

# Maryland Medicaid UB04 Hospital Billing Instructions

## Revision Index

Rev. Date	Page Number	UB04 Instruction Reference
10/2014	Page 43	<p><b><u>National Drug Code (NDC)</u></b>  <i>New:</i> NDC Required for Revenue Code 0636 as of 12/1/2014</p>
10/2014	Page 89	<p><b><u>Revenue Code 063X Series</u></b>  <i>New:</i> Revenue 0636 added as covered revenue code, effective 12/1/2014</p>
4/2014	Page 86	<p><b><u>Revenue Code Matrix Table</u></b>  <i>Update:</i> Removed “Not Payable” from Revenue Code 0483</p>
9/2013	Page 72	<p><b><u>Revenue Code Matrix Table</u></b>  <i>Update:</i> Removed “NP” from Revenue Code Series 078X</p>
9/2013	Page 91	<p><b><u>Revenue Code 0780</u></b>  <i>Update:</i> Revenue code 0780 covered as of 10/1/2013</p>
8/2013	Page 43	<p><b><u>FL 43</u></b>  <i>New:</i> Added NDC unit of measurement qualifier “ME”</p>
8/2013	Page 72	<p><b><u>Revenue Code Matrix Table</u></b>  <i>Update:</i> Removed “NP” from Revenue Code Series 082X, 083X, 084X and 085X</p>
8/2013	Page 93	<p><b><u>Revenue Codes 082X &amp; 083X</u></b>  <i>Update:</i> Revenue codes covered as noted on outpatient claims as of 7/1/2013</p>
8/2013	Page 94	<p><b><u>Revenue Codes 084X &amp; 085X</u></b>  <i>Update:</i> Revenue codes covered as noted on outpatient claims as of 7/1/2013</p>
2/2012	Page 53	<p><b><u>FL74:</u></b>  <i>Update:</i> Required on inpatient claims when a procedure is performed.  <i>New:</i> NOTE: Not required on outpatient claim submissions as of 2/13/12.</p> <p><b><u>FL74 a-e:</u></b>  <i>Update:</i> Required on inpatient claims when additional procedures must be reported.  <i>New:</i> NOTE: Not required on outpatient claim submissions as of 2/13/12.</p>

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Rev. Date	Page Number	UB04 Instruction Reference
11/2011	Page 7	<p><b><u>Introduction:</u></b>  <i>Update:</i> Remove reference to UB04 effective dates &amp; reference to UB92</p>
11/2011	Page 43	<p><b><u>FL 43:</u></b>  <i>Update:</i> Add reference to electronic billing</p>
11/2011	Page 50	<p><b><u>FL 63:</u></b>  <i>Update:</i> Remove prior reference to KePro website</p>
11/2011	Page 65	<p><b><u>Out-of-State Hospital Addendum Instructions</u></b>  <i>Update:</i> Reference to UCA Hospital Transmittal #210 – add web link to current UCA Transmittal.</p>
8/2011	Page 50	<p><b><u>FL 63:</u></b>  <i>Update:</i> Remove prior reference to KePro UCA</p>
8/2011	Page 65	<p><b><u>Out of State Addendum:</u></b>  <i>Update:</i> Change UCA Transmittal Number and website address</p>
3/2011	Page 9	<p><b><u>EVS</u></b>  <i>New:</i> EVS instructions</p>
3/2011	Page 32	<p><b><u>Condition Code Requirements – Abortion Services</u></b>  <i>New:</i> Instructions for billing of Abortion/Sterilization/Hysterectomy Claims via Electronic Submission</p>
3/2011	Page 42	<p><b><u>Value Codes and Amounts</u></b>  <i>Update:</i> Note (a) revised to reflect 5010 837 electronic requirements for value codes as indicated.</p>
9/17/10	Page 60	<p><b><u>Addendum Instructions – Out-of-State Hospital Billing</u></b>  <i>New:</i> Addendum instructions for out-of-state hospitals billing on the UB04</p>
4/2010	Page 54	<p><b><u>Addendum Instructions – Administrative Day Billing</u></b>  <i>New:</i> Addendum instructions for the billing of Administrative Days.</p>
4/2010	Page 70/ Page 72	<p><b><u>Revenue Codes – Administrative Days</u></b>  <i>Update:</i> Changes to revenue code 0109 and 0169 to reflect <u>current</u> system processing of administrative days.  <b><u>NOTE:</u></b> Adhere to Addendum Instructions for revenue code effective dates when submitting claims.</p>

