EFFECTIVE DATE: 11|02|2010
POLICY LAST UPDATED: 11|02|2010

OVERVIEW
This policy documents payment using the CMS-1500 and UB-04 paper claim forms.

CMS-1500 Form:

The Form CMS-1500 is the standard paper claim form used by health care professionals and suppliers to bill Medicare Carriers or Part A/B and Durable Medical Equipment Medicare Administrative Contractors. Claims must be submitted within one year from the date of service and Medicare beneficiaries cannot be charged for completing or filing a claim.[3]

UB-04 Form:

An electronic format of the CMS-1450 paper claim form that has been in general use since 1993.[4]

This policy was written to document correct use of CMS forms. Professional providers should submit claims using the CMS-1500 forms and institutional providers should submit claims using the UB-82 form.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Professional providers should submit claims using the CMS-1500 forms and institutional providers should submit claims using the UB-82 form.

This policy applies to all products.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for benefits/coverage.

BACKGROUND
CMS-1500 Form:

The Form CMS-1500 is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims from physicians and suppliers. With the transition of the medical community to electronic data interchange and the proliferation of data element definitions among various payers, it became essential that an organization be established to maintain uniformity and standardization in these areas. The NUCC (National Uniform Claim Committee) is responsible for maintaining the integrity of the data sets and physical layout of the hard copy 1500 Claim Form.[1]

UB-04 (formerly UB-82 and UB-92) Form:

The members of the NUBC endorsed the UB-82 as the uniform bill. The UB-82 format and data specifications were finalized at the May 1982 NUBC meeting. The focus then shifted to the state level for implementation of the UB-82. Consequently, State Uniform Billing Committees (SUBC's) were created to handle state implementation and to disseminate state UB-82 manuals. The UB-82 manuals reflect the national guidelines and unique state billing requirements. Virtually all states adopted the use of the UB-82 data set specifications.

When the NUBC established the UB-82 data set design and specifications, it also imposed an eight-year moratorium on changes to the structure of the data set design. In light of the expiration of the moratorium, the NUBC embarked on a process to evaluate how well the UB-82 data set performed. After numerous state surveys, the NUBC sought to implement improvements to the UB-82 design. Consequently, the UB-92 was created, incorporating the best of the UB-82 along with other changes that further improve on the previous data set design. These improvements further reduce the need for attachments. Today the UB-92 is the institutional claim standard with, more than 98% of hospital claims submitted electronically to the Medicare program using this form.[2]

CODING

Not applicable.

RELATED POLICIES

None.

PUBLISHED

Provider Update, January 2011

REFERENCES

1. National Uniform Claim Committee. Referenced on 10/18/10: http://nucc.org/index.php?option=com_content&task=view&id=12&Itemid=35.

2. National Uniform Claim Committee. Referenced on 10/18/10: .

3. Centers for Medicare and Medicaid Services (CMS). Retrieved on 9/17/10: .

4. Centers for Medicare and Medicaid Services (CMS) Definitions. Retrieved on 10/13/10: http://www.cms.gov/apps/glossary/default.asp?Letter=U&Language=English.

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