



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 18 No. 03

May 2008

TO: Hospital Providers - **For Action**
Health Maintenance Organizations - For Information Only

SUBJECT: Acceptance of the UB-04 CMS -1450 claim form

EFFECTIVE: **Effective for claims submitted on or after March 1, 2008**

PURPOSE: To notify providers of **the Acceptance of the UB-04 claim form** for Medicaid and NJ FamilyCare fee-for-service covered Hospital services.

ACTION: Effective for claims submitted **on or after March 1, 2008**, Unisys, the fiscal agent for the Division of Medical Assistance and Health Services, is now accepting the UB-04 CMS-1450 claim form for hardcopy claim submissions. Attached are the form locator guidelines for claim completion. When reviewing this claim completion guide pay particular attention to the characteristics and the notes section for each form locator.

NOTE: Unisys will accept both the UB-92 and the UB-04 claim forms for hardcopy claim submission until further notice.

If you have any questions concerning this Newsletter, please contact Unisys provider services at 1-800 776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

6.1 UB-04 Claim Form

This section provides form locator instructions for completing the UB-04 claim form. This form is used to file for Inpatient, Outpatient, and End Stage Renal Dialysis (ESRD) claims.

SAMPLE

Indicates the **Field #** on the UB-04 claim form.

1. Provider Name, Address & Telephone number

EFFECTIVE: March 1, 2008

FORM LOCATOR 1

DATA FIELD:

PROVIDER NAME ADDRESS
TELEPHONE NUMBER

Title of field.

What the DATA FIELD means.

IP R OP NR

Field is **required** to be completed for inpatient services.

Definition: The name and complete mailing address of the provider submitting the claim.

How to fill out the DATA FIELD.

Instruction: Print or type the provider's name, address and telephone number.

The # of spaces in a particular field.
Alpha, numeric or both.

Field Characteristics:

Numeric or alpha values in a particular field.

Values:

Any additional information.

Notes:

On the instruction sheets, the following values identify whether or not the field is required, not required, or only if applicable.

R

 = Field REQUIRED

NR

 = Field NOT REQUIRED

OR

 = Field ONLY IF APPLICABLE, otherwise LEAVE BLANK

All forms not legible will be returned to the provider with the Return to Provider Form (RTP). Upon correction, claims should be mailed to:

Unisys Corporation
P.O. Box 4806
Trenton, NJ 08650-4806

Claim Completion Tips

- UB04 claims cannot exceed 45 revenue lines.
- Print the information legibly, completely, and correctly with a typewriter, printer, or ball-point pen.
- Provide all required information for every claim service detail line. Do not use ditto marks or the words "same as above."
- Verify the accuracy of all information before submitting the claim.
- Enter all dates in month, day, and year sequence (MMDDYY). For example, March 1, 2008 is entered as 031008.

Check Points:

- Is my Provider ID # in the correct field?
- Are all the required fields completed?
- Are my forms legible?
- Are all of my qualifiers listed correctly?
- Did I include a creation date on my claim?
- Is my envelope addressed to the above address?
- Do not highlight claims or attachments.

PLEASE NOTE: Remember the creation date replaces the signature field on the UB-04.

The mailing address for submission of fee for service hospital claims eligible for payment by the Medicaid Program is:

Unisys Corporation
P.O. Box 4806
Trenton, NJ 08650-4806

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EFFECTIVE: February 1, 2008

FORM LOCATOR 1

DATA FIELD: Unlabeled

IP

R

OP

R

Definition: The name, complete servicing address, and telephone # of the provider submitting the bill.

Instruction: Print or type the provider's name, complete address and telephone number, including area code.

Field Characteristics: It is 1 field,
4 lines,
25 positions,
alpha-numeric.

Values:

Notes: Line 1 Provider Name
Line 2 Street Address
Line 3 City, State and Zip Code
Line 4 Telephone Number, Fax Number, Country Code

EFFECTIVE: February 1, 2008

FORM LOCATOR 2

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 3A - 3B

DATA FIELD: PATIENT CONTROL NUMBER
MEDICAL RECORD NUMBER

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 4

DATA FIELD: TYPE OF BILL

IP	<input type="text" value="R"/>	OP	<input type="text" value="R"/>
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Definition: A code indicating the specific type of bill (inpatient, outpatient, ESRD, etc.)

