

December 1, 2011

## **Advisory 2011-2 Billing for Provider Services (Rule 30)**

Effective January 1, 2012, to be considered a properly submitted medical bill, [Rule 30, §I, F, 55; §I, I, 7], all information submitted on paper billing forms must be legible and must include all information as set out in the below table of data. Billing for provider services [Rule 30, §I, I, 4] shall be submitted on the forms approved by the Commission: the currently approved national standard UB and 1500.

Health care providers, payers, insurers, employers, third party administrations, bill clearing houses, managed care organizations, internal managed care systems and any other workers' compensation medical bill handlers involved in bill processing must make any and all of the required medical billing data available to other entities involved in any part of their utilization review process, including processing of billing, payment, or bill adjustment, when requested. Such information will also be made available to the AWCC, if requested. This information will be made available to ensure accurate identification of the rendering provider(s), treatment(s) or attendance, service, device, apparatus or medicine and to ensure that payment is accurately reimbursed at the lesser of the provider's usual charge, the maximum fee calculated according to the AWCC Official Fee Schedule, or the MCO/PPO contracted price, where applicable.

In order to ensure accurate reimbursement, to identify duplicate bills for identical procedures, to ensure uniformity of billing for provider services, to accurately match treating physicians with procedures such as physical therapy, durable medical equipment or prescription medication, it is essential to include the National Provider Identifier (NPI) of providers on all billing information being shared in the processing of workers' compensation medical bill payments as indicated in the table of data below:

### **AWCC TABLE OF DATA REQUIREMENTS**

<b>FIELD</b>	<b>DESCRIPTION</b>	<b>REQUIREMENT DESCRIPTION</b>
CMS-1500/FIELD 1A	INSURED'S ID NUMBER	REQUIRED
CMS-1500/FIELD 2	PATIENT'S NAME	REQUIRED
CMS-1500/FIELD 3	PATIENT'S DATE OF BIRTH AND GENDER	REQUIRED
CMS-1500/FIELD 4	EMPLOYER'S NAME	REQUIRED
CMS-1500/FIELD 5	PATIENT'S ADDRESS	REQUIRED
CMS-1500/FIELD 6	PATIENT'S RELATIONSHIP TO SUBSCRIBER	REQUIRED
CMS-1500/FIELD 7	EMPLOYER'S ADDRESS	REQUIRED
CMS-1500/FIELD 11	WORKERS' COMP CLAIM NUMBER ASSIGNED BY INSURANCE CARRIER	REQUIRED IF KNOWN; IF NOT KNOWN, BILLING PROVIDER SHALL ENTER "UNKNOWN"
CMS-1500/FIELD 14	DATE OF INJURY	REQUIRED

