



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Outpatient Services • AIDS Waiver Program

January 2007 • Bulletin 387

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 PA
	5 I.L.U. TAX NO.	8 STATEMENT COVERS PERIOD FROM THROUGH	7 COVD.
12 PATIENT NAME		13 PATIENT ADDRESS	

New Form

1	2	3a CNT
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			

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	17 DATE				18 HR		19 TYPE	20 SRC	21 DHR	22 STAT	23 MEDICAL RECORD NO.		24							
32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN FROM		THROUGH											
a												39 VALUE CODES				40							
b																							

New Form

8 PATIENT NAME												9 PATIENT ADDRESS											
a												a											
b												b											
10 BIRTHDATE		11 SEX	12 DATE	ADMISSION		13 HH	14 I/Y/E	15 SHC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES		22	23	24				
31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN FROM		THROUGH											
a												39 VALUE CODES				40							
b																							

Box 12 (Patient Name) moved to Boxes 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				25	26	27	28	29 ADPT STATE	30
					22	23	24							
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					60 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.
63 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			71 CODIG	72 CODIG	73 CODIG	74 CODIG	75 CODIG	76 PRIM. DIAG. CD.	77 I-CODIG	78
74 PRINCIPAL PROCEDURE		75 OTHER PROCEDURE		76 OTHER PROCEDURE		77 OTHER PROCEDURE		78		79		80		81