Instruction: Print or type the three (3)-digit numeric code that identifies the specific type of bill from the values below.

Field Characteristics: It is 1 field,
1 line,
3 positions,
alpha-numeric.

Values: **FIRST DIGIT -- Type of Facility**

1 Hospital

SECOND DIGIT -- Bill Classification

1 Inpatient Medicaid (including Medicare Part A)
2 Inpatient Medicaid (including Medicare Part B)
3 Outpatient
4 Non-patient

THIRD DIGIT -- Frequency

1 Admission through discharge
2 Interim -- first claim
3 Interim -- continuing
4 Interim -- last claim
5 Late Charges (Outpatient and ESRD only)

Notes: For End Stage Renal Dialysis (ESRD) Centers:
Acceptable Bill Types are 721, 722, 723, 724 and 725.

EFFECTIVE: February 1, 2008

FORM LOCATOR 5

DATA FIELD: FEDERAL TAX NO.

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 6

DATA FIELD: STATEMENT COVERS PERIOD

IP

R

OP

R

Definition: The beginning and ending service dates of the period.

Instruction: Print or type the beginning and ending dates of service to which the claim applies using the month, day, and year (MMDDYY) format.

Field Characteristics: It is 1 field,
1 line,
12 position,
numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 7

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 8A

DATA FIELD: PATIENT NAME-IDENTIFIER

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 8B

DATA FIELD: PATIENT NAME

IP **OP**

Definition: The person who is the insured as qualified below by the payer organization.

Instruction: Print or type the Medicaid beneficiary's name in form locator 8B.

Print or type the last name, first name, middle initial.

Field Characteristics: It is 1 field,
1 line,
30 position,
Alpha-numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 9A-9E

DATA FIELD: PATIENT ADDRESS

IP **R** **OP** **R**

Definition: The address of the beneficiary.

Instruction: Print or type the beneficiary's complete address.

Field Characteristics: It is 1 field,
2 line,
(A) - Street 40 position
(B) - City 30 position
(C) - State 2 position
(D) - Zip 9 position
(E) - Leave blank
alpha-numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 10

DATA FIELD: PATIENT BIRTH DATE

IP

R

OP

R

Definition: The date of birth of the beneficiary.

Instruction: Print or type the beneficiary's date of birth using the month, day and year (MMDDYYYY) format. For example, January 1, 2008 is entered 01012008.

Field Characteristics: It is 1 field,
1 line,
8 position,
numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 11

DATA FIELD: PATIENT SEX

IP **OP**

Definition: The sex of the beneficiary as recorded on the date of admission, outpatient service, or the start of care.

Instruction: Print or type the code that identifies the beneficiary's sex.

Field Characteristics: It is 1 field,
1 line,
1 position,
alpha.

Values: M = Male
F = Female
U = Unknown

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 12

DATA FIELD: ADMISSION DATE

IP	<input type="checkbox"/>	OP	<input type="checkbox"/>
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Definition: The date the patient was admitted to the provider for inpatient care (start of care).

Instruction: Print or type the date of admission using the month, date and year (MMDDYY) format.

Field Characteristics: It is 1 field,
1 line,
6 position,
numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 13

DATA FIELD: ADMISSION HOUR

IP	R	OP	NR
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Definition: The admission hour for inpatient care.

Instruction: Print or type the (2)-digit code that corresponds to the hour the beneficiary was admitted.

Field Characteristics: It is 1 field,
1 line,
2 position,
numeric.

Values:	Code	Time (A.M.)	Code	Time (P.M.)
	00	12:00 (midnight) -12:59 am	12	12:00 (noon) - 12:59 pm
	01	01:00-01:59 am	13	01:00-01:59 pm
	02	02:00-02:59 am	14	02:00-02:59 pm
	03	03:00-03:59 am	15	03:00-03:59 pm
	04	04:00-04:59 am	16	04:00-04:59 pm
	05	05:00-05:59 am	17	05:00-05:59 pm
	06	06:00-06:59 am	18	06:00-06:59 pm
	07	07:00-07:59 am	19	07:00-07:59 pm
	08	08:00-08:59 am	20	08:00-08:59 pm
	09	09:00-09:59 am	21	09:00-09:59 pm
	10	10:00-10:59 am	22	10:00-10:59 pm
	11	11:00-11:59 am	23	11:00-11:59 pm

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 14

DATA FIELD: TYPE OF ADMISSION

IP **OP**

Definition: A code indicating the type of admission.

