

Appendix J: Completing the UB-04 claim form

The following instructions explain how to complete the UB-04 claim form and the “approved” form must be used when billing. The form will say “Approved OMB No. 0938-0997” on the bottom left hand corner. The instructions should be used to supplement the information in the [National Uniform Billing Committee \(NUBC\)](#) official UB-04 Data Specifications Manual. For fields that are situational and for code usage details not covered below please refer to the NUBC Manual. This form is not available through Washington Health Care Authority but should be available through your local office supplier.

Note: This guide applies only to paper UB-04 claims submitted to Apple Health. For information on HIPAA-compliant 837 transactions, please consult the appropriate companion documents for 837 transactions available on the Agency [HIPAA website](#).

Note: All claims submitted to the Washington Apple Health ProviderOne system will require a taxonomy code for the Billing Provider. In form locator 81, Code B3 (qualifier) is to be entered in the first (small) space and the provider taxonomy code is to be entered in the (second) large space. The third space should be blank.

Form Locator	Name	Action
1	Billing Provider Name	Line 1: Provider Name Line 2: Street Address or Post Office Box Line 3: City, State, and Zip Code plus 4 Line 4: Telephone (& Fax)
2	Pay-to Name and Address	Report only if different than form Locator 1.
3a	Patient Control Number	Enter patient’s unique (alpha and/or numeric) number assigned by the provider. This number will be printed on the Remittance and Status Report (RA) under the heading Patient Account Number.
3b	Medical/Health Record Number	Optional item. Enter alpha and/or numeric characters only. This entry is not returned on the RA.

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Form Locator	Name	Action																		
4	Type of Bill	<p>ProviderOne uses the Type of Bill for adjudication and pricing. The ProviderOne recommended TOBs are:</p> <table style="width: 100%; border: none;"> <tr> <td>Hospice</td> <td style="text-align: right;">81X, 82X</td> </tr> <tr> <td>Home Health</td> <td style="text-align: right;">32X, 34X</td> </tr> <tr> <td>Kidney Center</td> <td style="text-align: right;">72X</td> </tr> <tr> <td>Inpatient Hospital</td> <td style="text-align: right;">11X</td> </tr> <tr> <td>Outpatient Hospital</td> <td style="text-align: right;">13X</td> </tr> <tr> <td>Nursing Home</td> <td style="text-align: right;">21X</td> </tr> <tr> <td>Swing Bed</td> <td style="text-align: right;">18X</td> </tr> <tr> <td>FQHC Crossover</td> <td style="text-align: right;">77X</td> </tr> <tr> <td>RHC Crossover</td> <td style="text-align: right;">71X</td> </tr> </table>	Hospice	81X, 82X	Home Health	32X, 34X	Kidney Center	72X	Inpatient Hospital	11X	Outpatient Hospital	13X	Nursing Home	21X	Swing Bed	18X	FQHC Crossover	77X	RHC Crossover	71X
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5	Federal Tax Number	Enter the federal tax identification number.																		
6	Statement Covers Period	Enter from and to dates of service (MMDDCCYY). Overlapping fiscal/calendar years do not require split billing.																		
8a	Patient Name/Identifier	Enter the patient's ProviderOne Client ID.																		
8b	Patient Name/Identifier	<p>Enter the last name, first name, and middle initial of the client receiving services exactly as it appears on the client services card or other proof of eligibility. If billing for a baby on mom's ID enter the baby's name here. If the baby is unnamed use the mom's last name and "baby" as the first name. Note: be sure to insert commas separating sections of the name!</p>																		
9	Patient Address	Enter the address of the client who received the services.																		
10	Birthdate	Enter in the patient's date of birth in the following format: MMDDCCYY. (Example: 05102003 for May 10, 2003.) If billing baby on mom's ID enter the baby's birth date instead.																		
11	Sex	Indicate if the patient is male (M) or female (F). If billing baby on mom's ID enter the baby's sex here.																		
12	Admission Date	Indicate the start date of Admission.																		

