

## How to use the UB-04 claim form for submitting long-term care claims to Blue Shield of California Promise Health Plan

This guide is intended for providers who need to submit a claim to Blue Shield of California Promise Health Plan. Although a UB-04 claim form may not typically be used for long-term care claims by all health plans, it is necessary to use the UB-04 in this instance for long-term facility claims in order for Blue Shield Promise to process the claim.

Please follow the instructions provided below for each type of submission.

### Long-term care: skilled nursing facilities

Box	Description
1	Facility name, address, and telephone number
2	Facility pay-to name and address
3	Member control number for your facility
4	Type of Bill = <b>021X</b> <b>X represents:</b> 0 - Non-payment/zero claim 1 - Admit through discharge 2 - Interim first claim 3 - Interim continuing claim 4 - Interim last claim 7 - Replacement of prior claim 8 - Void/cancel of prior claim
5	Federal tax ID number
6	Statement covers period (from/through): Dates of service billing
8&9	Member name and address
10	Member date of birth (DOB)
11	Member sex
12	Admission date
17	Status Code: 30 - Still a patient/still under care/leave of absence to acute hospital (bed hold)/leave of absence to home 09 - Admitted 20 - Expired 70 - Discharged to acute hospital 01 - Discharged to home 84 - Discharged to another LTC facility/transferred to LTC status in same facility 05 - Leave of absence to acute hospital/discharged 06 - Leave of absence to home/discharged
38	Responsible party name and address
39	Value codes: 23: Patient's share of cost 24: Accommodation code 66: Non-covered cost

Box	Description
42	Revenue Code: The following revenue codes are used based on the accommodation code billed. <b>Revenue Code/Accommodation Codes:</b> Revenue code 160 = Accommodation codes 01, 04, 21 Revenue code 169 = Accommodation codes 11, 31 Revenue code 180 = Accom. Codes 03, 05, 12, 23, 32, 79, 80, 81, 82, 89, 90, 95, 96 Revenue code 185 = Accom. Codes 02, 22, 73, 74, 77, 78, 87, 88, 93, 94 Revenue code 199 = Accommodation codes 71, 72, 75, 76, 83, 84, 85, 86, 91, 92, 97, 98
43	Description of service
45	Service date ("from" date of service)
46	Service units (number of days billing)
47	Total charges
50	Payer = <b>Blue Shield of California Promise Health Plan</b>
55	Estimated amount due. This is the difference between the total charges and other deductions, such as SOC/NCS
56	National Provider Identifier
58	Member name
60	Member ID number from the members Blue Shield Promise Health Plan ID card
63	Treatment authorization code(s) (authorization number(s))
66	Diagnosis qualifier (distinguish between ICD-9 and ICD-10 coding). Default value = 0
67	Diagnosis
76	Attending physician's national provider identifier (NPI), first and last name, as required.
80	Remarks - field for additional comments not found in any field of the UB-04 form

For a visual example of this type of claim, please refer to page 2 of this document.

Visual example of claim submission for skilled nursing facilities using the UB-04 form

1 Facility Name Facility Address		2		3a PRT. CNTL. # 1234567890		4 TYPE OF BILL 0213																																		
5 FED. TAX NO. 951234567		6 STATEMENT COVERS PERIOD FROM 01/01/2020		7 THROUGH 01/31/2020																																				
8 PATIENT NAME a Jane Doe			9 PATIENT ADDRESS a 123 Main Street, Los Angeles, CA 90001																																					
10 BIRTHDATE 4/20/1950		11 SEX F	12 DATE OF ADMISSION 01/01/2020		13 HR		14 TYPE		15 SRC		16 CHR		17 STAT 30		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37		38 OCCURRENCE SPAN FROM		39 OCCURRENCE SPAN THROUGH		40		41		42		43		44		45		46		47		48		49				
38 Jane Doe 123 Main Street Los Angeles, CA 90001										39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT																				
a 24		:01																																						
b 23		800.00																																						
c 66		150.00																																						
d																																								
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / H PPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																										
0160		Room & Board				01/01/2020		31		3100.00																														
PAGE ____ OF ____		CREATION DATE		TOTALS		3100.00																																		
50 PAYER NAME Blue Shield of California		51 HEALTH PLAN ID		52 REL INFO		53 ADD SSN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 245000		56 NPI 1234567890		57 OTHER PRV ID																										
58 INSURED'S NAME Jane Doe		59 REL		60 INSURED'S UNIQUE ID 9123456789		61 GROUP NAME		62 INSURANCE GROUP NO.																																
63 TREATMENT AUTHORIZATION CODES H12345678		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																				
66 DX I10 F72		67		68		69		70		71		72		73																										
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 ATTENDING NPI		77 QUAL		78 LAST		79 FIRST		80		81																										
74		75		76		77		78		79		80		81																										
74		75		76		77		78		79		80		81																										
74		75		76		77		78		79		80		81																										
80 REMARKS Additional comments		81CC a		82		83		84		85		86		87																										
80		81		82		83		84		85		86		87																										
80		81		82		83		84		85		86		87																										
80		81		82		83		84		85		86		87																										
80		81		82		83		84		85		86		87																										

