

**Claim Form Billing
Instructions: UB-04
Claim Form**

Item number	Required Field?	Description and Instructions.
1	Required	Enter the billing provider's name, street address, city, state, and zip code where the services were performed.
2	Situational	Enter the billing provider's mailing address if different from field 1.
3a	Optional	Pat Control #: Enter the patient control number if assigned by the provider.
3b	Optional	Med Record #: Enter the medical record number if assigned.
4	Required	Type of Bill: Enter a valid 3-digit type of bill code.
5	Not Required	Fed Tax Number: Not used.
6	Required	Statement Covers Period: Enter From and Through dates of service in MMDDYY format. Due to the ICD9/ICD10 change, services with dates prior to 10/01/2015 must be billed on separate claims from services with dates 10/01/2015 and later. Claims with Type of Bill 011x, 018x, 021x, or 032x are exempt from this rule.
7	Not Required	Not used.
8a	Not Required	Not used.
8b	Required	Patient Name: Enter patient's name in last name, first name, middle initial format.
9a-d	Optional	Patient Address: Enter patient's address: a. Street b. City c. State d. Zip code
10	Required	Birthdate: Enter patient's date of birth in MMDDYYYY format.
11	Required	Sex: Enter patient's gender code: M – male, F – female, U – unknown.
12	Situational	Admission Date: Enter date of admission in MMDDYY format. Required for inpatient and hospice claims.
13	Optional	Admission Hour: Enter admission hour in 2-digit format: 00 – 23 or 99.
14	Optional	Admission Type: Enter admission type code in 1-digit numeric format.
15	Optional	Admission Source: Enter admission or visit referral source code in 1-digit numeric format.
16	Optional	Discharge Hour: Enter discharge hour in 2-digit format: 00 – 23 or 99.
17	Situational	Status: Enter patient discharge status code in 2-digit numeric format. Required for inpatient, hospice, and nursing home claims.
18-28	Optional	Condition Codes: Enter condition codes in 2-digit format.
29	Optional	Accident State: If the patient's condition is the result of an accident, enter the abbreviation of the state where the accident occurred.
30	Reserved	Reserved for NM Medicaid claims processing and must be left blank.

31 CODE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38 OCCURRENCE SPAN FROM	39 OCCURRENCE SPAN THROUGH	40 OCCURRENCE SPAN THROUGH	
31-34						35-36				
38					39-41					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49			
42	43	44	45	46	47	48				
42 Line 23		43 Line 23		45 Line 23		47 Line 23				
PAGE		OF		CREATION DATE		TOTALS				
							48 Line 23			

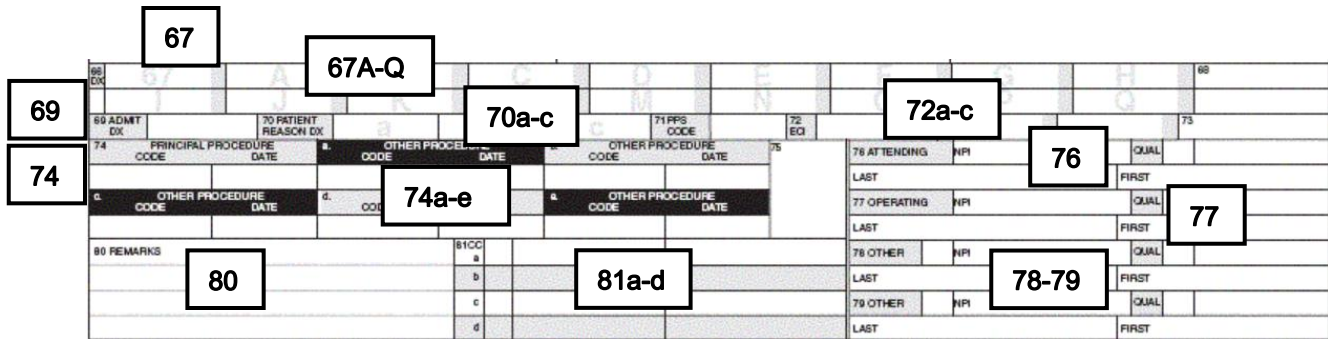
Item number	Required Field?	Description and Instructions.
31-34	Optional	Occurrence: Enter 2-digit occurrence code and date in MMDDYY format. Code and date must be entered together. Lines a and b may be used for a total of 8 codes.
35-36	Optional	Occurrence Span: If an occurrence span covers more than one day, enter the occurrence code in 2-digit format and from and through dates in MMDDYY format. Lines a and b may be used for a total of 4 codes.
37	Reserved	Reserved for NM Medicaid claims processing and must be left blank.
38	Optional	Enter Conduent mailing address: Conduent, PO Box 26500, Albuquerque NM 87125.
39-41	Situational	Value Codes: Enter 2-digit value code and dollar amount or number of days. Inpatient, hospice, and long term care claims require reporting number of covered days (value code 80) and non-covered days (value code 81).
42-48	At least 1 charge line is required	Service Lines: Lines 1-22 are used to identify the services performed. Claims with more than 22 lines may be entered on multiple pages.
42	Required	Revenue Code: Enter 4-digit revenue code for the charge line.
42 Line 23	Required	After all charge lines are entered, indicate the total line by entering code "0001". For multiple page claims, enter this code on the last page only.
43	Situational	Description: Enter the standard description for the revenue code. If an NDC code is required for the charge line, enter the qualifier "N4" followed by the 11-digit NDC code, the unit of measure code, and the number of units with up to 3 decimal places.
43 Line 23	Optional	Pages: For multiple page claims, enter the current and total page numbers to keep the pages in order.

