

G. How do I complete the 1st CMS UB-04 Claim?

Follow steps above, log into website, select Multiple, Choose CMS UB-04 Multiple Institutional Claims Type, select Service Location and choose member from Member List (Refer to How do I add to member list above if needed). Check the member you are submitting subsequent claims for then Enter Bill Type, From to Statement dates, Rev Code, Service Units and total charges.

Click Creates Claim(s).

Member Name	Member ID	Status	Statement Covers Period			Auth Num	Rev Code	Serv Units	Total Charges	Last Submitted	Action
			Bill Type	From	To						
<input checked="" type="checkbox"/>	[REDACTED]	New	213	02/01/2013	02/28/2013		120	28	2800		Remove
<input type="checkbox"/>	[REDACTED]	New	132	02/18/2013	03/14/2013		11	24	323.35		Remove
				02/18/2013	03/20/2013	Update Date(s)					
Create Claim(s)											

Once claim has been created click the edit button to add the claim detail coding.

<input type="checkbox"/>	[REDACTED]	[REDACTED]	Edit	213	02/18/2013	02/28/2013		120	10	\$2,800	Edit	Remove
--------------------------	------------	------------	------	-----	------------	------------	--	-----	----	---------	----------------------	------------------------

Complete the CMS 1450 claim detail coding.

THIS SECTION:

General

Enter Information for the Admission and Condition Codes

Patient Control # 160680484

Enter Patient Control number

3.a

Medical Record # XXXXXXXXXXXX

UB-04 Question #4

3.b

Type Of Bill 213

Enter Type of Bill

4

Enter the appropriate 3-digit type of bill (TOB) code as specified by the NUBC UB-04 Uniform Billing Manual minus the leading 0 (zero). A leading 0 is not needed. Digits should be reflected as follows:
1st digit - Indicating the type of facility.
2nd digit - Indicating the type of care
3rd digit - Indicating the billing sequence.

Statement Dates From 02/01/2013 To 02/28/2013

6.

Prior Payments

Statement dates will be prefilled in for you.

54.

Prior Authorization Number

Prior Authorization Number is not required.

63.

Admission

Time Date 01/01/2011 Hour 00

Enter Date and Hour of Admission

12-13.

Type 3 - Elective

Enter Type from drop down button

14.

Source 9 - Information Not Available

Enter Source from drop down button

15.

Discharge

Status 30 - Still patient or expected to return for outpatient services.

Enter Status from drop down button

17.

Hour 02

Optional

16.

[Back to Multiple Institutional Claims](#)

Click Next

Next

Enter Billing Provider NPI number and click Search

THIS SECTION:
Provider Details Basic information about the patient's status and condition.

Billing Provider

NPI 56.

Taxonomy 57.

The selected provider name will appear. If there are multiple matches a selection of the correct billing provider will be required. If the Pay-to-Provider is the same as the Billing Provider click the blue button. If not the same, complete NPI and IRS/Tax ID Number of Pay-to-Provider. (Note Taxonomy Code is required by some Health Plans)

THIS SECTION:
Provider Details Basic information about the patient's status and condition.

Billing Provider

NPI 56.

Taxonomy 57.

Selected Provider **LAKE PARK CENTER
919 WASHINGTON PK,
WAUKEGAN, IL, 60085**

Pay-to Provider 2.

NPI Taxonomy IRS/Tax ID Number Pay-To Name

Address City State Zip

Complete the attending physician (This will not be required after 4/2/13) and Click Next.

Click on Procedure / Charges on the left side

THIS SECTION:
Service Lines Enter up to 99 service lines.

Total: \$2800.00
Non-Covered : \$0.00

[+ New Service Line](#)

PROCEDURE / CHARGES

120 / \$2,800.00

Add New Service Line

[Save / Update](#)

Revenue Code [Lookup](#) 42.

HCPCS / Rate / HIPPS Code 44.

Complete any remaining CMS UB-04 fields if needed. Click Save/Update then Next

Total: \$2800.00
Non-Covered : \$0.00

[+ New Service Line](#)

PROCEDURE / CHARGES

120 / \$2,800.00

Now Viewing 120 / \$2,800.00

[Delete](#) [Save / Update](#)

Revenue Code [Lookup](#) 42.
ROOM & BOARD /REMOVL INTRAOCLUR FB ANT SEG EY

HCPCS / Rate / HIPPS Code 44.

NDC Guide

Modifiers [Add](#)

Service Date 45.

Service Units 46.

Charge Amount 47.

