



*Kareo Instruction Guide  
To the UB-04 Form  
July 2010*

# Table of Contents

Introduction .....	1
Sample UBo4 Insurance Claim Form (Version CMS-1450) .....	2
Instructions for UBo4 Claim Form for New Mode .....	3

## Introduction

This guide provides a mapping between the fields in Kareo and the corresponding fields on the UB-04 Insurance Claim Form. The UB-04 Form is the standard, uniform bill (UB) for institutional healthcare providers and was developed by the American Hospital Association. The UB-04 claim format is used to bill government and commercial insurance companies for non-professional charges, such as hospital, ambulatory surgery center, home health, nursing facility, and other services.

This document does not explain all of the rules and requirements for completing the claim form. The scope of this document is limited to providing you with instructions on exactly where to enter data in Kareo in order to have it printed in the correct location on the UBo4 form. If you require further information including complete rules and requirements, we recommend you visit the National Uniform Claim Committee website located at <http://www.nubc.org/>.

### IMPORTANT NOTE:

Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the UBo4 claim form. All customers that signed up for a Kareo account AFTER November 6, 2009 are configured to use the **New Mode**. All customers that signed up for a Kareo account ON OR BEFORE November 6, 2009 are configured to use the **Classic Mode**. To find out the claim settings mode used for your account, click on the Settings menu, then click on Company, and then click Claim Settings Mode.

If your account is set to use the New Mode, please read the section entitled **Instructions for UBo4 Claim Form for New Mode**. If, instead, your account is set up to use the Classic Mode you will need to migrate to the New Mode to use the UBo4 function.

