

Eli's Rehab Report

Billing: Welcome 4 Key UB-04 Benefits

The conversion to ICD-10 won't mean another new claim form

Although adjusting to change can be stressful, the UB-04 offers many benefits. You can look forward to:

1. Some things staying the same. Many of the data locations have changed, but most of the data usage descriptions and allowable data values have not, says **Felice Landry**, senior billing consultant with Reingruber & Company in St. Petersburg, Fla. And while the UB-92 has 86 field locators, the UB-04 has only 81.

2. More room. After field locator 56, which provides space for the new NPI, the most noticeable change on the UB-04 is the expansion of the diagnosis code field (67) to accept 18 ICD-9 codes. That gives you room to report up to eight additional diagnosis codes.

A twist: Although the diagnosis code field has been expanded, Medicare will ignore these eight new additional spaces, according to CMS Transmittal 1104.

Still, you should make sure you're putting in correct data anyway -- wrong data can create processing problems, Landry says. These spaces should hold the principal diagnosis along with the diagnoses of other pertinent conditions that existed at admission time or that developed subsequently, affecting the patient's treatment and length of stay, she says.

3. Fewer forms. The UB-04 will answer the needs of many health insurers, so more payers will be able to use it. Hopefully, therefore, this new form will eliminate the need for more claim forms, Landry says.

4. Flexibility. The UB-04 can accept ICD-10 codes, so there won't be a need to transition to yet another new claim form when the migration to ICD-10 comes.