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13	Admission Hour	<p>Enter the code for the hour of admission converted to 24 hour time as shown below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CODE</th> <th style="text-align: left;">TIME AM</th> <th style="text-align: left;">CODE</th> <th style="text-align: left;">TIME PM</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">00</td> <td style="text-align: center;">12:00-12:59 (Midnight)</td> <td style="text-align: center;">12</td> <td style="text-align: center;">12:00-12:59 (Noon)</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01:00-01:59</td> <td style="text-align: center;">13</td> <td style="text-align: center;">01:00-01:59</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">02:00-02:59</td> <td style="text-align: center;">14</td> <td style="text-align: center;">02:00-02:59</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">03:00-03:59</td> <td style="text-align: center;">15</td> <td style="text-align: center;">03:00-03:59</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">04:00-04:59</td> <td style="text-align: center;">16</td> <td style="text-align: center;">04:00-04:59</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">05:00-05:59</td> <td style="text-align: center;">17</td> <td style="text-align: center;">05:00-05:59</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">06:00-06:59</td> <td style="text-align: center;">18</td> <td style="text-align: center;">06:00-06:59</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">07:00-07:59</td> <td style="text-align: center;">19</td> <td style="text-align: center;">07:00-07:59</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">08:00-08:59</td> <td style="text-align: center;">20</td> <td style="text-align: center;">08:00-08:59</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">09:00-09:59</td> <td style="text-align: center;">21</td> <td style="text-align: center;">09:00-09:59</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">10:00-10:59</td> <td style="text-align: center;">22</td> <td style="text-align: center;">10:00-10:59</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">11:00-11:59</td> <td style="text-align: center;">23</td> <td style="text-align: center;">11:00-11:59</td> </tr> </tbody> </table> <p>Refer to the NUBC manual for more information.</p>	CODE	TIME AM	CODE	TIME PM	00	12:00-12:59 (Midnight)	12	12:00-12:59 (Noon)	01	01:00-01:59	13	01:00-01:59	02	02:00-02:59	14	02:00-02:59	03	03:00-03:59	15	03:00-03:59	04	04:00-04:59	16	04:00-04:59	05	05:00-05:59	17	05:00-05:59	06	06:00-06:59	18	06:00-06:59	07	07:00-07:59	19	07:00-07:59	08	08:00-08:59	20	08:00-08:59	09	09:00-09:59	21	09:00-09:59	10	10:00-10:59	22	10:00-10:59	11	11:00-11:59	23	11:00-11:59
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14	Priority(Type) of Visit	Required when patient is being admitted to the hospital for inpatient services. Refer to the NUBC manual for more information.																																																				
15	Admission Source	Indicate the source of referral for admission or visit. Refer to the NUBC manual for more information.																																																				
16	Discharge Hour	Enter the hour of discharge. Refer to the 24-hour time as shown in the coding table for Form Locator 13 and the NUBC manual for more information.																																																				
17	Status	Enter the code indicating patient status as of the discharge date. Refer to the NUBC manual for more information.																																																				

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Form Locator	Name	Action
18-28	Condition Codes	<p>See NUBC Manual for Codes other than below:</p> <p style="text-align: center;"><u>Washington State assigned Condition Codes</u></p> <p>Trauma - Qualified Trauma cases are identified by the following codes:</p> <p>TP Indicates a pediatric client (through age 14 only) with an Injury Severity Score (ISS) in the range of 9-12</p> <p>TT Indicates a transferred client with an ISS that is less than 13 for adults or less than 9 for pediatric clients</p> <p>TV Indicates an ISS in the range of 13 to 15</p> <p>TW Indicates an ISS in the range of 16 to 24</p> <p>TX Indicates an ISS in the range of 25 to 34</p> <p>TY Indicates an ISS in the range of 35 to 44</p> <p>TZ Indicates an ISS of 45 or greater</p>
29	Accident State	If applicable, enter the state in which the accident occurred. (Example: OR, CA, etc.)
31-34	Occurrence Code and Dates	Refer to the NUBC manual for more information. Not required on a Hospice, Kidney Center, Home Health or SNF claims.
35-36	Occurrence Span Codes and Dates	Refer to the NUBC manual for more information.
38	Responsible Party name and address	Enter the information for the claim addressee.

