BCBSMA Supplement to the NUBC UB-04 Data Specifications Manual

for participating facilities
UB-04—Appendix to NUBC Manual

This is an addendum to the National Uniform Billing Committee’s UB-04 Data Specifications Manual, available at www.nubc.org. Our guide provides specific instructions to help you complete the UB-04 paper claim form accurately for submission to the Plans. If after reading this guide you have any questions, please contact your Network Manager at 1-800-316-BLUE (2583). We will keep you informed of any changes and updates to this guide on our provider website at www.bluecrossma.com/provider.

IMPORTANT NOTE: We require that all claims be billed on the UB-04 form. Claims submitted on the old form OR printed with the old UB-92 print program will be returned. Claims submitted without a billing provider National Provider Identifier (NPI) may be returned.

Step-by-Step Instructions

The following information is designed to help you complete the UB-04. Please submit paper claims only if electronic claim submission isn’t possible.

Form Locator 1: Provider Name and Address

Required

Enter the name of the facility and the address of the physical location where services were rendered, including the provider name, street address, city, state, and zip code.

Form Locator 2: Pay- to Name and Address

Not Required

Enter the address to which the provider submitting the bill intends payment to be sent (if different than Form Locator 1).

Form Locator 3: Patient Control Number

Not Required

Enter the patient’s unique (alpha-numeric) number assigned by the provider.

Form Locator 3b: Medical/Health Record Number

Not Required

Enter the number assigned by the provider to the patient’s medical/health record.

Form Locator 4: Type of Bill

Required

Enter the three- or four-digit code that indicates the type of bill you are submitting. (See Appendix M for details and please refer to the NUBC Guide for a complete list of Type of Bill frequency codes.)
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**Form Locator 5: Federal Tax Number**

Required

Enter your tax identification number.

**Form Locator 6: Statement Covers Period**

Required

Enter the beginning and ending service date of the period covered by the bill using the MMDDYY format. (Note: This is required for all inpatient paper claims and any outpatient claim that spans dates, e.g., physical therapy).

**Form Locator 7: Untitled**

Leave blank (reserved for assignment by the NUBC).

**Form Locator 8a: Patient ID Number**

Not Required

Please leave this Form Locator blank.

**Form Locator 8b: Patient Name**

Required

Enter the patient’s last name, first name, and middle initial. (e.g., SMITH, JOHN A)

**Form Locator 9: Fields A-E: Patient Address**

9 a-d: Required
9e: Not Required

Enter the patient’s full mailing address:
a: street address  
b: city  
c: state  
d: zip code  
e: country code.

**Form Locator 10: Patient Birth date**

Required

Enter the patient’s date of birth using the MMDDCCYY format.
**Form Locator 11: Patient Sex**

Required

Enter the patient’s sex as recorded at admission, outpatient service, or start of care.

M= Male, F=Female
If unknown, please leave the field blank.

**Form Locator 12: Admission/Start of Care Date**

Required

Enter the date the member was admitted for inpatient care, or the date of the outpatient service, in the MMDDYY format.

**Form Locator 13: Admission Hour**

Situational

Enter the two-digit hour during which the member was admitted for inpatient care. (See Appendix C, Hour Codes.)

**Form Locator 14: Priority (Type) of Visit**

Required

Enter the code indicating the priority of this admission/visit. (See Appendix L for a complete list. Note: Codes 6-8 are “Reserved for Assignment by NUBC.”)

**Form Locator 15: Source of Admission or Visit**

Required

Enter the appropriate source of admission code. (For a complete listing of codes, see Appendix J, “Source of Admission Codes,” and Appendix K, “Newborn Source of Admission Codes.”)

**Form Locator 16: Discharge Hour**

Required

Enter the code that indicates the discharge hour of the member from inpatient care. (Note: Remember to provide this information on all maternity claims if available.)
Form Locator 17: Patient Discharge Status

Required
Enter the appropriate patient status code. (See Appendix G for complete list.)

Form Locator 18-28: Condition Codes

Situational
Enter the appropriate two-digit condition code. (See Appendix B for a complete list of condition codes.)

Form Locator 29: Accident State

Situational
Enter the two-letter abbreviation of the state in which the accident occurred.

