



**DEPARTMENT OF FINANCIAL SERVICES**

*Division of Workers' Compensation*

**DFS-F5-DWC-90 (UB-04) - C Completion Instructions**

Ambulatory Surgical Centers shall complete the DFS-F5-DWC-90 (UB-04) according to the Field Attributes and Notes, pursuant to the National Uniform Billing Committee Official UB-04 Data Specifications Manual 2010 (UB-04 Manual), July 2009, and the procedure specifications shown below.

Form Locator	Data Element	Procedure Specific for Florida Workers' Compensation
1	Provider Name, Address and Telephone Number	Required. Enter the provider's name, physical address (including zip code) where the service(s) being billed were provided and a valid telephone number.
2	Pay-to Name and Address	Enter the name and address where the provider listed in form locator 1 expects payment to be made.
3a	Patient Control Number	Optional. Assigned by ASC.
3b	Medical/Health Record Number	Optional. Assigned by ASC.
4	Type of Bill	Required. Only bill type "83x" accepted for ASCs
5	Federal Tax Number	Required.
6	Statement Covers Period	Required.
7	Reserved for Assignment by NUBC	Leave Blank.
8a	Patient Name/Identifier	Required. Enter patient's social security number or Division assigned number.
8b	Patient Name/Identifier	Required. Enter patient's name: last, first, middle initial, if applicable.
9	Patient Address	Required. Pursuant to the UB-04 Manual.
10	Patient Birth date	Required. Pursuant to the UB-04 Manual.
11	Patient Sex	Required. Pursuant to the UB-04 Manual.
12	Admission/Start of Care Date	Required. Enter date of Service
13	Admission Hour	Not Required.
14	Priority (Type) of Visit	Not Required.
15	Source of Referral for Admission or Visit	Not Required.
16	Discharge Hour	Not Required.
17	Patient Discharge Status	Required; refer to UB-04 Manual for values.
18-28	Condition Codes	Required. Enter code 02 in form locator 18. Use of other applicable codes from the UB-04 Manual is optional (if other codes are used, list them in alphanumeric order in form locators 19 through 28).
29	Accident State	Not Required.
30	Reserved for Assignment by NUBC	Leave Blank.
31	Occurrence Codes and Dates	Required. Enter code "04" and enter the date of the accident/injury/illness as MMDDYY.
32-34	Occurrence Codes and Dates	Not Required.
35-36	Occurrence Span Codes and Dates	Not Required.
37	Reserved for Assignment by NUBC	Leave Blank.
38	Responsible Party Name and Address	Required. Enter the name and mailing address of the workers compensation insurer identified in form locator 50. Must enter name, address and zip code.
39-40	Value Codes and Amounts	Not Required.
42	Revenue Code	Required. Pursuant to the UB-04 Manual.
43	Revenue Description	Required. Pursuant to the UB-04 Manual.
44	HCPCS/Rates/HIPPS Rate Codes	Required. Enter CPT, HCPCS, or workers' compensation unique code(s) and modifier(s), as required for reimbursement pursuant to Rule 69L-7.020, F.A.C., and Rule 69L-7.100, F.A.C.
45	Service Date	Required. Pursuant to the UB-04 Manual.
46	Service Units	Required. Pursuant to the UB-04 Manual.
47	Total Charges	Required. Total of all billed charges.
48	Non-covered Charges	Not Required.



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49	Reserved for Assignment by NUBC	Leave Blank.
50	Payor Name	Required. Pursuant to the UB-04 Manual.
51	Health Plan Identification Number	Not Required.
52	Release of Information Certification Indicator	Not Required.
53	Assignment of Benefits Certification Indicator	Not Required.
54	Prior Payments - Payor	Not Required.
55	Estimated Amount Due - Payor	Not Required.
56	National Provider Identifier - Billing Provider	Required. Enter the NPI number of the ASC where services were provided.
57	Other Provider Identifier	Required. Enter the alpha characters 'ASC' followed by the facility license number issued by the Florida Agency for Health Care Administration, i.e. ASC####.
58	Insured's Name	Not Required.
59	Patient's Relationship to the Insured	Not Required.
60	Insured's Unique Identification	Not Required.
61a	(Insured) Group Name	Not Required.
62	Insurance Group Number	Not Required.
63	Treatment Authorization Code	Required. Enter authorization code or authorization information.
64	Document Control Number (DCN)	Not Required.
65	Employer Name (of the Insured)	Required. Enter the name-for the injured workers' employer at the time of onset for the accident/injury/illness (the date entered in FL 31).
66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	Required. Enter "9"
67	Principal Diagnosis Code	Required.
67A-Q	Other Diagnoses Codes	Optional.
68	Reserved for Assignment by NUBC	Leave Blank.
69	Admitting Diagnosis	Required. Enter the diagnosis provided by the referring physician at the time of scheduling for surgery.
70a-c	Patient's Reason for Visit	Not Required.
71	Prospective Payment System (PPS) Code	Not Required.
72a-c	External Cause of Injury (ECI) Code	Not Required.
73	Reserved for Assignment by NUBC	Leave Blank.
74	Principal Procedure Code and Date	Not Required.
74a-e	Other Procedure Codes and Dates	Not Required.
75	Reserved for Assignment by NUBC	Leave Blank.
76	Attending Provider Name and Identifiers	Required. Enter the attending provider's Florida Department of Health license number.
77	Operating Physician Name and Identifiers	Required. Enter the operating provider's name (Last, First) under the block labeled 'Operating'; Enter the provider's Florida Department of Health license number after the block labeled 'Qualifier'. Out-of-State, enter the provider's license number issued by the licensing entity in that state.
78-79	Other Provider Name and Identifiers	Not Required unless 'Other Operating Physician'. Then, pursuant to the
80	Remarks Field	<b>ALL IMPLANT CERTIFICATIONS:</b> must enter the word "Implant(s)" followed by the requested reimbursement amount calculated pursuant to rule 69L-7.100, F.A.C.
81	Code - Code Field	Not Required.