



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Outpatient Services • Adult Day Health Care Centers

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Contents

Medi-Cal Training Seminars
(two flyers)

Medi-Cal Claim Form Changes
May 23, 2007..... 1

Medi-Cal Claim Form Changes May 23, 2007; Transition from Current Form Begins March 26

Effective May 23, 2007, the California Department of Health Services (CDHS) will complete a transition from the current *UB-92 Claim Form* to the new *UB-04* claim form. Beginning March 26, 2007, providers will have a two-month transition period in which they can use both the new and old form to submit claims. The transition period ends at the close of business on May 22, 2007. Beginning May 23, 2007, only the *UB-04* will be accepted for Medi-Cal billing.

All boxes mentioned below are only updates to the new form. Not all new and updated boxes must be filled in for proper billing and payment. New claim form billing instructions will be published in the appropriate Part 2 provider manual in May 2007.

Also, providers using the new forms must continue to use their Medi-Cal provider number until May 23, 2007.

Below are the changes from the current *UB-92* to the new *UB-04* claim form.

Box 1

Old Form

1	2		3 P.A.	
	5 I.L.U. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 C.O.V.D.
12 PATIENT NAME		13 PATIENT ADDRESS		

New Form

1	2	3	4
8 PATIENT NAME		9 PATIENT ADDRESS	

Lines are added in Boxes 1 and 2.

Please see **Claim Form**, page 2

Claim Form (continued)

**Box 3
Old Form**

3 PATIENT CONTROL NO.				4 TYPE OF BILL	23 MEDICAL RECORD NO.	
8 N-C.D.	9 C-I.D.	10 L-R.D.	11			
OCCURRENCE 36			OCCURRENCE 37			

New Form

3a PAT CNTL #				4 TYPE OF BILL
b. MED. REC. #				
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM		7 THROUGH	

Box 3 is divided into two sections (*Patient Control Number* field [Box 3A] and *Medical Record Number* field [Box 3B]). The Medical Record Number moved from Box 23 to Box 3B.

Boxes 12, 14 thru 22, and 32 thru 35

Old Form

12 PATIENT NAME												13 PATIENT ADDRESS											
14 BIRTHDATE		15 SEX	16 MS	ADMISSION 17 DATE				18 HR	19 TYPE	20 SRC	21 DHR	22 STAT	23 MEDICAL RECORD NO.		24								
32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE SPAN FROM THROUGH											
39 VALUE CODES												40											

New Form

8 PATIENT NAME												9 PATIENT ADDRESS											
10 BIRTHDATE		11 SEX	12 DATE	ADMISSION 13 HP 14 TYPE 15 SFC				16 DHP	17 STAT	18	19	20	CONDITION CODES 22 23		24								
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE SPAN FROM THROUGH											
38 VALUE CODES												39											

Box 12 (Patient Name) moved to Box 8A and 8B. Boxes 14 – 22 (Birthdate, Sex, Admission information) moved to Boxes 10 – 17. Box 16 (MS) was removed. Boxes 32 – 35 (Occurrence Codes) moved to boxes 31 – 34.

Please see Claim Form, page 3

Claim Form (continued)

Boxes 13, 24 thru 31, and 36

Old Form

13 PATIENT ADDRESS											
21 DHR	22 STAT	23 MEDICAL RECORD NO.				24	25	CONDITION CODES			31
							26	27	28	29	30
35 OCCURRENCE CODE		36 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM			36 OCCURRENCE SPAN THROUGH			37	
										A	
										B	
										C	
39 VALUE CODES					40 VALUE CODES			41 VALUE			

New Form

9 PATIENT ADDRESS											
a											
b											
c											
d											
17 STAT	18	19	20	21	CONDITION CODES				29 ACPT STATE	30	
					22	23	24	25	26	27	28
34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM			36 OCCURRENCE SPAN THROUGH			37	
39 VALUE CODES					40 VALUE CODES			41 VALUE			

Box 13 (Patient Address) was divided in five sections and moved to Boxes 9A – E. Boxes 24 – 30 (Condition Codes) moved to Boxes 18 – 24. Additionally, Boxes 25 – 28 were created for additional condition codes. Box 31 (unlabeled) moved to Box 37. Box 36 (Occurrence Span) expanded to Boxes 35 and 36.

