

Home Health ICD-9/ICD-10 Alert

Billing Alert: Get The Skinny On The New Claim Form Straight From The Source

A new claim form is on the way. Will UB ready?

The date has been set: The new UB-04 will officially replace your trusty UB-92 on March 1, 2007. Here's what you need to know now to make your transition as smooth as possible.

During a two-day meeting held in Baltimore, the **National Uniform Billing Committee** addressed comments and concerns offered by the public on im-plementing the UB-04. Establishing an effective date was at the top of the NUBC's agenda because "it would not send the right message to the user community" to leave the timeline up in the air, NUBC chair **George Arges** told **Eli.**

Requirement: The plan is for payors to be ready for the UB-04 by March 1, 2007, and providers will have a two-month grace period - from March 1 to May 1, 2007 - during which they can use either the UB-04 or the UB-92. That's pending confirmation from the **Centers for Medicare & Medicaid Services** and the **Office of Management and Budget.**

See How the Changes Will Affect You

Along with the time frame for implementation, officials from health organizations such as the **American Health Information Management Association** and the **American Hospital Association** offered comments on the following important issues:

cost of switching to the new form;

alignment with the electronic version of the UB-04;

how to accommodate more clinical codes;

diagnosis present on admission indicators;

alignment with ICD-10.

Hot topic: The diagnosis present on admission indicators garnered the most comments, remarks **Sue Bowman, RHIA, CCS**, director, coding policy and compliance with the **American Health Information Management Association**. CMS should provide reporting and usage instructions on this front early as opposed to later to help initiate training on those particular guidelines, explains Bowman.

Alignment with the ICD-10 is another hot topic connected to the UB-04. People commented that making the new form compatible with the ICD-10 could lessen costs and make the transition much smoother. The cost equation involves updating medical information systems and billing information systems, notes Arges.

Key idea: If the ICD-10 codes were instituted before the UB-04, then the UB-92 would have to undergo major modifications, which would simply be too difficult a task, says Bowman.

Start Making Changes Now

Now that tentative dates are in place, providers should begin to make adjustments, experts suggest. Keep your eyes



peeled for any further changes to the form coming down the pike, and begin the transition as early as possible.	
Editor's Note: For more information on the UB-04, visit www.nubc.org .	