Instructions for Completing a UB 04 Form

Form Locator	Instructions
FL01	**Billing Provider Name, Street Address and Telephone Number** Enter the billing provider's name, city, state, and nine-digit ZIP Code
FL02	**Billing Provider's Designated Pay to Name** Not applicable
FL03a	**Patient Control Number** Enter the patient's unique alpha-numeric control number assigned by the provider to facilitate retrieval of individual financial records and posting payment may be shown if the provider assigns one and needs it for association and reference purposes.
FL03b	**Medical/Health Record Number** Enter the number assigned to the patient's medical/health record by the provider
FL04	**Type of Bill** Enter the four-digit alphanumeric code. The 4th digit indicates the sequence of the bill in the episode of care and is referred to as a "frequency" code. If the 4th digit is billed as 0 (zero), the claim is defined as a "Nonpayment/Zero Claims" and will not be considered for payment.
FL05	**Federal Tax ID** Enter the Tax ID Number
FL06	**Statement Covers Period – From/Through** Enter the beginning and ending dates of the period included on the bill in numeric fields (MMDDYY)
FL07	**Reserved for Assignment by NUBC** Not applicable

FL08 **Patient Name**

Enter the patient's last name, first name, and, if any, middle initial, along with patient identifier (if different than the subscriber/insured's identifier).

Name on Baby's Claim

When submitting a separate claim for a level two, three or four NICU newborn, enter the baby's name rather than "baby boy" or "baby girl." In the case of twins, indicate the baby's name rather than "Baby A" or "Baby B." Blue Shield will return the unprocessed claim if the baby's name is missing.

FL09 **Patient Address**

Enter the patient's full mailing address, including street number and name, post office box number or RFD, city, State, and ZIP Code.

FL10 **Patient Date of Birth**

Enters the patient's date of birth.

FL11 **Patient Sex**

Enter the sex of the patient.

FL12 **Admission/Start of Care Date**

Enter the date the patient was admitted for inpatient care (MMDDYY). The HHA enters the same date of admission that was submitted on the RAP for the episode.

FL13 **Admission Hour**

Enter the two-digit military time code to indicate the admission hour.

FL14 **Type of Admission**

Enter the Type of Admission

FL15 Source of Referral for Admission or Visit

Enter the source using the one-digit code that represents the source of referral for admission.

Maternity Claims – Charges for the mother and ***level one NICU*** baby should be billed together, either on the same claim or at the same time. However, if the baby requires placement in a level two, three, or four Neonatal Intensive Care Unit (NICU) room (Revenue Code 172, 173, or 174, respectively), separate claims should be submitted for the mother and baby.

Note: For network hospitals with negotiated per diem/case rates, only one per diem/case rate will be paid for both the mother and baby, except when the baby requires placement in level two, three or four NICU or if the baby is in a level one NICU after the mother's discharge.

FL16 Discharge Hour

Enter the two-digit military time code to indicate the discharge hour.

FL17 Patient Discharge Status

Enter the two-digit status of the patient when service is ended.

FL18-FL28 Condition Codes

Enter the corresponding code in numerical order to describe any conditions or events that applied to the billing period.

FL29 Accident State

Not applicable

FL30 Reserved for Assignment by NUBC

Not applicable

FL31-FL34 Occurrence Code/Date

Enter occurrence code and associated dates defining specific events relating to the billing period.

FL35-FL36 Occurrence Span Code/From/Through

Enter codes and associated beginning and ending dates defining a specific event relating to this billing period. Event codes are two alpha-numeric digits and dates are shown numerically as MMDDYY.

FL37 **NOT USED**

Not applicable

FL38 **Responsible Party Name/Address**

Not applicable

FL39-FL41 **Value Code and Value Code Amount**

Enter the appropriate value code(s) and corresponding amount(s).

FL42 **Revenue Codes**

Enter valid Revenue Code for the services provided. Blue Shield will deny charges billed with invalid Revenue Codes.

Note: Certain billing scenarios may require Blue Shield to apply billed charges to Revenue Code 249. In some billing scenarios, Blue Shield may add Revenue Code 249 to identify combined or non-payable charges.

FL43 **Revenue Code Description**

Enter a narrative description or standard abbreviation for each revenue code category.

FL44 **HCPCS/Accommodation Rates/HIPPS Rate Codes**

Enter valid HCPCS and appropriate modifier, rate or HIPPS Code for the services provided. Blue Shield encourages the use of modifiers in accordance with the National Uniform Billing Committee and the *California UB 04 Billing Procedures Manual*, as modifiers more accurately define the service(s) provided.

FL45 **Service Dates**

When billing for outpatient services and the “Statement Covers Period” (Form Locator 6) spans multiple dates, each service must be entered on a separate line with the actual date of service performed.

Multiple room and board individual dates of service are needed to process inpatient claims within Form Locator 45 or on the itemization.

Note: For network hospitals with negotiated per diems, additional payment for late discharges cannot be made under the terms of your contract.

Outpatient Charges and Multiple Inpatient Room & Board Charges must identify the date on each service line.

FL46 **Service Units**

Enter the number of units, days, or visit where appropriate

FL47 **Total Charge**

Enter the total charges for the number of charges billed.

FL48 **Non-Covered Charges**

Enter the total non-covered charges pertaining to the related revenue code in FL42.

