2c+Regulations+and+Policies&L3=MassHealth+Regulations+and+Other+Publications&L4=Provider+Library&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_mh_billing_guides_paperclaims&csid=Eeohhs2).

**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](https://www.mass.gov/lists/all-provider-bulletins), (dated September 2011), and [All Provider Bulletin 223](https://www.mass.gov/lists/all-provider-bulletins), (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](https://www.mass.gov/lists/all-provider-bulletins), (December 2011), and [All Provider Bulletin 226](https://www.mass.gov/lists/all-provider-bulletins), (June 2012). Helpful information is also contained in [All Provider Bulletins 232 and 233](https://www.mass.gov/lists/all-provider-bulletins) (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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) 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](http://www.mass.gov/masshealth).

### Where to Send Paper Claim Forms

[Appendix A](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) 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

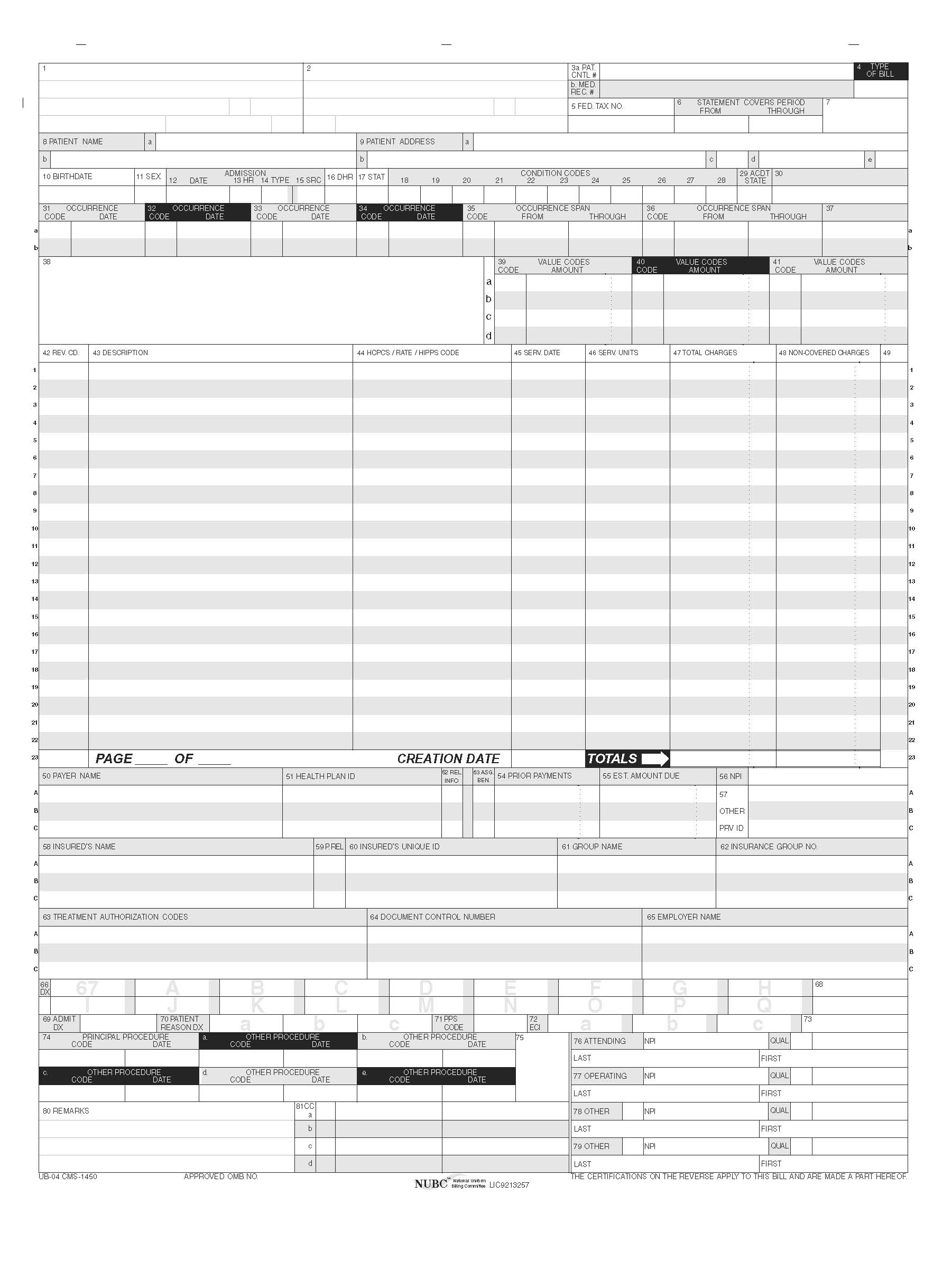
For additional information about MassHealth, see the administrative and billing regulations at [130 CMR 450.000](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations) (for all providers), any relevant program regulations, and the Request for Application (RFA) for the relevant rate year (for in-state acute and chronic hospitals only).

