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How to post a UB04 or INSTITUTIONAL charge?

If you don't see this option, ask your administrator to go to Admin > System Default Settings > Charges > UB04_USED -USE UB04 CHARGES > YES

On the Post Charge screen > Claim Type > choose Institutional

→ See the Help Center > Videos - Charge Entry and Advanced Charge Entry and Char - Reference Batch, Charge Posting, Claims Batch Creation

PAGE 1 OF CHARGE ENTRY

Is identical to Professional Charge entry, upon [Save] user is directed to Add/Modify UB04 page

PAGE 2 OF CHARGE ENTRY

Admin
System Default Settings

Category
General
Charges

UB04_USED - USE UB04 CHARGES
Yes (?)

Post Charge

Post Date: 02/26/2018 Claim Type: Institutional
Professional
Institutional

Patient
Post Charge
Post Date: 10/02/2019 Claim Type: Institutional Page 1 of 2

Note:

Line	Billable	DDS From	Facility	POS	Submit	CPT	M1	M2	M3	M4	Dx Link	Fee	Unit	Total	Payment	Del
1	✓	10/02/2019	1	11	99213	99213						131.74	1.00	131.74		

Force Primary Claim to Paper: Charge Type: Production Override Assignment: Default
Encounter Claim Status: System Default Next Action: Proceed to Encounter

Save (F2) Cancel

Add/Modify UB04

UB04
Type of Bill: COV-D: N-C D: C-D: L-R D: Box 7:

Admit/Discharge
Admit Diagnosis: Admitted Date: Admitted Hour: Admitted Type: Admitted Source:
Discharge Date: Discharge Hour: Dis Status:

Condition Codes
CC-18: CC-19: CC-20: CC-21: CC-22: CC-23: CC-24:
CC-25: CC-26: CC-27: CC-28:

31: Present on Admission: -SELECT- Medical Rec#:

Occurrence Codes(?)

Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	
a																		
b																		

Page 2 of 2

Type of Bill (3 digits)

1st digit - Type of Facility

- 1 = Hospital
- 2 = Skilled Nursing Facility
- 3 = Home Health
- 4 =
- 5 = Extended Care
- 6 = Immediate Care
- 7 = Clinic

2nd digit - Bill Classification

- 1 = Inpatient/Hospice
- 3 = Outpatient/Ambulatory Surgery
- 4 = Home Health/Other
- 5 = Intermediate Care, Level I
- 6 = Intermediate Care, Level II
- 7 = Intermediate Care, Level III
- 8 = Swing Beds

3rd digit - Frequency

- 1 = 'Admit' through 'Discharge' Claim
- 2 = Interim, First Claim
- 3 = Interim, Continuing Claim
- 4 = Interim, Last Claim
- 5 = Late Charge Claim
- 6 = Adjustment of Prior Claim
- 7 = Replacement of Prior Claim
- 8 = Void/Cancel of Prior Claim

→ Covered Charge Amounts (COV-D) - The amount that is covered by the insurance

- Non-Covered Charge Amount (N-C.D) - The amount that is not covered by insurance. Patient responsibility amount.
- Admission Information (Required on all Inpatient Claims) > Date, Hour, Type, Source
- Discharge Information (Required on all Inpatient Claims) > Date, Hour, Source
- Condition Codes - Condition of the Institutional claim (i.e. Insurance Related, Skilled Nursing Facility, etc)
- Occurrence Codes - Identifies a significant event relating to the claim (i.e. Accident, Medical Condition, etc)

- Value Codes/Amounts - Establishes the amount of money each insurance (primary/secondary) is required to pay (mainly seen on Medicare claims)
- Principal Procedure - This is going to be the first procedure code on the claims
- Treatment Authorization Codes - mainly seen on Home Health claims

How do I edit UB04, Institutional fields on an existing charge?

Encounter Dashboard **Encounter: 18**

⊗ **Actions**

⊕ ⊗ Charge [UB04 Fields](#) [HCFA Fields](#) [ANS](#)

From the Encounter Dashboard

Edit Page 1 - [Modify Charge]

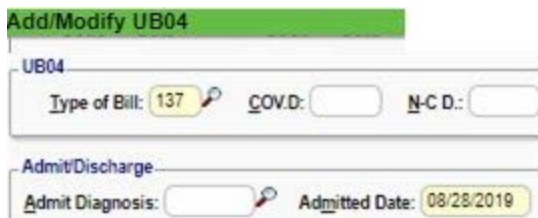
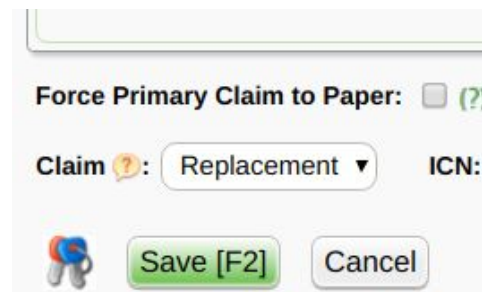
Edit Page 2 - 'UB04 Fields' hyperlink

Submitting Corrected Institutional or UB04 Claim

The last digit of the 'Type of Bill' needs to be 7

The best way to change the last digit to a 7 is to use the 'Claim' dropdown at the bottom of page 1 [Modify Encounter] and select a 'Replacement' claim. Then we automatically update the 'Type of Bill' last digit to 7.

If the last digit of the 'Type of Bill' is 7 the ICN is sent in 2300 REF F8



Field 80 is for remarks such as corrected claims (see screenshot). This field is found from the UB04 hyperlink on the encounter. Prints in field 80 on UB04 and 2300 NTE segment of Institutional claim



Users can hit the return/enter key if they need separate lines, or after 25 characters it will automatically break into a new line.

Additional Information:

Box 42, Rev CD, Revenue Codes > In short, revenue codes tell the insurance company whether the procedure was performed in an emergency room, operating room, or other department. See link for more information on significance of Revenue Codes <http://valuehealthcareservices.com/education/understanding-hospital-revenue-codes/>

- Revenue Codes are set up inside of the Procedure Code Library
- Box 43 populates description of Revenue Code

Other ANSI Differences between Professional and Institutional Claims > 2430 Loop

- Institutional Claims - No 2430 Loops - All primary payer payment, adjustment, patient responsible information is sent at claim level
- Professional Claims - 2430 loop present for each procedure line - outlining primary payer payment, adjustment, patient responsible information

Other Reference