Instruction: Print or type the code that identifies the type of admission.

Field Characteristics: It is 1 field,
1 line,
1 position,
numeric.

Values: 1 - emergency
2 - urgent
3 - elective
4 - newborn
5 - trauma
9 - information not available

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 15

DATA FIELD: SOURCE OF ADMISSION

IP	<input type="text" value="R"/>	OP	<input type="text" value="NR"/>
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Definition: A code indicating the source of admission.

Instruction: Print or type the code using the values listed below which identifies the source of admission.

Field Characteristics: It is 1 field,
1 line,
1 position,
alpha-numeric.

Values: If "Type of Admission" (form locator 14) equals 1, 2, 3 or 9, the valid admission source codes are as follows:

- 1 Physician referral
- 2 Clinic referral
- 3 HMO referral
- 4 Transfer from a hospital (acute)
- 5 Transfer from a skilled nursing facility
- 6 Transfer from another health care facility
- 7 Emergency room
- 8 Court/Law enforcement
- 9 Information not available

If "Type of Admission" (form locator 14) equals 4, the valid admission source code are as follows:

- 5 In hosp
- 6 Out of hosp
- 9 Information not available

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 16

DATA FIELD: DISCHARGE HOUR

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 17

DATA FIELD: PATIENT STATUS

IP	<input type="text" value="R"/>	OP	<input type="text" value="R"/>
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Definition: A code indicating patient status as of the ending service date of the period covered on the bill, as reported in form locator 6, Statement Covers Period.

Instruction: Inpatient: Print or type the code from the values listed below to indicate the status of the beneficiary as of the statement "thru" date (Reference Form Locator 6, "Statement Covers Period").

Outpatient: Print or type the appropriate code from the values below to indicate the status of the beneficiary.

Field Characteristics: It is 1 field,
1 line,
2 position,
numeric.

Values: Inpatient

- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to another short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF)
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
- 06 Discharged/transferred to home under care of organized home health service organization
- 07 Left against medical advice or discontinued care
- 08 Discharged/transferred to home under care of a Home IV provider
- 20 Expired
- 30 Still patient or expected to return for outpatient services
- 43 Discharged/transferred to a Federal Health Care Facility

- 50 Hospice-home
- 51 Hospice-medical facility
- 61 Discharged/transferred to hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an Inpatient Rehabilitation Facility (IRF)
- 63 Discharge/transferred to a Medicare Certified Long Term Care Hospital (LTCH)
- 64 Discharged/transferred to a Nursing Facility certified by Medicaid but not Medicare
- 65 Discharged/transferred to a psychiatric hospital
- 66 Discharged/transferred to a critical access hospital

*If interim billing, the patient status code must be "30", (frequency code 2 or 3 under Form Locator 4, "Type of Bill").

Outpatient

- 01 Discharged (routine)
- 20 Expired
- 30 Still patient

Notes: Code "30" is invalid for DRG Providers.

EFFECTIVE: February 1, 2008

FORM LOCATOR 18-28

DATA FIELD: CONDITION CODES

IP

OR

OP

OR

Definition: Codes used to identify conditions relating to the bill that may affect payer processing.

Instruction: Print or type the two (2)-digit condition code from the National Uniform Billing Data Element Specifications, if applicable.

Field Characteristics: It is 11 fields,
1 line,
2 position,
alpha-numeric.

Values:

- A1 - EPSDT Exam
- A4 - Identifies Family Planning Services
- A7 - Induced Abortion - Danger to Life
- A8 - Induced Abortion - Victim of Rape /Incest
- C3 - Partial Approval (Partial Hospital Medicare non-covered service)
- G0 - Distinct Medical Visit
- 41 - Partial Hospitalization
- 67 - Beneficiary Elects Not To Use Life Time Reserve Days
- 68 - Beneficiary Elects To Use Life Time Reserve Days
- 71 - Full-Care in Unit
- 72 - Self-Care in Unit
- 73 - Self-Care Training
- 74 - Home
- 75 - Home - 100% Reimbursement
- 76 - Back-up in Facility Dialysis
- M2 - Second Newborn
- M3 - Third Newborn
- M4 - Fourth Newborn

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 29

DATA FIELD: ACCIDENT STATE

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 30

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 31 - 34 A & B

DATA FIELD: OCCURRENCE CODE AND DATE

IP

OR

OP

OR

Definition: The code and date defining a significant event relating to the action that may affect payer processing.

