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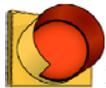
## Uniform Billing (UB-04) Implementation – UB-92 Replacement

**Note:** This article was revised on November 27, 2012, to reference MLN Matters® Article SE1241 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1241.pdf>) to alert providers that, effective January 1, 2012, the claim level rendering provider NPI is required when the Rendering Provider is different from the attending provider. For Medicare purposes, this is required under Federal regulations that call for a “combined claim” (a claim that includes both facility and professional components for Critical Access Method II Hospitals, Federally Qualified Health Centers, and Rural Health Centers). All other information remains the same.

### Provider Types Affected

All providers who bill Medicare fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs), using the UB-92.

### Provider Action Needed



#### **STOP – Impact to You**

The UB-04 is replacing the UB-92. You may begin using it on March 1, 2007, during an initial transitional period. Starting May 23, 2007, all of your paper claims must use the UB-04 since the UB-92 will no longer be acceptable.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### CAUTION – What You Need to Know

CR5072 announces the replacement of the UB-92 by the UB-04, effective March 1, 2007. The UB-04, which is only accepted from institutional providers that are excluded from the mandatory electronic claims submission requirements, incorporates the National Provider Identifier (NPI), taxonomy, and additional codes.



### GO – What You Need to Do

Make sure that your billing staffs are aware of this new uniform institutional provider bill form for paper claims.

## Background

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At its February 2005 meeting, the National Uniform Billing Committee (NUBC) approved the UB-04 (CMS-1450) as the replacement for the UB-92. Effective March 1, 2007, institutional claim filers such as hospitals, skilled nursing facilities, hospices, and others can begin using the UB-04, with a transitional period between March 1, 2007, and May 22, 2007, during which time either the UB-92 or the UB-04 may be used.

Starting May 23, 2007, all institutional paper claims must be submitted on the UB-04. The UB-92 will no longer be acceptable, even as an adjustment claim, after May 22, 2007.

### **UB-04**

The UB-04 is the basic form that CMS prescribes for the Medicare program. It is only accepted from institutional providers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act, Public Law 107-105 (ASCA), and the implementing regulation at 42 CFR 424.32.

It incorporates the National Provider Identifier (NPI), taxonomy, and additional codes

Note that while most of the data usage descriptions and allowable data values have not changed on the UB-04, many UB-92 data locations have changed and, in addition, bill type processing will change.

There are a few details that you should be aware of:

- The UB-04 (Form CMS-1450) is a uniform institutional provider bill suitable for billing multiple third party payers. A particular payer, therefore, may not need some of the data elements.
- When filing, you should retain the copy designated "Institution Copy" and submit the remaining copies to your FI, managed care plan, or other insurer.
- Instructions for completing inpatient and outpatient claims are the same unless otherwise noted.

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- If you omit any required data, your FI will either ask you for them or obtain them from other sources and will maintain them on its history record. It will not obtain data that are not needed to process the claim.
- Data elements in the CMS uniform electronic billing specifications are consistent with the Form CMS-1450 (another name for the UB-04) data set to the extent that one processing system can handle both. The definitions are identical, although in some situations, the electronic record contains more characters than the corresponding item on the form because of constraints on the form size not applicable to the electronic record. Further, the revenue coding system is the same for both the Form CMS-1450 and the electronic specifications.
- Also note that CMS is accepting valid NPIs on the UB-04 between March 1, 2007, and May 22, 2007, and the NPI is required as of May 23, 2007. **Important Note: Medicare Fee-for-Service has instituted a contingency plan for NPI implementation that delays the requirement for the NPI beyond May 23, 2007. For details regarding this delay, please see MLN Matters article MM5595 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5595.pdf> on the CMS website.**

### **Additional Information**

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If you have any questions, please contact your FI/RHHI at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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