UB-04: Version 2.00 Clarifications/Errata/Updates
(as of 2/20/08)

p. 185 - Reporting

Present on Admission Indicator
~~For use on the UB-04 and 005010 only; not for use in any manner on 004010/004010A.~~See FL 67 Pages 2-4 for further information on usage.

p. 101 - Field Attributes (a)

On a multiple page UB-04, all of the (claim level) information is repeated on each page; only the line items in the revenue code section will vary.

p. 188 - Present on Admission

For a CMS update (as of 9/6/07) on POA see http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5499.pdf

p. 235 - State Guidelines - South Carolina

Add Note:
Value Code 22, Patient's SSN: The "Patient's SS#" should be reported using Value Code 22; if NEWBORN report 000000002; if REFUSED report 000000009; and if NOSSA report 000000001.

p. 45, 47 - Patient Discharge Status Codes

The change to Code 05 and the implementation of new Code 70 have been delayed from October 1, 2007 to April 1, 2008.

Code 05 Definition Effective 4/1/08:
Discharged/transferred to a Designated Cancer Center or Children's Hospital
Usage Note: Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at http://www3.cancer.gov/cancercenters/centerslist.html

New Code 70 Effective 4/1/08:
Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List

p. 45 - Patient Discharge Status Codes

Change to Patient Discharge Status Code 03 effective 9/19/07:

Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of ~~Covered~~ Skilled Care

p. 51 - Patient Discharge Status Codes FAQ

25 Q: What is the appropriate patient discharge status code for a patient transferred from an acute care hospital to a nursing facility for a non-skilled/custodial/residential level of care? For example:

- The patient is discharged to a facility that is only certified with skilled beds but the patient does not qualify for a skilled level of care.
- The Medicare certified nursing facility is licensed for both skilled and intermediate care beds, and the patient is transferred to intermediate care.
- The patient resides at a Medicare certified SNF but only receives non-skilled services.
- ~~The patient's Medicare coverage for skilled nursing days has been exhausted for the year and patient will only be receiving non-skilled care.~~

A: Use Code 04, discharged/transferred to an intermediate care facility (ICF).

p. 160 - Revenue Description

Medicaid Drug Rebate Reporting

- Report the N4 qualifier in the first two (2) positions, left-justified.
- Followed immediately by the 11 character National Drug Code number in the 5-4-2 format (no hyphens).
- Immediately following the last digit of the NDC (no delimiter) the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:
  - F2 - International Unit
  - GR - Gram
  - ML - Milliliter
  - UN - Unit
- Immediately following the Unit of Measurement Qualifier, the unit quantity with a floating decimal for fractional units limited to 3 digits (to the right of the decimal).
- Any spaces unused for the quantity are left blank.

Note that the decision to make all data elements left-justified was made to accommodate the largest quantity possible.

The Description Field on the UB-04 is 24 characters in length. An example of the methodology is illustrated below.

N	4	1	2	3	4	5	6	7	8	9	0	1	U	N	1	2	3	4	.	5	6	7	

Effective Date:
For bills created on or after January 1, 2008. Reporting NDC may be deferred in states not ready to implement this methodology as of January 1, 2008.

p. 269 - Change Log

FL15 Code A has also been discontinued effective for bills created on or after October 1, 2007.

p. 95-96 - Value Codes A5 and A6

The titles are correct, however, the definitions for these codes should read as follows:

A5 - The amount included in covered charges for self-administrable drugs administered to the patient because the drug was not self-administrable in the form and situation in which it was furnished to the patient. For use with Revenue Code 0637.

A6 - The amount included in covered charges for self-administrable drugs administered to the patient because the drug was necessary for diagnostic study or other reason (e.g., the drug is specifically covered by the payer). For use with Revenue Code 0637.

p. 99 - FL 39-41 - Value Codes FC, FD	New Value Codes for Bills Created on or after July 1, 2008: Code: FC Title: Patient Paid Amount Definition: The amount the provider has received from the patient toward payment of this bill. Code: FD Title: Credit Received from the Manufacturer for a Replaced Medical Device Definition: The amount the provider has received from a medical device manufacturer as credit for a replaced device.
p. 68 - FL 18-28 - Condition Codes W2, W3, W4, W5	New Condition Codes for Bills Created on or after October 1, 2008: Code: W2 Title: Duplicate of Original Bill Definition: Code indicates bill is exact duplicate of the original bill submitted. Code: W3 Title: Level I Appeal Definition: Code indicates bill is submitted for reconsideration; the Level of appeal/reconsideration (I) is specified/defined by the payer. Code: W4 Title: Level II Appeal Definition: Code indicates bill is submitted for reconsideration; the Level of appeal/reconsideration (II) is specified/defined by the payer. Code: W5 Title: Level III Appeal Definition: Code indicates bill is submitted for reconsideration; the Level of appeal/reconsideration (III) is specified/defined by the payer.
p. 130 - FL 42, RC 055x	Should be: ~~**Home Health (HH) -**~~ **Skilled Nursing** Charges for nursing services that must be provided under the direct supervision of a licensed nurse to assure the safety of the patient and to achieve the medically desired result. This code may be used for nursing home services, CORFS, or a service charge for home health billing. ~~Charges for nursing services provided under the direct supervision of a home health (HH) licensed nurse.~~