

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

*Revised 2011.12.14*

*DISCLAIMER: This document is intended to be a helpful guide, but users should not rely on any part of it as a definitive statement about claims submission. The Ohio Department of Job and Family Services has taken great care to ensure that the information in this document is accurate, but there may be inadvertent errors of typography or fact, and the content may have been superseded. Therefore, no warranty, either express or implied, is made for its usability with a particular claim.*

This document has been tailored for providers of end-stage renal disease dialysis services participating in Ohio’s Medicaid program. All form locators (FLs) of the UB-04 are included, but detailed instructions are provided where Ohio-specific information may be required. FL titles used in this document were taken from Chapter 25 of the *Medicare Claims Processing Manual* (Rev. 05/21/2010).

All data—even data recorded for a provider’s own internal use—must be entered on the UB-04 form in accordance with the most current version of the *Official UB-04 Data Specifications Manual* developed by the National Uniform Billing Committee (NUBC). All codes used must be listed in the *National Uniform Billing Data Element Specifications* for the UB-04. Data not required by the Ohio Department of Job and Family Services (ODJFS) will be stored but will not be used in processing the claim.

**FL01 [Billing Provider Name, Address, and Telephone Number]**

**Required**

Enter the name and service location of the provider submitting the claim.

Line 1: Provider name as registered with Ohio Medicaid

Line 2: Street address (for return of claims rejected because of provider error)

Line 3: City, State, ZIP+4 Code

Line 4: Telephone number, fax number

**FL02 [Billing Provider’s Designated Pay-to Name, Address, and Secondary Identification Field]**

**Not required**

Leave this item blank.

**FL03a Patient Control Number**

**Required**

Enter the unique identifier you have assigned to facilitate the retrieval of individual case records.

**FL03b Medical/Health Record Number**

**Optional**

Enter the unique identifier you have assigned to identify the individual medical record.

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

- FL04            Type of Bill**  
**Required**  
Enter the appropriate code for the type of bill. All four digits are required. Type of Bill 0721 (Clinic, Independent Renal Dialysis Center, Admit thru Discharge Claim) is specific to Ohio Medicaid and is accepted for freestanding dialysis clinics.
- FL05            Federal Tax Number**  
**Not required**
- FL06            Statement Covers Period (From–Through)**  
**Required**  
Enter the beginning and ending service dates of the period covered by this claim in the six-digit format MMDDYY. Two separate months may not be included on one claim form.
- FL07            [Untitled]**  
**Reserved for assignment by NUBC – not used**
- FL08a           Patient’s Name/ID**  
**Not required**  
Enter the patient’s ID if it is different from the subscriber’s/insured’s ID.
- FL08b           Patient’s Name**  
**Required**  
Enter the patient’s name as it appears on the Medicaid card: last name, first name, middle initial. Do not use punctuation or abbreviations.
- FL09            Patient’s Address**  
**Requested**  
Item 9a: Street address or, if none, P.O. Box number  
Item 9b: City  
Item 9c: State  
Item 9d: ZIP Code or ZIP+4 Code  
Item 9e: Country code (if other than USA)
- FL10            Patient’s Birth Date**  
**Required**  
Enter the date of birth in the eight-digit format MMDDCCYY. An unspecified birth date is unacceptable.

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

- FL11 Patient's Sex  
Required**  
Enter the patient's sex as recorded at the start of care: F = female, M = male. An unspecified sex is unacceptable.
- FL12 Admission/Start of Care Date  
Not required**
- FL13 Admission Hour  
Not required**
- FL14 Priority (Type) of Admission or Visit  
Not required**
- FL15 Point of Origin for Admission or Visit  
Not required**  
[Required on claims submitted through the MITS Web Portal]
- FL16 Discharge Hour  
Not required**
- FL17 Patient Discharge Status  
Not required**  
[Required on claims submitted through the MITS Web Portal]
- FL18–FL28 Condition Codes  
Not required**
- FL29 Accident State  
Not required**
- FL30 [Untitled]  
Reserved for assignment by NUBC – not used**
- FL31–FL34 Occurrence Codes and Dates  
Required when there is an Occurrence Code that applies to this claim**  
Enter the code and associated dates defining a significant event relating to this claim that may affect processing. Enter all dates in the six-digit format MMDDYY.  
Enter Occurrence Codes in alphanumeric sequence in the following order: FL31a, FL32a, FL33a, FL34a, FL31b, FL32b, FL33b, FL34b.  
Medicare crossover claims must be submitted through the MITS Web Portal or by EDI transaction.

