Kareo

Kareo Instruction Guide
To the UB-04 Form
July 2010

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Introduction

This guide provides a mapping between the fields in Kareo and the corresponding fields on the UB-04 Insurance Claim Form. The UB-04 Form is the standard, uniform bill (UB) for institutional healthcare providers and was developed by the American Hospital Association. The UB-04 claim format is used to bill government and commercial insurance companies for non-professional charges, such as hospital, ambulatory surgery center, home health, nursing facility, and other services.
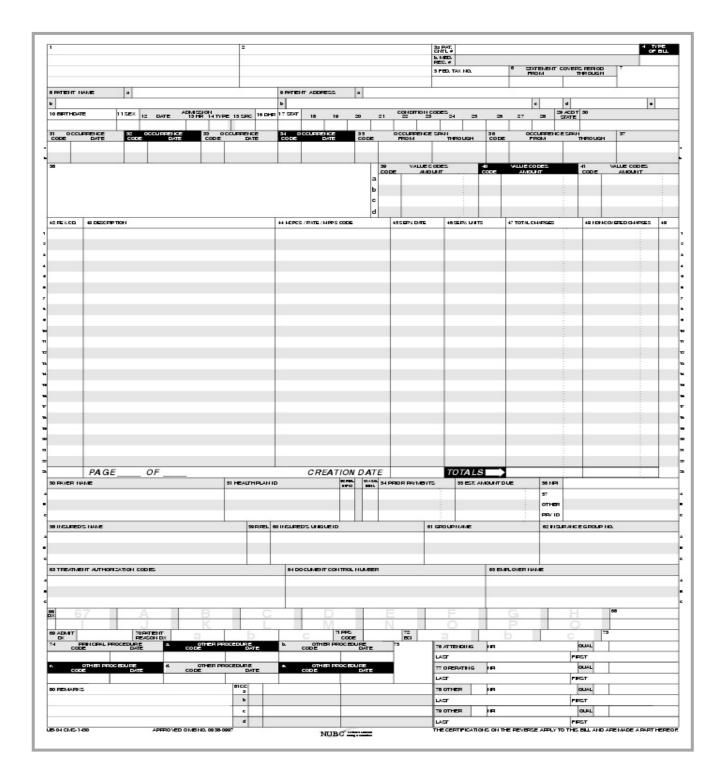
This document does not explain all of the rules and requirements for completing the claim form. The scope of this document it limited to providing you with instructions on exactly where to enter data in Kareo in order to have it printed in the correct location on the UB04 form. If you require further information including complete rules and requirements, we recommend you visit the National Uniform Claim Committee website located at http://www.nubc.org/.

IMPORTANT NOTE:

Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the UB04 claim form. All customers that signed up for a Kareo account <u>AFTER</u> November 6, 2009 are configured to use the **New Mode**. All customers that signed up for a Kareo account <u>ON OR BEFORE</u> November 6, 2009 are configured to use the **Classic Mode**. To find out the claim settings mode used for your account, click on the Settings menu, then click on Company, and then click Claim Settings Mode.

If your account is set to use the New Mode, please read the section entitled **Instructions for UB04 Claim Form for New Mode**. If, instead, your account is set up to use the Classic Mode you will need to migrate to the New Mode to use the UB04 function.

Sample UB04 Insurance Claim Form (Version CMS-1450)

Instructions for UB04 Claim Form for New Mode

It is very important to note that Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the UB04 claim form. If you signed up for Kareo AFTER November 6, 2009, then your account should be configured to use the **New Mode** and this section applies to your account. If you signed up for Kareo ON OR BEFORE November 6, 2009, you will need to migrate to the New Mode to use the UB04 function.