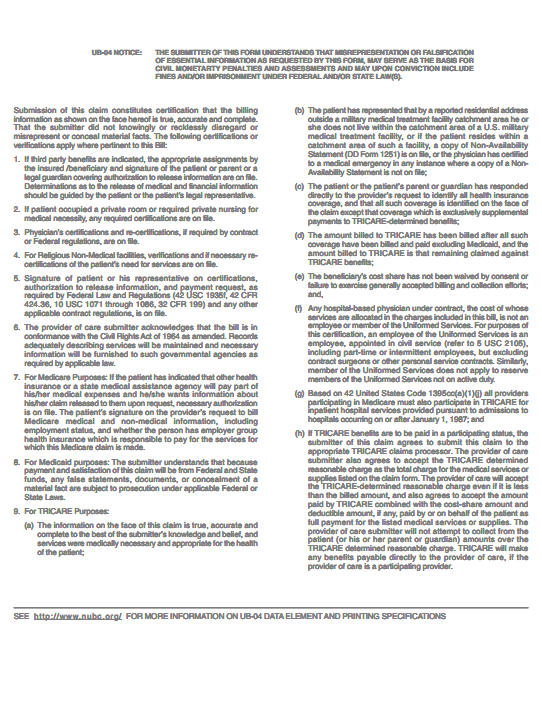
### Further Assistance

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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) 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](http://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.





| **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. |
| 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. |
| 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 Manualfor 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 |
| 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 |
| 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. |
|  |  | *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**:    *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. |
| 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. |
| 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  Sample of hardto read graphic explaining billing for an NDC drug.  **Example:** Billing a compound drug  Sample graphic for billing a compound drug |
| 43 (Line 23) | Page\_\_ of \_\_ | MassHealth accepts only single-page UB-04 claims. This should always be Page 1 of 1. |
| 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**:    *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.  This is a Hard to read graphic showing an example for 340B Providers. |
| 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 |
| 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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) 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 Manualfor 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. |
| 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. |
| 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. |
| 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/](http://www.cms.gov/hospitalacqcond/). |
| 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/](http://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 |
| 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. |
| 77 | Operating  NPI  Qual  Last First | *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.*  OB – State license number  1G – Provider UPIN number  G2 – Provider commercial number  LU – Location number  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  Qual  Last First  **Notes** | 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.  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  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 |
| 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:*

1. 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).
2. 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).

*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 theNUBC Instruction Manual.