Form Locator 30: Untitled

Leave blank (reserved for assignment by the NUBC).

Form Locator 31-34: Occurrence Codes and Dates

Situational
Enter the appropriate two-digit codes:
- Occurrence codes 1-4 in 31a-34a; these form locators must be completed before using the “b” fields
- Occurrence codes 5-8 in 31b-34b
- Occurrence codes 9 and up in Form Locator 81.
This is required for inpatient and outpatient accident claims, outpatient maternity claims, and non-accident medical emergency outpatient claims. (See Appendix F for a complete list.)

Form Locator 35-36: Occurrence Span Codes and Date

Situational
Enter the appropriate two-digit codes:
- Occurrence span codes 1-2 in 35a-36a; these form locators must be completed before using the “b” fields
- Occurrence span codes 3-4 in 35b-36b
- Occurrence span codes 5 and up in Form Locator 81.
This is required for inpatient and outpatient accident claims, outpatient maternity claims, and non-accident medical emergency outpatient claims. (See Appendix O for a complete list.)
Form Locator 37: Untitled

Leave blank (reserved for assignment by the NUBC).

Form Locator 38: Responsible Party Name and Address

Not Required
Enter the full name and mailing address of the subscriber. (Note: Enter the name as the first name and middle initial followed by the last name. You may ignore the last name in this form locator only.)
Form Locator 39-41: Value Codes and Amount

Situational

See Appendix E for a full list. Please note that fields 39a through 41a must be completed before the b fields are completed. The codes and amounts should be filled in as follows: 39a, 40a, 41a, 39b, etc. If Appendix E does not apply, leave this form locator blank; do not zero fill.

Form Locator 42: Revenue Code

Required

Enter the four-digit code that identifies a specific accommodation and/or ancillary service billed. For a complete list of revenue codes, see Appendix H. (Note: A maximum of 22 services may be billed on one paper claim form, with total charges entered in the “TOTALS” box on line 23. Revenue code 0001 has been replaced by this “totals” box.)

Form Locator 43: Revenue Description

Not Required

Enter a description for each revenue code on the claim. (Note: this revenue code descriptions correspond with the code you write in Form Locator 42.)

Form Locator 44: HCPCS/Rates

Situational

Enter the appropriate HCPCS procedure code. (See Appendix H3 for a list of revenue codes that do not require HCPCS codes. See Appendix N and N1 for HCPCS codes required for outpatient claims.)

Form Locator 45: Service Date

Required

Enter the date of service using the MMDDYY format, i.e., 010108. (Note: For outpatient claims, enter the date on which each service was rendered. This information is required for outpatient claims spanning multiple dates of service.)

Form Locator 46: Units of Service

Required

• Enter the number of days occupied for inpatient claims.
• Enter the appropriate number of units for ancillary services that require units.
Form Locator 46: Units of Service (continued)

Required
Enter the number of units when outpatient HCPCS codes are needed to ensure accurate claims payments, e.g., same lab test performed more than once on same day. Please do not use any decimal points when submitting units.

Form Locator 47: Total Charges (by Revenue Code Category)

Required
Enter the total charge related to the revenue code for the current billing. (Total charges include both covered and non-covered charges. Line-level charges must equal the claim’s total charges field.) Do not use decimal points or dollar signs.

Form Locator 48: Non-Covered Charges

Not Required
Enter any non-covered charges if applicable. (Note: If available, give us this information if we are the secondary payer.)

Form Locator 49: Untitled

Leave blank (reserved for assignment by the NUBC).

Line 23: Total Charges

Required
Line 23 contains an incrementing page count, total number of pages for the claim, the creation date of the claim, and a “Totals box.” Please enter the claim total for both covered and non-covered charges in the Totals box on the final claim page. Please do not use revenue code 0001.

Form Locator 50: Lines A-C: Payer Name

Required
Enter the name of the primary insurance carrier.

Line A = Primary payer name

Line B = Secondary insurance carrier name, if any

Line C = Tertiary insurance carrier name, if any.
Form Locator 51: Lines A-C: Health Plan Identification Number

Not Required. Leave Blank.

