

**Mutual of Omaha – Medicare  
Ask the Contractor Teleconference (ACT) - MINUTES  
“Implementation of the UB-04”  
May 9, 2007  
Chairperson: Aileen Sigler**

The Central Region ACT, “Implementation of the UB-04” teleconference was called to order by Aileen Sigler, Medicare Field Representative – Omaha Office, at 10:00 AM Central Time.

Aileen began the teleconference by introducing herself. She was joined by other Field Representatives and members of the Home Office staff. The introductions were followed by a discussion of several topics of interest to the providers. The following topics were included:

- A brief description of the purpose and frequency of the Ask the Contractor Teleconferences (ACTs).
- Deletions, additions, modifications and movement of Form Locators from the UB-92 to the UB-04
- Preparing to make the transition to the UB-04
- Crossover issues on electronic claims
- Q & As

The introductory discussion was followed by a review of the presentation and handouts that had been e-mailed to the registered teleconference participants prior to the call.

At the conclusion of the presentation, the line was opened up for questions from the audience.

**OPEN QUESTION AND ANSWER SESSION:**

Q1. You said that FL 66- is for the version of the ICD you are using (i.e., 9) and 67 A-Q are for the diagnosis codes, is that correct?

**A1. Yes, that is correct.**

Q2. You stated that FL 80 is for remarks, we currently put the payer address there, where does that go now?

**A2. You can put the payer address in the Remarks field if desired, but it is not required. CR 5072 states, “the provider enters any remarks needed to provide information that is not shown elsewhere on the bill but which is necessary for proper payment. “**

Q3. Hardcopy UB92 claims had to have the signature of the person who prepared them. Is that no longer required?

**A3. Yes, that is correct, FL 85 was deleted from the UB-04.**

Q4. My question is in regard to FL 51 and 56. Does the same information go in both those fields?

**A4. No, FL 56 is for your facility's NPI, and FL 51 is for other insurance plans. We are encouraging our providers to put their OSCAR number until all crosswalks between legacy numbers and NPIs are built.**

Q5. Can you please go back over what you said about on-line adjustments?

**A5. If you do adjustments electronically, you'll do them just like you do now. If, for some reason, you must send a hardcopy claim or adjustment, it must be submitted on a UB-04 after May 23, 2007.**

Q6. FI 76-is for the physician's NPI, what is the QUAL field for?

**A6. A description for that field is not listed in CR5072, Medicare does not use it at this time.**

Q7. I have a question about four digits after the zip code. Is that required? What if we don't know what they are?

**A7. If you know what they are, enter them. The system will insert zeros if they are not there.**

Q8. My question is in regard to FL 76. Our Controller informed me that we had until December to use the physician's NPI. Is that correct?

**A8. If you have the NPI, use it. There was a contingency plan communicated in CR 5595 that stated:**

**"As long as covered entities, including health plans and covered health providers, continue to act in good faith to come into compliance, meaning they are working towards being able to accept and send NPIs, they may establish contingency plans to facilitate the compliance of their trading partners."**

Q9. Is there a website that lists the NPIs for the physicians like we currently have for the UPINs?

**A9. This has not been developed yet.**

Q10. We are a skilled nursing facility, is FL 81, the taxonomy code, required?

**A10. This field is for facilities with sub-units, such as the rehab wing of an acute hospital. It is up to those facilities with sub-units to decide if they want to use a taxonomy code or apply for a separate NPI for that sub-unit.**

The teleconference was ended at 10:54 AM Central Time.

The references included in this presentation are for informational purposes only. The current Medicare regulations will prevail.

There were 158 participants on 76 lines for the teleconference.