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 Texas offers this guide to help you complete the UB-04 form for your patients with Blue Cross (facility) coverage.

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 to process your claims efficiently and accurately.

MAIL CLAIMS TO:
Blue Cross and Blue Shield of Texas
P.O. Box 660044
Dallas, TX 75266-0044

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 BCBSTX 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 BCBSTX. Please continue to refer to our NPI Frequently Asked Questions for additional details.
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**TREATMENT AUTHORIZATION CODES**

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**ATTENDING PRINCIPAL OPERATING**

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**REMARKS**

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**THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.**
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 to be sent. Note: This is required when information is different from the billing provider's information in form locator 1.

3. 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.

   For more information on Type of Bill, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

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: 01021970.

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 example: 010107.

    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. Required for all inpatient claims, observations and emergency room care.

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

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 final 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.

35-38. 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. 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.

45. SERVICE DATE (MMDDYY)
    Enter the applicable six-digit format (MMDDYY) for the service line item if the claim was for outpatient services, SNF/PPS assessment date, or needed to report the creation date for line 23. Note: Line 23 - Creation Date is Required.

    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.