Instruction: Print or type the two (2)-digit occurrence code from the National Uniform Billing Data Element Specifications, if applicable. Print or type the occurrence code date(s) using the month, day and year (MMDDYY) format.

Field Characteristics: **CODES**
It is 4 fields,
2 lines,
2 position,
alpha-numeric.

DATES
It is 4 fields,
2 lines,
6 position,
numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 35 - 36 A & B

DATA FIELD: OCCURRENCE CODE SPAN AND DATE

IP

OR

OP

OR

Definition: The code and date defining a significant event relating to the action that may affect payer processing.

Instruction: Print or type one of the two (2)-digit occurrence code from the National Uniform Billing Data Element Specifications, if applicable. Print or type the occurrence code date(s) using the month, day, and year (MMDDYY) format.

Field Characteristics:

CODES

It is 2 fields,
2 lines,
2 position,
alpha-numeric.

DATES

It is 4 fields (dates),
2 lines,
6 position,
numeric (all positions) field.

Values: 74 - Days not in the facility
75 - SNF
M3 - ICF
M4 - RES

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 37

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 38

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 39 A, B, C, & D - 41 A, B, C & D

DATA FIELD: VALUE CODES AND AMOUNTS

IP

OR

OP

OR

Definition: A code structure to relate amounts or values to identified data elements necessary to process this claim as qualified by the payer organization.

Instruction: Print or type the appropriate value code(s) and amount(s) using the National Uniform Billing Data Element Specifications, if applicable.

Field Characteristics:

CODES

It is 3 fields,
4 lines,
2 position,
alpha numeric (all positions fully coded) field.

AMOUNTS

It is 3 fields,
4 lines,
9 position,
numeric field.

Values:

Notes:

1. Form Locators 39A through 41A must be completed before 39B through 41B, etc.
2. When billing for blood deductible charges for inpatient crossover or outpatient crossover claims, print or type the blood deductible amount in the value amount field with a corresponding value code of 06.

3. When billing for cash deductible charges for inpatient crossover or outpatient crossover claims, print or type the cash deductible amount in the value amount field with a corresponding value code of A1, B1, C1.
4. When billing for coinsurance charges for inpatient crossover or outpatient crossover claims, print or type the coinsurance amount applied by Medicare in the value amount field with a corresponding value code of A2, B2 or C2.
5. When billing NJ Medicaid after Medicare Part A Exhaustion of Benefits, do not report a cash deductible or coinsurance amount on the claim. Use values A3, B3, C3 to identify the non-covered charges.
6. If Revenue Center Codes 380-389 are written in Form Locator 42, Form Locator 39-41 must include value code 37 with a corresponding amount greater than zero.

For pints of whole blood or units of packed red cells:

- a. Furnished to the patient, enter value code 37.
- b. Replaced by the patient, enter value code 39.

Print or type the amount of blood products furnished/replaced in the corresponding value amount field(s).

7. For **New York State Hospitals only:**

Print or type the value code 24 and the four (4)-digit New York Rate Code in the value amount field.

8. When billing for newborns, print or type the birth weight in grams in the value amount field with a corresponding value code of 54.
9. For co-payment claims use, A7, B7, C7.

EFFECTIVE: February 1, 2008

FORM LOCATOR 42

DATA FIELD: REV. CD.

IP	<input type="text" value="R"/>	OP	<input type="text" value="R"/>
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Definition: A code which identifies a specific accommodation, ancillary service or billing calculation.

Instruction: Print or type the applicable three (3)-digit revenue code(s) that identifies the specific service(s) being billed from the National Uniform Billing Data Element Specifications. The revenue code for total charges (001) must be present and printed or typed last. At least one (1) other revenue code must be present on the claim. At least one (1) accommodation code or nursery code must be present for an inpatient claim.

