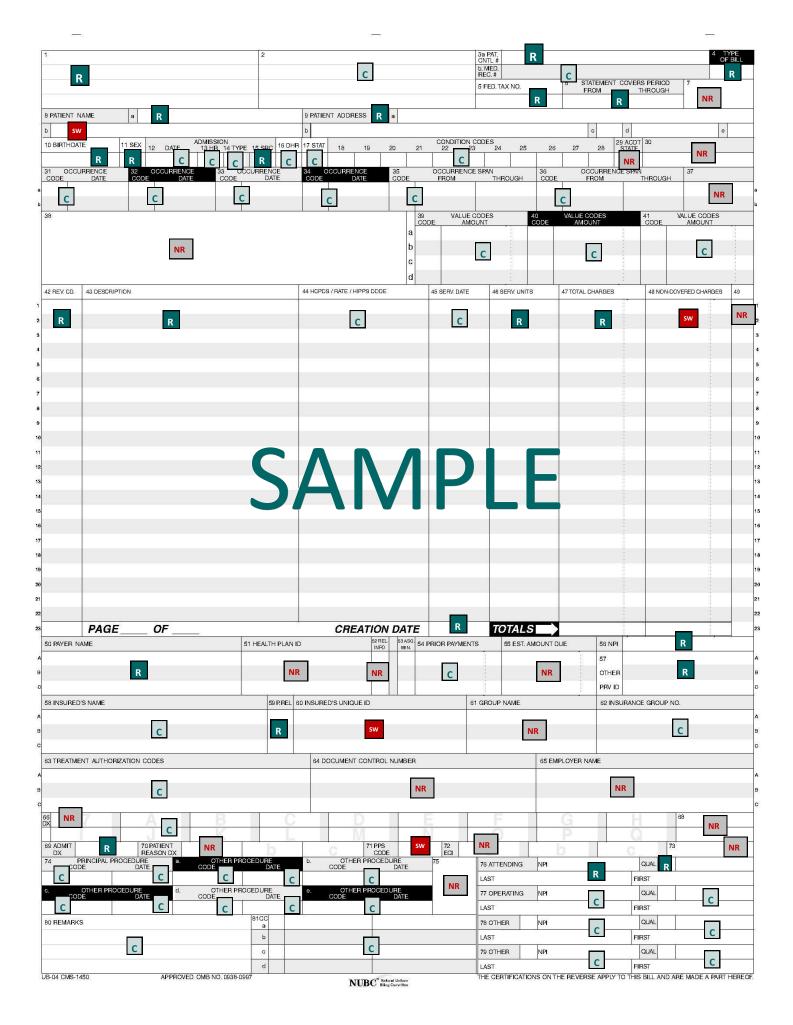# A Guide for Completing the

UB-04 Form

The Uniform Bill (UB-04) is the standardized billing form for institutional services. Baylor Scott & White Health Plan offers this guide to help you complete the UB-04 form for your patients with Baylor Scott & White Health Plan coverage.

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

MAIL CLAIMS TO:

Baylor Scott & White Health Plan
P.O. Box 211342
Eagan, MN 55121-1342

UB-04 CMS-1450 health insurance claim form (sample)

1 [R]		2 [C]		3a PAT. CNTL # [R]	4 TYPE OF BILL [R]
				b. MED. REC. # [C]	
				5 FED. TAX NO. [R]	6 STATEMENT COVERS PERIOD FROM [R] THROUGH	7 [NR]

8 PATIENT NAME a [R]	9 PATIENT ADDRESS a [R]			
b [SW]	b	c	d	e

| 10 BIRTHDATE [R] | 11 SEX [R] | 12 DATE ADMISSION [C] | 13 HR [C] | 14 TYPE [C] | 15 SRC [R] | 16 DHR [C] | 17 STAT [C] | 18 | 19 | 20 | 21 | CONDITION CODES 22 | 23 [C] | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE [NR] | 30 [NR] |

| 31 OCCURRENCE CODE DATE [C] | 32 OCCURRENCE CODE DATE [C] | 33 OCCURRENCE CODE DATE [C] | 34 OCCURRENCE CODE DATE [C] | 35 OCCURRENCE SPAN CODE FROM THROUGH [C] | 36 OCCURRENCE SPAN CODE FROM THROUGH [C] | 37 [NR] |

38 [NR]	39 CODE VALUE CODES AMOUNT [C]	40 CODE VALUE CODES AMOUNT [C]	41 CODE VALUE CODES AMOUNT [C]
	a		
	b		
	c		
	d		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 [R]	[R]	[C]	[C]	[R]	[R]	[SW]	[NR]
2							
3							
...							
23 PAGE ___ OF ___	CREATION DATE [R]	TOTALS →					

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI [R]
A [R]	[NR]	[NR]		[C]	[NR]	57 OTHER PRV ID [R]
B						
C						

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A [C]	[R]	[SW]	[NR]	[C]
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A [C]	[NR]	[NR]
B		
C		

66 DX [NR]	[C] A B C D E F G H	67	68 [NR]
	I J K L M N O P Q		

| 69 ADMIT DX [R] | 70 PATIENT REASON DX [NR] | | 71 PPS CODE [SW] | 72 ECI [NR] | | 73 [NR] |

74 PRINCIPAL PROCEDURE CODE DATE [C]	a. OTHER PROCEDURE CODE DATE [C]	b. OTHER PROCEDURE CODE DATE [C]	75 [NR]	76 ATTENDING NPI [R] QUAL [R]
c. OTHER PROCEDURE CODE DATE [C]	d. OTHER PROCEDURE CODE DATE [C]	e. OTHER PROCEDURE CODE DATE [C]		LAST FIRST
				77 OPERATING NPI [C] QUAL [C]
				LAST FIRST
80 REMARKS [C]	81CC a / b / c [C] / d			78 OTHER NPI [C] QUAL [C]
				LAST FIRST
				79 OTHER NPI [C] QUAL [C]
				LAST FIRST

1. **BILLING PROVIDER NAME, ADDRESS & TELEPHONE NUMBER** [R] 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** [C] 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** [R] Enter the patient's unique alphanumeric control number assigned to the patient by the provider.