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Rev. Date	Page Number	UB04 Instruction Reference
4/2010	Page 46	<p><b><u>FL 63 – Treatment Authorization Code</u></b>  <i>Updated:</i> Instructions for reporting 3808 document number</p>
1/1/2010	Page 46-47	<p><b><u>FL 63 – Treatment Authorization Code</u></b>  <i>New:</i> Instructions for converting new KePRO I-Exchange IDs</p>
10/1/09	Page 72	<p><b><u>Administrative Day Revenue Code Change</u></b>  <i>New:</i> <b>0169 – Administrative Days</b>            Submit above revenue code effective DOS 10/1/09</p>
6/8/09	Page 40	<p><b><u>Sample NDC:</u></b>  <i>Updated:</i> <b>Whole Number Unit and Fractional Number Unit examples</b>            Samples changed to show a change from 24 characters to 26 characters.</p> <p><b><u>General NDC Reporting Notes:</u></b>  <i>Updated:</i>            7) The Description Field on the UB04 is 26 characters in length (refer to the sample NDC above).</p>
5/1/09	Page 6	<p><b><u>Introduction:</u></b>  <i>Updated:</i> <b>Paragraphs 7, 8 and 9</b>            The Maryland Medicaid statute of limitations for timely claim submission is as follows, effective for dates of service March, 2008 forward: <i>Verbiage changed from 9 months to 12 months.</i></p>
5/1/09	Page 68	<p><b><u>Revenue Code Matrix Table</u></b>  <i>Updated:</i> Revenue Code Series 16X – NP</p>
5/1/09	Page 70	<p><b><u>Revenue Code Series 010X</u></b>  <i>Updated:</i> Revenue Code 0109 – Administrative Days</p>
5/1/09	Page 72	<p><b><u>Revenue Code Series 016X</u></b>  <i>Updated:</i> Revenue Code 0169 – Other (<b>not payable</b>)</p>
7/1/08	Page 39	<p><b><u>FL 43 National Drug Code (NDC) – Medicaid Rebate Reporting</u></b>  <i>Updated:</i> <u>For claims submitted on or after September 1, 2008 for dates of service on or after July 1, 2008.</u></p>
7/1/08	Page 40	<p><b><u>FL 43 National Drug Code (NDC) – Medicaid Rebate Reporting</u></b>  <i>Updated:</i> Format, 4), Notes  <i>Updated:</i> <u>Sample NDC</u></p>

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Rev. Date	Page Number	UB04 Instruction Reference
7/1/08	Page 41	<b><u>FL 43</u> National Drug Code (NDC) – Medicaid Rebate Reporting</b> <i>All new additions:</i> Reporting Compound Drugs
7/1/08	Page 50	<b><u>FL 76</u> Attending Provider Name and Identifier</b> <i>Updated:</i> Line 1 Secondary Identifier Qualifiers. <b>Required ID</b> Enter the Attending Physician’s 9-digit Maryland Medicaid Provider number. <b>Note:</b> If the Attending Physician’s 9-digit Maryland Medicaid provider number not known/available, enter “999995700”.
7/1/08	Page 50	<b><u>FL 77</u> Operating Physician Name and Identifier</b> <i>Updated:</i> Line 1 Secondary Identifier Qualifiers. <b>Required ID</b> Enter the Operating Physician’s 9-digit Maryland Medicaid Provider number. <b>Note:</b> If the Operating Physician’s 9-digit Maryland Medicaid provider number not known/available, enter “999995700”.
12/18/07	Page 6	<b><u>Introduction</u> - Paragraph 4</b> <i>New:</i> Please be aware that Maryland Medicaid has a maximum line item allowance on the UB04 of 50 lines per claim
12/18/07	Page 39-41	<b><u>FL 43</u> – National Drug Code (NDC) –Medicaid Drug Rebate Reporting</b> <i>All new additions</i>
10/26/07	Page 41	<b><u>FL 44</u> – HCPCS &amp; HIV Testing</b> <i>All new additions</i>
10/5/07	Page 8	<b><u>Sample UB04 Claim</u></b> <i>Various updates.</i>
10/5/07	Page 19	<b><u>FL 17</u> – Patient Discharge Status</b> Code 05 <i>Updated:</i> Definition effective 4/1/08
10/5/07	Page 20	<b><u>FL 17</u> – Patient Discharge Status</b> Code 70 <i>Updated:</i> Effective 4/1/08
10/5/07	Page 34	<b><u>FL 35-36a b</u> – Occurrence Span Codes and Dates</b> Code 76 <i>New:</i> Replaces Code 80 as of 7/31/07