Field Characteristics: It is 1 field,
23 lines,
3 position,
numeric.

Values:

Notes: Print or type only three (3)-digit revenue center codes.

EFFECTIVE: February 1, 2008

FORM LOCATOR 43

DATA FIELD: DESCRIPTION

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 44

DATA FIELD: HCPCS/RATES

IP

NR

OP

R

Definition: The HCPCS applicable to ancillary service and outpatient bills.

Instruction: Print or type the corresponding HCPCS code for the Revenue Code that is written in Form Locator 42.

Field Characteristics: It is 1 field,
23 lines,
9 position field.

Values:

Notes: 5 positions are used for HCPCS in Form Locator 44.

Not required for revenue codes representing Pharmacy or Medical Supplies.

EFFECTIVE: February 1, 2008

FORM LOCATOR 45

DATA FIELD: SERV DATE

IP **NR** **OP** **OR**

Definition: The date the service was provided.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes: If billing spanned dates of service for outpatient, this field is required.

On line 23, the creation date (date claim generated) is required for both inpatient and outpatient. If multiple pages are submitted, indicate the number of pages accordingly.

EFFECTIVE: February 1, 2008

FORM LOCATOR 46

DATA FIELD: SERV. UNITS

IP	<input type="checkbox"/>	OP	<input type="checkbox"/>
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Definition: A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, and renal dialysis treatments, etc.

Instruction: Inpatient: Print or type the number of days or units of service.

Outpatient: Print or type the number of visits or units of service on the line adjacent to the appropriate revenue code and date. For each laboratory service billed in Form Locator 44, print or type the number of laboratory tests being billed.

Field Characteristics: It is 1 field,
23 lines,
7 position (see note),
numeric.

Values:

Notes: Use only 3 positions.

EFFECTIVE: February 1, 2008

FORM LOCATOR 47

DATA FIELD: TOTAL CHARGES

IP

R

OP

R

Definition: Total charges pertaining to the related revenue code for the current billing period as entered in the statement covers period.

Instruction: Print or type the amount charged for each revenue code listed on the claim. The last entry should be total charges (Revenue Code 001).

Field Characteristics: It is 1 field,
23 lines,
10 position (see note),
numeric.

Values:

- Notes:**
- 1) 7 positions for dollars and 2 positions for cents.
 - 2) The charges in Form Locator 47 must add up to the total charge which is reported in 47 using the revenue code 001.

EFFECTIVE: February 1, 2008

FORM LOCATOR 48

DATA FIELD: NON-COVERED CHARGES

IP

OR

OP

OR

Definition: To reflect non-covered charges for the primary payer pertaining to the related revenue code.

Instruction: Print or type the amount of those charges not covered by the payer to whom the claim is sent for processing.

Field Characteristics: It is 1 field,
23 lines,
10 position (see note),
numeric.

Values:

- Notes:**
- 1) Positions for dollars and 2 positions for cents.
 - 2) The non-covered charges must equal the total which is reported in Form Locator 48 using the Revenue Code 001.

EFFECTIVE: February 1, 2008

FORM LOCATOR 49

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 50 A, B, C

DATA FIELD: PAYER NAME

IP

R

OP

R

Definition: A three (3) digit number identifying each payer organization from which the provider might expect some payment for the bill.

Instruction: Print or type the payer code (do not enter the name) that identifies the primary payer on Form Locator 50A; the secondary payer on Form Locator 50B; the tertiary payer on Form Locator 50C.

If Medicaid is the primary payer, enter payer code 012 in Form Locator 50A. If Medicaid is secondary or tertiary payer, print or type the payer code 012 in either 50B or 50C, as appropriate.

Field Characteristics: It is 1 field,
3 lines,
23 position (enter only the three position payer code),
alpha-numeric.

Values:

Notes:

1. Since Medicaid is the payer of last resort, other health insurance carriers must be billed prior to Medicaid being billed. All available sources of health insurance (including Medicare) must be exhausted before submitting a claim to Medicaid. For exceptions to this rule, reference N.J.A.C. 10:49. A copy of the Notice of Denial or the EOB from the other health insurance carrier must be attached to the Medicaid claim.