<b>FIELD</b>	<b>DESCRIPTION</b>	<b>REQUIREMENT DESCRIPTION</b>
CMS-1500/FIELD 17	REFERRING PROVIDER OR OTHER SOURCE	REQUIRED WHEN ANOTHER HEALTH CARE PROVIDER REFERRED THE PATIENT FOR THE SERVICES
CMS-1500/FIELD 17B	REFERRING PROVIDER'S NATIONAL PROVIDER IDENTIFIER (NPI)	REQUIRED WHEN CMS-1500/FIELD 17 CONTAINS THE NAME OF A HEALTH CARE PROVIDER ELIGIBLE TO RECEIVE AN NPI NUMBER
CMS-1500/FIELD 21	DIAGNOSIS OR NATURE OF INJURY	AT LEAST ONE DIAGNOSIS MUST BE PRESENT
CMS-1500/FIELD 23	PRIOR AUTHORIZATION NUMBER	REQUIRED WHEN AVAILABLE
CMS-1500/FIELD 24A	DATE(S) OF SERVICE	REQUIRED
CMS-1500/FIELD 24B	PLACE OF SERVICE(S) CODES	REQUIRED
CMS-1500/FIELD 24D	PROCEDURE/MODIFIER CODE	REQUIRED
CMS-1500/FIELD 24E	DIAGNOSIS POINTER	REQUIRED
CMS-1500/FIELD 24F	CHARGES FOR EACH LISTED SERVICE	REQUIRED
CMS-1500/FIELD 24G	NUMBER OF DAYS OR UNITS	REQUIRED
CMS-1500/FIELD 24J	RENDERING PROVIDER'S NPI NUMBER	REQUIRED WHEN RENDERING PROVIDER IS ELIGIBLE FOR AN NPI NUMBER
CMS-1500/FIELD 25	BILLING PROVIDER'S FEDERAL TAX ID NUMBER	REQUIRED
CMS-1500/FIELD 28	TOTAL CHARGE	REQUIRED, but when claim has multiple pages the grand total may be submitted on the last page and the phrase "next page" may be submitted on all other pages."
CMS-1500/FIELD 31	SIGNATURE OF PHYSICIAN OR SUPPLIER, THE DEGREES OR CREDENTIALS AND THE DATE	REQUIRED, BUT MAY BE REPRESENTED AS SIGNATURE ON FILE AND THE TYPED NAME OF PHYSICIAN OR SUPPLIER
CMS-1500/FIELD 32	SERVICE FACILITY LOCATION INFORMATION	REQUIRED
CMS-1500/FIELD 32A	SERVICE FACILITY NPI NUMBER	REQUIRED WHEN FACILITY IS ELIGIBLE FOR AN NPI NUMBER
CMS-1500/FIELD 33	BILLING PROVIDER'S NAME, ADDRESS, AND TELEPHONE NUMBER	REQUIRED
CMS-1500/FIELD 33A	BILLING PROVIDER'S NPI NUMBER, WHEN BILLING PROVIDER IS ELIGIBLE FOR AN NPI NUMBER	REQUIRED

<b>FIELD</b>	<b>DESCRIPTION</b>	<b>REQUIREMENT DESCRIPTION</b>
UB04/FIELD 1	BILLING PROVIDER'S NAME, ADDRESS AND TELEPHONE NUMBER	REQUIRED
UB04/FIELD 2	PAY-TO NAME AND ADDRESS	REQUIRED IF THE PAYMENT MAILING ADDRESS IS NOT THE SAME AS THE ADDRESS IN UB04/FIELD 1
UB04/FIELD 3A	PATIENT CONTROL NUMBER	REQUIRED
UB04/FIELD 4	TYPE OF BILL	REQUIRED
UB04/FIELD 5	BILLING PROVIDER'S FEDERAL TAX ID NUMBER	REQUIRED
UB04/FIELD 6	STATEMENT COVERS PERIOD	REQUIRED
UB04/FIELD 8	PATIENT'S NAME	REQUIRED
UB04/FIELD 9	PATIENT'S ADDRESS	REQUIRED
UB04/FIELD 10	PATIENT'S DATE OF BIRTH	REQUIRED
UB04/FIELD 11	PATIENT'S GENDER	REQUIRED
UB04/FIELD 12	DATE OF ADMISSION	REQUIRED WHEN BILLING FOR INPATIENT SERVICES
UB04/FIELD 13	ADMISSION HOUR	REQUIRED WHEN BILLING FOR INPATIENT SERVICES OTHER THAN SKILLED NURSING INPATIENT SERVICES
UB04/FIELD 14	PRIORITY (TYPE) OF ADMISSION OR VISIT	REQUIRED
UB04/FIELD 15	POINT OF ORIGIN FOR ADMISSION OR VISIT	REQUIRED
UB04/FIELD 16	DISCHARGE HOUR	REQUIRED
UB04/FIELD 17	PATIENT DISCHARGE STATUS	REQUIRED
UB04/FIELD 18-28	CONDITION CODES	REQUIRED WHEN THERE IS A CONDITION CODE THAT APPLIES TO THE MEDICAL BILL
UB04/FIELD 31-34	OCCURRENCE DATES AND CODES	REQUIRED WHEN THERE IS AN OCCURRENCE SPAN CODE THAT APPLIES TO THE MEDICAL BILL
UB04/FIELD 35 & 36	OCCURRENCE SPAN CODES AND DATES	REQUIRED WHEN THERE IS AN OCCURRENCE SPAN CODE THAT APPLIES TO THE MEDICAL BILL
UB04/FIELD 38	RESPONSIBLE PARTY NAME AND ADDRESS	REQUIRED
UB04/FIELD 39-41	VALUE CODES AND AMOUNTS	REQUIRED WHEN THERE IS A VALUE CODE THAT APPLIES TO THE MEDICAL BILL
UB04/FIELD 42	REVENUE CODES	REQUIRED
UB04/FIELD 43	REVENUE DESCRIPTION	REQUIRED