FL49 **Reserved for Assignment by NUBC**

Not applicable

FL50-FL55 **Other Payor Information**

Enter the appropriate information if applicable as follows:

Box 50a-c: **Payor Name** – Enter the Primary payor name. Secondary/Tertiary information can be entered on the lines below.

Box 51a-c: Health Plan ID – Enter the Health Plan ID

Box 52a-c: **Release of Information –** Each payor line will have a separate Release of Information Certification Marker Box.

Box 53a-c: **Assignment of Benefits –** Each Payor line will have a separate Assignment of Benefits Marker Box.

Box 54a-c: **Prior Payments –** Enter any prior payment amounts received toward payment of the bill for the payor indicated in box 50.

Box 55a-c: **Estimated Amount Due** – Enter estimated amount due from each indicated payor in box 50.

FL56 **Billing Provider National Provider ID (NPI)**

Enter the National Provider ID for the billing provider.

FL57 **Other Provider ID**

Enter the Blue Shield Provider Identification Number (PIN).

FL58-FL65 Insured's Information

Box 58a-c: **Insured Name –** Enter the name of the policyholder for the primary/secondary/tertiary health plan as indicated in Box 50a-c

Box 59a-c: **Patient Relationship** – Identify the relationship of the patient to the primary insurance policyholder.

Box 60a-c: **Insured ID Number** – Enter the ID number for the Insured.

Box 61a-c: **Group Name** – Enter the Group Name of the Insured.

Box 62a-c: **Insured Group Number** – Enter the Group Number of the Insured.

Box 63a-c: Treatment Auth Codes – Enter the authorization or referral number assigned by the payor.

Enter the reference number that Blue Shield issues to track pre-admission information. For Access+ HMO and POS patients, enter both the Blue Shield tracking number and the reference number provided by the patient's IPA/medical group, if applicable. For emergency room visits, enter the name or license number of the authorizing physician, if the patient's primary care physician referred or approved the admission.

Box 64a-c: Document Control Number – Enter the Document Control Number assigned by the health plan

Box 65a-c: Employer Name – Not applicable

When more than one insurance carrier is involved, enter complete information regarding the primary, secondary, and other carriers and members. Indicate the other insurance carrier's name, address, and policy number in the "Remarks" section. Also include any payment information, if known. When Blue Shield is the secondary payor, attach a copy of the primary carrier's remittance advice or EOB. Also attach a copy of the other insurer's identification card, if available.

- If other insurance is indicated:
    - Line A – Enter the Primary Carrier information.
    - Line B - Enter the Secondary Carrier information.
    - Line C - Enter the Tertiary information.
    - COB claims can be received electronically up to Tertiary. Blue Shield follows CMS guidelines. For facility inpatient claims, the COB is submitted at the claim level. For facility outpatient and professional claims, the COB is provided at the line level adjudication. For specific guidelines refer to Blue Shield's 837 Companion Guide found on Provider Connection at blueshieldca.com/provider.

FL66 **Diagnosis and Procedure Code Qualifier**

Enter the Primary diagnosis code and the qualifier code 0 for the tenth revision (ICD-10-CM)

FL67a-q **Other Diagnosis and POA Indicator**

Enter all the diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Enter all the diagnosis codes using current ICD-10-CM Manual for accurate coding. The Present on Admission (POA) indicator must be assigned to principal and secondary diagnoses (as defined in Section II of the *ICD-10-CM Official Guidelines for Coding & Reporting*) on all inpatient acute care facility claims.

FL68 **Reserved for Assignment by NUBC**

Not applicable

FL69 **Admitting Diagnosis**

For inpatient hospital claims, the admitting diagnosis is required. Admitting diagnosis is the condition identified by the physician at the time of the patient's admission requiring hospitalization.

FL70a-c **Patient Reason for Visit Code**

Enter the complete ICD-10-CM code describing the patient's reason for visit at the time of registration.

FL71 **Prospective Payment System Code**

Enter the appropriate DRG code

FL72a-c **External Cause of Injury Codes and POA Indicator**

Inpatient acute care facility claims must contain the External Cause of Injury (ECI) ICD-10-CM Code, along with the POA indicator, when an injury, poisoning, or adverse effect occurs during the medical treatment.

FL73 **Reserved for Assignment by NUBC**

Not applicable

FL74 **Principal Procedure Code and Date**

Enter the procedure code and date when a procedure was performed. Not used on outpatient claims.

FL74a-e **Other Procedure Codes and Dates**

Enter the procedure code and date when additional procedure was performed. Not used on outpatient claims

FL75 **Reserved for Assignment by NUBC**

Not applicable

FL76 **Attending Provider Name and Identifiers (including NPI)**

Enter the name and NPI of the attending physician.

FL77 **Operating Provider Name and Identifiers (including NPI)**

Enter the name and NPI of the individual with the primary responsibility for performing the surgical procedures.

FL78-FL79 **Other Provider Name and Identifiers (including NPI)**

Enter the name and NPI of the provider that corresponds to the indicated provider type on the claim.

Note: When submitting claims for a Blue Shield POS member who has self-referred enter the words "self-referral."

FL80 **Genetic Testing Unit**

Not applicable

FL81 **Code-Code Field**

Enter the taxonomy code.