



BlueCross BlueShield of Montana

# 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 Montana (BCBSMT) offers this guide to assist you in completing the UB-04 form for your patients with Blue Cross (facility) coverage.

**Please remember to submit your facility claims electronically. Submission of a paper UB-04 should be an exception. Contact your Provider Network Representative if you have questions about submitting claims electronically.**

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](http://www.nubc.org).

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

**MAIL CLAIMS TO:**

**Blue Cross and Blue Shield of Montana**

P.O. Box 7982

Helena, MT 59604

1	R	2	S	3a PAT. CNTL. #	R	b. MED. REC. #	S	4 TYPE OF BILL	R
				5 FED. TAX NO.	R	6 STATEMENT COVERS PERIOD FROM	R	THROUGH	7 NR
8 PATIENT NAME	a	S	9 PATIENT ADDRESS	R	a				
b	R								
10 BIRTHDATE	R	11 SEX	R	12 DATE	S	ADMISSION 13 HP	14 TYPE	15 SRC	16 DHR
17 STAT	R	18	19	20	21	CONDITION CODES 22	23	24	25
29 ACDT STATE	S	30	NR						
31 OCCURRENCE DATE	S	32 OCCURRENCE DATE	S	33 OCCURRENCE DATE	S	34 OCCURRENCE DATE	S	35 OCCURRENCE SPAN FROM	THROUGH
36 CODE	S	37	NR						
38	S								
39 CODE	S	40 CODE	S	41 CODE	S	VALUE CODES AMOUNT	VALUE CODES AMOUNT	VALUE CODES AMOUNT	VALUE CODES AMOUNT
42 REV. CD.	R	43 DESCRIPTION	R	44 HCPCS / RATE / HIPPS CODE	S	45 SERV. DATE	S	46 SERV. UNITS	R
47 TOTAL CHARGES	R	48 NON-COVERED CHARGES	S	49	NR				
PAGE	OF	CREATION DATE	TOTALS	R	NR				
50 PAYER NAME	R	51 HEALTH PLAN ID	R	52 REL	R	53 ASG	R	54 PRIOR PAYMENTS	NR
55 EST. AMOUNT DUE	S	56 NPI	R	57 OTHER PRV ID	S				
58 INSURED'S NAME	R	59 P/P/L	R	60 INSURED'S UNIQUE ID	R	61 GROUP NAME	S	62 INSURANCE GROUP NO.	R
63 TREATMENT AUTHORIZATION CODES	S	64 DOCUMENT CONTROL NUMBER	S	65 EMPLOYER NAME	S				
66	R	67	A	B	C	D	E	F	G
68	NR	69 ADMIT DX	S	70 PATIENT REASON DX	a	b	c	71 PPS CODE	S
72 EQI	S	73	NR	74 PRINCIPAL PROCEDURE D	S	75 OTHER PROCEDURE D	S	76 ATTENDING NPI	S
77 OPERATING NPI	S	78 OTHER NPI	S	79 OTHER NPI	S	QUAL	QUAL	QUAL	QUAL
80 REMARKS	S	81CC a	S	b		c		d	

SAMPLE

# KEY

- R** REQUIRED IN FILING A BLUE CROSS CLAIM
- S** SITUATIONAL --- ONLY IF APPROPRIATE TO THIS CLAIM
- NR** NOT REQUIRED/NOT USED

1. **BILLING PROVIDER NAME, ADDRESS & TELEPHONE NUMBER <sup>R</sup>** 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.

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2. **PAY TO NAME AND ADDRESS <sup>S</sup>** 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.

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- 3a. **PATIENT CONTROL NUMBER <sup>R</sup>**  
Enter the patient's unique alphanumeric control number assigned to the patient by the provider.

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- 3b. **MEDICAL RECORD NUMBER <sup>S</sup>**  
Enter the number assigned to the patient's medical health record by the provider.

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4. **TYPE OF BILL <sup>R</sup>**  
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.

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5. **FEDERAL TAX NUMBER <sup>R</sup>**  
Enter the provider's Federal Tax Identification number.

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6. **STATEMENT COVERS PERIOD (From/Through) <sup>R</sup>**  
Enter the beginning and ending service dates of the period included on the bill using a six-digit date format (MMDDYY). For example: 010107.

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7. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.

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- 8a. **PATIENT NAME/IDENTIFIER <sup>S</sup>**  
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).

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- 8b. **PATIENT NAME <sup>R</sup>**  
Enter the patient's last name, first name and middle initial.

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9. **PATIENT ADDRESS <sup>R</sup>**  
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.

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10. **PATIENT BIRTH DATE <sup>R</sup>**  
Enter the patient's date of birth using an eight-digit date format (MMDDYYYY). For example: 01281970.

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

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12. **ADMISSION/START OF CARE DATE (MMDDYY) <sup>S</sup>**  
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.**

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13. **ADMISSION HOUR <sup>S</sup>**  
Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted. **Note: Required on all inpatient claims, except TOB 021X.**  
  
For more information on Admission Hour, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

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14. **PRIORITY (TYPE) OF VISIT <sup>R</sup>**  
Enter the appropriate code indicating the priority of this admission/visit.  
  
For more information on Priority (TYPE) of Visit, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

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15. **POINT OF ORIGIN FOR ADMISSION OR VISIT <sup>R</sup>**  
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.

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16. **DISCHARGE HOUR <sup>S</sup>**  
Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. **Note: Required on all final inpatient claims.**

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17. **PATIENT DISCHARGE STATUS <sup>R</sup>**  
Enter the appropriate two-digit code indicating the patient's discharge status. **Note: Required on all inpatient, observation, or emergency room care claims.**

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- 18-28. **CONDITION CODES <sup>S</sup>**  
Enter the appropriate two-digit condition code or codes if applicable to the patient's condition.