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

**FL35–FL36 Occurrence Span Code and Dates**

**Not required**

**FL37 [Untitled]**

**Reserved for assignment by NUBC – not used**

**FL38 Responsible Party Name and Address**

**Not required**

**FL39–FL41 Value Codes and Amounts**

**Required when there is a Value Code that applies to this claim**

When appropriate, use Value Code 23 to report a Medicaid spenddown amount received by the facility from the patient, and specify the associated dollar amount. Enter Value Codes in FL39a–FL41a before FL39b–FL41b.

**FL42 Revenue Code**

**Required**

Only Revenue Codes from the following lists may be used on Ohio Medicaid claims. They are the only covered Revenue Codes for freestanding dialysis clinics.

These Revenue Codes do not allow accompanying CPT/HCPCS procedure codes:

- 0821 – Hemodialysis
- 0831 – IPD
- 0841 – CAPD
- 0851 – CCPD
- 0825 – Hemodialysis Support Services
- 0835 – IPD Support Service
- 0845 – CAPD Support Services
- 0855 – CCPD Support Services
- 0829 – Hemodialysis Training
- 0839 – IPD Training
- 0849 – CAPD Training
- 0859 – CCPD Training

These Revenue Codes require accompanying CPT/HCPCS procedure codes:

- 0304 – Clinical Laboratory
- 0310 – Pathological Laboratory
- 0730 – Diagnostic Services
- 0634 – Erythropoietin (EPO) Less Than 10,000 Units
- 0635 – Erythropoietin (EPO) 10,000 Units or Greater
- 0636 – Separately Billable Drugs/Injections/Immunizations

**FL43 Revenue Code Description/IDE Number/Medicaid Drug Rebate**

**Required for reporting drugs; not required otherwise**

Specify the 11-digit National Drug Code (NDC) of each drug used.

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

**FL44 HCPCS/Rates/HIPPS Rate Codes**

**Not required for dialysis treatment**

**Required for all other dialysis clinic services**

Services requiring CPT/HCPCS coding are detailed in FL42. A claim will be rejected if a line item is missing a required CPT/HCPCS code.

**FL45 Service Date**

**Required**

Lines 1–22: Enter the date on which the service was provided in the six-digit format MMDDYY. All dates must be within the span specified in FL06. A claim that lacks a date of service for every line item will be rejected.

Line 23: Enter the current page number and the total number of pages in the appropriate blanks. Enter the date on which the claim was created or prepared for submission. Report this information on all pages of the claim.

**FL46 Units of Service**

**Required**

Only one unit of service is allowed per day of dialysis treatment. Treatment provided on different days must be reported on separate lines. A claim will be denied if more than one unit of service is reported for a dialysis revenue code.

Multiple units of service may be reported for items such as erythropoietin (EPO) injections and separately billable drugs, but only for a single date of service. You cannot report a full month's usage of EPO in one line item.

**FL47 Total Charges**

**Required**

For each revenue code, enter the subtotal of covered and noncovered charges (lines 1–22 only). Specify up to nine digits—seven digits for dollars, two for cents (0,000,000.00). Omit commas and decimal points. On line 23 of the final page only, enter the total of covered and noncovered charges.

**FL48 Noncovered Charges**

**Required**

For each revenue code, report the charges for services not covered by Medicaid or any third-party payer (lines 1–22 only).

**FL49 [Untitled]**

**Reserved for assignment by NUBC – not used**

**FL50 Payer Name**

**Not allowed**

*Do not use the UB-04 to submit claims for which payment from a third party is available. Submit such claims through the MITS Web Portal or by EDI transaction.*

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
for Freestanding Dialysis Clinics**

<b>FL51</b>	<b>Health Plan ID</b> Not allowed
<b>FL52</b>	<b>Release of Information Certification Indicator</b> Not allowed
<b>FL53</b>	<b>Assignment of Benefits Certification Indicator</b> Not allowed
<b>FL54</b>	<b>Prior Payments</b> Not allowed
<b>FL55</b>	<b>Estimated Amount Due From Patient</b> Not allowed
<b>FL56</b>	<b>Billing Provider National Provider Identifier (NPI)</b> Required Enter the 10-digit NPI of the provider submitting the claim.
<b>FL57</b>	<b>Other Provider ID (Primary, Secondary, or Tertiary)</b> Not allowed
<b>FL58</b>	<b>Insured's Name</b> Not required
<b>FL59</b>	<b>Patient Relationship to Insured</b> Not required
<b>FL60</b>	<b>Insured's Unique ID</b> Required Enter the patient's 12-digit Medicaid recipient number exactly as it appears on the Ohio Medicaid card.
<b>FL61</b>	<b>Insurance Group Name</b> Not required
<b>FL62</b>	<b>Insurance Group Number</b> Not required
<b>FL63</b>	<b>Treatment Authorization Code</b> Not required
<b>FL64</b>	<b>Document Control Number (DCN)</b> Not required