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Form Locator	Name	Action
39-41	Value codes and Amounts	<p>See NUBC Manual for Codes other than below:</p> <p>Value Code 66: For EMER patient liability on Inpatient Hospital claims, then enter the Patient Participation Amount.</p> <p>Value Code 66: For Spenddown on Institutional Hospital claims then enter the Patient Participation Amount.</p> <p>Value Code 24: Enter this code in the code field with the Patient Class immediately following in the amount field. See page C.1 in the Nursing Facilities Medicaid Provider Guides for valid Patient Class codes. (e.g., 20.00=class code 20).</p> <p>Value Code 31: Enter this code in the code field with the Patient Participation amount for the entire month immediately following in the amount field for Nursing Home claims.</p> <p>Value Code 31: For Hospice claims indicating the Skilled Nursing Facility room and board charge, enter this code in the code field only once per claim and if there is more than one patient participation amount, sum the amounts and enter only one value amount.</p> <p>Value Code 54: Enter this code in the code field with the newborn birth weight in grams in the amount field (no decimals). Right justify the weight in grams to the left of the dollars/cents delimiter. If your billing software requires the decimal in the Value Code field, enter the weight in grams followed by “.00” (e.g. 2499.00).</p>
42	Revenue Code	<p>Revenue Codes must be valid for the Type of Bill or facility. For example, revenue code usage for Hospice may differ from a hospital.</p> <ol style="list-style-type: none"> a. For Hospice, Home Health, Kidney Center and Nursing Home billing, see the individual Medicaid Provider Guides. b. For Inpatient and Outpatient Hospital services, see the Apple Health Revenue Code Grid. c. On the final page of your claim, form locator 42, line 23 will require rev code 0001 with your claim total in form locator 47, line 23.

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Form Locator	Name	Action
43	Description	<p>Enter a written description of the related revenue categories included on the bill.</p> <p>The Agency is collecting NDC information on Centers for Medicare and Medicaid Services designated, physician administered drugs in the outpatient hospital setting and for Kidney Centers (revenue Codes 0634-0637 drugs with procedures).</p> <p>See the Physician Related MPG for the description of the NDC reporting format criteria.</p> <p>When reporting a drug, enter identifier N4, the eleven-digit NDC code, Unit Qualifier, and number of units from the package of the dispensed drug for the specified detail line. Do not enter a space, hyphen, or other separator between N4, the NDC code, Unit Qualifier, and number of units.</p> <p>Refer to the NUBC manual for more information.</p>
44	HCPCS/RATE/HIPPS Codes	<p>When applicable, enter the HCPCS/CPT/RATE codes.</p> <p>Outpatient HCPCS – see Revenue Code Grid for Revenue code/HCPCS combination requirements.</p> <p>Inpatient Rates – required when a room and board revenue code is reported.</p> <p>Modifiers are entered in this field, when applicable, and attached to the qualifying code line.</p>
45	Service Date	Required on outpatient hospital, Kidney Center, Hospice, Nursing Home, and Home Health claims. On each line, enter the date of service.
46	Service Units	Enter the units of service for each revenue code. Please do not use decimal points (e.g. 1 unit = 1).
47	Total Charges	<p>Enter the total charge for each revenue code or procedure code entry.</p> <p>Line 23: This entry must be the sum of the individual charges.</p>
48	Non-Covered Charges	<p>Enter the amount required by contract with the Agency.</p> <p>Enter charges for non-covered services performed during the stay or charges paid by another payer (Medicare) when all services must be reported on the inpatient claims.</p>