44	Situational	HCPCS/Rate: Enter the 5-digit code for the procedure or service performed. If required, enter up to 4 2-digit modifier codes after the procedure code with no spaces. The accommodation rate on an inpatient claim may be entered in this field (optional). Note: HCPCS codes are required on Outpatient hospital claims. They are not required on Inpatient hospital claims.
45	Situational	Service Date: Enter date of service for the charge line in MMDDYY format. Dates must be within the From/Through dates of the claim. Dates of Service are required for Outpatient hospital services. They are not required on Inpatient hospital claims. If left blank, will default to first date of service.
45 Line 23	Required	Creation Date: Enter the date the claim is created in MMDDYY format.
46	Required	Service Units: Enter the number of units being billed for the charge line.
47	Required	Total Charges: Enter the amount being billed for the charge line. For-profit providers must include gross receipts tax in the total charge for each line. Do not submit tax on a separate line.
47 Row 23	Required	Totals: Enter the total of all charges in field 47. For multiple page claims, enter the total on the last page only.
48	Situational	Non-Covered Charges: Enter the non-covered amount for the charge line if applicable.
48 Row 23	Situational	Totals: Enter the total of all non-covered charges in field 48. For multiple page claims, enter the total on the last page only.

50 PAYER NAME		51 HEALTH PLAN ID	52 REL INFO	53 ASG SEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	56
50	51			54	55	57 OTHER PRV ID	57	
58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME	62 INSURANCE GROUP NO.		
31-34	58		60					
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
63			64					

Item number	Required Field?	Description and Instructions.
50-63	Line format	Fields 50-63 are divided into lines A thru C. Enter each payer's information on the same line in each field.
50	Required	Payer Name: Enter the name of the primary payer on row A, secondary payer on row B if required, and tertiary payer on row C if required. One "NM Medicaid" payer is required. Please avoid using other program or company names in place of "NM Medicaid".
51	Optional	Enter the National Health Plan Identifier for each payer.
52	Not Required	Release of Information Indicator: Not used.
53	Not Required	Assignment of Benefits Indicator: Not used.
54	Situational	Prior Payments: On a third party insurance payer line, enter the amount paid to the provider from the EOB. On Medicare or a Medicare Replacement plan payer line, leave the field blank. On the NM Medicaid line, leave the field blank.
55	Situational	Estimated Amount Due: When billing for copayment, enter the copay amount from the EOB on the NM Medicaid payer line. May be entered in other situations, but is not required.

56	Required	NPI: Enter the billing provider's NPI.
57	Optional	Other Provider ID: Enter the billing provider's NM Medicaid provider ID on the NM Medicaid payer line. Entries on other lines are not used.
58	Required	Insured's Name: Enter the patient's name on the NM Medicaid payer line. Entry on other lines is not required.
59	Not Required	Patient's Relationship: Not used.
60	Required	Insured's Unique ID: Enter the patient's NM Medicaid Client ID number on the NM Medicaid payer line. Entry on other lines is not required.
61	Not Required	Group Name: Not used.
62	Not Required	Insurance Group Number: Not used.
63	Situational	Treatment Authorization Codes: Enter a Prior Authorization number on the NM Medicaid payer line if a PA is required for the services performed. Entries on other lines are not used.
64	Situational	Document Control Number: When resubmitting a previously denied claim, enter the 17 digit Transaction Control Number (TCN) of the claim on line A. To meet the timely filing guidelines, the resubmission must be received within 90 days of the RA date of the original claim.
65	Not Required	Employer Name: Not used.