# Sample UBo4 Insurance Claim Form (Version CMS-1450)

1		2		3a PAT. CTRL. # b. ICD. REC. #		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		3 FID. TAX NO.		5 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 PR 14 TYPE 15 SRC 16 DHR 17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE	
35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE CODE	
39		40		41		42	
43		44		45		46	
47		48		49		50	
51		52		53		54	
55		56		57		58	
59		60		61		62	
63		64		65		66	
67		68		69		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	
103		104		105		106	
107		108		109		110	
111		112		113		114	
115		116		117		118	
119		120		121		122	
123		124		125		126	
127		128		129		130	
131		132		133		134	
135		136		137		138	
139		140		141		142	
143		144		145		146	
147		148		149		150	
151		152		153		154	
155		156		157		158	
159		160		161		162	
163		164		165		166	
167		168		169		170	
171		172		173		174	
175		176		177		178	
179		180		181		182	
183		184		185		186	
187		188		189		190	
191		192		193		194	
195		196		197		198	
199		200		201		202	
203		204		205		206	
207		208		209		210	
211		212		213		214	
215		216		217		218	
219		220		221		222	
223		224		225		226	
227		228		229		230	
231		232		233		234	
235		236		237		238	
239		240		241		242	
243		244		245		246	
247		248		249		250	
251		252		253		254	
255		256		257		258	
259		260		261		262	
263		264		265		266	
267		268		269		270	
271		272		273		274	
275		276		277		278	
279		280		281		282	
283		284		285		286	
287		288		289		290	
291		292		293		294	
295		296		297		298	
299		300		301		302	
303		304		305		306	
307		308		309		310	
311		312		313		314	
315		316		317		318	
319		320		321		322	
323		324		325		326	
327		328		329		330	
331		332		333		334	
335		336		337		338	
339		340		341		342	
343		344		345		346	
347		348		349		350	
351		352		353		354	
355		356		357		358	
359		360		361		362	
363		364		365		366	
367		368		369		370	
371		372		373		374	
375		376		377		378	
379		380		381		382	
383		384		385		386	
387		388		389		390	
391		392		393		394	
395		396		397		398	
399		400		401		402	
403		404		405		406	
407		408		409		410	
411		412		413		414	
415		416		417		418	
419		420		421		422	
423		424		425		426	
427		428		429		430	
431		432		433		434	
435		436		437		438	
439		440		441		442	
443		444		445		446	
447		448		449		450	
451		452		453		454	
455		456		457		458	
459		460		461		462	
463		464		465		466	
467		468		469		470	
471		472		473		474	
475		476		477		478	
479		480		481		482	
483		484		485		486	
487		488		489		490	
491		492		493		494	
495		496		497		498	
499		500		501		502	
503		504		505		506	
507		508		509		510	
511		512		513		514	
515		516		517		518	
519		520		521		522	
523		524		525		526	
527		528		529		530	
531		532		533		534	
535		536		537		538	
539		540		541		542	
543		544		545		546	
547		548		549		550	
551		552		553		554	
555		556		557		558	
559		560		561		562	
563		564		565		566	
567		568		569		570	
571		572		573		574	
575		576		577		578	
579		580		581		582	
583		584		585		586	
587		588		589		590	
591		592		593		594	
595		596		597		598	
599		600		601		602	
603		604		605		606	
607		608		609		610	
611		612		613		614	
615		616		617		618	
619		620		621		622	
623		624		625		626	
627		628		629		630	
631		632		633		634	
635		636		637		638	
639		640		641		642	
643		644		645		646	
647		648		649		650	
651		652		653		654	
655		656		657		658	
659		660		661		662	
663		664		665		666	
667		668		669		670	
671		672		673		674	
675		676		677		678	
679		680		681		682	
683		684		685		686	
687		688		689		690	
691		692		693		694	
695		696		697		698	
699		700		701		702	
703		704		705		706	
707		708		709		710	
711		712		713		714	
715		716		717		718	
719		720		721		722	
723		724		725		726	
727		728		729		730	
731		732		733		734	
735		736		737		738	
739		740		741		742	
743		744		745		746	
747		748		749		750	
751		752		753		754	
755		756		757		758	
759		760		761		762	
763		764		765		766	
767		768		769		770	
771		772		773		774	
775		776		777		778	
779		780		781		782	
783		784		785		786	
787		788		789		790	
791		792		793		794	
795		796		797		798	
799		800		801		802	
803		804		805		806	
807		808		809		810	
811		812		813		814	
815		816		817		818	
819		820		821		822	
823		824		825		826	
827		828		829		830	
831		832		833		834	
835		836		837		838	
839		840		841		842	
843		844		845		846	
847		848		849		850	
851		852		853		854	
855		856		857		858	
859		860		861		862	
863		864		865		866	
867		868		869		870	
871		872		873		874	
875		876		877		878	
879		880		881		882	
883		884		885		886	
887		888		889		890	
891		892		893		894	
895		896		897		898	
899							

## Instructions for UBo4 Claim Form for New Mode

It is very important to note that Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the UBo4 claim form. If you signed up for Kareo AFTER November 6, 2009, then your account should be configured to use the **New Mode** and this section applies to your account. If you signed up for Kareo ON OR BEFORE November 6, 2009, you will need to migrate to the New Mode to use the UBo4 function.

Box	Field Name	Entering Data in Kareo
1a	Billing Provider Name	The name of the provider (i.e. the facility) submitting the bill. Settings > Service Location > Billing Name
1b	Billing Provider Street Address	The service location street address of the provider (i.e. the facility) submitting the bill. Service Location > Street Address
1c	Billing Provider City, State, Zip	The service location city, state, and zip of the provider (i.e. the facility) submitting the bill. Service Location > Street Address
1d	Billing Provider Phone Number	The service location phone number for the provider (i.e. the facility) submitting the bill. Service Location > Phone Number
2a	Billing Provider Pay-To Name	The name of the provider (i.e. the facility) where payment should be sent, if different than the billing provider name. Settings > Service Location > Pay-To Name
2b	Billing Provider Pay-To Street Address	The address of the provider (i.e. the facility) where payment should be sent, if different than the billing provider address. Settings > Service Location > Pay-To Street Address
2c	Billing Provider Pay-To City, State, Zip	The address of the provider (i.e. the facility) where payment should be sent, if different than the billing provider address. Settings > Service Location > Pay-To Street Address
2d	Not used (reserved for future use)	n/a
3a	Patient Control Number (max 20 characters)	The patient's unique (alphanumeric) number assigned by the provider to facilitate retrieval of the individual's account of services (accounts receivable) containing the financial billing records and postings of payment. <EncounterID> + Z + <CustomerID>
3b	Medical record number	The number assigned to the patient's medical/health record by the provider.