Box	Field Name	Entering Data in Kareo
1a	Billing Provider Name	The name of the provider (i.e. the facility) submitting the bill. Settings > Service Location > Billing Name
1b	Billing Provider Street Address	The service location street address of the provider (i.e. the facility) submitting the bill. Service Location > Street Address
1c	Billing Provider City, State, Zip	The service location city, state, and zip of the provider (i.e. the facility) submitting the bill. Service Location > Street Address
1d	Billing Provider Phone Number	The service location phone number for the provider (i.e. the facility) submitting the bill. Service Location > Phone Number
2a	Billing Provider Pay-To Name	The name of the provider (i.e. the facility) where payment should be sent, if different than the billing provider name. Settings > Service Location > Pay-To Name
2b	Billing Provider Pay-To Street Address	The address of the provider (i.e. the facility) where payment should be sent, if different than the billing provider address. Settings > Service Location > Pay-To Street Address
2c	Billing Provider Pay-To City, State, Zip	The address of the provider (i.e. the facility) where payment should be sent, if different than the billing provider address. Settings > Service Location > Pay-To Street Address
2d	Not used (reserved for future use)	n/a
3a	Patient Control Number (max 20 characters)	The patient's unique (alphanumeric) number assigned by the provider to facilitate retrieval of the individual's account of services (accounts receivable) containting the financial billing records and postings of payment. <EncounterID> + Z + <CustomerID>
3b	Medical record number	The number assigned to the patient's medical/health record by the provider.

Box	Field Name	Entering Data in Kareo
		Patient record > General tab > Medical Record Number
4a	Type of Bill – inpatient/outpatient designation (first 3 digits of box 4)	Two parts to this: NX, where N= three digit code for the inpatient/outpatient designation, and X= one digit code for the frequency code. Settings >Service Locations > Type Of Bill
4b	Type of Bill – Frequency Code (last 1 digit of box 4)	Two parts to this: NX, where N= three digit code for the inpatient/outpatient designation, and X= one digit code for the frequency code. Settings >Service Locations > Type Of Bill
5	Federal Tax Number	The number (EIN) assigned to the provider by the federal government for tax reporting purposes. Settings > Practice information > EIN
6a	Service From Date	The beginning service date of the period included in the bill. Encounter > Service From Date
6b	Service To Date	The ending service date of the period included in the bill. Encounter > Service To Date
7	Not used (reserved for future use)	N/A
8a	Patient ID	The patient identifier as assigned by the payer, only if different from the subscriber/insured's ID number. Patient record > Cases tab > Case record > General tab > Insurance Policy > Policy #
8b	Patient Name	The patient's last name, first name, and middle initial. Patient record > General tab > Patient's Full Name
9a	Patient Street Address	The mailing street address of the patient. Patient record > General tab > Patient's Address
9b	Patient City	The mailing city of the patient. Patient record > General tab > Patient's Address
9c	Patient State	The mailing state of the patient. Patient record > General tab > Patient's Address
9d	Patient Zip Code	The mailing zip code of the patient. Patient record > General tab > Patient's Address
9e	Patient Country Code	The mailing country code of the patient. Patient record > General tab > Patient's Address
10	Patient Birth Date	The patient's date of birth.

Box	Field Name	Entering Data in Kareo
		Patient record > General tab > Patient's Date of Birth
11	Patient Sex	The patient's gender (M or F)
		Patient record > General tab > Gender
12	Admission / Start of Care Date	The state date for this episode of care. For inpatient services, this is the date of admission. For other (home health) services, it is the date the episode of care began. Not required on outpatient claims.
		Encounter record > General tab > Admission > Date
13	Admission Hour	The code (2 digits; 0-23) referring to the hour during which the patient was admitted for inpatient care. Not required for outpatient claims.
		Encounter record > General tab > Admission > Hour
14	Priority (Type) of Visit	A code (1 alphanumeric character) indicating the priority of this admission/visit. Not required for outpatient services. The list of acceptable values can be found in the UB manual, page 31.
		Encounter record > General tab > Admission > Type
15	Point of Origin for Admission or Visit	A code (1 alphanumeric character) indicating the point of origin for this admission or visit. Required for all inpatient admissions and some types of outpatient visits. The list of acceptable values can be found in the UB manual, page 32.
		Encounter record > General tab > Admission > Point Of Origin
16	Discharge Hour	A code (2 digit code; 00-2) indicating the discharge hour of the patient from inpatient care.
		Encounter record > General tab > Admission >
17	Patient Discharge Status	A code (2 positions, numeric) indicating the disposition or discharge status of the patient at the end service for the period covered on this bill. The list of acceptable values can be found in the UB manual, page 40.
		Encounter record > General tab > Admission > Discharge Hour
18-28	Condition Codes	A code(s) (2 positions, alphanumeric) used to identify conditions or events relating to this bill that may affect processing. The Condition Codes should be entered in alphanumeric sequence.
		Encounter record > General tab > Health Information > Code
29	Accident State	The accident state field contains the two-digit state abbreviation where the accident occurred.
		Patient record > Case > Auto Accident > State
31-36	Occurrence codes & dates	Occurrence and occurrence span are mutually exclusive.
		Encounter record > General tab > Health Information > Code
38	Responsible Party Name and Address (Claim Addressee)	May be patient, guarantor, or health plan.