Form Locator 52: Release of Information Certification Indicator

Not Required

Enter the appropriate code that indicates whether the provider has on file a signed statement from the member or member’s legal representative permitting the provider to release the data to another organization.

Form Locator 53: Lines A-C: Assignment of Benefits Certification Indicator

Required

Enter Y for Yes or N for No to indicate that the provider has a signed form authorizing the third-party payer to remit payment directly to the provider.

Line A = Primary payer

Line B = Secondary payer

Line C = Tertiary payer.

Form Locator 54: Lines A-C: Prior Payments-Payer

Situational

Enter the amount the provider has received to date from the health plan toward payment of this bill. When another insurer is listed in form locator 50a as the primary carrier, you must enter the amount paid by the other carrier:

Line A = Prior payment amount(s) from the primary payer as specified in Form Locator 50a

Line B = Prior payment amount(s) from the secondary payer as specified in Form Locator 50b

Line C = Prior payment amount(s) from the tertiary payer as specified in Form Locator 50c.
Form Locator 55: Estimated Amount Due

Not Required

The amount estimated by the provider to be due from the indicated payer (estimated responsibility less prior payments).

Form Locator 56: National Provider Identifier – Billing Provider

Required

Enter your 10-digit National Provider Identifier (NPI). This is the billing entity to which payment will be issued.

Form Locator 57: Other Provider Identifier

Not Required

Form Locator 58: Lines A-C: Insured’s Name

Required

Enter the name of the individual under whose name the insurance benefit is carried for the insurance carrier listed in Form Locator 50a, 50b and/or 50c (e.g., SMITH, JOHN A).

Line A = Name of policyholder on primary insurance

Line B = Name of policyholder on secondary insurance

Line C = Name of policyholder on tertiary insurance.
Form Locator 59: Patient Relationship to Insured

Required

Enter the appropriate relationship code to describe the relationship between the patient and the subscriber.

Note: When another insurance company is listed in Form Locator 50, enter a relationship code indicating the relationship of the insured to the subscriber. (See Appendix I for a complete list.)

Form Locator 60: Insured’s Unique Identification

Required

Enter the unique number assigned to the insured by the health plan. (For our Plans, please enter the number exactly as it appears on the identification card. Be sure to include all alpha characters and all numeric digits. Example: XXP123456789.)

Line A = Patient’s primary insurance ID number
Line B = Patient’s secondary insurance ID number
Line C = Patient’s tertiary insurance ID number.

Form Locator 61: Insured Group Name

Not Required

The name of the group or plan through which the member has insurance

Form Locator 62: Insurance Group Number

Not Required

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

Form Locator 63: Treatment Authorization Code

Not Required

The number or other indicator that designates that the treatment indicated on this bill has been authorized by the payer.
Form Locator 64: Document Control Number (DCN)

Not Required

The control number assigned to the original bill by the health plan or the health plan’s fiscal agent as part of the internal control.

Form Locator 65: Employer Name (of the Insured)

Not Required

The name of the insured’s employer listed in Form Locator 58.

Form Locator 66: Diagnosis and Procedure Code Qualifier

Not Required

The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Form Locator 67: Principal Diagnosis Code and Present on Admission Indicator

Required

Enter the principal ICD-9-CM diagnosis code. (Note: Do not zero fill the diagnosis codes that are fewer than five digits. If an ICD-9-CM code requires a fourth or fifth digit, it must be reported or the claim will be rejected as having an invalid diagnosis code.) Claims must contain the present on admission (POA) indicator. The POA data element on your electronic claims must contain the letters “POA” followed by a single POA indicator for every diagnosis you report. Note that on paper claims, the POA is the eighth digit of the “Principal Diagnosis” field (FL-67) and the eighth digit of each of the secondary diagnosis fields (FL-67 A-Q). Here are the reporting definitions:

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Present at the time of inpatient admission</td>
</tr>
<tr>
<td>N</td>
<td>Not present at the time of inpatient admission</td>
</tr>
<tr>
<td>U</td>
<td>Documentation is insufficient to determine if condition is present on admission</td>
</tr>
<tr>
<td>W</td>
<td>Provider is unable to clinically determine whether condition was present on admission or not</td>
</tr>
</tbody>
</table>
Form Locator 67: Fields A-Q; Other Diagnoses Codes

**Situational**

Enter the ICD-9-CM diagnosis codes including specific V-codes that correspond to additional conditions that exist at the time of admission or that develop subsequently. *(Note: Sequence diagnoses in accordance with ICD-9-CM established coding protocols.)* Invalid or incomplete ICD-9-CM diagnosis codes may result in an incomplete diagnosis related group (DRG) assignment for inpatient claims.