<b>FIELD</b>	<b>DESCRIPTION</b>	<b>REQUIREMENT DESCRIPTION</b>
UB04/FIELD 44	HCPCS/RATES	1) HCPCS CODES ARE REQUIRED WHEN BILLING FOR OUTPATIENT SERVICES AND AN APPROPRIATE HCPCS CODE EXISTS FOR SERVICE LINE ITEM; AND 2) ACCOMODATION RATES ARE REQUIRED WHEN A ROOM AND BOARD REVENUE CODE IS REPORTED
UB04/FIELD 45	SERVICE DATE	REQUIRED WHEN BILLING FOR OUTPATIENT SERVICES
UB04/FIELD 46	SERVICE UNITS	REQUIRED
UB04/FIELD 47	TOTAL CHARGE	REQUIRED
UB04/FIELD 45/LINE 23	DATE BILL SUBMITTED, PAGE NUMBERS AND TOTAL CHARGES	REQUIRED
UB04/FIELD 50	PAYER NAME	REQUIRED
UB04/FIELD 56	BILLING PROVIDER NPI	REQUIRED WHEN THE BILLING PROVIDER IS ELIGIBLE TO RECEIVE AN NPI NUMBER
UB04/FIELD 58	EMPLOYER'S NAME	REQUIRED
UB04/FIELD 59	PATIENT'S RELATIONSHIP TO SUBSCRIBER	REQUIRED
UB04/FIELD 60	PATIENT'S SOCIAL SECURITY NUMBER OR WORKERS' COMPENSATION ID NUMBER	REQUIRED
UB04/FIELD 63	PREAUTHORIZATION NUMBER	REQUIRED WHEN AVAILABLE
UB04/FIELD 65	EMPLOYER NAME	REQUIRED
UB04/FIELD 67	PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR	REQUIRED
UB04/FIELD 67A-67Q	OTHER DIAGNOSIS CODES	REQUIRED WHEN OTHER CONDITIONS EXIST OR SUBSEQUENTLY DEVELOP DURING THE PATIENT'S TREATMENT
UB04/FIELD 69	ADMITTING DIAGNOSIS CODE	REQUIRED WHEN THE MEDICAL BILL INVOLVES AN INPATIENT ADMISSION
UB04/FIELD 70	PATIENT'S REASON FOR VISIT	REQUIRED WHEN SUBMITTING AN OUTPATIENT MEDICAL BILL FOR AN UNSCHEDULED OUTPATIENT VISIT
UB04/FIELD 71	PROSPECTIVE PAYMENT SYSTEM CODE	REQUIRED
UB04/FIELD 74	PRINCIPAL PROCEDURE CODE AND DATE	REQUIRED WHEN SUBMITTING AN INPATIENT MEDICAL BILL AND A PROCEDURE WAS PERFORMED
UB04/FIELD 74A-74E	OTHER PROCEDURE CODES AND DATES	REQUIRED WHEN SUBMITTING AN INPATIENT MEDICAL BILL AND OTHER PROCEDURES WERE PERFORMED

<b>FIELD</b>	<b>DESCRIPTION</b>	<b>REQUIREMENT DESCRIPTION</b>
UB04/FIELD 76	ATTENDING PROVIDERS NAME AND NPI (NATIONAL PROVIDER IDENTIFIER) NUMBER	REQUIRED FOR ANY SERVICES OTHER THAN NONSCHEDULED TRANSPORTATION SERVICES
UB04/FIELD 77	OPERATING PHYSICIAN'S NAME AND NPI (NATIONAL PROVIDER IDENTIFIER) NUMBER	REQUIRED WHEN A SURGICAL PROCEDURE CODE IS INCLUDED ON THE MEDICAL BILL

**Effective January 1, 2012**