

UB-04

Helpful Tips for Nursing Facility Providers

An extensive claims processing system reads, enters, and processes all UB-04 claim forms submitted to DHS. The computer system enters the data exactly as you entered it on the claim form. A misplaced code, illegible data, or a required box left blank can prompt the computer system to route the claim for manual review, deny payment on the claim, or direct payment to the wrong provider.

These “*Helpful Tips*” will assist you in submitting your UB-04 claims to DHS correctly the first time.

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| ✓ | <p>READ your billing guides! Pay special attention to the billing code appendices, which include billing examples and how to bill when there are breaks in service. Be sure you have the most current information in effect for the date of service billed.</p> <p>Nursing facility billing guides are on the DHS Web site at www.oregon.gov/DHS/spd/provtools/index.shtml.</p> |
| ✓ | <p>VERIFY patient eligibility on the date the service is being provided. Verify with one of the services listed on DMAP’s Electronic Eligibility Verification Web page at www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.</p> <ul style="list-style-type: none"> • Automated Voice Response - 866-692-3864 • Provider Web Portal at https://www.or-medicaid.gov • Electronic Data Interchange (EDI) 270/271: Exchange directly with Oregon DHS or through an EDI clearinghouse. |
| ✓ | <p>BEFORE billing DMAP...</p> <ul style="list-style-type: none"> • MAKE SURE that you billed prior resources and reported the correct dollar amount in FL 54. • DO NOT attach prior resource EOB’s. • ALWAYS USE the correct 2-digit third party resource (TPR) explanation code in the Remarks field when the client has TPR. If the client has TPR, you must enter the appropriate code even when the TPR made no payment. Always enter a code if the client has more than one TPR available. |

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| ✓ | DO NOT send claims that include periods when the patient was not OHP eligible. If you combine OHP eligible days with ineligible days on the same claim, the entire claim will deny. |
| ✓ | If possible, DO NOT BILL services on days 1-20 to DHS. These are zero-paid days and not necessary for claim processing. |
| ✓ | If you do bill days 1-20, bill them separately from days 21-100. DO NOT bill them on the same claim form. DHS cannot process the claim if you combine non-payable days with payable days. |
| ✓ | List the original qualifying inpatient hospital stay dates in FL 35. Do not list subsequent stays that occur after the qualifying stay. If you list subsequent hospital stays that are less than 20 days before the dates of service on the claim, DHS cannot process the claim. DHS will return your claim to request the correct dates for FL 35. |
| ✓ | CHECK your claim form for legibility so that it can be clearly read. AVOID tiny print, print that overlaps onto a line, entering more than 22 lines per claim, and poorly handwritten claim forms. COMPLETE only the boxes that are required. |
| ✓ | EACH UB-04 is a complete billing document. If there is not enough space available on the UB-04 to bill all procedures provided on the same date of service, complete a new billing form for the rest of the procedures. DO NOT carry over totals from one form to the other. |
| ✓ | READ the explanation of benefit (EOB) codes on your Remittance Advice. They will tell you what the error is, if you should re-bill or submit an Individual Adjustment Request form DMAP 1036. |
| ✓ | CONTACT Provider Services at 1-800-336-6016 for assistance in completing your UB-04 or other questions regarding a medical claim. |