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29. **ACCIDENT STATE <sup>S</sup>**  
Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.

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30. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.

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- 31-34. **OCCURRENCE CODES/DATES (MMDDYY) <sup>S</sup>**  
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.

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- 35-36. **OCCURRENCE SPAN CODES/DATES (From/Through) (MMDDYY) <sup>S</sup>**  
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.

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37. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.

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38. **RESPONSIBLE PARTY NAME AND ADDRESS (Claim Addressee) <sup>S</sup>** Enter the name, address, city, state and zip code of the party responsible for the bill.

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- 39-41. **VALUE CODES AND AMOUNT <sup>S</sup>**  
Enter the appropriate two-digit value code and value if there is a value code and value appropriate for this claim.

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42. **REVENUE CODE <sup>R</sup>**  
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.

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43. **REVENUE DESCRIPTION <sup>R</sup>**  
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.

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44. **HCPCS/RATES/HIPPS CODE <sup>S</sup>**  
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.  
  
**HCPCS and HIPPS Rate Codes:** Situational. Required for outpatient claims when an appropriate HCPCS code exists for this service line item.  
  
**Accommodation Rates:** Situational. Required when a room & board revenue code is reported.  
  
**HCPCS Modifiers:** Situational. Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code.

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45. **SERVICE DATE (MMDDYY) <sup>S</sup>**  
Enter the applicable six-digit format (MMDDYY) for the service line item if the claim was for outpatient services, SNFPPS 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.

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46. **SERVICE UNITS <sup>R</sup>**  
Enter the number of units provided for the service line item.

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47. **TOTAL CHARGES <sup>R</sup>**  
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.

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48. **NON-COVERED CHARGES <sup>S</sup>**  
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.

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49. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.

# KEY



**R** REQUIRED IN FILING A BLUE CROSS CLAIM

**S** SITUATIONAL --- ONLY IF APPROPRIATE TO THIS CLAIM

**NR** NOT REQUIRED/NOT USED

50. **PAYER NAME <sup>R</sup>**  
Enter the health plan that the provider might expect some payment from for the claim.
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51. **HEALTH PLAN IDENTIFICATION NUMBER <sup>R</sup>**  
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 <sup>R</sup>**  
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 <sup>R</sup>**  
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.
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54. **PRIOR PAYMENTS <sup>S</sup>**  
Enter the amount of payment the provider has received (to date) from the payer toward payment of the claim.
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55. **ESTIMATED AMOUNT DUE <sup>S</sup>**  
Enter the amount estimated by the provider to be due from the payer.
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56. **NATIONAL PROVIDER IDENTIFIER (NPI) <sup>R</sup>**  
Enter the billing provider's 10-digit NPI number.
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57. **OTHER PROVIDER IDENTIFIER <sup>S</sup>**  
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.
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58. **INSURED'S NAME <sup>R</sup>**  
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 <sup>R</sup>**  
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).
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60. **INSURED'S UNIQUE IDENTIFIER <sup>R</sup>**  
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).
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61. **INSURED'S GROUP NAME <sup>S</sup>**  
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).
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62. **INSURED'S GROUP NUMBER <sup>R\*</sup>**  
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: BCBSMT requires the group # on local claims.**
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63. **TREATMENT AUTHORIZATION CODES <sup>S</sup>**  
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).
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64. **DOCUMENT CONTROL NUMBER (DCN) <sup>S</sup>**  
Enter if this is a void or replacement bill to a previously adjudicated claim (64a – 64c).
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65. **EMPLOYER NAME <sup>S</sup>**  
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 <sup>R</sup>**  
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.
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67. **PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR <sup>R</sup>**  
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.
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- 67a-67q. **OTHER DIAGNOSIS CODES <sup>S</sup>** Enter additional diagnosis codes if more than one diagnosis code applies to claim.
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68. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.
- 
69. **ADMITTING DIAGNOSIS CODE <sup>S</sup>**  
Required when a claim involves an inpatient admission.
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70. **PATIENT'S REASON FOR VISIT <sup>S</sup>**  
Enter the appropriate reason for visit code only for bill types 013X and 085X and 045X, 0516, 0526, or 0762 (observation room).
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71. **PROSPECTIVE PAYMENT SYSTEM (PPS) CODE <sup>S</sup>**  
Enter the DRG based on software for inpatient claims when required under contract grouper with a payer.
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72. **EXTERNAL CAUSE OF INJURY (ECI) CODE <sup>S</sup>**  
Enter the cause of injury code or codes when injury, poisoning or adverse affect is the cause for seeking medical care.
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73. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.
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74. **PRINCIPAL PROCEDURE CODE AND DATE (MMDDYY) <sup>S</sup>**  
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.**
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- 74a-e. **OTHER PROCEDURE CODES AND DATES (MMDDYY) <sup>S</sup>**  
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.**
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75. **<sup>NR</sup>** Reserved for assignment by the NUBC. Providers do not use this field.
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76. **ATTENDING PROVIDER NAME AND IDENTIFIERS <sup>S</sup>**  
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.
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77. **OPERATING PROVIDER NAME AND IDENTIFIERS <sup>S</sup>**  
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.
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- 78-79. **OTHER PROVIDER NAME AND IDENTIFIERS <sup>S</sup>**  
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.
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80. **REMARKS <sup>S</sup>**  
Enter any information that the provider deems appropriate to share that is not supported elsewhere.
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- 81CC a-d. **CODE-CODE FIELD <sup>S</sup>**  
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.
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- 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.