**Form Locator 67: Fields A-Q; Other Diagnoses Codes, continued**

Claims must contain the present on admission (POA) indicator. The POA data element on your electronic claims must contain the letters “POA” followed by a single POA indicator for every diagnosis you report. Note that on paper claims the POA is the eighth digit of the “Principal Diagnosis” field (FL-67) and the eight digit of each of the secondary diagnosis fields (FL-67 A-Q). Here are the reporting definitions:

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</tr>
<tr>
<td>W</td>
<td>Provider is unable to clinically determine whether condition was present on admission or not</td>
</tr>
</tbody>
</table>

**Form Locator 68: Untitled**

Leave blank (reserved for assignment by the NUBC)

**Form Locator 69: Admitting Diagnosis**

**Required**

Enter the ICD-9-CM diagnosis code at the time of admission. *(Note: Give us this information for inpatient admissions. Do not zero fill the diagnosis codes that are fewer than five digits. If an ICD-9-CM code requires a fourth or fifth digit, it must be reported or the claim will be rejected as having an invalid diagnosis code.)*

**Form Locator 70: Fields A-C; Patient’s Reason for Visit**

**Not Required**

The ICD-9-CM diagnosis codes describing the patient’s reason for visit at the time of outpatient registration.
Form Locator 71: Prospective Payment System (PPS) Code

Not Required

The PPS code assigned to the claim to identify the diagnosis related group (DRG); based on the grouper software called for under contract with the primary payer.

Form Locator 72: External Cause of Injury (ECI) Code

Situational

The ICD diagnosis code pertaining to external cause of injuries, poisoning, or adverse effect is required for accident-related situations. (Note: Do not zero fill the diagnosis codes that are fewer than five digits. If an ICD-9-CM code requires a fourth or fifth digit, it must be reported or the claim will be rejected as having an invalid diagnosis code.)

Form Locator 72: External Cause of Injury (ECI) Code, continued

Claims must contain the present on admission (POA) indicator. The POA data element on your electronic claims must contain the letters “POA” followed by a single POA indicator for every diagnosis you report. Note that on paper claims the POA is the eighth digit of the “Principal Diagnosis” field (FL-67) and the eight digit of each of the “Secondary Diagnosis” fields (FL-67 A-Q). Here are the reporting definitions:

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</tr>
<tr>
<td>W</td>
<td>Provider is unable to clinically determine whether condition was present on admission or not</td>
</tr>
</tbody>
</table>

Form Locator 73: Untitled

Leave blank (reserved for assignment by the NUBC).

Form Locator 74: Principal Procedure Code and Date

Situational

The ICD-9-CM code that identifies the principal procedures performed at the claim level during the period covered by this bill and the corresponding date. Required on all inpatient surgical claims when a procedure was performed during the inpatient stay.
Form Locator 74: Fields A-E; Other Procedure Codes and Dates

Situational

Enter the ICD-9-CM codes that describe other procedures performed plus the dates these procedures were performed. (Note: Invalid or incomplete ICD-9-CM procedure codes may result in an incomplete diagnosis related group (DRG) assignment for inpatient claims.)

Form Locator 75: Untitled

Leave blank (reserved for assignment by the NUBC).

Form Locator 76: Attending Provider Name and Identifiers

Required

The attending provider is the individual who has overall responsibility for the patient’s medical care and treatment reported in this claim.

- **NPI:** Attending physician’s National Provider Identifier
- **Secondary Identifier Qualifier:** OB = state license number

Form Locator 76: Attending Provider Name and Identifiers, continued

- **Last:** Attending physician’s last name
- **First:** Attending physician’s first name.