New Form

67	A	B	C	D	E	F	G	H
68	J	K	L	M	N	O	P	Q
69	a	b	c	d	e	f	g	h
70	i	j	k	l	m	n	o	p
71	q	r	s	t	u	v	w	x
72	y	z	aa	ab	ac	ad	ae	af
73	ag	ah	ai	aj	ak	al	am	an
74	ao	ap	aq	ar	as	at	au	av
75	aw	ax	ay	az	ba	bb	bc	bd
76	be	bf	bg	bh	bi	bj	bk	bl
77	bm	bn	bo	bp	bq	br	bs	bt
78	bu	bv	bw	bx	by	bz	ca	cb
79	cc	cd	ce	cf	cg	ch	ci	cj
80	ck	cl	cm	cn	co	cp	cq	cr
81	cs	ct	cu	cv	cw	cx	cy	cz
82	da	db	dc	dd	de	df	dg	dh
83	di	dj	dk	dl	dm	dn	do	dp
84	dq	dr	ds	dt	du	dv	dw	dx
85	dy	dz	ea	eb	ec	ed	ee	ef
86	eg	eh	ei	ej	ek	el	em	en
87	eo	ep	eq	er	es	et	eu	ev
88	ew	ex	ey	ez	fa	fb	fc	fd
89	fe	ff	fg	fh	fi	fj	fk	fl
90	fm	fn	fo	fp	fq	fr	fs	ft
91	fu	fv	fw	fx	fy	gz	ha	hb
92	hc	hd	he	hf	hg	hh	hi	hj
93	hk	hl	hm	hn	ho	hp	hq	hr
94	hs	ht	hu	hv	hw	hx	hy	hz
95	ia	ib	ic	id	ie	if	ig	ih
96	ii	ij	ik	il	im	in	io	ip
97	iq	ir	is	it	iu	iv	iw	ix
98	iy	iz	ja	jb	jc	jd	je	jf
99	kg	kh	ki	kl	km	kn	ko	kp
100	kq	kr	ks	kt	ku	kv	kw	kx
101	ky	kz	la	lb	lc	ld	le	lf
102	lg	lh	li	lj	lk	ll	lm	ln
103	lo	lp	lq	lr	ls	lt	lu	lv
104	lw	lx	ly	lz	ma	mb	mc	md
105	me	mf	mg	mh	mi	mj	mk	ml
106	mn	mo	mp	mq	mr	ms	mt	mu
107	mv	mw	mx	my	mz	na	nb	nc
108	nd	ne	nf	ng	nh	ni	nj	nk
109	nl	nm	no	np	nq	nr	ns	nt
110	nu	nv	nw	nx	ny	nz	oa	ob
111	oc	od	oe	of	og	oh	oi	oj
112	ok	ol	om	on	oo	op	oq	or
113	os	ot	ou	ov	ow	ox	oy	oz
114	pa	pb	pc	pd	pe	pf	pg	ph
115	pi	pj	pk	pl	pm	pn	po	pp
116	pq	pr	ps	pt	pu	pv	pw	px
117	py	pz	qa	qb	qc	qd	qe	qf
118	qg	qh	qi	qj	qk	ql	qm	qn
119	qo	qp	qq	qr	qs	qt	qu	qv
120	qw	qx	qy	qz	ra	rb	rc	rd
121	re	rf	rg	rh	ri	rj	rk	rl
122	rm	rn	ro	rp	rq	rr	rs	rt
123	ru	rv	rw	rx	ry	rz	sa	sb
124	sc	sd	se	sf	sg	sh	si	sj
125	sk	sl	sm	sn	so	sp	sq	sr
126	ss	st	su	sv	sw	sx	sy	sz
127	ta	tb	tc	td	te	tf	tg	th
128	ti	tj	tk	tl	tm	tn	to	tp
129	tr	ts	tt	tu	tv	tw	tx	ty
130	tz	ua	ub	uc	ud	ue	uf	ug
131	uh	ui	uj	uk	ul	um	un	uo
132	up	uq	ur	us	ut	uu	uv	uw
133	ux	uy	uz	va	vb	vc	vd	ve
134	vf	vg	vh	vi	vj	vk	vl	vm
135	vn	vo	vp	vq	vr	vs	vt	vu
136	vv	vw	vx	vy	vz	wa	wb	wc
137	wd	we	wf	wg	wh	wi	wj	wk
138	wl	wm	wn	wo	wp	wq	wr	ws
139	wt	wu	wv	wx	wy	wz	xa	xb
140	xc	xd	xe	xf	yg	yh	yi	yj
141	yk	yl	ym	yn	zo	zp	zq	zr
142	zs	zt	zu	zv	zz	aa	ab	ac
143	ad	ae	af	ag	ah	ai	aj	ak
144	al	am	an	ao	ap	aq	ar	as
145	at	au	av	aw	ax	ay	az	ba
146	bb	bc	bd	be	bf	bg	bh	bi
147	bj	bk	bl	bm	bn	bo	bp	bq
148	br	bs	bt	bu	bv	bw	bx	by
149	bz	ca	cb	cc	cd	ce	cf	cg
150	ch	ci	cj	ck	cl	cm	cn	co
151	cp	cq	cr	cs	ct	cu	cv	cw
152	cx	cy	cz	da	db	dc	dd	de
153	df	dg	dh	di	dj	dk	dl	dm
154	dn	do	dp	dq	dr	ds	dt	du
155	dv	dw	dx	dy	dz	ea	eb	ec
156	ed	ee	ef	eg	eh	ei	ej	ek
157	el	em	en	eo	ep	eq	er	es
158	et	eu	ev	ew	ex	ey	ez	fa
159	fb	fc	fd	fe	ff	fg	fh	fi
160	fj	fk	fl	fm	fn	fo	fp	fq
161	fr	fs	ft	fu	fv	fw	fx	fy
162	fz	ga	gb	gc	gd	ge	gf	gg
163	gh	gi	gj	gk	gl	gm	gn	go
164	gp	gq	gr	gs	gt	gu	gv	gw
165	gx	gy	gz	ha	hb	hc	hd	he
166	hf	hg	hh	hi	hj	hk	hl	hm
167	hn	ho	hp	hq	hr	hs	ht	hu
168	hv	hw	hx	hy	hz	ia	ib	ic
169	id	ie	if	ig	ih	ii	ij	ik
170	il	im	in	io	ip	iq	ir	is
171	it	iu	iv	iw	ix	iy	iz	ja
172	jb	jc	jd	je	jf	fg	fh	fi
173	fj	fk	fl	fm	fn	fo	fp	fq
174	fr	fs	ft	fu	fv	fw	fx	fy
175	fz	ga	gb	gc	gd	ge	gf	gg
176	gh	gi	gj	gk	gl	gm	gn	go
177	gp	gq	gr	gs	gt	gu	gv	gw
178	gx	gy	gz	ha	hb	hc	hd	he
179	hf	hg	hh	hi	hj	hk	hl	hm
180	hn	ho	hp	hq	hr	hs	ht	hu
181	hv	hw	hx	hy	hz	ia	ib	ic
182	id	ie	if	ig	ih	ii	ij	ik
183	il	im	in	io	ip	iq	ir	is
184	it	iu	iv	iw	ix	iy	iz	ja
185	jb	jc	jd	je	jf	fg	fh	fi
186	fj	fk	fl	fm	fn	fo	fp	fq
187	fr	fs	ft	fu	fv	fw	fx	fy
188	fz	ga	gb	gc	gd	ge	gf	gg
189	gh	gi	gj	gk	gl	gm	gn	go
190	gp	gq	gr	gs	gt	gu	gv	gw
191	gx	gy	gz	ha	hb	hc	hd	he
192	hf	hg	hh	hi	hj	hk	hl	hm
193	hn	ho	hp	hq	hr	hs	ht	hu
194	hv	hw	hx	hy	hz	ia	ib	ic
195	id	ie	if	ig	ih	ii	ij	ik
196	il	im	in	io	ip	iq	ir	is
197	it	iu	iv	iw	ix	iy	iz	ja
198	jb	jc	jd	je	jf	fg	fh	fi
199	fj	fk	fl	fm	fn	fo	fp	fq
200	fr	fs	ft	fu	fv	fw	fx	fy

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 Contractor 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. Boxes 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.

AIDS Waiver Program Bulletin 387

Remove and replace: *Contents for AIDS Waiver Program Billing and Policy i/ii **

Insert new section
after *Other Health
Coverage (OHC)
CPT-4 and HCPCS
Codes 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.