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DIVISION OF HEALTH STATISTICS
PATIENT RECORD DATA SYSTEMS
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TO: All Tennessee Hospitals

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SUBJECT: Additional Feedback on UB-04 Claims Data Reporting

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Since my previous letter on October 31, 2007, there have been a number of questions concerning various aspects of UB-04 reporting. This letter addresses several issues that need clarification.

I. Numeric Format for Charge Fields

All charge fields (Fields 117-164) should be reported as numeric fields, right justified, unpacked, and zero filled to the left with an implied two decimals. In the case of a credit, replace the leading zero with a minus (-) sign. For example, a charge of $1230.00 would be reported as 0000123000. Likewise, a credit of $1230.00 would be reported as -000123000. This same format should be used when reporting accommodation rates in the HCPSC/Rates/HIPPS Rate Codes (Fields 47-69). (This format replaces the COBOL signed format (PIC S9 (8) V99) that was used for reporting charges on the UB-92 layout.)

II. Reporting of Revenue Code Line Item Fields

The revenue code line item fields should be reported for all records. In some cases more than one HCPCS code may be associated with a single revenue code. In such cases each revenue code/HCPCS code combination should be reported on a separate line and the associated charges should be reported for that line item. Thus multiple lines may be needed to report the detail for a single revenue code. If a revenue code has no HCPCS code associated with it, only one line need be reported with the HCPCS field left blank. However, the charge associated with that revenue code should still be reported. On all revenue code lines the appropriate number of units should continue to be reported.

This will in some cases necessitate the use of a continuation record. These should be handled like other continuation records have been handled. The main change in the use of continuation records in UB-04 reporting from UB-92 reporting is that the use of a 0001 revenue code for the total charge of the bill is no longer needed. With UB-04 reporting the total charge for the continuation bill is put in Field 140 (position 1190-1199) on the final record of the bill. (Field 140 should be left blank on earlier records of the continuation bill.)

III. HCPCS/Accommodation Rates/HIPPS Rate Codes

These should be populated for all payer types, including private pay. The HCPCS codes, including up to 4 modifiers, are applicable to ancillary services and outpatient bills; the Accommodation Rates are used for inpatient discharges; and the HIPPS rate codes apply to case mix groups for inpatient rehabilitation facilities.

IV. Non-Covered Charges Fields

Non-covered charges are a new requirement for UB-04 reporting. They should be reported on all relevant claims. According to the UB-04 billing guidelines the Total Charges fields (FL 47) include both covered and non-covered charges and the portion of the total charges that are not covered are identified in the non-covered charges fields (FL 48).

V. New Payer Codes for 2007

These are in the UB-04 Manual:

10 AmeriGroup Community Care
11 Cover TN
12 Cover Kids
13 Access TN

AmeriGroup Community Care is a TennCare payer code.

VI. Type of Bill Field

The Type of Bill field was expanded to a four digit field on our layout due to its expansion on the UB-04 form by the NUBC. It should be used just as it was used for UB-92 reporting. The first digit should be a zero (0), the three digit bill type should follow. Most inpatient records would have a value of “0111” in this field; most outpatient records would have “0131”.

VII. Health Plan ID

This field should contain the number used by the health plan to identify itself. Report the HIPAA National Plan Identifier when its use is mandated. Otherwise, report the legacy ID number. When not used the field may be left blank.

VIII. Fatal Error Flag for Missing Principal Procedure Code and Date on Outpatient Records

To insure that all records that meet the criteria for an ambulatory surgery claim are maintained as ambulatory surgery records the following edit is being added to all outpatient records. All outpatient records will be checked to see if there is one or more ambulatory surgery CPT codes reported on revenue code line item HCPCS/CPT. If an appropriate code is found in the ambulatory surgery range for CPT codes (10021-69990) and either the ICD-9-CM Principal Procedure Code or the Principal Procedure Date is missing the record will be flagged as a fatal error.

IX. Error Flags that will be Warnings for the First Year

For the first year of UB-04 reporting we are minimizing the number of fatal edits on fields that were not previously collected. The following will be warnings for discharges on or before June 30, 2008. For discharges after that date they will become fatal errors:

3201 Patient's last name is missing
3202 Patient's first name is missing
3501 HCPCS code is not valid
4508 E-code invalid as admit diagnosis
4901 Primary E-code is invalid
4902 Secondary E-code is invalid
4903 Tertiary E-code is invalid
6301 Facility NPI is missing
6302 Facility NPI is not 10 digits
7102 Do not resuscitate code is missing

xc Marguerite Lewis, Director
Division of Health Statistics

Tennessee Hospital Association

Hospital Alliance of Tennessee