Box	Field Name	Entering Data in Kareo
		Settings > Insurance > Insurance plan > General tab > adress
39-41	Value Codes and Amounts	Value Codes and Amounts Encounter record > General tab > Health Information > Code
42	Revenue Code.	Revenue Codes Encounter record > Procedure Service Line > Rev Code
43	Revenue Description / IDE Number / Medicaid Drug Rebate	Revenue Code Description Encounter record > Procedure Service Line > Rev Code name cannot be altered
44	HCPCS / Accommodation Rates / HIPPS Rate Codes	Encounter record > Procedure Service Line > Per unit charge that corresponds to the procedure
45	Service Date	Encounter record > Service Line > Service line date
46	Service Units	Encounter record > Service Line > Units
47	Total Charges	Encounter record > Procedure Service Line > Total Charge calculated as units multiplied by unit charge
48	Non-Covered Charges	Encounter record > Procedure Service Line > Non Cov Chrgs (such as a private room or self-administered drugs)
49	Not Used (reserved for future use)	N/A
50	Payer Name	A = Primary Payer B = Secondary Payer C = Tertiary Payer Patient record > Cases > Insurance Policy > Company Name
51	Health Plan Identification Number	Report the HIPAA National Plan Identifier when it becomes mandated, otherwise report the (legacy/proprietary) number (i.e. whatever number used has been defined between trading partners)> Settings > Insurance > Insurance Company > Electronic Payer Connection > Payer ID
52	Release of Information Certification Indicator	Code indicates whether the provider has on file a signed statement (from the patient or the patient's legal representative) permitting the provider to release data to another organization. Possible values: • I – Informed consent to release medical information for conditions or diagnoses regulated by federal statutes • Y – Yes, provider has a signed statement permitting release of medical billing data related to a claim Patient record > Cases > Insurance Policy > Release Of Info

Box	Field Name	Entering Data in Kareo
53	Assignment of Benefits Flag	Possible values: • N – No • W – Not applicable (use code "W" when the patient refuses to assign benefits) • Y – Yes Settings > Insurance > Insurance Company > Practice Settings Tab > Provider accepts assignment of benefits
54	Prior Payments - Payer	The amount the provider has received (to date) by the health plan toward the payment of this bill. Calculated based on previous payments applied to this service line. A = Primary Payer, B = Secondary Payer, C = Tertiary Payer.
55	Estimated Amounts Due – Payer	The amount estimated by the provider to be due from the indicated payer (estimated responsibility less prior payments). Calculated based on total charges, minus adjustments, minus prior payments
56	National Provider Identifier – Billing Provider	Settings > Provider > Service Location > NPI
57	Other (Billing) Provider Identifier	A unique ID number assigned to the provider submitting the bill by the health plan. Not captured in Kareo at this time.
58a-c	Insured's Name	A = Primary payer B = Secondary payer C = Tertiary payer Patient record > Cases > Insurance Policy > Patient relationship to insured = "self", then Patient > Name. Otherwise, Insurance Policy > Insured > Full Name
59a-c	Patient's Relationship to Insured	Patient record > Cases > Insurance Policy > Patient relationship to insured
60a-c	Insured's Unique Identifier	Patient record > Cases > Insurance Policy > Policy #
61a-c	Insured's Group Name	The group or plan name through which the insurance is provided to the insured. Patient record > Cases > Insurance Policy > Group Name
62a-c	Insured's Group Number	The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered. Patient record > Cases > Insurance Policy > Group #
63	Treatment Authorization Code	A number of other indicator that designates that the treatment