Box	Field Name	Entering Data in Kareo
		Patient record > General tab > Medical Record Number
4a	Type of Bill – inpatient/outpatient designation (first 3 digits of box 4)	Two parts to this: NX, where N= three digit code for the inpatient/outpatient designation, and X= one digit code for the frequency code.  Settings >Service Locations > Type Of Bill
4b	Type of Bill – Frequency Code (last 1 digit of box 4)	Two parts to this: NX, where N= three digit code for the inpatient/outpatient designation, and X= one digit code for the frequency code.  Settings >Service Locations > Type Of Bill
5	Federal Tax Number	The number (EIN) assigned to the provider by the federal government for tax reporting purposes.  Settings > Practice information > EIN
6a	Service From Date	The beginning service date of the period included in the bill.  Encounter > Service From Date
6b	Service To Date	The ending service date of the period included in the bill.  Encounter > Service To Date
7	Not used (reserved for future use)	N/A
8a	Patient ID	The patient identifier as assigned by the payer, only if different from the subscriber/insured's ID number.  Patient record > Cases tab > Case record > General tab > Insurance Policy > Policy #
8b	Patient Name	The patient's last name, first name, and middle initial.  Patient record > General tab > Patient's Full Name
9a	Patient Street Address	The mailing street address of the patient.  Patient record > General tab > Patient's Address
9b	Patient City	The mailing city of the patient.  Patient record > General tab > Patient's Address
9c	Patient State	The mailing state of the patient.  Patient record > General tab > Patient's Address
9d	Patient Zip Code	The mailing zip code of the patient.  Patient record > General tab > Patient's Address
9e	Patient Country Code	The mailing country code of the patient.  Patient record > General tab > Patient's Address
10	Patient Birth Date	The patient's date of birth.

Box	Field Name	Entering Data in Kareo
		Patient record > General tab > Patient's Date of Birth
11	Patient Sex	The patient's gender (M or F) Patient record > General tab > Gender
12	Admission / Start of Care Date	The state date for this episode of care. For inpatient services, this is the date of admission. For other (home health) services, it is the date the episode of care began. Not required on outpatient claims. Encounter record > General tab > Admission > Date
13	Admission Hour	The code (2 digits; 0-23) referring to the hour during which the patient was admitted for inpatient care. Not required for outpatient claims. Encounter record > General tab > Admission > Hour
14	Priority (Type) of Visit	A code (1 alphanumeric character) indicating the priority of this admission/visit. Not required for outpatient services. The list of acceptable values can be found in the UB manual, page 31. Encounter record > General tab > Admission > Type
15	Point of Origin for Admission or Visit	A code (1 alphanumeric character) indicating the point of origin for this admission or visit. Required for all inpatient admissions and some types of outpatient visits. The list of acceptable values can be found in the UB manual, page 32. Encounter record > General tab > Admission > Point Of Origin
16	Discharge Hour	A code (2 digit code; 00-2) indicating the discharge hour of the patient from inpatient care. Encounter record > General tab > Admission >
17	Patient Discharge Status	A code (2 positions, numeric) indicating the disposition or discharge status of the patient at the end service for the period covered on this bill. The list of acceptable values can be found in the UB manual, page 40. Encounter record > General tab > Admission > Discharge Hour
18-28	Condition Codes	A code(s) (2 positions, alphanumeric) used to identify conditions or events relating to this bill that may affect processing. The Condition Codes should be entered in alphanumeric sequence. Encounter record > General tab > Health Information > Code
29	Accident State	The accident state field contains the two-digit state abbreviation where the accident occurred. Patient record > Case > Auto Accident > State
31-36	Occurrence codes & dates	Occurrence and occurrence span are mutually exclusive. Encounter record > General tab > Health Information > Code
38	Responsible Party Name and Address (Claim Addressee)	May be patient, guarantor, or health plan.