EFFECTIVE: February 1, 2008

FORM LOCATOR 51 A, B, C

DATA FIELD: HEALTH PLAN ID

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 52 A, B, C

DATA FIELD: REL INFO

IP

 NR

OP

 NR

Definition: Release of Information Certification Indicator.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 53 A, B, C

DATA FIELD: ASG BEN

IP

NR

OP

NR

Definition: Assignment of Benefits Certification Indicator.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 54 A, B, C

DATA FIELD: PRIOR PAYMENTS

IP

OR

OP

OR

Definition: The amount the hospital has received toward payment of the bill prior to the billing date by the indicated payer.

Instruction: If applicable, print or type the amount paid by any other health insurance carrier(s) in Form Locator 54A, 54B, and/or 54C to correspond to the Payer Identification code in Form Locator 50A, 50B, 50C.

Field Characteristics: It is 1 field,
3 lines,
10 position (see note),
numeric.

Values:

- Notes:**
- 1) 7 positions for dollars and 2 positions for cents.
 - 2) Do not enter payment from Medicare if billing Medicaid for a co-insurance or deductible.
 - 3) Enter the payment from the HMO if billing Medicaid for co-payment.

EFFECTIVE: February 1, 2008

FORM LOCATOR 55 A, B, C

DATA FIELD: EST AMOUNT DUE

IP

OR

OP

OR

Definition:

Instruction: Print or type the amount of the co-payment due from a private HMO or Medicare HMO, if applicable.

Field Characteristics: It is 1 field,
3 lines,
10 position (see note),
numeric.

Values:

Notes: This field is only required for co-pay claims.

EFFECTIVE: February 1, 2008

FORM LOCATOR 56

DATA FIELD: NPI

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 57

DATA FIELD: OTHER PROVIDER IDENTIFICATION

IP

R

OP

R

Definition: The 7 digit NJ Medicaid provider identification assigned to the provider by the payer indicated in field 50A, 50B, or 50C.

Instruction: Print or type the facility's seven (7)-digit Medicaid Provider Number in form locator 57.

Field Characteristics: It is 1 field,
3 lines,
13 position,
alpha-numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 58 A-C

DATA FIELD: INSURED'S NAME

IP

OP

Definition: The person who is the insured as qualified below by the payer organization.

Instruction: Print or type the Medicaid beneficiary's name in Form Locator 58A, 58B, or 58C to correspond to the line on which Medicaid Payer Identification Code 012 is in 50A, 50B, or 50C. If other health insurance is identified in 50A or 50B, the name of the insured (policy holder) must be in 58A or 58B to correspond in which other health insurance coverage is in 50A or 50B.

Print or type the last name, first name, middle initial.

Field Characteristics: It is 1 field,
3 lines,
25 position,
alpha-numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 59 A, B, C

DATA FIELD: PREL

IP **NR** **OP** **NR**

Definition: Patient's Relationship to Insured.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 60 A, B, C

DATA FIELD: INSURED'S UNIQUE ID

IP

R

OP

R

Definition: Insured's unique identification number assigned by the payer organization (Certificate/Social Security #/Health Insurance Claim/Identification #.)

Instruction: Print or type the beneficiary's HSP (Medicaid) Case Number and Person Number in Form Locator 60A, 60B or 60C to correspond to the line on which Medicaid Payer Identification Code 012 is in 50A, 50B or 50C.

Field Characteristics: It is 1 field,
3 lines,
20 position,
alpha-numeric.

Values:

Notes: When billing for services provided to newborns, providers may enter the HSP (Medicaid) Case Number and Person Number of the Medicaid-eligible mother* for up to 60 days from the newborn's date of birth (through the end of the month which the 60th day occurs).

This does not apply to mother's enrolled in HMO's or on an Alien Program.

EFFECTIVE: February 1, 2008

FORM LOCATOR 61 A, B, C

DATA FIELD: GROUP NAME

IP

 NR

OP

 NR

Definition: The name of the group or plan through which the insurance is provided to the insured.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 62 A, B, C

DATA FIELD: INSURANCE GROUP NO.

IP

NR

OP

NR

Definition: The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 63 A, B, C

DATA FIELD: TREATMENT AUTHORIZATION CODES

IP

OR

OP

OR

Definition: A number or other indicator that designates that the treatment covered by the bill has been authorized by the payer.

