471-000-78 Nebraska Medicaid Form Locator Requirements for Form CMS-1450 (UB-04)

Following is a summary of the form locator (FL) requirements for completion of Form CMS-1450 (UB-04) for Nebraska Medicaid. For claim form completion, use the instructions outlined in the following appendices:

- Home health services (see 471-000-57);
- Mental health/substance abuse services (see 471-000-64);
- Federally qualified health center services (see 471-000-76); and
- Rural health clinic services (see 471-000-77); and
- Hospital services (see 471-000-83).
- Hospice services (see 471-000-81).

FL	Data Element Description	Hospital Medical/ Surgical	Home Health	Mental Health/ Substance Abuse	Rural Health Clinic	Federally Qualified Health Center	Hospice
1.	Provider Name, Address & Telephone Number	Required	Required	Required	Required	Required	Required
2.	Pay-to Name and Address	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
3a.	Patient Control Number	Required	Required	Required	Required	Required	Required
3b.	Medical/Health Record Number	Situational	Situational	Situational	Situational	Situational	Situational
4.	Type of Bill	Required	Required	Required	Required	Required	Required
5.	Federal Tax Number	Required	Required	Required	Required	Required	Required
6.	Statement Covers Period	Required	Required	Required	Required	Required	Required
7.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
8.	Patient Name/Identifier	Required	Required	Required	Required	Required	Required
9.	Patient Address	Required	Required	Required	Required	Required	Required
10.	Patient Birthdate	Required	Required	Required	Required	Required	Required
11.	Patient Sex	Required	Required	Required	Required	Required	Required
12.	Admission/Start of Care Date	Required	Required	Required	Not Used	Not Used	Required
13.	Admission Hour	Situational	Not Used	Situational	Not Used	Not Used	Not Used
14.	Priority (Type of Visit)	Required	Not Used	Required	Not Used	Not Used	Not Used
15.	Source of Referral for Admission or Visit	Required	Not Used	Not Used	Not Used	Not Used	Not Used
16.	Discharge Hour	Situational	Not Used	Situational	Not Used	Not Used	Not Used

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17.	Patient Discharge Status	Situational	Not Used	Situational	Not Used	Not Used	Required
8-28.	Condition Codes	Situational	Not Used	Situational	Not Used	Not Used	Situational
29.	Accident State	Situational	Not Used	Not Used	Not Used	Not Used	Not Used
30.	Reserved for Assignment	Situational	Not Used	Situational	Not Used	Not Used	Not Used
31-34.	Occurrence Codes and Dates	Situational	Not Used	Situational	Not Used	Not Used	Situational
35-36.	Occurrence Span Codes and Dates	Situational	Required	Required	Situational	Situational	Situational
37.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
38.	Responsible Party Name and Address	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
39-41.	Value Codes and Amounts	Situational	Situational	Situational	Situational	Situational	Situational
42.	Revenue Code	Required	Required	Required	Required	Required	Required
43.	Revenue Description	Situational	Situational	Not Used	Situational	Situational	Not Used
44.	HCPCS/Rates/HIPPS Rate Codes	Situational (Required on all outpatient hospital claims)	Required	Required	Required	Required	Required
45.	Service Date	Required	Required	Required	Required	Required	Situational
46.	Units of Service	Required	Required	Required	Required	Required	Required
47.	Total Charges (by Revenue Code Category)	Required	Required	Required	Required	Required	Required
48.	Non-Covered Charges	Situational	Situational	Situational	Situational	Situational	Situational
49.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
50.	Payer Name	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
51.	Health Plan Identification Number	Situational	Situational	Situational	Situational	Situational	Situational
52.	Release of Information Certification Indicator	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used

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53.	Assignment of Benefits Certification Indicator	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
54.	Prior Payments - Payers	Situational	Situational	Situational	Situational	Situational	Situational
55.	Estimated Amount Due – Payer	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
56.	National Provider Identifier – Billing Provider	Optional	Optional	Optional	Optional	Optional	Optional
57.	Other Provider Identifier 11 digit Medicaid Provider #	Required	Required	Required	Required	Required	Required
58.	Insured's Name	Required	Required	Required	Required	Required	Required
59.	Patient's Relationship to Insured	Required	Required	Required	Required	Required	Required
60.	Insured's Unique Identification	Required	Required	Required	Required	Required	Required
61.	(Insured) Group Name	Situational	Situational	Situational	Situational	Situational	Situational
62.	Insurance Group Number	Situational	Situational	Situational	Situational	Situational	Situational
63.	Treatment Authorization Code	Situational	Situational	Situational	Situational	Situational	Situational
64.	Document Control Number (DCN)	Situational	Situational	Situational	Situational	Situational	Situational
65.	Employer Name of Insured	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
66.	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
67.	Principal Diagnosis Code	Required	Required	Required	Required	Required	Required
67 A-Q.	Other Diagnosis Codes-ICD-9-CM	Situational	Situational	Situational	Situational	Situational	Situational
68.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
69.	Admitting Diagnosis	Required	Not Used	Situational	Not Used	Not Used	Not Used
70 a-c.	Patient's Reason for Visit	Situational	Not Used	Not Used	Not Used	Not Used	Not Used

FL	Data Element Description	Hospital Medical/ Surgical	Home Health	Mental Health/ Substance Abuse	Rural Health Clinic	Federally Qualified Health Center	Hospice
71.	Prospective Payment System (PPS) Code	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
72.	External Cause of Injury (ECI) Code	Situational	Situational	Situational	Situational	Situational	Situational
73.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
74.	Principal Procedure Code and Date	Situational	Not Used	Not Used	Not Used	Not Used	Not Used
74 a-e.	Other Procedure Codes and Dates	Situational	Not Used	Not Used	Not Used	Not Used	Not Used
75.	Reserved for Assignment	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
76.	Attending Provider Name and Identifiers	Required	Required	Required	Required	Required	Required
77.	Operating Physician Name and Identifiers	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
78-79.	Other Provider Name and Identifiers	Not Used	Not Used	Not Used	Not Used	Not Used	Not Used
80.	Remarks Field	Situational	Situational	Situational	Situational	Situational	Situational
81.	Code-Code Field	Situational	Situational	Situational	Situational	Situational	Situational