

# Web Announcement 73

## Important Changes for UB-92 Claims With Third Party Liability:

Billing procedures have been revised for providers who submit UB-92 Claim Forms with Third Party Liability (TPL). The revisions have been designed to alleviate adjudication problems on claims with TPL.

Please implement the new billing instructions beginning 2/24/06 for paper claims and 3/04/06 for claims submitted electronically. The UB-92 Claim Form Instructions are posted at <https://medicaid.nv.gov> (select "Billing Manuals" from the "Providers" drop-down menu).

UB-92 Claim Form Instructions

### UB-92 Claim Form Instructions

The following table provides Nevada Medicaid requirements for completing the paper UB-92 claim form. In Fields 18-22, 24-30, 32, 36, and 39-41, use the most recent valid values as published by the Centers for Medicare and Medicaid (CMS).

[Click here](#) to enlarge the Quick Reference Guide that shows required fields shaded red and conditional fields shaded blue.

**The following instructions are effective for paper claims submitted February 24, 2006 or later and for electronic claims submitted March 4, 2006 or later.**

As of these dates, **most** TPL claims may be billed electronically (see claim form instructions for exceptions). An EOB attachment is **NOT** required for electronic claims, but is required for paper claims. Please review the *Companion Guides* on First Health Services' web site for updates to electronic claims specifications or contact the EDI Coordinator at (877) 638-3472.

Effective February 24, 2006, *Form FH-92 is obsolete*. Medicare crossover claims must be forwarded electronically from your Medicare carrier OR submitted on the UB-92 claim form.

Table C2: UB-92 Claim Form Instructions

Field	Requirement	Description
1	Required	(Unlabeled) Enter the name, address and telephone number of the billing provider.
2	Not Required	(Unlabeled)
3	Not Required	(Unlabeled) PATIENT CONTROL NO. -- Enter up to 17 digits for your internal patient account number.   <b>If your patient account number is entered on the claim, First Health Services will also list it on your remittance advice. We recommend completing this field as it may assist you in reconciling your claim records.</b>
4	Required	TYPE OF BILL -- Enter the appropriate type of bill code. Use the most recent valid values as published by the Centers for Medicare and Medicaid (CMS) to complete this field. <ul style="list-style-type: none"> <li>• If you are submitting a previously paid claim, "1" must be the 3<sup>rd</sup> digit in your Type of Bill code.</li> <li>• If you are resubmitting a previously paid claim, "8" must be the 3<sup>rd</sup> digit in your Type of Bill code.</li> </ul>
5	Required	FED. TAX NO. -- Enter the provider's federal Tax ID Number

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