A Guide for Completing the

UB-04 Form

The Uniform Bill (UB-04) is the standardized billing form for institutional services. Blue Cross and Blue Shield of Illinois (BCBSIL) offers this guide to assist you in completing the UB-04 form for your patients with Blue Cross (facility) coverage.

Please remember to submit your facility claims electronically. Submission of a paper UB-04 should be an exception. Contact your Provider Network Consultant if you have questions about submitting claims electronically.

For information on the UB-04 billing form, or to obtain an Official UB-04 Data Specifications Manual, visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.

Thank you for helping us process your claims efficiently and accurately.

MAIL CLAIMS TO:
Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL 60680-4112

NOTE: This UB-04 guide was developed specifically to assist providers with completing the new UB-04 claim form during the dual identifier acceptance phase. At the time of original publication, this reference document was accurate and up-to-date in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.

As providers make the transition to NPI-only claim submission, the BCBSIL provider number should no longer be included on claims. When NPI-only claims are submitted on the UB-04 claim form, Locator 57 should be left blank.

An updated user guide will be posted on this Web site as of May 23, 2008, in conjunction with the start of the NPI Only phase at BCBSIL. Please continue to refer to our NPI Frequently Asked Questions for additional details.
The image contains a portion of a medical billing form, specifically a CMS-1450 form. The page is partially printed and filled with various fields and codes, indicating information such as patient data, admission details, procedure codes, and financial information. The form is structured in a table format with columns and rows for different types of codes and values, and it appears to be a part of a larger document, possibly a patient's medical record. The form includes elements like patient name, address, date of birth, admission date, procedure codes, diagnosis codes, financial data, and more. The form is marked as a sample, and it is designed to be filled out with specific information relevant to a patient's medical episode and payment details.
1. BILLING PROVIDER NAME, ADDRESS & TELEPHONE NUMBER
   Enter the billing name, street address, city, state, zip code and telephone number of the billing provider submitting the claim. Note: this should be the facility address.

2. PAY TO NAME AND ADDRESS
   Enter the name, street address, city, state, and zip code where the provider submitting the claims intends payment to be sent. Note: This is required when information is different from the billing provider’s information in form locator 1.

3a. PATIENT CONTROL NUMBER
    Enter the patient’s unique alphanumeric control number assigned to the patient by the provider.

3b. MEDICAL RECORD NUMBER
    Enter the number assigned to the patient’s medical health record by the provider.

4. TYPE OF BILL
   Enter the appropriate code that indicates the specific type of bill such as inpatient, outpatient, late charges, etc.

5. FEDERAL TAX NUMBER
   Enter the provider’s Federal Tax Identification number.

6. STATEMENT COVERS PERIOD (From/Through)
   Enter the beginning and ending service dates of the period included on the bill using a six-digit date format (MMDDYY). For example: 010107.

7. Reserved for assignment by the NUBC. Providers do not use this field.

8a. PATIENT NAME/IDENTIFIER
    Enter the patient’s identifier. Note: The patient identifier is situational/conditional, if different than what is in field locator 60 (Insured’s Subscriber/Insured’s Identifier).

8b. PATIENT NAME
    Enter the patient’s last name, first name and middle initial.

9. PATIENT ADDRESS
    Enter the patient’s complete mailing address (fields 9a – 9e), including street address (9a), city (9b), state (9c), zip code (9d) and country code (9e), if applicable to the claim.

10. PATIENT BIRTH DATE
    Enter the patient’s date of birth using an eight-digit date format (MMDDYYYY). For example: 010107.

11. PATIENT SEX
    Enter the patient’s gender using an “F” for female, “M” for male or “U” for unknown.

12. ADMISSION/START OF CARE DATE (MMDDYY)
    Enter the start date for this episode of care using a six-digit format (MMDDYY). For inpatient services, this is the date of admission. For other (Home Health) services, it is the date the episode of care began.

Note: This is required on all inpatient claims.

13. ADMISSION HOUR
    Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted. Note: Required on all inpatient claims.

14. PRIORITY (TYPE) OF VISIT
    Enter the appropriate code indicating the priority of this admission/visit.

For more information on Priority (Type) of Visit, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

15. POINT OF ORIGIN FOR ADMISSION OR VISIT
    Enter the appropriate code indicating the point of patient origin for this admission or visit.

For more information on Point of Origin for Admission or Visit, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

16. DISCHARGE HOUR
    Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. Note: Required on all inpatient claims.

17. PATIENT DISCHARGE STATUS
    Enter the appropriate two-digit code indicating the patient’s discharge status. Note: Required on all inpatient, observation, or emergency room care claims.

18-28. CONDITION CODES
    Enter the appropriate two-digit condition code or codes if applicable to the patient’s condition.

29. ACCIDENT STATE
    Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.

30. Reserved for assignment by the NUBC. Providers do not use this field.

31-34. OCCURRENCE CODES/DATES (MMDDYY)
    Enter the appropriate two-digit occurrence codes and associated dates using a six-digit format (MMDDYY), if there is an occurrence code appropriate to the patient’s condition.

35-36. OCCURRENCE SPAN CODES/DATES (From/Through) (MMDDYY)
    Enter the appropriate two-digit occurrence span codes and related from/through dates using a six-digit format (MMDDYY) that identifies an event that relates to the payment of the claim. These codes identify occurrences that happened over a span of time.

37. Reserved for assignment by the NUBC. Providers do not use this field.

38. RESPONSIBLE PARTY NAME AND ADDRESS (Claim Addressee)
    Enter the name, address, city, state and zip code of the party responsible for the bill.