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Form Locator	Name	Action
50 a-c	Payer Name	Enter Washington Medicaid for the Medicaid payer identification. Enter the name of the third party payer if applicable: 50a–Primary Payer. 50b–Secondary Payer. 50c–Tertiary Payer
51	Health Plan ID	For Apple Health Medicaid, leave blank. Enter the health plan identification number (if known) in 51 a, b, c depending on whether the insurance is primary, secondary, or tertiary.
52 a-c	Release of Information Certification Indicator Required	Indicate whether the patient or patient’s legal representative has signed a statement permitting the provider to release data to other organizations. The Release of Information is limited to the information carried on the claim. I = Informed Consent to Release Medical Information. (Required when the provider has not collected a signature and state or federal laws do not supersede the HIPAA Privacy Rule by requiring a signature be collected.) Y = Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim. Refer to the NUBC manual for more information.
53 a-c	Assignment of Benefits Certification Indicator Required	No data available.
54 a-c	Prior Payments	Enter the amount that has been received (if any) toward payment of the claim from an insurance carrier prior to billing the Agency.
55	Estimate Amount Due	The amount estimated by the provider to be due from the indicated payer (estimated responsibility less prior payments)
56	NPI	Enter the NPI for the billing provider. For more information on taxonomy codes, please see Appendix L .
57 a-c	Other Billing Provider ID	A unique identification number assigned to the provider submitting the bill by the health plan. Not Required. The Agency does not assign or require a unique identification number other than the NPI.

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58 a-c	Insured's Name	<p>Enter the insured's last name, first name, and middle initial exactly as it appears on the client services card or other proof of eligibility.</p> <p>Note: be sure to insert commas separating sections of the name!</p> <p>If the recipient is covered by insurance other than Medicaid, enter the name of the individual in whose name the insurance is carried.</p> <p>Carry through the payer line scheme reported in Form Locator 50 A-C.</p> <p>Refer to the NUBC manual for more information</p>
59 a-c	Patient's Relationship to Insured	<p>Enter 18 when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this field.</p>
60 a-c	Insured's Unique ID	<p>Enter all of the insured's unique identification numbers assigned by any payer organizations.</p> <p>Carry through the payer line scheme reported in Form Locator 50 A-C.</p> <p>Enter the ProviderOne Client ID exactly as it appears on the ProviderOne Services card or other proof of eligibility.</p> <p>Refer to the NUBC manual for more information</p>
61 a-c	Group Name	Refer to the NUBC manual
62 a-c	Insurance Group Number	Refer to the NUBC manual
63 a-c	Treatment Authorization Codes	<p>Enter the Prior Authorization (PA) number issued by the Agency or Expedited Authorization Number (EPA) located in the appropriate program Medicaid Provider Guides for the billed service if required.</p> <p>Carry through the payer line scheme reported in Form Locator 50 A-C</p> <p>If the claim meets the qualifications for Medical Inpatient Detox (MID) use the following EPA numbers. Please see the Inpatient Hospital Medicaid Provider Guides for additional information.</p> <ul style="list-style-type: none"> • Acute alcohol detoxification use 870000433 • Acute drug detoxification use 870000435