Form Locator 77: Operating

Not Required

- **NPI:** Operating physician’s National Provider Identifier
- **Qualifier:** State license number (i.e., OB license number)
- **Last:** Operating physician’s last name
- **First:** Operating physician’s first name.

Form Locator 78, 79: Other Provider Name and Identifiers

Not Required

- **NPI:** Other physician’s National Provider Identifier
- **Qualifier:** Other physician’s state license number (i.e., OB license number)
- **Last:** Other physician’s last name
- **First:** Other physician’s first name
Form Locator 80: Remarks Field

Situational

Enter any additional information you think we may need to process the claim. If the bill is a late charge, enter the words “LATE CHARGE” and use the appropriate “Type of Bill” (e.g., 135 indicates “Outpatient Late Charge”).

Form Locator 81: Code-Code Field

Situational

To 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:

- Please refer to the *NUBC Data Specifications* manual for how to bill using Form Locator 81.
- Please note that if Days are billed, use only whole numbers (e.g., 4 instead of 4.00).
Form Locator 81: Code-Code Field, continued

To report additional “Condition” codes, use code list qualifier A1 in the first box, and the condition code in the second box:

A1 | B4

To report additional “Occurrence” codes, use qualifier A2 in the first box, the occurrence code in the second box, and the date of the occurrence in the third box:

A2 | 01 010108

To report additional “Occurrence Span” codes, use qualifier A3 in the first box, the occurrence code in the second box, and the occurrence date in the third box:

A3 | 72 010108010908

To report additional “Value Codes”, use qualifier A4 in the first box, the value code in the second box and the value amount in the third box:

A4 | 80 3

The third box should not contain decimal points when value code is for whole numbers – such as days. For dollars, indicate the whole dollar amount (e.g., 300 for $3.00).

To report attachments, use qualifier AC in the first box and the value code (report type) in the second box.

Codes valid for use on the UB-04:

- 04 Drugs Administered
- AM Ambulance Certification
- DS Discharge Summary
- LA Laboratory Results
- MI Medical Record Attachment
- NN Nursing Notes
- OB Operative Note
- OZ Support Data for Claims
- PN Physical Therapy Notes
- RR Radiology Reports
- UL Other Type of Report

To report “Provider Taxonomy” code, use qualifier B3 in the first box, and the applicable taxonomy code in the second box:

B3 | 282N00000X
Best Practices for Completing Claims

We encourage you to submit claims via electronic technologies. Electronic claims are processed faster and more accurately than paper claims. If you must submit paper claims, please use the standard UB-04 claim form. We process paper claims through an Optical Character Recognition (OCR) scanning and imaging device. Please follow these guidelines to ensure your paper claims are processed accurately.

When ordering forms

Before placing an order for forms from your vendor, confirm that the forms meet NUBC and CMS guidelines. Visit www.nubc.org for details.

Align the form

Align your form carefully so that all data fall within the blocks on the claim form. Please be sure that all line-item information appears on the same horizontal line.

Toner cartridges

Change your printer toner cartridges often. Light print increases the chance for payment errors. Use black ink only.

Fonts

A 10-point font with a 10-pitch setting works best with the new forms. Courier or Courier New 10 mono-space font work best with our scanner technology. Don’t mix fonts or use italics, script, percent signs, question marks, or parentheses.

Do not hand write

If you submit paper claims, please explore using a software program that will print the claims on the NUBC form. Handwritten claims increase billing office costs and are more costly to process. Poor handwriting contributes to billing errors. If billing software is too costly for the volume of claims that your practice submits, please use a typewriter to complete the claim form.

Keep it clean

Don’t print, write, or stamp extra data on the claim form. Please refrain from using correction fluid or correction tape. If an error occurs while completing the claim, please complete a new, red claim form for submission.

Use UPPERCASE

Use only UPPERCASE letters for alphabetical entries.
Mailing UB-04 Forms

Where to send completed claims

Send your paper claims for the Plans’ members to this address:

Blue Cross Blue Shield of MA
P.O. Box 986015
Boston, MA 02298

For more information about submitting BlueCard® claims for members of other BCBS Plans, please see the BlueCard Program information in the Out of Area section of the Blue Book.

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