Instruction: Print or type the NJ Medicaid PA # in Form Locator 63A, 63B, or 63C to correspond to the payer Code 012 entered in 57A, 57B, or 57C, if applicable.

Field Characteristics: It is 1 field,
3 lines,
18 position (see note),
alpha-numeric.

Values:

Notes: Only 10 positions are used.

EFFECTIVE: February 1, 2008

FORM LOCATOR 64 A, B, C

DATA FIELD: DOCUMENT CONTROL NUMBER

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 65 A, B, C

DATA FIELD: EMPLOYER NAME

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 66 A, B, C

DATA FIELD: DIAGNOSIS QUALIFIER

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 67

DATA FIELD: PRINCIPLE DIAGNOSIS CODE

IP **R** **OP** **R**

Definition: The ICD-9-CM codes describing the diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

Instruction: Print or type the ICD-9-CM diagnosis code for the principal diagnosis. "E" codes are not valid as principal diagnosis codes.

Field Characteristics: It is 1 field,
1 line,
8 position,
alpha-numeric.

Values:

Notes:

- 1) The principal diagnosis code can include the use of "V" codes.
- 2) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 67 A-Q

DATA FIELD: OTHER DIAGNOSIS CODE

IP

OR

OP

OR

Definition: The ICD-9-CM codes describing the diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

Instruction: Print or type the ICD-9-CM diagnosis code. "E" codes are not valid as principal diagnosis codes.

Field Characteristics: It is 17 fields,
2 lines,
8 position,
alpha-numeric.

Values:

Notes:

- 1) The diagnosis code can include the use of "V" codes.
- 2) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 68

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 69

DATA FIELD: ADMITTING DIAGNOSIS CODE

IP

R

OP

NR

Definition: The ICD-9-CM codes describing the diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

Instruction: Print or type the ICD-9-CM diagnosis code.

Field Characteristics: It is 1 field,
1 line,
8 position,
alpha-numeric.

Values:

- Notes:**
- 1) The diagnosis code can include the use of "V" codes.
 - 2) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 70 A-C

DATA FIELD: PATIENT REASON FOR VISIT

IP

OP

Definition: The diagnosis code indicating why the patient went to the hospital.

Instruction: Print or type the ICD-9-CM diagnosis code.

Field Characteristics: It is 1 field,
1 line,
8 position,
alpha-numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 71

DATA FIELD: PPS/DRG CODE

IP **R** **OP** **NR**

Definition: The Diagnosis Related Grouper (DRG) Code.

Instruction: For DRG facilities, print or type the DRG assigned by the hospital.

For non-DRG facilities, leave blank.

Field Characteristics: It is 1 field,
1 line,
3 position,
numeric.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 72

DATA FIELD: ECI - EXTERNAL CAUSE OF INJURY

IP

OR

OP

OR

Definition: The ICD-9CM code for the external cause of an injury, poisoning, or adverse effect.

Instruction: Print or type the ICD-9CM code that describes the external cause of injury, if applicable.

Field Characteristics: It is 1 field,
1 line,
8 position,
alpha-numeric.

Values:

- Notes:**
- 1) The priorities for recording an E-code in Form Locator 72 are:
 - A. Diagnosis of an injury or poisoning.
 - B. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis.
 - C. Other diagnosis with an external cause.
 - 2) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 73

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: October 1, 1993

FORM LOCATOR 74

DATA FIELD: PRINCIPAL PROCEDURE CODE AND DATE

IP

OR

OP

OR

Definition: The code that identifies the principal procedure performed during the period covered by the bill and the date on which the principal procedure described on the bill as performed.

Instruction: Print or type a valid ICD-9-CM surgical procedure code and date for the principal procedure, if applicable. This field must be completed if a surgical procedure is performed. The corresponding date must use the month, day, and year (MMDDYY) format.

Field Characteristics:

CODE

It is 1 field,
1 line,
7 position (see note),
alpha numeric.

DATE

It is 1 field,
1 line,
6 position,
numeric.

