



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.™

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 Oklahoma 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.

For additional information on the UB-04 billing form, visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.

MAIL CLAIMS TO:

Federal Employee Program

P.O. Box 3492

Tulsa, OK 74101-3492

Blue Cross and Blue Shield of Oklahoma

P.O. Box 3283

Tulsa, OK 74102-3283

Custom Group Services

P.O. Box 3028

Tulsa, OK 74101-3028

BlueLines HMO

P.O. Box 21128

Tulsa, OK 74121-1128

KEY

- R** REQUIRED ELEMENT
- S** SITUATIONAL – ONLY IF APPROPRIATE TO THIS CLAIM
- NR** NOT REQUIRED/NOT USED

1. **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. **S** 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** **S**
Enter the number assigned to the patient's medical 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 service 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 IDENTIFIER** **S**
Enter the patient's identifier. Note: The patient identifier is situational/conditional, if different than what is in field locator 60 (Insured's Unique Identifier).
- 8b. **PATIENT NAME** **R**
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 (9a), city (9b), state (9c), zip code (9d) and country code (9e), if applicable to the claim.
10. **BIRTHDATE** **R**
Enter the patient's date of birth using an eight-digit date format (MMDDYYYY). For example: 01281970.
11. **SEX** **R**
Enter the patient's gender using an "F" for female or "M" for male.
12. **ADMISSION DATE (MMDDYY)** **S**
Enter the date that the patient was admitted using a six-digit format (MMDDYY). **Note: Required on all inpatient claims.** For Home Health services, it is the start of care date.
13. **ADMISSION HOUR** **S**
Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted. **Note: Required on all inpatient claims.**

For more information on Admission Hour, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.
14. **ADMISSION TYPE** **R**
Enter the appropriate two-digit type of visit priority code for the admission/visit.
15. **ADMISSION SOURCE** **R**
Enter the appropriate admission or visit referral source code.
16. **DISCHARGE HOUR** **S**
Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. **Note: Required on all inpatient claims.**
17. **PATIENT DISCHARGE STATUS** **R**
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** **S**
Enter the appropriate two-digit condition code or codes if applicable to the patient's condition.
29. **ACCIDENT STATE** **S**
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 CODE/DATE (MMDDYY)** **S**
Enter the appropriate two-digit occurrence code and associated date using a six-digit format (MMDDYY), if there is an occurrence code appropriate to the patient's condition.
- 35-36. **OCCURRENCE SPAN CODE/DATE (From/Through) (MMDDYY)** **S**
Enter the appropriate two-digit occurrence span code 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. **S** Enter the name, address, city, state and zip code of the party responsible for the bill.
- 39-41. **VALUE CODES AND AMOUNT** **S**
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 applicable Revenue Code description for the services rendered.

For more information on Revenue Descriptions, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.
44. **HCPCS/RATES/HIPPS CODE** **S**
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)** **S**
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.

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** **S**
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** **R**
Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable.

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52. **RELEASE OF INFORMATION** **R**
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** **S**
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** **S**
Enter the amount of payment the provider has received (to date) by the health plan toward payment of the claim.
55. **ESTIMATED AMOUNT DUE** **R**
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** **S**
Required on or after the mandated NPI Implementation date when NPI is not used in FL 56 and an identification number other than the NPI is necessary to identify the provider.
58. **INSURED'S NAME** **R**
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** **R**
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** **R**
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** **R**
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).
63. **TREATMENT AUTHORIZATION CODES** **S**
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)** **S**
Enter if this is a void or replacement bill to a previously adjudicated claim (64a – 64c).
65. **EMPLOYER NAME** **S**
Enter when the employer of the insured if 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** **S**
Enter the required value of "9" or only for the special conditions enter a "0".
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. **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. **S** Enter additional diagnosis codes if more than one diagnosis code applies to claim.
68. **NR** Reserved for assignment by the NUBC. Providers do not use this field.
69. **ADMITTING DIAGNOSIS CODE** **S**
Required when a claim involves an inpatient admission.
70. **PATIENT'S REASON FOR VISIT** **S**
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** **S**
Enter the DRG based on software for inpatient claims when required under contract grouper with a payer.
72. **EXTERNAL CAUSE OF INJURY (ECI) CODE** **S**
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)** **S**
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)** **S**
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** **S**
Enter the attending provider's NPI number, last name and first name.
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** **S**
Enter the operating provider's NPI number, last name and first name.
Required when a surgical procedure code is listed on the claim.

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** **S**
Enter any other provider's NPI number, last name and first name.

For more information on Other Provider, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.
80. **REMARKS** **S**
Enter any information that the provider deems appropriate to share that is not supported elsewhere.
- 81CC a-d. **CODE-CODE FIELD** **S**
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.