

Home Health Medicare Billing Codes Sheet

FISS Fields and UB-04 Field Locators (FL) for Home Health Billing

R = Required C = Conditional N = Not required O = Optional

| DDE | DDE Field Name | UB04 Field Locator | Description | RAP | Final Claim |
|-----|------------------|--------------------|--------------------------------|---|----------------------------------|
| 1 | HIC Number | 60 | Medicare Number | R | R |
| 1 | TOB | 4 | Type of Bill | R | R |
| 1 | NPI | 56 | National Provider Identifier | R | R |
| 1 | PAT CNTL # | 3a | Patient Control Number | O | O |
| 1 | TAX SUB | 5 | Provider Federal Tax ID Number | O | O |
| 1 | STMT DATE FROM | 6 | Beginning of Episode Date | R | R |
| 1 | TO | 6 | End of Episode Date | R (same date as the from date for the RAP only) | R |
| 1 | LAST | 8 | Patient's Last Name | R | R |
| 1 | FIRST | 8 | Patient's First Name | R | R |
| 1 | DOB | 10 | Date of Birth | R | R |
| 1 | ADDR1 | 9 | Patient's Address | R | R |
| 1 | ADDR2 | 9 | City and State | R | R |
| 1 | ZIP | 9 | Zip Code | R | R |
| 1 | SEX | 11 | Gender (Enter M or F) | R | R |
| 1 | ADMIT DATE | 12 | Date of Admission | R | R |
| 1 | SRC | 15 | Source of Admission Code | R | R |
| 1 | STAT | 17 | Patient Status | R | R |
| 1 | COND CODES | 18-28 | Condition Codes | C | C |
| 1 | OCC DCS/DATE | 31-34 | Occurrence Codes/Dates | N | C |
| 1 | SPAN CODES/DATES | 35-36 | Occurrence Span Codes/Dates | N | C |
| 1 | DCN | 64 | Document Control Number | N | C (Adjustments and Cancels ONLY) |
| 1 | VALUE CODES | 39-41 | Value Codes | R | R |
| 1 | FAC ZIP | N/A | Facility Zip Code | R | R |
| 2 | REV | 42 | Revenue Codes | R (0023 and 0001) | R |
| 2 | HPCP | 44 | HIPPS | R | R |
| 2 | TOT UNIT | 46 | Total Units | N | R |
| 2 | TOT CHARGES | 47 | Total Charges | N | R |
| 2 | NCOV CHARGES | 48 | Non-covered Charges | N | C |

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|-----|--------------------|--------------------|-------------------------------------|--|---|
| 2 | SERV DT | 45 | Service Date | R | R |
| 3 | CD | 50 | Payer Code | R ("Z" should be entered for DDE ONLY) | R ("Z" should be entered for DDE ONLY) |
| 3 | PAYER | 50 | Payer Name | R ("Medicare" should be entered) | R ("Medicare" should be entered) |
| 3 | RI | 52 | Release of Information | R (Enter a "Y") | R (Enter a "Y") |
| 3 | MEDICAL RECORD NBR | 3b | Medical Record Number | O | O |
| 3 | DIAGNOSIS CODES | 67 | Diagnosis Codes | C | C |
| 3 | NPI | 76 | Attending Physicians NPI | R | R |
| 3 | LN | 76 | Attending Last Name | R | R |
| 3 | FN | 76 | Attending Physicians First Name | R | R |
| 3 | MI | 76 | Attending Physicians Middle Initial | O | O |
| 3 | NPI | 77 | Other Physicians NPI | C | C |
| 3 | LN | 77 | Other Physicians Last Name | C | C |
| 3 | FN | 77 | Other Physicians First Name | C | C |
| 3 | MI | 77 | Other Physicians Middle Initial | O | O |
| 4 | REMARKS | 80 | Remarks | C (Used for cancel and demand bills) | C (Adjustments, cancels, demand bills, MSP) |
| 5 | INSURED NAME | 58 | Insured Last Name, First Name | N | C (MSP Claims ONLY) |
| 5 | SEX | N/A | Insured's Gender (M or F) | N | C (MSP Claims ONLY) |
| 5 | DOB | N/A | Insured's Date of Birth | N | C (MSP Claims ONLY) |
| 5 | REL | 59 | Patients Relationship to Insured | N | C (MSP Claims ONLY) |
| 5 | CERT-SSN-HIC | 60 | Insured's ID/HIC# | N | C (MSP Claims ONLY) |
| 5 | GROUP NAME | 61 | Insurance Group Name | N | C (MSP Claims ONLY) |

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|-----|-----------------|--------------------|---------------------------|-----|---------------------|
| | | | | | ONLY) |
| 5 | GROUP NUMBER | 62 | Insurance Group Number | N | C (MSP Claims ONLY) |
| 5 | TREAT AUTH CODE | 63 | Claims-Oasis Matching Key | R | R |