UB-04 SETUP AND TROUBLESHOOTING

There are several steps you need to complete to successfully send UB-04 claims.
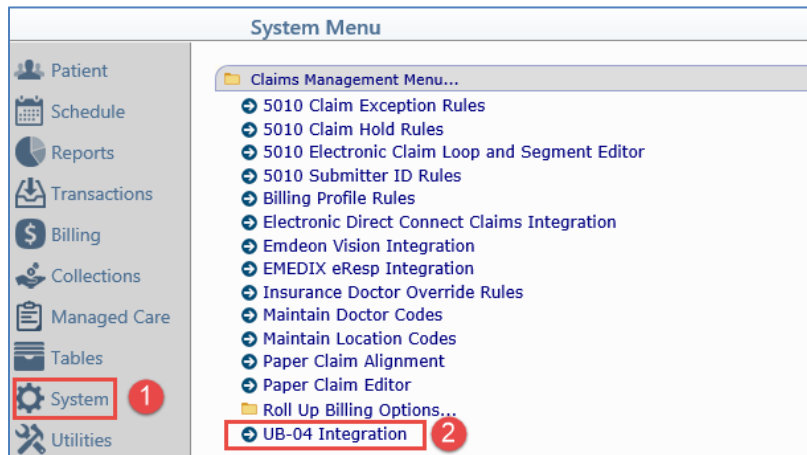
UB-04 Integration

(System, Claims Management Menu)

The information on this screen is applicable to all of the UB-04 claims unless:
- you enter something different in the UB-04 attachment in the *Procedure Entry Function* or,
- you enter a different **UB Type of Bill** in the *Location Code Table* and that specific Location Code is used on the claim

Both of these will override the information set in the *UB-04 Integration*.

For 5010, you maintain the UB set up process for Institutional claims in the UB-*04 Integration*.

Complete the fields on this screen with the defaults that are required to populate the DMS UB-04 Record and the UB-04 Attachment.

The Discharge Hour is required when submitting Institutional claims. If a default time is not entered in the **Discharge Hour** field, then you will be required to fill in the Discharge Hour before saving an encounter that will result in an Institutional claim being generated.

FQHC/Rural Health Databases only:

- If the **FQHC/Rural Health** option is selected for the **Institutional Billing Type:**

  o The **UB Billing** field in *Maintain Type of Services Codes* (*Tables,Type of Service Table*) must be selected for any Types of Services that can bill UBs.

  o If the Medicare Carrier code needs to switch from Medicare Part B to a Medicare Part A carrier, enter the appropriate carrier code in the **Medicare Part A** field.

HINT: A good way to verify that the encounter is stored as 'institutional' is that the UB-04 Attachment automatically generates when you enter a CPT code for your institutional claims in the *Procedure Entry Function.*

Maintain Insurance Carriers

(Tables, Insurance Carrier Table)

Any insurance carriers that accept UBs will need to have the **UB Payer** check box selected.

If a primary claim is sent on a CMS-1500 but the secondary claim needs to be sent on a UB-04, you must also select the **UB Payer** check box in *Maintain Insurance Carriers* for the secondary carrier.

If you would like the **UB Payer** field selected for all insurance carriers in a database, notify Customer Service and a pass thru will be run to update the table for the database.

Maintain Location Codes

(Tables, Location Code Table)

You must select the **UB Billing** check box. If this is not selected, a UB-04 claim will not generate if institutional charges are entered for this location.

If a secondary claim needs to bill on a UB-04 with a different location than what was billed on the CMS-1500 for the primary carrier, you must select that location in the **UB Location Equivalent** field. If you enter a location code in this field, you must also select the **UB Billing** check box for that location.

If, previously, you were submitting UBs in the 4010 format and the location code automatically switched to a location code that contained 'UB' or to a different location code completely, then the **UB Location Equivalent** field must be completed, if you want the location code for your 5010 Institutional claims to follow the same process.
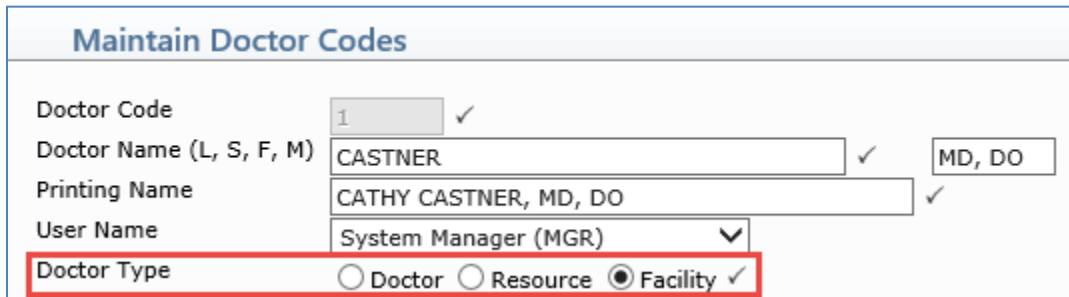
If it is the same location for both the primary CMS-1500 and the secondary UB-04, the **UB Billing** check box must be selected on that location.