Box	Field Name	Entering Data in Kareo
		Settings > Insurance > Insurance plan > General tab > adress
39-41	Value Codes and Amounts	Value Codes and Amounts Encounter record > General tab > Health Information > Code
42	Revenue Code.	Revenue Codes Encounter record > Procedure Service Line > Rev Code
43	Revenue Description / IDE Number / Medicaid Drug Rebate	Revenue Code Description Encounter record > Procedure Service Line > Rev Code name cannot be altered
44	HCPCS / Accommodation Rates / HIPPS Rate Codes	Encounter record > Procedure Service Line > Per unit charge that corresponds to the procedure
45	Service Date	Encounter record > Service Line > Service line date
46	Service Units	Encounter record > Service Line > Units
47	Total Charges	Encounter record > Procedure Service Line > Total Charge calculated as units multiplied by unit charge
48	Non-Covered Charges	Encounter record > Procedure Service Line > Non Cov Chrgs (such as a private room or self-administered drugs)
49	Not Used (reserved for future use)	N/A
50	Payer Name	A = Primary Payer B = Secondary Payer C = Tertiary Payer Patient record > Cases > Insurance Policy > Company Name
51	Health Plan Identification Number	Report the HIPAA National Plan Identifier when it becomes mandated, otherwise report the (legacy/proprietary) number (i.e. whatever number used has been defined between trading partners)> Settings > Insurance > Insurance Company > Electronic Payer Connection > Payer ID
52	Release of Information Certification Indicator	Code indicates whether the provider has on file a signed statement (from the patient or the patient's legal representative) permitting the provider to release data to another organization.  Possible values: <ul style="list-style-type: none"> <li>• I – Informed consent to release medical information for conditions or diagnoses regulated by federal statutes</li> <li>• Y – Yes, provider has a signed statement permitting release of medical billing data related to a claim</li> </ul> Patient record > Cases > Insurance Policy > Release Of Info



Box	Field Name	Entering Data in Kareo
53	Assignment of Benefits Flag	<p>Possible values:</p> <ul style="list-style-type: none"> <li>• N – No</li> <li>• W – Not applicable (use code “W” when the patient refuses to assign benefits)</li> <li>• Y – Yes</li> </ul> <p>Settings &gt; Insurance &gt; Insurance Company &gt; Practice Settings Tab &gt; Provider accepts assignment of benefits</p>
54	Prior Payments - Payer	<p>The amount the provider has received (to date) by the health plan toward the payment of this bill.</p> <p>Calculated based on previous payments applied to this service line. A = Primary Payer, B = Secondary Payer, C = Tertiary Payer.</p>
55	Estimated Amounts Due – Payer	<p>The amount estimated by the provider to be due from the indicated payer (estimated responsibility less prior payments).</p> <p>Calculated based on total charges, minus adjustments, minus prior payments</p>
56	National Provider Identifier – Billing Provider	Settings > Provider > Service Location > NPI
57	Other (Billing) Provider Identifier	<p>A unique ID number assigned to the provider submitting the bill by the health plan.</p> <p>Not captured in Kareo at this time.</p>
58a-c	Insured’s Name	<p>A = Primary payer</p> <p>B = Secondary payer</p> <p>C = Tertiary payer</p> <p>Patient record &gt; Cases &gt; Insurance Policy &gt; Patient relationship to insured = “self”, then Patient &gt; Name. Otherwise, Insurance Policy &gt; Insured &gt; Full Name</p>
59a-c	Patient’s Relationship to Insured	Patient record > Cases > Insurance Policy > Patient relationship to insured
60a-c	Insured’s Unique Identifier	Patient record > Cases > Insurance Policy > Policy #
61a-c	Insured’s Group Name	<p>The group or plan name through which the insurance is provided to the insured.</p> <p>Patient record &gt; Cases &gt; Insurance Policy &gt; Group Name</p>
62a-c	Insured’s Group Number	<p>The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.</p> <p>Patient record &gt; Cases &gt; Insurance Policy &gt; Group #</p>
63	Treatment Authorization Code	A number of other indicator that designates that the treatment