Values:

- Notes:**
- 1) This date must be within the date range entered in Form Locator 6.
 - 2) There are 5 positions for procedure code.
 - 3) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 74 A-E

DATA FIELD: OTHER PROCEDURE CODE AND DATE

IP

OR

OP

OR

Definition: The codes identifying all significant procedures other than the principal procedure and the dates (identified by code) on which the procedures were performed. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

Instruction: Print or type a valid ICD-9-CM codes for any additional surgical procedures performed, if applicable. This item must be completed for all surgical procedures. The corresponding date must be entered using the month, day, and year (MMDDYY) format.

Field Characteristics:

CODES

It is 5 fields,
1 line,
7 position (see note),
alpha numeric.

DATES

It is 5 fields,
1 line,
6 position,
numeric.

Values:

- Notes:**
- 1) This date must be within the date range entered in Form Locator 6.
 - 2) There are 5 positions for procedure code.
 - 3) The reporting of the decimal between the 3rd and 4th digit is unnecessary.

EFFECTIVE: February 1, 2008

FORM LOCATOR 75

DATA FIELD: Unlabeled

IP

NR

OP

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 76

DATA FIELD: ATTENDING PROVIDER NAME AND NUMBER

IP	R	OP	R
----	---	----	---

Definition: The name and the assigned 7-digit NJ Medicaid provider number of the attending physician. The qualifier must be reported as 1D.

Instruction: Enter the last name and first name of the attending physician. Enter 1D in the qualifier field. Enter the 7-digit Medicaid provider number to the right of the 1D.

Field Characteristics: **QUALIFIER**
It is 1 field,
1 line,
2 position,
alpha-numeric

NAME
Last Name It is 1 field,
 1 line,
 16 position,
 alpha-numeric.

First Name It is 1 field,
 1 line,
 12 position,
 alpha-numeric.

Values:

Notes: 1D Indicates the NJ Medicaid Provider#.

EFFECTIVE: February 1, 2008

FORM LOCATOR 77

DATA FIELD: OPERATING PHYS NAME AND NUMBER

IP

OR

OP

OR

Definition: The name and/or number of the licensed physician or surgeon other than the attending physician as defined by the payer organization.

Instruction: Enter the last name and first name of the other physician. Enter 1D in the qualifier field. Enter the 7-digit Medicaid provider number to the right of the 1D.

Field Characteristics: **QUALIFIER**
It is 1 field,
1 line,
2 position,
alpha-numeric

NAME
Last Name It is 1 field,
 1 line,
 16 position,
 alpha-numeric.

First Name It is 1 field,
 1 line,
 12 position,
 alpha-numeric.

Values:

- Notes:**
1. **Required**, if a surgical procedure and date are reported in Form Locator 74 A-E.
 2. If the surgeon is a non-participant in the NJ Medicaid program as an out-of-state provider, print or type seven (5's) and for in-state provider, print or type seven (6's), preceded by the 1D qualifier.
 3. 1D indicates the NJ Medicaid Provider #.

EFFECTIVE: February 1, 2008

FORM LOCATOR 78-79

DATA FIELD: OTHER PROVIDER NAME AND NUMBER

IP

OR

OP

OR

Definition: The name and/or number of the licensed physician other than the attending or other physician as defined by the payer organization.

Instruction: Enter the last name and first name of the other physician. Enter DN or ZZ in the qualifier field. Enter the 7-digit Medicaid provider number to the right of the DN or ZZ.

Field Characteristics: **QUALIFIER**
It is 1 field,
1 line,
2 position,
alpha-numeric

NAME
Last Name It is 1 field,
 1 line,
 16 position,
 alpha-numeric.

 It is 1 field,
First Name 1 line,
 12 position,
 alpha-numeric.

Values:

Notes: Qualifier DN indicates the referring physician.
 Qualifier ZZ indicates the other operating physician.

EFFECTIVE: February 1, 2008

FORM LOCATOR 80

DATA FIELD: REMARKS

IP **OR** **OP** **OR**

Definition:

Instruction: Print or type the word co-payment if the primary payer is a Medicare or Commercial HMO and you are submitting for payment of a co-payment.

Field Characteristics: It is 1 field,
1 line,
22 position,
alpha.

Values:

Notes:

EFFECTIVE: February 1, 2008

FORM LOCATOR 81 A-D

DATA FIELD: Unlabeled

IP **NR** **OP** **NR**

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

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