



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

NEWSLETTER

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To: Hospitals (please forward to Billing staff) and Home Health Providers - **For Action**
Health Maintenance Organizations - **For Information Only**

Subject: Full UB-04 Claim Processing

Effective: October 4 2010

Purpose: To process UB-04 claims with specific UB-04 claims processing logic and edits.

Background: The UB-04 paper claim form has been accepted for claims submission since February 2008. However, the UB-04 paper claims have been processed following the existing UB92 processing logic. During that period, HIPAA UB claims continued to be processed as UB92 claims also.

The New Jersey Division of Medical Assistance and Health Services (DMAHS) is advancing the UB-04 processing to differentiate claims processing rules for new UB-04 fields and valid values from the existing UB92 and earlier versions of the UB claim form. This change is applicable for Medicaid Fee-for-Service and ECPS UB-04 claims. Health Maintenance Organization encounter claims are NOT utilizing the UB-04 claim form at this time.

Action: For your information, UB-04 claims processing rules will be activated. This UB-04 processing will focus on the following areas of claims adjudication:

Primary Operating Physician:

The UB-04 claims processing rules have independent fields for the situational primary operating physician Medicaid Provider Number and NPI and they will be used appropriately for existing and new edits. NPI is not edited on paper claims at this time.

Secondary Operating Physician:

The UB-04 claims processing rules have independent fields for the situational secondary operating physician Medicaid Provider Number and NPI and they will be used appropriately for new edits. NPI is not edited on paper claims at this time.

Referring Physician:

The UB-04 claims processing rules have independent fields for the situational referring physician Medicaid Provider Number and NPI and they will be used appropriately for existing and new edits. NPI is not edited on paper claims at this time.

Source of Admission:

When the Type of Admission is 4 (Newborn) on a UB-04 claim, the only valid values for Source of Admission are 5 (Born Inside this Hospital) or 6 (Born Outside this Hospital). When the Type of Admission is not 4 on a UB-04 claim, the valid values are 1, 2, and 4-9. Value 3 is not valid on UB-04s.

Condition Codes:

The UB-04 claims processing rules allow for the submission of up to eleven (11) condition codes instead of just five (5) condition codes on earlier UB versions. All condition codes will be included in existing claims processing rules involving condition codes. Condition codes M2, M3, and M4 replace the use of condition codes 82, 83, and 84 for multiple birth designations (second, third, and fourth) for UB-04 claims. The multiple birth condition code should be submitted as the first condition code. Condition Code C3 replaces the use of condition code 85. Condition code values A7, A8, 47, 82, 83, 84, and 85 are NOT valid for submission on UB-04s.

Occurrence Codes and Dates:

The UB-04 claims processing rules allow for the submission of up to eight (8) occurrence codes with corresponding date instead of just four (4) on earlier UB versions. All occurrence codes and dates will be included in existing claims processing rules involving occurrence codes and dates. Occurrence code values 60, 61, 70, 71, 74, 79, M3 and M4 are NOT valid values for Occurrence codes on the UB-04.

Occurrence Span Codes and Dates:

New UB-04 claims processing rules will include the editing and processing using up to four (4) Occurrence Span Codes and Dates. Instead of submitting Occurrence Code 60 and 61 on UB-04 claims, the use of Occurrence Span Code 74 will be enforced to designate the days the recipient is NOT in this facility. Occurrence Span Codes 75, M3, and M4 are to be used to designate the days for SNF, ICF, and Residential date ranges, respectively.

Admit Diagnosis:

New UB-04 claims processing rules will edit the submitted Admit Diagnosis code for Inpatient and Inpatient Crossover UB-04 claims.

Patient Reason for Visit Codes:

New UB-04 claims processing rules will edit up to three (3) Patient Reason for Visit diagnosis codes on Outpatient and Outpatient Crossover claims. HIPAA claims are only allowed to submit one (1) Patient Reason for Visit code at this time.

External Cause of Injury Codes:

New UB-04 claims processing rules will edit up to three (3) External Cause of Injury diagnosis codes. HIPAA claims are only allowed to submit one (1) External Cause of Injury code at this time.

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