**Long-term care: intermediate care facility for developmentally disabled (ICF/DD)**

Box	Description
1	Facility name, address, and telephone number
2	Facility pay-to name and address
3a	Member control number for your facility
4	Type of Bill = <b>021X</b> <b>X represents:</b> 0 - Non-payment/zero claim 1 - Admit through discharge 2 - Interim first claim 3 - Interim continuing claim 4 - Interim last claim 7 - Replacement of prior claim 8 - Void/cancel of prior claim
5	Federal tax ID number
6	Statement covers period (from/through): dates of service billing
8 & 9	Member name and address
10	Member date of birth (DOB)
11	Member sex
12	Admission date
17	Status Code: 30 - Still a patient/still under care 09 - Admitted 20 - Expired
38	Responsible party name and address
39	Value codes:  23: Patient's share of cost 24: Accommodation code 66: Non-covered cost <b>Accommodation Code:</b> 41 - ICF/DD Regular Services 61 - ICF/DD-H (4-6 beds) Regular Services 62 - ICF/DD-N (4-6 beds) Regular Services 65 - ICF/DD-H (7-15 beds) Regular Services 66 - ICF/DD-N (7-15 beds) Regular Services 43 - ICF/DD Leave Days 63 - ICF/DD-H (4-6 beds) Leave Days 64 - ICF/DD-N (4-6 beds) Leave Days 68 - ICF/DD-H (7-15 beds) Leave Days 69 - ICF/DD-N (7-15 beds) Leave Days
42	Revenue code: The following revenue codes are used based on the accommodation code billed:  <b>Revenue Code/Accommodation Codes:</b> Revenue code 160 = Accommodation codes 41, 61, 62, 65 or, 66 Revenue code 180 = Accommodation codes 43, 63, 64, 68 or, 69
43	Description of service
45	Service date (From date of service)

Box	Description
46	Service units (number of days billing)
47	Total charges
50	Payer = <b>Blue Shield of California Promise Health Plan</b>
55	Estimated amount due: This is the difference between the total charges and other deductions such as SOC/NCS.
56	National provider identifier (NPI)
58	Member name
60	Member ID number from the member's Blue Shield Promise Health Plan ID card
63	Treatment authorization code(s) (authorization number(s))
66	Diagnosis qualifier: Distinguish between ICD-9 and ICD-10 coding. <b>Default value = 0</b>
67	Diagnosis
80	Remarks - field for additional comments not found in any field of the UB-04 form

For a visual example of this type of claim, please refer to page 4 of this document.

Visual example of claim submission for ICF/DD facilities using the UB-04 form

Facility Name Facility Address		1234567890		0213	
Patient Name Jane Doe		Patient Address 123 Main Street, Los Angeles, CA 90001		951234567	
4/20/1950		01/01/2020		01/01/2020 01/31/2020	
Jane Doe 123 Main Street Los Angeles, CA 90001		24 23 66		41 800.00 150.00	
0160	Room & Board	01/01/2020	31	3100.00	
PAGE OF		CREATION DATE		TOTALS	3100.00
Blue Shield of California		245000		1234567890	
Jane Doe		9123456789		H12345678	
I10 F72		R C D N E F G H		A B C D E F G H	
Additional comments					