Billing Reminder Guidelines for UB-O4

Please use the following guidelines when you submit a skilled nursing facility (SNF) claim for a UnitedHealthcare commercial or Medicare Advantage plan member who is admitted to your facility. By working together, we can help improve the accuracy and timeliness of claims processing.

What You Need to Know

- Complete Field 12 (Admission/Start-of-Care Date) of the UB-04. It’s a required field to indicate the admission date of the SNF stay.
- When a member is discharged from skilled care, this ends the admission period.
- If a member is re-admitted to a SNF, show the new admission date in Field 12. Enter the start of the episode of care using the MMDDYY format.
- Additionally, use the correct admission hour in Box 13 of the UB-04 that corresponds to the hour the member was admitted.

Care Provider Remittance Advice Remark Codes

If you don’t include the correct admission date and hour on the claim, it may result in partial or full reimbursement reduction or claim denial.

If there’s a reimbursement reduction, one of the following remark codes will appear on the Provider Remittance Advice:

- **Admit Late Notification (V3)**: According to the network health care facility contract, admission notification was required but not received in a timely manner. Therefore, the applicable administrative reimbursement reduction has been applied and deducted from the facility’s payment.
- **Admit Non-Notification (V4)**: According to the network health care facility contract, admission notification was required but not received. Therefore, the applicable administrative reimbursement reduction has been applied and deducted from the facility’s payment.
- **CO197**: Contractual obligations – Precertification/Authorization/Notification/Pre-treatment absent.
If there is a claim denial, one of the following remark codes will appear on the Provider Remittance Advice:

- 1551 AUTH NOT RECEIVED PRIOR TO ADMISSION
- 1561 PRIOR AUTH REQUIRED BUT NOT OBTAINED
- N385 Notification of admission was not timely according to published plan procedures

**We’re Here to Help**
If you have questions or need assistance, please contact your Provider Advocate. Thank you.