3b. **MEDICAL RECORD NUMBER** [C] Enter the number assigned to the patient's medical health record by the provider.

4. **TYPE OF BILL** [R] 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** [R] Enter the provider's Federal Tax Identification number.

6. **STATEMENT COVERS PERIOD (From/Through)** [R] 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. [NR] Reserved for assignment by the NUBC. Providers do not use this field.

8a. **PATIENT NAME/IDENTIFIER** [R] 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** [SW] Enter the patient's last name, first name and middle initial.

9. **PATIENT ADDRESS** [R] 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** [R] Enter the patient's date of birth using an eight-digit date format (MMDDYYYY). For example: 01281970.

11. **PATIENT SEX** [R] Enter the patient's gender using an "F" for female, "M" for male or "U" for unknown.

12. **ADMISSION/START OF CARE DATE (MMDDYY)** [C] 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** [C] 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** [C] Enter the appropriate code indicating the priority of this admission.

    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** [R] 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** [C] 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** [C] 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** [C] Enter the appropriate two-digit condition code or codes if applicable to the patient's condition.

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

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

31-34. **OCCURRENCE CODES/DATES (MMDDYY)** [C] 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)** [C] 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. [NR] 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. [NR]

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

42. **REVENUE CODE** [R] 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** [R] 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** [C] 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)** [C] 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** [R] Enter the number of units provided for the service line item.

47. **TOTAL CHARGES** [R] 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** [SW] 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. [NR] Reserved for assignment by the NUBC. Providers do not use this field.

50. **PAYER NAME** R
Enter the health plan that the provider might expect some payment from for the claim.

51. **HEALTH PLAN IDENTIFICATION NUMBER** NR
Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable.

52. **RELEASE OF INFORMATION** NR
Enter a 'Y' or 'I' to indicate if the provider has a signed statement on file from the patient or patient's legal representative allowing the provider to release information to the carrier.

53. **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.

54. **PRIOR PAYMENTS** C
Enter the amount of payment the provider has received (to date) from the payer toward payment of the claim.

55. **ESTIMATED AMOUNT DUE** NR
Enter the amount estimated by the provider to be due from the payer.

56. **NATIONAL PROVIDER IDENTIFIER (NPI)** R
Enter the billing provider's 10-digit NPI number.

57. **OTHER PROVIDER IDENTIFIER** R
Required on or after the mandated NPI Implementation date when the 10-digit NPI number is not used in FL 56.

58. **INSURED'S NAME** C
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).

59. **PATIENT'S RELATIONSHIP TO INSURED** R
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).

60. **INSURED'S UNIQUE IDENTIFIER** SW
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).

61. **INSURED'S GROUP NAME** NR
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).

62. **INSURED'S GROUP NUMBER** C
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).

Note: BCBSTX requires the group number on local claims.

63. **TREATMENT AUTHORIZATION CODES** C
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).

64. **DOCUMENT CONTROL NUMBER (DCN)** NR
Enter if this is a void or replacement bill to a previously adjuudicated claim (64a – 64c).

65. **EMPLOYER NAME** NR
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.

66. **DIAGNOSIS AND PROCEDURE CODE QUALIFIER** NR
Enter the required value of "9". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA.

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

67. **PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR** R
Enter the principal diagnosis code for the patient's condition.

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

67a-67q. **OTHER DIAGNOSIS CODES** C Enter additional diagnosis codes if more than one diagnosis code applies to claim.

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

69. **ADMITTING DIAGNOSIS CODE** R
Enter the diagnosis code for the patient's condition upon an inpatient admission.

70. **PATIENT'S REASON FOR VISIT** NR
Enter the appropriate reason for visit code only for bill types 013X and 085X and 045X, 0516, 0526, or 0762 (observation room).

71. **PROSPECTIVE PAYMENT SYSTEM (PPS) CODE** SW
Enter the DRG based on software for inpatient claims when required under contract grouper with a payer.

72. **EXTERNAL CAUSE OF INJURY (ECI) CODE** NR
Enter the cause of injury code or codes when injury, poisoning or adverse affect is the cause for seeking medical care.

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

74. **PRINCIPAL PROCEDURE CODE AND DATE (MMDDYY)** C
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.

74a-e. **OTHER PROCEDURE CODES AND DATES (MMDDYY)** C
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.

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

76. **ATTENDING PROVIDER NAME AND IDENTIFIERS** R
Enter the attending provider's 10-digit NPI number and last name and first name. Enter secondary identifier qualifiers and numbers as needed.
*Situational: Not required for non-scheduled transportation claims.

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

77. **OPERATING PROVIDER NAME AND IDENTIFIERS** C
Enter the operating provider's 10-digit 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.

78-79. **OTHER PROVIDER NAME AND IDENTIFIERS** C
Enter any other provider's 10-digit 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.

80. **REMARKS** C
Enter any information that the provider deems appropriate to share that is not supported elsewhere.

81CC a-d. **CODE-CODE FIELD** C
Report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.

Note: To further identify the billing provider (FL01), enter the taxonomy code along with the 'B3' qualifier. For more information on requirements for Form Locator 81, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

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.