39-41. VALUE CODES AND AMOUNT
    Enter the appropriate two-digit value code and value if there is a value code and value appropriate for this claim.

42. REVENUE CODE
    Enter the applicable Revenue Code for the services rendered.

For more information on Revenue Codes, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

43. REVENUE DESCRIPTION
    Enter the standard abbreviated description of the related revenue code categories included on this bill. (See Form Locator 42 for description of each revenue code category.) Note: The standard abbreviated description should correspond with the Revenue Codes as defined by the NUBC.

For more information on Revenue Description, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

44. HCPCS/RATES/HIPPS CODE
    Enter the applicable HCPCS (CPT)/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates. Also report HCPCS modifiers when a modifier clarifies or improves the reporting accuracy.

HCPCS and HIPPS Rate Codes: Situational. Required for outpatient claims when an appropriate HCPCS code exists for this service line item.

Accommodation Rates: Situational. Required when a room & board revenue code is reported.

HCPCS Modifiers: Situational. Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code.

45. SERVICE DATE (MMDDYY)
    Enter the applicable six-digit format (MMDDYY) for the service line item if the claim was for ancillary outpatient services and accommodation rates. Also report the creation date for line 23.

For more information on Service Dates, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

46. SERVICE UNITS
    Enter the number of units provided for the service line item.

47. TOTAL CHARGES
    Enter the total charges using Revenue Code 0001. Total charges include both covered and non-covered services.

For more information on Total Charges, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

48. NON-COVERED CHARGES
    Enter any non-covered charges as it pertains to related Revenue Code.

For more information on Non-Covered Charges, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

49. Reserved for assignment by the NUBC. Providers do not use this field.
TREATMENT AUTHORIZATION CODES

Enter the pre-authorization for treatment code assigned by the primary payer.

ASSIGNMENT OF BENEFITS

Enter a "Y", "N" or "W" to indicate if the provider has a signed statement on file from the patient or patient's legal representative assigning payment to the provider for the primary payer (53a). Enter a secondary (53b) or tertiary (53c) payer, if applicable.

PRIOR PAYMENTS

Enter the amount of payment the provider has received (to date) from the payer toward payment of the claim.

ESTIMATED AMOUNT DUE

Enter the amount estimated by the provider to be due from the payer.

NATIONAL PROVIDER IDENTIFIER (NPI)

Enter the billing provider’s 10-digit NPI number.

OTHER PROVIDER IDENTIFIER

Enter the unique identification number assigned by the health plan to the provider submitting the claim.

* Situational: Not required if BCBSIL has approved your facility to submit NPI only or when NPI only use is mandated.

INSURED’S NAME

Enter the name of the individual (primary – 58a) under whose name the insurance is carried. Enter the other insured’s name when other payers are known to be involved (58b and 58c).

PATIENT’S RELATIONSHIP TO INSURED

Enter the appropriate two-digit code (59a) to describe the patient’s relationship to the insured. If applicable, enter the appropriate two-digit code to describe the patient’s relationship to the insured when other payers are involved (59b and 59c).

INSURED’S UNIQUE IDENTIFIER

Enter the insured’s identification number (60a). If applicable, enter the other insured’s identification number when other payers are known to be involved (60b and 60c).

INSURED’S GROUP NAME

Enter insured’s employer group name (61a). If applicable, enter other insured’s employer group names when other payers are known to be involved (61b and 61c).

INSURED’S GROUP NUMBER

Enter insured’s employer group number (62a). If applicable, enter other insured’s employer group numbers when other payers are known to be involved (62b and 62c).

TREATMENT AUTHORIZATION CODES

Enter the pre-authorization for treatment code assigned by the primary payer (63a). If applicable, enter the pre-authorization for treatment code assigned by the secondary and tertiary payer (63b and 63c).

DOCUMENT CONTROL NUMBER (DCN)

Enter if this is a void or replacement bill to a previously adjudicated claim (64a – 64c).

EMPLOYER NAME

Enter when the employer of the insured is known to potentially be involved in paying claims.

For more information on Employer Name, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR

Enter the principal diagnosis code for the patient's condition. For more information on PDAs, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

PRINCIPAL PROCEDURE CODE AND DATE (MMDDYY)

Enter the principal procedure code and date using a six-digit format (MMDDYY) if the patient has undergone an inpatient procedure.

Note: Required on inpatient claims.

OTHER PROVIDENCE CODES AND DATES (MMDDYY)

Enter the other procedure codes and dates using a six-digit format (MMDDYY) if the patient has undergone additional inpatient procedure.

Note: Required on inpatient claims.

ATTENDING PROVIDER NAME AND IDENTIFIERS

Enter the attending provider’s NPI number and last name and first name. Enter secondary identifier qualifiers and numbers as needed.

* Situational: Not required for non-scheduled transportation claims.

OPERATING PROVIDER NAME AND IDENTIFIERS

Enter the operating provider’s NPI number, Identification qualifier, Identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.

For more information on Operating Provider, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

OTHER PROVIDER NAME AND IDENTIFIERS

Enter any other provider’s NPI number, Identification qualifier, Identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.

For more information on Other Provider, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

REMARKS

Enter any information that the provider deems appropriate to share that is not supported elsewhere.

CODE-CODE FIELD

Report additional codes related to a Form Locator or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.

Line 23: The 23rd line contains an incrementing page and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.