Box	Field Name	Entering Data in Kareo
		indicated on this bill has been authorized by the payer. Patient record > Cases > Authorization > Authorization Number
64	Document Control Number (DCN)	The control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control. Required when the Type of Bill Frequency Code indicated this claim is a replacement or void to a previously adjudicated claim.  Encounter record > General tab > Bill Type must = 7 or 8 then DCN is available must = <EncounterID> + Z + <CustomerID> from old claim
65a-c	Employer Name (of the Insured)	The name of the employer that provides health care coverage for the insured individual.  Patient record > Cases > Insurance Policy > Employer Name
66	Diagnosis and Procedure Code Qualifier Code	The qualifier that denotes the version of the ICD reported. <ul style="list-style-type: none"> <li>• 9 - Ninth Revision (default for now)</li> <li>• 0 – Tenth Revision</li> </ul> Automatically populated.
67	Principal Diagnosis Code and Present on Admission Indicator	The ICD-9-CM codes describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).  Encounter > General tab > Diagnoses > Principal Diagnosis
67(a-q)	Other Diagnosis Codes and Present on Admission Indicator	The ICD-9-CM codes describing the other diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).  Encounter > General tab > Health Information > Other Diagnosis
68	Not used (reserved for future use)	n/a
69	Admitting Diagnosis Code	The ICD diagnosis code describing the patient's diagnosis at the time of admission. Only required for claims involving inpatient admissions. No present on admission indicator required.  Encounter > General tab > Diagnoses > Admitting Diagnosis
70	Patient Reason Diagnosis Code	The ICD-CM diagnosis codes describing the patient's reason for visit at the time of outpatient registration. Only required for claims involving outpatient registration.  Not captured in Kareo at this time.
71	Prospective Payment System (PPS) Code	The PPC code assigned to the claim to identify the DRG based on the group software called for under contract with the primary payer.  Required for inpatient claims when the hospital is under contract with the health plan to provide this information.  Encounter > General tab > Procedure > DRG

Box	Field Name	Entering Data in Kareo
72	External Cause of Injury (ECI) Code and Present on Admission Indicator	The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.  Required when an injury, poisoning, or adverse effect is the cause for seeking medical treatment or occurs during the medical treatment.  Not captured in Kareo at this time.
73	Not used (reserved for future use)	N/A
74	Principal Procedure Code and Date	The ICD code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date.  Required on inpatient claims when a procedure was performed. If not required (i.e., on outpatient claims), then do not send.  Encounter > General tab > Procedure > Principal Procedure
74(a-e)	Other Procedure Codes and Dates	The ICD codes identifying all significant procedures other than the principal procedure and the dates (identified by code on which the procedures were performed. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.  Required on inpatient claims when a procedure was performed. If not required (i.e., on outpatient claims), then do not send.  Encounter > General tab > Procedures > Procedure
75	Not used (reserved for future use)	n/a
76	Attending Provider Name and Identifiers	The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim.  Required when the claim contains any services other than non-scheduled transportation claims.  Encounter > General tab > Provider > Attending Provider
77	Operating Provider Name and Identifiers	The name and identification number of the individual with the primary responsibility for performing the surgical procedures(s).  Required when a surgical procedure code is listed on this claim.  Encounter > General tab > Provider > Operating Provider
78-79	Other Provider (Individual) Names and Identifiers	The name and ID number of the individual corresponding to the Provider Type category indicated in this section of the claim.  Encounter > General tab > Provider > Referring For Box 78 Encounter > General tab > Provider > Other Provider For Box 79
80	Remarks	Area to capture additional information necessary to adjudicate the claim.

Box	Field Name	Entering Data in Kareo
		<p>Required when in the judgement of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.</p> <p>Encounter &gt; Remarks</p>
81a-d	Code-Code (situational)	<p>To report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.</p> <p>Not captured in Kareo at this time.</p>