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Rev. Date	Page Number	UB04 Instruction Reference
10/5/07	Page 36	<p><b><u>FL 39-41a b</u></b> – Value Codes and Amounts Code 66 Medicaid Spend Down Amount <i>New:</i> Replaces Code D3 as of 7/31/07</p>
10/5/07	Page 37	<p><b><u>FL 39-41a b</u></b> – Value Codes and Amounts Code 80 Covered Days <i>New:</i> Report days in the dollar amount field. DO NOT REPORT CENTS. See sample UB04 claim form for examples of correct and incorrect reporting.</p>
10/5/07	Page 37	<p><b><u>FL 39-41a b</u></b> – Value Codes and Amounts Code 81 Non-Covered Days <i>New:</i> Report days in the dollar amount field. DO NOT REPORT CENTS. See sample UB04 claim form for examples of correct and incorrect reporting.</p>
10/5/07	Page 45	<p><b><u>FL 57</u></b> – Other (Billing) Provider Identifier (Legacy) <b>Required.</b> A unique identification number assigned to the provider submitting the bill by the health plan. <u>Enter the Maryland Medicaid Legacy 9-digit provider number.</u></p> <p><i>Removed:</i> The UB04 does not use a qualifier to specify the Other (Billing) Provider Identifier. Use this field to report other provider identifiers as assigned by the health plan (as indicated in FL50 Lines a-e).</p>
8/20/07	Page 20	<p><b><u>FL 18-28:</u></b> Condition Codes <i>Updated:</i> Maryland Medicaid will only capture <del>12</del> <b>7</b> Condition Codes, including those reported in FL 81.</p>
8/20/07	Page 35	<p><b><u>FL 39-41a-d:</u></b> Value Codes and Amounts <i>Updated:</i> Maryland Medicaid will only capture <del>12</del> <b>6</b> Condition Codes, including those reported in FL 81.</p>
8/20/07	Page 37-38	<p><b><u>FL 39-41a-d:</u></b> Value Codes and Amount <i>New:</i> A4, A5, A6</p>
8/20/07	Page 41	<p><b><u>FL 44:</u></b> HCPCS Revenue Codes: *0759 &amp; 0799 – <i>eliminated as of 7/30/07</i> <i>Updated:</i> New Revenue Codes: 0360, 0361, 0490, 0499, 0750, 0790.</p>

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8/20/07	Page 49	<b><u>FL 74</u></b> – <b>Principal Procedure Code/Date</b> <del>Required on inpatient claims when a procedure is performed.</del> <i>Updated:</i> <b>Required</b> when a procedure is performed.
8/20/07	Page 49	<b><u>FL 74 a-e</u></b> – <b>Other Procedure Codes/Date</b> <del>Required on inpatient claims when additional procedures must be reported.</del> <i>Updated:</i> <b>Required</b> when additional procedures must be reported.
8/20/07	Page 68	<b>Revenue Code Matrix Table</b> <i>Updated:</i> 063X – NP
8/20/07	Page 85	<b><u>063X</u></b> – <b>Drugs Requiring Specific Identification – NOT PAYABLE</b> <i>Updated:</i> Refer to matrix
7/19/07	Page 53	<b><u>FL 81</u></b> : <b>Taxonomy Code Table</b> Nursing Facility Bill Types: <del>221, 222, 223, 224</del> <i>Updated:</i> Nursing Facility Bill Types: 211, 212, 213, 214
<b>6/26/07</b>	Pages 52 – 78	<b><u>2<sup>nd</sup> posting</u></b> - Medicaid Revenue Code Matrix included
<b>6/20/07</b>	Pages 1 – 51	<b><u>1<sup>st</sup> posting</u></b> - (Revenue Code Matrix not included)