

DFS-F5-DWC-90 (UB-04) - B Completion Instructions

Hospitals 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 2007 (UB-04 Manual), September 2006, 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, Address (including Zip code) and telephone number.
2	Pay-to Name and Address	Pursuant to the UB-04 Manual.
3a	Patient Control Number	Pursuant to the UB-04 Manual.
3b	Medical/Health Record Number	Pursuant to the UB-04 Manual.
4	Type of Bill	Pursuant to the UB-04 Manual.
5	Federal Tax Number	Pursuant to the UB-04 Manual.
6	Statement Covers Period	Pursuant to the UB-04 Manual.
7	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
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	Pursuant to the UB-04 Manual.
10	Patient Birth date	Pursuant to the UB-04 Manual.
11	Patient Sex	Pursuant to the UB-04 Manual.
12	Admission/Start of Care Date	Pursuant to the UB-04 Manual.
13	Admission Hour	Pursuant to the UB-04 Manual.
14	Priority (Type) of Visit	Pursuant to the UB-04 Manual.
15	Source of Referral for Admission or Visit	Pursuant to the UB-04 Manual.
16	Discharge Hour	Pursuant to the UB-04 Manual.
17	Patient Discharge Status	Pursuant to the UB-04 Manual.
18-28	Condition Codes	Required, enter code 18 and all applicable codes.
29	Accident State	Pursuant to the UB-04 Manual.
30	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
31	Occurrence Codes and Dates	Required. Enter code "04" and enter the date of the accident/injury/illness.
32-34	Occurrence Codes and Dates	Pursuant to the UB-04 Manual.
35-36	Occurrence Span Codes and Dates	Pursuant to the UB-04 Manual.
37	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
38	Responsible Party Name and Address	Required. Identify the name of the party responsible for non-compensable charges . Must enter name, address and zip code.
39-40	Value Codes and Amounts	Pursuant to the UB-04 Manual.
42	Revenue Code	Pursuant to the UB-04 Manual.
43	Revenue Description	Pursuant to the UB-04 Manual.
44	HCPCS/Rates/HIPPS Rate Codes	Required, as applicable. CPT, HCPCS, or unique workers' compensation code(s) and modifier(s), as required for reimbursement. A surgical CPT code is required for all outpatient surgery bills.
45	Service Date	Pursuant to the UB-04 Manual.
46	Service Units	Pursuant to the UB-04 Manual.
47	Total Charges	Required. Total charges to include both compensable and non-compensable charges.
48	Non-covered Charges	Pursuant to the UB-04 Manual.
49	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.

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50	Payor Name	Required. Enter the name, address and zip code for the Workers' Compensation insurer/carrier .
51	Health Plan Identification Number	Pursuant to the UB-04 Manual.
52	Release of Information Certification Indicator	Pursuant to the UB-04 Manual.
53	Assignment of Benefits Certification Indicator	Pursuant to the UB-04 Manual.
54	Prior Payments - Payor	Pursuant to the UB-04 Manual.
55	Estimated Amount Due - Payor	Pursuant to the UB-04 Manual.
56	National Provider Identifier - Billing Provider	Pursuant to the UB-04 Manual.
57	Other Provider Identifier	Pursuant to the UB-04 Manual.
58	Insured's Name	Pursuant to the UB-04 Manual.
59	Patient's Relationship to the Insured	Pursuant to the UB-04 Manual.
60	Insured's Unique Identification	Pursuant to the UB-04 Manual.
61a	(Insured) Group Name	Pursuant to the UB-04 Manual.
62	Insurance Group Number	Pursuant to the UB-04 Manual.
63	Treatment Authorization Code	Pursuant to the UB-04 Manual.
64	Document Control Number (DCN)	Pursuant to the UB-04 Manual.
65	Employer Name (of the Insured)	Required. Enter the name, address and zip code 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)	Pursuant to the UB-04 Manual.
67	Principal Diagnosis Code	Pursuant to the UB-04 Manual.
67A-Q	Other Diagnoses Codes	Pursuant to the UB-04 Manual.
68	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
69	Admitting Diagnosis	Pursuant to the UB-04 Manual.
70a-c	Patient's Reason for Visit	Pursuant to the UB-04 Manual.
71	Prospective Payment System (PPS) Code	Pursuant to the UB-04 Manual.
72a-c	External Cause of Injury (ECI) Code	Required, if applicable.
73	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
74	Principal Procedure Code and Date	Pursuant to the UB-04 Manual.
74a-e	Other Procedure Codes and Dates	Pursuant to the UB-04 Manual.
75	Reserved for Assignment by NUBC	Pursuant to the UB-04 Manual.
76	Attending Provider Name and Identifiers	Required. Enter the attending provider's name (Last, First) after block labeled 'Attending'; 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.
77	Operating Physician Name and Identifiers	Situational. Enter the operating provider's name (Last, First) after 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	Pursuant to the UB-04 Manual.
80	Remarks Field	Required Entry - ALL OUTPATIENT SURGICAL BILLS : must enter "scheduled" or "non-scheduled" surgical status. Required Entry - ALL SURGICAL BILLS CHARGING FOR IMPLANTS : must enter the word "Implant(s)" followed by reimbursement calculations made pursuant to rule 69L-7.501, F.A.C.
81	Code - Code Field	Pursuant to the UB-04 Manual.