

DWC FORM-68
INSTRUCTIONS FOR COMPLETING THE UB-92

For facilities and home health agency use, as CMS requires

(R)=Required, (C)=Conditional (required for certain conditions), (O)=optional.

1. Name of provider submitting bill, complete mailing address to which the provider wishes payment sent, and provider telephone number. (R)
2. Workers' Compensation Insurance carrier (IC) Claim Number. (O)
4. The 3-digit National Uniform Billing Committee (NUBC) code for Type of Bill. (R)
5. United States Federal tax number or other country's unique ID. (R)
6. Beginning and ending service dates of the period included on this bill (MMDDYY). (R)
12. Last name, first name and middle initial of injured Worker. (R)
13. Injured Worker's complete mailing address, city, state and Zip code. (R)
14. Injured employee's date of birth (MMDDYY). (R)
15. Injured Worker's gender.
17. Date admitted for inpatient care, first date of outpatient service or start of care (MMDDYY). (R)
18. The hour the Injured Worker was admitted for inpatient or outpatient care (NUBC). (R)
19. The Code indicating the priority of the admission (NUBC). (R)
21. The hour the patient was discharged from inpatient care. (C)
22. The code indicating the Injured Worker's status as of the ending service date of the period covered on this bill. (R)
- 32ab. Use NUBC occurrence code 04=accident-employment related, and date of injury or occupational illness (MMDDYY).
38. Workers' Compensation IC name and mailing address city, state and ZIP code. (R).
42. Use NUBC revenue code identifying **each** specific accommodation, ancillary service or billing calculation. And Total Change-0001 required as last entry of revenue code. (R)
43. Narrative description of the related revenue categories included on this bill. (R)
44. For inpatient Bills: Use HCPCS codes for CT and MRI only and accommodation rates. For Outpatient Bills: Use HCPCS codes and modifiers.
45. Service date. Required for outpatient bills, optional for inpatient bills. (C)
46. Units of service. (R)
47. Total charges by revenue code. (R)
- 51a. Provider's Medicare number, if not available, use state facility license number. (R)
60. Injured Worker ID (if SSN not available, use driver's license # and jurisdiction, green card # + "ZY" visa # + "TA", or passport # + "ZZ"). (R)
63. Preauthorization number, if the service provided requires preauthorization per Workers' Compensation Rule 134.600. (C)
65. Name of the Employer providing workers' compensation insurance coverage. (B)
66. Employer business address, city, state and ZIP code. (R)
67. Full ICD-9-CM code describing the principal diagnosis responsible for the admission of the Injured Worker. (R)
- 68-75. Full ICD-9-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, or that affect the treatment received and/or the length of stay. (C)
76. Full ICD-9-CM diagnosis code, including the 4th and 5th digits, provided at the time of admission as stated by the physician. NOT required for outpatient bills. (C)
80. ICD-9-CM code that identifies the principal procedure performed during the period covered by this bill and the date that the principal procedure was performed (MMDDYY). Only required when Revenue code 36X is billed.
- 81a-e. Required when significant ICD-9-CM procedures are performed and the dates performed (MMDDYY). (C)
82. Attending physician's last name, first name, MI, suffix (when applicable), professional license type, number, and jurisdiction (no spaces or hyphens, e.g. Smith, John A., III, MDG1440TX). (R)
83. Name and professional license type, number, and jurisdiction (no spaces or hyphens, e.g. Davis, Tom A., I, MDJ1543TX) of the licensed physician(s) other than the attending physician, when applicable. (C)
86. Date that the bill is submitted (MMDDYY).