**ODJFS Instructions for Completing the UB-04 Paper Claim Form  
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- FL65**            **Employer Name (of the Insured)**  
**Not required**
- FL66**            **Diagnosis and Procedure Code Qualifier (ICD Version Indicator)**  
**Required**  
If a code from the International Classification of Diseases (ICD) is being reported, specify the edition of the ICD: 9 = Ninth Revision, 0 = Tenth Revision.
- FL67**            **[Principal Diagnosis Code]**  
**Required**  
Report the appropriate diagnosis code from the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*; choose the code with the highest degree of specificity, and include all digits. Omit the decimal point.
- FL67A–Q**       **[Other Diagnosis Codes]**  
**Required if applicable**
- FL68**            **[Untitled]**  
**Reserved for assignment by NUBC – not used**
- FL69**            **Admitting Diagnosis**  
**Not required**
- FL70**            **Patient’s Reason for Visit**  
**Not required**
- FL71**            **Prospective Payment System (PPS) Code**  
**Not required**
- FL72**            **External Cause of Injury (ECI) Codes**  
**Not required**
- FL73**            **[Untitled]**  
**Reserved for assignment by NUBC – not used**
- FL74**            **Principal Procedure Code and Date**  
**Not required**
- FL74a–e**       **Other Procedure Codes and Dates**  
**Not required**
- FL75**            **[Untitled]**  
**Reserved for assignment by NUBC – not used**

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for Freestanding Dialysis Clinics**

- FL76      Attending Provider Name and Identifiers (including NPI)**  
**Required (NPI)**  
Enter the 10-digit NPI of the freestanding dialysis facility. The name of the attending physician is optional.
- FL77      Operating Provider Name and Identifiers (including NPI)**  
**Not required**
- FL78–FL79    Other Provider Name and Identifiers (including NPI)**  
**Not required**
- FL80      Remarks**  
**Not required**
- FL81      Code-Code Field**  
**Not required**



## **TIPS FOR SUBMITTING PAPER CLAIMS**

Keep the claim form clean, undamaged, and free from debris.

- Use an original, preprinted form. Photocopies and faxes are not acceptable. The CMS-1500 and UB-04 forms are printed with distinctive red "drop-out" ink.
- Be sure that the paper is thick enough (20- or 22-lb.) to keep any printing on the back from showing through and the form from jamming the scanner. But do not use card stock.
- Do not fold or crease the claim form. Mail it in an envelope that is at least 9" x 12".
- Do not mar the paper with correction fluid, staples, sticky notes, or food stains.

Complete the form with a view toward scanning.

- Use a computer printer or a typewriter. Do not fill in information by hand.
- Enter information only in applicable fields.
- CAPITALIZE ALL LETTERS.
- Do not add descriptions of procedure codes, modifiers, or diagnosis codes.
- Left-justify the entry in a field. Keep the entry within the field; make sure that no content touches or runs beyond the boundaries of the field.
- Do not add notations, circles, scribbles, overstrikes, or cross-outs. Do not apply correction fluid, labels, stickers, or rubber stamp impressions.
- Omit honorifics (Ms., Dr., etc.) from names.
- Omit punctuation marks, symbols, and special characters (e.g., hyphens, periods, parentheses, dollar signs, and ditto marks).
- Print or type with a standard font. Do not use italic, script, or artistic fonts.
  - Use black toner or ink (even on forms printed in red). Laser printers turn out pages with more consistent color density (darkness). If an inkjet printer or a typewriter is used, check the cartridge or ribbon frequently and change it as necessary.
  - Select a legible typeface. Some sources suggest that a sans serif font (such as Arial or Lucida Console) may produce better scanning results than a serif font (such as Times New Roman or Courier).\*
  - Choose a standard size (from 10 to 12 points in height) or pitch (10 or 12 characters per inch in width). Do not use small or condensed fonts.
  - Make sure that the lines and curves of printed or typed characters are continuous and smooth, not broken up like stenciling or early dot-matrix printing.

Keep a few additional details in mind.

- A paper attachment should be no smaller than 8.5" x 11".
- Attachments must be received no later than 14 days after the claim has been submitted. An attachment must be either uploaded through the Web Portal or mailed with a cover page generated in the Web Portal.
- A claim form that cannot be processed will be returned with a letter indicating the reason for its return.

Remember, the form you submit will be read by a machine. If you can't read it, the machine probably can't either.

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\* Serifs are little flourishes at the ends of strokes that make up a letter. The letter **m** printed in Times New Roman has serifs; the letter **m** printed in Arial does not.