If a location has a type of bill other than what has been set as the default in the **Type of Bill (Box 4)** field in the *UB-04 Integration* screen, then select the type of bill that should be used for the location tied to the encounter, in the **UB Type of Bill** field (in the *Maintain Location Codes* screen).

Maintain Doctor Codes

(Tables, Doctor Code Table)

If an Insurance Doctor Code is set up as your facility, in the **Doctor Type** field, select the **Facility** option.

If not already selected, you must select the **Create Institutional Claims Based on Ins Doctor** check box, in the *UB-04 Integration.*

Note: If the *Insurance Carrier Table*, *Location Code Table*, or *Type of Service Table* is shared between databases, these changes may be copied to the other databases depending on the setup of the **Table Sharing Interface**. If the *UB-04 Integration* has not been filled out in the databases where only Professional claims are submitted, then these changes will not affect claim submission. You may contact Customer Service to request that these fields not be shared between databases, if facility billing is needed in more than one database and the setup is unique in each database.

Institutional Claim Process

When you enter procedures in the *Procedure Entry Function*, the *Insurance Carrier Table*, the *Location Code Table*, or the *Type of Service Table* will be checked to determine if the procedures entered will generate a UB. This check occurs when you tab off of the procedure code field. If the check determines that the procedures entered will generate a UB, then the UB-04 Attachment automatically generates and populates the **Type of Bill**, **Admission Type**, and **Admission Source** fields in the UB-04 Attachment.

After saving the procedures in the *Procedure Entry Function*, the UB-04 Attachment will update the **Admission Date** with the oldest Date of Service listed for the procedures entered. The **Discharge Date** will be updated with the most current Date of Service listed for the Procedures entered. Any additional information that needs to be included in the UB attachment to ensure the claim is processed appropriately will need to be entered manually. If the **UB Location Equivalent** field contains a value for the location the procedures were posted with, then the procedures that should generate to a UB will be updated to the Location Code entered in the **UB Location Equivalent** field.

In the *Procedure Entry Function*, when you save the encounter, the UB-04 attachment will generate a Read-Only copy of the UB-04 DMS record, which can be found under the *DMS* function (*Patient, Change Patient Data*). You can edit the UB-04 DMS record using the *Transactions, Edit an Encounter* function. From this screen, the encounter for the claims that need to be updated will need to be selected and changes then can be made to the UB-04 attachment.

Troubleshooting UB-04 Setup

1. **You want to reprint or print a claim and it generate a HCFA and not UB.**

   Check the patient's transaction history to make sure the claim requested was for the Insurance Carrier that is selected to print as a **UB payer** in *Maintain Insurance Carriers*. When reprinting or refiling, the wrong carrier may have been chosen in the drop down without realizing it.

   Check that the Location that the charge line is attached to is selected for UB Billing. Have there been any changes to the table since the claim was entered?

2. **The wrong Type of Bill is printing on the claim form.**

   Check the *UB-04 Integration*. Is the Type of Bill printing the same as is entered in the integration? If not, check the *Location Code Table* for that location to see if a different Type of Bill was entered. Also check the UB-04 Claim Attachment to see if a different Type of Bill was entered. If none of these areas show a different Type of Bill, have you created a rule in the *Paper Claim Editor* that contains a different Type of Bill to always print?

3. **You need to have different data in fields of the UB claim than is currently printing.**

   You must set up a Profile and Rule in the *Paper Claim Editor* for Institutional claims. Set up the profile first and then attach the rule. The rule can be set by **Doctor, Electronic Form Type, Insurance Carrier** and **Location.**

4. **The data is entered into the profile and rule correctly but is not showing on the claim form.**

   Is the rule set up by location? Are the charges entered on the same location? Also, check for rules for the Doctor and Insurance Carrier and Electronic Form Type. Does the Profile or Rule show *changed* since the charges were entered or refiled? When you go into the Rule for the field that is printing wrong, do you see the correct value appear?