The diagram shows a medical claim form with various fields highlighted by callout boxes. The callouts are: 67 (Primary Diagnosis Code), 67A-Q (Other Diagnosis Codes), 69 (Admitting Diagnosis Code), 70a-c (Patient Reason for Visit), 71 (Prospective Payment System Code), 72a-c (External Cause of Injury), 74 (Principal Procedure Code), 74a-e (Other Procedure Codes), 76 (Attending Physician), 77 (Operating Physician), 78-79 (Other Physicians), 80 (Remarks), and 81a-d (ICD-9-CM Procedure Codes).

Item number	Required Field?	Description and Instructions.
66	Not Required	Dx Indicator: Not used.
67	Required	Primary Diagnosis Code: Enter the primary diagnosis code in the unshaded area, followed by a present on admission (POA) indicator in the shaded area if required. ICD 10 codes are required for services starting 10/01/2015. For claims with Type of Bill 011x, 018x, 021x, or 032x, the last date of service is used for the ICD 9/10 determination.
67A-Q	Situational	Other Diagnosis Codes: Starting in field A, enter each diagnosis code in the unshaded area of the field, followed by a POA indicator in the shaded area if required.
68	Not Required	Not used.
69	Situational	Admitting Diagnosis Code: Enter an admitting diagnosis code. Required for inpatient, Medicare Part A inpatient, and nursing home claims.
70a-c	Optional	Patient Reason for Visit: Enter up to 3 diagnosis codes.
71	Not Required	Prospective Payment System Code: Not used.
72a-c	Situational	External Cause of Injury: Enter each diagnosis code in the unshaded area, followed by a POA indicator in the shaded area if required.

73	Not Required	Not used.
74	Situational	Principal Procedure: Enter principal surgical procedure code and date in MMDDYY format. Required for inpatient claims billing revenue codes 0360-0379, 0490-0499, or 0710-0719. The date must be within the From/Through dates on the claim.
74a-e	Situational	Other Procedure: Enter additional surgical procedure codes and dates.
75	Not Required	Not used.
76	Situational	Attending Physician: Required for inpatient, nursing facility, residential, ICF/IID, hospice, and home health agency claims. In the NPI field, enter the attending provider's NPI. If the NPI is unknown, the provider can be looked up on these websites in order to identify the NPI: NPES - https://npiregistry.cms.hhs.gov/ or the NM Web Portal - https://nmmedicaid.portal.conduent.com/webportal/providerSearch . In the Qual field, enter "B3" followed by the appropriate taxonomy code. The provider's name is optional.
77	Situational	Operating Physician: Enter the primary surgeon's NPI. The provider's name is optional. To look up the provider's NPI, see the links in Box 76.
78-79	Situational	Other Physician: Enter a qualifier in the small field preceding "NPI" according to the provider type: Referring – "DN"; Rendering – "82"; or Other – "ZZ". Enter the providers' NPI. The provider's name is optional. To look up the provider's NPI, see the links in Box 76.
80	Situational	Remarks: When submitting a Medicare Replacement Plan claim, write or stamp "Medicare Replacement Plan" in this field. When billing for a copayment amount, write or stamp "HMO Copay Due" in this field. Other required statements such as "Medicare Does Not Cover" can be entered in this field.
81a	Situational	CC: When billing with a provider's NPI in field 56, entering a taxonomy code is recommended. In field 81a, enter the qualifier "B3" in the small field, followed by the 10-digit taxonomy code in the larger field.

Date	Revision History	Updated by
04/22/2015	Original document	PS
9/25/2015	Updated due to ICD9/ICD10 changes, fields 6 and 66	PS
5/10/2017	Updated claim images, details on all pages, and logo for Conduent	PS
8/15/2017	Updated with State reviewer notes	PS
10/13/2017	Updated with instructions from State	PS
02/07/2018	Updated with rebranded provider search URL	AH