Boxes 43 and 50

Old Form

22										
23										
50 PAYER					51 PROVIDER NO.			52 REL INFO	53 ASG BEN	54 PRIOR
A										
B										
C										

New Form

22										
23	PAGE OF				CREATION DATE					
50 PAYER NAME					51 HEALTH PLAN ID			52 REL INFO	53 ASG BEN	54 PRIOR
A										
B										
C										
58 INSURED'S NAME					59 PREL	80 INSURED'S UNIQUE ID				

On line 23 in the Box 43 (Code Description) column, “Page ___ Of ___” was added to identify multiple pages for the same claim. The name of Box 50 was changed to “Payer Name.”

Please see Claim Form, page 4

Claim Form (continued)

**Boxes 60 and 66
Old Form**

DO NOT WRITE IN THESE SPACES			
59 P. REL.	60 CERT. -SSN-HIC-ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
65 EMPLOYER NAME		66 EMPLOYER LOCATION	

New Form

59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	

The name of Box 60 changed to “Insured’s Unique ID.” Box 66 (Employer Location) was removed.

Boxes 67 and 68 thru 75

Old Form

67 PRIN. DIAG. CD.	68 CODIG	69 CODIG	70 CODIG	OTHER DIAG. CODES			73 CODIG	74 CODIG	75 CODIG	76 PRIM. DIAG. CD.	77 C-CODIG	78
				71 CODIG	72 CODIG							
PRINCIPAL PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE			OTHER PROCEDURE		OTHER PROCEDURE			

New Form

67	67A	67B	67C	67D	67E	67F	67G	67H	67I	67J	67K	67L	67M	67N	67O	67P	67Q	67R	67S
PRINCIPAL PROCEDURE		OTHER PROCEDURE																	

Box 67 (Primary Diagnosis Codes) was enlarged to accommodate future changes in diagnosis codes. Boxes 68 through 75 (Other Diagnosis Codes) changed numbering sequence to boxes 67A through Q.

Please see **Claim Form**, page 6

Claim Form (continued)

Boxes 80, 81A – E and 84

Old Form

79 P.C. CODE	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
a	84 REMARKS					
b						
c						
d						

New Form

74 PRINCIPAL PROCEDURE CODE	DATE	a	OTHER PROCEDURE CODE	DATE	b	OTHER PROCEDURE CODE	DATE	75	
c	OTHER PROCEDURE CODE	DATE	d	OTHER PROCEDURE CODE	DATE	e	OTHER PROCEDURE CODE	DATE	
80 REMARKS				81C	a				
					b				
					c				
					d				
UB-04 CMS-1450 © 2005 NUBC				OMB APPROVAL PENDING				NUBC® Medicare Medicaid Billing Controller LIC8213257	

Box 80 (Principal Procedure Code/Date) moved to Box 74. Boxes 81A – E (Other Procedure Code/Date) moved to Boxes 74A – E. Box 84 (Remarks) moved to Box 80 and was reduced in size.

Boxes 82, 83A – B, 85 and 86

Old Form

82 ATTENDING PHYS. ID	a
	b
83 OTHER PHYS. ID	a
	b
OTHER PHYS. ID.	a
	b
85 PROVIDER REPRESENTATIVE	86 DATE
X	

New Form

76 ATTENDING	NPI	QUAL	
LAST	FIRST		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.			

Box 82 (Attending Physician ID) moved to Box 76 for reporting the physician’s NPI. Box 83A and B (Other Physician ID) moved to Boxes 77 (Operating) and 78 (Other) for reporting the operating and/or physician’s NPI. Boxes named “Qual” were added to Boxes 76 – 78 to indicate a Medicaid Identifier and help identify atypical provider numbers. Boxes for provider first and last names were also added. Boxes 85 (Provider Representative) and 86 (Date) were removed.

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Remove and replace: *Contents for ADHC Billing and Policy i/ii **

Insert new section
after the *Physical
Therapy Billing Example:*

UB-92 section: prov bil 1 thru 4 *

Insert after the new
*Provider Billing
after Beneficiary
Reimbursement
(Conlan v. Shewry)*
section above:

*Request for Beneficiary Reimbursement Letter (Letter 08) **

* Pages updated due to ongoing provider manual revisions.