Non-Charge Amount 48.

[Delete](#) [Save / Update](#)

You may skip the next screen if there is no other insurance. Click Next

Institutional Claim for [REDACTED] Your Progress [Progress Bar]

THIS SECTION: **Additional Insurance** Enter additional insurance details.

You may skip this section if there is no additional insurance. [Next →](#)

Primary Insurance

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type


Enter all relevant diagnosis and Condition Codes and click Next

THIS SECTION: **Diagnosis Codes** Enter all relevant diagnosis codes.

Principal Diagnosis Code	<input type="text" value="XXXX e.g. 1409"/>	FOA Indicator	<input type="text" value="Select..."/>	67.			
Admitting Diagnosis Code	<input type="text" value="XXXX e.g. 1409"/>			69.			
Diagnosis Codes (67A-Q)	<input type="text" value="XXXX e.g. 1409"/>	FOA Indicator	<input type="text" value="Select..."/>	<input type="button" value="Add"/>	67.a-q		
Patient Reason for Visit	<input type="text" value="XXXX e.g. 1409"/>	<input type="button" value="Add"/>			70.		
External Cause of Injury Code (ECI)	<input type="text" value="XXXX e.g. 1409"/>				72.		
Prospective Payment Code	<input type="text"/>				71.		
Condition Codes	<input type="text" value="XX e.g. D0"/>	<input type="button" value="Add"/>			18-28.		
Occurrence Codes and Span Codes	<input type="text" value="XX e.g. D0"/>	From	<input type="text" value="MM/DD/YYYY"/>	To	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Add"/>	31-36.
Value Code	<input type="text" value="XX"/>	Amount	<input type="text" value="XXXX"/>	<input type="button" value="Add"/>			39-41.
Procedure Codes	<input type="text" value="XXXX e.g. 1409"/>	Procedure Date	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Add"/>			74.

[← Back](#) [Back to Multiple Institutional Claims](#) [Next →](#)

Add attachments to claim if needed but if none, click Next

Institutional Claim for [REDACTED] Your Progress 


THIS SECTION:
Attachments Add attachments to the claim (5Mb limit). Supported types are .jpg, .tif, .pdf and .tiff

Attachments

There are no attached files.

If there are no attachments, click Next. [Back to Multiple Institutional Claims](#)

Review claim for accuracy and click Submit. Make note of Claim ID for future inquires of claim status.

Institutional Claim for [REDACTED] Your Progress 

THIS SECTION:
Review and Submit Please review your claim before submitting.

Almost done!

You can go back to review your claim or submit now.

Claim ID: 500001324

General Info

Patient Control #: [REDACTED]
Medical Record #:
Type Of Bill: 120
Statement From Date: 02/18/2013
Statement To Date: 02/28/2013
Prior Payments:
Prior Authorization Number:
Admission Date: 01/01/2013
Admission Hour: 00
Admission Type: 3
Admission Source: 9
Discharge Status: 30

Your claim has been submitted. (When completed - click Claims the Multiple to bill again)

THIS SECTION:
Success Congratulations!

Your claim has been submitted
Your confirmation ID is 500001294

H. What about subsequent CMS UB-04 claims?

To submit subsequent UB-04 claims requires much less coding. After website log in, choose billing type, select service location and from the Member List check members that you want to submit subsequent claims. You must complete From and To dates, Serv Units and Total Charges. Bill Type and Rev Code do not need to be coded unless there's change. Click Create Claim(s)

	Member Name	Member ID	Status	Bill Type	Statement Covers Period		Auth Num	Rev Code	Serv Units	Total Charges	Last Submitted	Action
					From	To						
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	Create	213	03/01/2013	03/10/2013		120	10	1000	03/22/2013	Remove

[Create Claim\(s\)](#)

The claim will move into the Claims Ready to be Submitted, click the claims to submit and Submit Claim(s).

Claims Ready to be Submitted

	Member Name	Member ID	Status	Bill Type	Statement Covers Period		Auth Num	Rev Code	Serv Units	Total Charges	Last Submitted	Action
					From	To						
<input type="checkbox"/>	[REDACTED]	[REDACTED]	Ready To Submit	213	03/01/2013	03/22/2013		120	15	\$2,244	03/22/2013	Edit Remove
<input type="checkbox"/>	[REDACTED]	[REDACTED]	Ready To Submit	213	03/01/2013	03/10/2013		120	10	\$1,000	03/22/2013	Edit Remove

[Submit Claim\(s\)](#) ←