*Revenue Codes by Provider Type Page in This Billing Guide*

Acute Inpatient Hospitals 23

Acute Outpatient Hospitals 29

Chronic Disease and Rehabilitation Inpatient Hospitals 32

Chronic Disease and Rehabilitation Outpatient Hospitals 36

Community Health Centers (for Home Health Services Only) 40

Home Health Agencies 40

Hospice Providers 40

Nursing Facilities 41

Psychiatric Inpatient Hospitals 41

Psychiatric Outpatient Hospitals 41

Substance Use Disorder Treatment Inpatient Hospitals 42

Substance Use Disorder Treatment Outpatient Hospitals 42

*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

**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

**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

**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

**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

**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

*Revenue Codes for Acute 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

**026x IV Therapy**

0260 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

0278 Other Implant

**028x Oncology**

0280 General Classification

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

0290 General Classification

0291 Rental

0292 Purchase of New DME

0293 Purchase of Used DME

**030x Laboratory**

0300 General Classification

0301 Chemistry

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

**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

**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

**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

**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

**072x Labor Room/Delivery**

0720 General Classification

0721 Labor

0722 Delivery Room

**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

**076x Specialty Room – Treatment/  
Observation Room**

0761 Treatment Room

0762 Observation Room

**077x Preventive Care Services**

0771 General Classification

**082x Hemodialysis – Outpatient or Home**

0820 General Classification

0821 Hemodialysis/Composite or Other Rate

**083x Peritoneal Dialysis – Outpatient or Home**

0830 General Classification

0831 Peritoneal/Composite or Other Rate

**084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home**

0840 General Classification

0841 CAPD/Composite or Other Rate

**085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home**

0850 General Classification

0851 CCPD/Composite or Other Rate

**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

**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

**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

**049x Ambulatory Surgical Care**

0490 General Classification

0499 Other Ambulatory Surgical Care

**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

0622 Supplies Incident to Other DX Services

**070x Cast Room**

0700 General Classification

**071x Recovery Room**

0710 General Classification

**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

**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

**088x Miscellaneous Dialysis**

0880 General Classification

0881 Ultrafiltration

0889 Other Miscellaneous Dialysis

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

0911 Rehabilitation

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

\*0929 Other Diagnostic Service

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

\*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

**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**

* 1. 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

**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

**044x Speech Therapy – Language Pathology**

\*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

**083x Peritoneal Dialysis – Outpatient or Home**

0830 General Classification

0831 Peritoneal/Composite or Other Rate

**084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home**

0840 General Classification

0841 CAPD/Composite or Other Rate

**085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home**

0850 General Classification

0851 CCPD/Composite or Other Rate

**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**

0911 Rehabilitation

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

**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

0949 Other Therapeutic Service

**096x Professional Fees**

0960 General Classification

0961 Psychiatric

0962 Ophthalmology

0963 Anesthesiologist (MD)

**097x Professional Fees**

0971 Laboratory

0972 Radiology – Diagnostic

0974 Radiology – Nuclear

0975 Operating room

**098x Professional Fees**

0982 Outpatient services

0983 Clinic

0985 EKG

0986 EEG

0987 Hospital Visit

0988 Consultation

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

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

0001 Total Charge

**042x Physical Therapy**

\*0421 Visit

**043x Occupational Therapy**

\*0431 Visit

**044x Speech Therapy – Language**

**055x Skilled Nursing**

0551 Visit

0552 Hour

**057x Home Health (HH) Aide**

0570 General Classification

0572 Hour

**Pathology**

\*0441 Visit

*Revenue Codes for Home Health Agencies*

0001 Total Charge

**042x Physical Therapy**

\*0421 Visit

**043x Occupational Therapy**

\*0431 Visit

**044x Speech Therapy – Language Pathology**

\*0441 Visit

**055x Skilled Nursing**

0551 Visit

0552 Hour

**057x Home Health (HH) Aide**

0572 Hour

*Revenue Codes for Hospice Providers*

0001 Total Charge

**065x Hospice Service**

0651 Routine Home Care

0652 Continuous Home Care

0655 Inpatient Respite Care

0656 General Inpatient Care Non-Respite

0658 Hospice Room and Board – Nursing Facility

**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 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

**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

*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

*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

**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

# 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 |

**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.
   1. The dates of service, provider name, and patient's name on the EOMB/EOB must correspond to the information on the MassHealth claim.
   2. 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.
   3. 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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) of your MassHealth provider manual or at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Go to MassHealth Regulations and Other Publications, and then to the Provider Library.