Box	Field Name	Entering Data in Kareo
		indicated on this bill has been authorized by the payer.
		Patient record > Cases > Authorization > Authorization Number
64	Document Control Number (DCN)	The control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control. Required when the Type of Bill Frequency Code indicated this claim is a replacement or void to a previously adjudicated claim.
		Encounter record > General tab > Bill Type must = 7 or 8 then DCN is available must = <EncounterID> + Z + <CustomerID> from old claim
65a-c	Employer Name (of the Insured)	The name of the employer that provides health care coverage for the insured individual.
		Patient record > Cases > Insurance Policy > Employer Name
66	Diagnosis and Procedure Code Qualifier Code	The qualifier that denotes the version of the ICD reported. • 9 - Ninth Revision (default for now) • 0 – Tenth Revision Automatically populated.
67	Principal Diagnosis Code and Present on Admission Indicator	The ICD-9-CM codes describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).
		Encounter > General tab > Diagnoses > Principal Diagnosis
67(a-q)	Other Diagnosis Codes and Present on Admission Indicator	The ICD-9-CM codes describing the other diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).
		Encounter > General tab > Health Information > Other Diagnosis
68	Not used (reserved for future use)	n/a
69	Admitting Diagnosis Code	The ICD diagnosis code describing the patient's diagnosis at the time of admission. Only required for claims involving inpatient admissions. No present on admission indicator required.
		Encounter > General tab > Diagnoses > Admitting Diagnosis
70	Patient Reason Diagnosis Code	The ICD-CM diagnosis codes describing the patient's reason for visit at the time of outpatient registration. Only required for claims involving outpatient registration.
		Not captured in Kareo at this time.
71	Prospective Payment System (PPS) Code	The PPC code assigned to the claim to identify the DRG based on the group software called for under contract with the primary payer.
		Required for inpatient claims when the hospital is under contract with the health plan to provide this information.
		Encounter > General tab > Procedure > DRG

Box	Field Name	Entering Data in Kareo
72	External Cause of Injury (ECI) Code and Present on Admission Indicator	The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect. Required when an injury, poisoning, or adverse effect is the cause for seeeking medical treatment or occurs during the medical treatment. Not captured in Kareo at this time.
73	Not used (reserved for future use)	N/A
74	Principal Procedure Code and Date	The ICD code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date. Required on inpatient claims when a procedure was performed. If not required (i.e., on outpatient claims), then do not send. Encounter > General tab > Procedure > Principal Procedure
74(a-e)	Other Procedure Codes and Dates	The ICD codes identifying all significant procedures other than the principal procedure and the dates (identified by code on which the procedures were performed. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis. Required on inpatient claims when a procedure was performed. If not required (i.e., on outpatient claims), then do not send. Encounter > General tab > Procedures > Procedure
75	Not used (reserved for future use)	n/a
76	Attending Provider Name and Identifiers	The Attending Provider is the indvidual who has overall responsibility for the patient's medical care and treatment reported in this claim. Required when the claim contains any services other than non-scheduled transportation claims. Encounter > General tab > Provider > Attending Provider
77	Operating Provider Name and Identifiers	The name and identification number of the individual with the primary responsibility for performing the surgical procedures(s). Required when a surgical procedure code is listed on this claim. Encounter > General tab > Provider > Operating Provider
78-79	Other Provider (Individual) Names and Identifiers	The name and ID number of the indvididual corresponding to the Provider Type category indicated in this section of the claim. Encounter > General tab > Provider > Referring For Box 78 Encounter > General tab > Provider > Other Provider For Box 79
80	Remarks	Area to capture additional information necessary to adjudicate the claim.

Box	Field Name	Entering Data in Kareo
		Required when in the judgement of the provider, the information is needed to substantiate the medical treatment and is not supported elswhere within the claim data set.
		Encounter > Remarks
81a-d	Code-Code (situational)	To report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.
		Not captured in Kareo at this time.