



Completing the NEW UB-04 Claim Form

(See sample form in Appendix)

All information on the new UB-04 Claim Form should be typed or legibly printed. Only the 04 version of this form is accepted for processing. The fields listed below are used by EDS when processing Ladies First claims.

The fields designated by an asterisk (*) are mandatory; other fields are required when applicable. Fields not listed below are not used by the Ladies First program, and do not need to be completed.

Note: Only revenue codes on the attached list will be accepted for payment. A “Date of Service” must be entered for each line item submitted for reimbursement.

To Process LF Electronic 837 Claims

Populate the condition code with a value of **A3** to indicate it is a Ladies First claim.

| FIELD LOCATOR | REQUIRED INFORMATION |
|---|---|
| 1. UNLABELED FIELD* | Enter the Hospital Name and Address as it appears on the Ladies First Provider Enrollment form. |
| 2. UNLABELED FIELD | Enter “Vermont Ladies First Hospital Outpatient”. |
| 3a. PATIENT CONTROL/ MEDICAL RECORD NUMBER | For accounting purposes, enter the patient control/medical record in the field locator. The number may consist of up to 24 characters, alpha/numeric. This information will appear on the RA. |
| 4. TYPE OF BILL* | For outpatient values use 131-135 for patient services or 141 for non-patient services. |
| 6.STATEMENT COVERS PERIOD* | Enter the beginning and ending service dates included on this bill. Use MM/DD/CCYY format. |
| 8b. PATIENT’S NAME* | Enter the patient's last name, first name, middle initial. Please submit names with NO hyphens or spaces in the first or last name. Correct way: Smith BobbyJoe. Verify correct spelling of name. |
| | |

| | |
|--------------------------------|--|
| 10. BIRTH DATE | Enter the date of birth. |
| 12. ADMISSION DATE* | Enter the date of admission. Ladies First will not cover overnight stays. |
| 13. ADMISSION HR.* | Time patient admitted to facility. |
| 14. ADMISSION TYPE* | Enter the code indicating the priority of the admission: 1 - Emergency 2 - Urgent 3 - Elective 4 - Nursery |
| 18-28 CONDITION CODES* | Enter code to identify if condition is related To: A3 - Ladies First |
| 31-34. OCCURRENCE CD and DATE* | Enter two digit occurrence code(s), and the corresponding date MM/DD/YY when appropriate. |
| 42. REV. CODE* | Enter the appropriate three digit revenue code for the service described. To be reimbursed for Ladies First services, this must be a revenue code included on the list of covered services (see Fee Schedule tab for revenue code list) |
| 44. HCPCS/RATES * | The CPT procedure code for lab, radiology or ambulatory surgical procedures is required. Ladies First does not cover HCPCS codes (see Fee Schedule tab for CPT code list) |
| 45. SERVICE DATE* | Enter the actual date the service was rendered. If the service was rendered on more than one day, you must bill a separate charge for each day. A service date must be entered for each line item submitted for reimbursement. |
| 46. SERVICE UNITS* | Enter the quantitative measure of service rendered per revenue code. |
| 47. TOTAL CHARGES* | Enter the total charges pertaining to each revenue code billed for the current billing period. Add the total charges for all revenue codes being billed and enter at the bottom of column 47 in the total field. |
| 50. PAYER* | On 50a, enter the primary payer name. On 50b, enter the other insurance name if applicable. Enter Ladies First on 50c. |

| | |
|------------------------------|--|
| 54. PRIOR PAYMENTS* | <p>In field 54, only enter the “amount paid” by the insurer and do not include the “contractual allowance.”</p> <p>If this box includes the “contractual allowance,” the “contractual allowance” will be counted as part of the insurance payment and be deducted from what EDS reimburses. EDS will pay only up to the Medicare Part B rate after deducting what the primary insurance paid.</p> <p>If a service submitted involves other insurance, it must be submitted as one detail claim to appropriately process the payment from the insurance company.</p> <p>If there are several services provided on the same day that involve insurance payments, you will need to submit a separate claim for each service (line) item showing the other insurance payment received in field 54 on each claim.</p> |
| 55. EST. AMOUNT DUE | Enter the amount due after deducting any amount entered in field locator 54 from the total entered at the bottom of column 47. |
| 56. NPI* | Enter the NPI number of the billing provider. |
| 57a. TAXONOMY CODE(S)* | Enter Provider Taxonomy (no space). |
| 60. CERT.-SSN-HIC-ID. NO.* | Enter the patient's Social Security Number. |
| 67. PRIN. CODE* | Enter the Primary Diagnosis Code. Use the appropriate ICD-9-CM Code. To be reimbursed for Ladies First procedures, you must use Ladies First ICD-9-CM codes. (see Fee Schedule tab for ICD-9-CM code list) |
| 67 a-q OTHER DIAGNOSIS CODES | Enter the appropriate ICD-9-CM Code for any condition other than primary, which requires supplementary treatment. To be reimbursed for Ladies First procedures, you must use Ladies First ICD-9-CM codes. |
| 76. ATTENDING PHYSICIAN* | Enter the individual Attending Physician's NPI number, the qualifier ZZ and the taxonomy code to the right of the qualifier box. |
| 80. REMARKS | Enter any notations relating specific information necessary to adjudicate the claim |