



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 2009 (UB-04 Manual), July 2008, 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	Pursuant to the UB-04 Manual.
3b	Medical/Health Record Number	Pursuant to the UB-04 Manual.
4	Type of Bill	Required. Only bill type "083x" accepted for ASCs
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	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	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	Required. Enter date of Service
13	Admission Hour	Not Required.
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 02 and all other applicable codes.
29	Accident State	Pursuant to the UB-04 Manual.
30	Reserved for Assignment by NUBC	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	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	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 workers' compensation unique code(s) and modifier(s), as required for reimbursement pursuant to rule 69L-7.100, F.A.C.
45	Service Date	Pursuant to the UB-04 Manual.
46	Service Units	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	Blank.
50	Payor Name	Required. Pursuant to the UB-04 Manual.
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	Not Required.
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	Required. Provide 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	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 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	Blank.
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	Not Required.
72a-c	External Cause of Injury (ECI) Code	Not Required.
73	Reserved for Assignment by NUBC	Blank.
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	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	Pursuant to the UB-04 Manual.
80	Remarks Field	ALL IMPLANT CERTIFICATIONS: 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.