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Form Locator	Name	Action
64 a-c	Document Control Number	<p>When applicable. If this billing is being submitted beyond the 365-day time limit, enter the TCN that verifies that the claim was originally submitted within the time limit. (The TCN number is the claim number listed on the Remittance Advice.)</p> <p>Also put TCN numbers in this field for adjusting or voiding claims. They must be in the following format:</p> <ul style="list-style-type: none"> • 7-300629600000340000-(replace/adjustment) • 8-300629600000340000 (void/cancel)
65 a-c	Employer Name	<p>If applicable, enter the employer name of the insured.</p> <p>Carry through the payer line scheme reported in Form Locator 50 a-c.</p>
66	Diagnosis and Procedure Code Qualifier	<p>Required. Enter the qualifier that identifies the version of the International Classification of Diseases (ICD) reported:</p> <p>9 – Ninth Revision 0 – Tenth Revision</p>
67	Principal Diagnosis Code	<p>Principal Diagnosis Code (the condition established after study to be chiefly responsible for causing the use of facility services). Required:</p> <ul style="list-style-type: none"> • Present on Admission (POA) Indicator - see NUBC Manual for usage guidelines. • Review the Inpatient Medicaid Provider Guides for additional information.
67a-q	Other Diagnosis Codes	<p>Enter the most specific ICD diagnosis codes that correspond to additional conditions that co-exist at the time of service or affect the length of stay.</p> <ul style="list-style-type: none"> • For preterm infants, include the appropriate birth weight code (765.11 to 765.19) • POA Indicator for applicable secondary diagnosis • Refer to the NUBC manual for more information
69	Admitting Diagnosis Code	<p>Enter the presenting symptom (diagnosis) and the reason for the patient’s visit.</p> <p>Refer to the NUBC manual for more information</p>
70a-c	Patient’s Reason for Visit	Refer to the NUBC manual for more information
72a-c	External Cause of Injury	Refer to the NUBC manual for more information
74	Other Procedure Codes and Date	<p>Inpatient: Enter the code identifying the principal ICD surgical or obstetrical procedure and the date on which either was performed. Enter the date in MMDDYY format.</p> <p>Refer to the NUBC manual for more information</p>

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Form Locator	Name	Action
74a-e	Other Procedure Codes and Date	<p>Inpatient: Enter the codes identifying all other significant procedures performed during the billing period covered by the claim and the dates on which the procedures were performed. Do not use decimal points.</p> <p>Refer to the NUBC manual for more information</p>
76	Attending Provider Name and Identifiers	<p>Enter the NPI number for the attending physician (the physician primarily responsible for the care of the patient) or the resident physician. The NPI number of the Advanced Registered Nurse Practitioners (ARNPs) may also be reported in this form locator if they were primarily responsible for services in the hospital setting.</p> <p>Report in this Form Locator the NPI number of the physician ordering lab tests or X-ray services.</p> <p>Note: All providers reported here must be enrolled as a Washington State Medicaid Provider.</p>
77	Operating Physician Name and Identifiers	<p>Required. Enter the NPI number for the operating physician when a surgical procedure code is listed on the claim.</p> <p>Note: All providers reported here must be enrolled as a Washington State Medicaid Provider.</p>
78-79	Other Provider (Individual) Name and Identifiers	<p>Enter the NPI number of other treating providers or the referring provider. Enter the servicing provider's NPI number for a Primary Care Case Management (PCCM), or Skilled Nursing Facility (SNF).</p> <p>Note: All providers reported here must be enrolled as a Washington State Medicaid Provider.</p>
80	Remarks	<p>Enter any comments that would help in processing a claim for payment.</p> <p>Possible comments include:</p> <ul style="list-style-type: none"> • SCI =B – Baby on Moms ID • SCI =I – Involuntary Treatment Act (ITA) • SCI =V – Voluntary Treatment • Twin A, Twin B; Triplet A, Triplet B, Triplet C when using baby on moms ID <p>Note: Baby on Mom's Client ID can only be used during the first 60 days of baby's life.</p> <p>Refer to the NUBC manual for more information.</p>

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Form Locator	Name	Action
81 a-d	Code-Code	<p>The Billing provider's NPI entered in Form Locator 56 is mapped to a taxonomy code(s) that is needed to identify the provider in the ProviderOne claims processing system. The provider must enter qualifier code B3 and the reported taxonomy code in this Form Locator that corresponds to the service billed on the claim.</p> <p>For any other code qualifiers, please refer to the NUBC manual.</p>