



# *A Guide for Completing the UB-04 Form*

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## I. GENERAL INFORMATION

Typically, claims are submitted to BCBSKS electronically. Sometimes due to billing requirements, such as the need to include an attachment, etc. it's necessary for providers to submit to BCBSKS a hard copy paper claim. When necessary, institutional providers should submit claims using the UB-04/837I claim form.

This section gives a general description of the UB-04/837I form locators. **BCBSKS accepts all valid NUBC codes.** This information is not the complete UB-04 specifications but rather a guide to assist you in completing the UB-04 form for your patients with BCBSKS coverage.

For Form Locator 42 – Revenue Code, a complete revenue code guide is located in the secure section of our website, BlueAccess.

A complete Official UB-04 Data Specifications Manual is available by subscription at the National Uniform Billing Committee Web site [www.nubc.org](http://www.nubc.org).

UB-04/837I Claim Form Example.

1	2	3a Pol. Cont. #	3b Med. Proc. #	4 TYPE OF BILL
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH		
8 PATIENT NAME	9 PATIENT ADDRESS			
10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE
15 SRC	16 DHR	17 STAT	18	19
20	21	22	23	24
25	26	27	28	29 ACCIDENT FIELD
30 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE SPAN FROM
35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38	39
37	38 VALUE CODES	39 VALUE CODES	40 VALUE CODES	41
a	b	c	d	e
41 REV. CD.	42 DESCRIPTION	43 HCPCS / RATE/PPS CODE	44 SERV. DATE	45 SERV. UNITS
46 TOTAL CHARGES	47 NON-COVERED CHARGES	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100
101	102	103	104	105
106	107	108	109	110
111	112	113	114	115
116	117	118	119	120
121	122	123	124	125
126	127	128	129	130
131	132	133	134	135
136	137	138	139	140
141	142	143	144	145
146	147	148	149	150
151	152	153	154	155
156	157	158	159	160
161	162	163	164	165
166	167	168	169	170
171	172	173	174	175
176	177	178	179	180
181	182	183	184	185
186	187	188	189	190
191	192	193	194	195
196	197	198	199	200
201	202	203	204	205
206	207	208	209	210
211	212	213	214	215
216	217	218	219	220
221	222	223	224	225
226	227	228	229	230
231	232	233	234	235
236	237	238	239	240
241	242	243	244	245
246	247	248	249	250
251	252	253	254	255
256	257	258	259	260
261	262	263	264	265
266	267	268	269	270
271	272	273	274	275
276	277	278	279	280
281	282	283	284	285
286	287	288	289	290
291	292	293	294	295
296	297	298	299	300
301	302	303	304	305
306	307	308	309	310
311	312	313	314	315
316	317	318	319	320
321	322	323	324	325
326	327	328	329	330
331	332	333	334	335
336	337	338	339	340
341	342	343	344	345
346	347	348	349	350
351	352	353	354	355
356	357	358	359	360
361	362	363	364	365
366	367	368	369	370
371	372	373	374	375
376	377	378	379	380
381	382	383	384	385
386	387	388	389	390
391	392	393	394	395
396	397	398	399	400
401	402	403	404	405
406	407	408	409	410
411	412	413	414	415
416	417	418	419	420
421	422	423	424	425
426	427	428	429	430
431	432	433	434	435
436	437	438	439	440
441	442	443	444	445
446	447	448	449	450
451	452	453	454	455
456	457	458	459	460
461	462	463	464	465
466	467	468	469	470
471	472	473	474	475
476	477	478	479	480
481	482	483	484	485
486	487	488	489	490
491	492	493	494	495
496	497	498	499	500
501	502	503	504	505
506	507	508	509	510
511	512	513	514	515
516	517	518	519	520
521	522	523	524	525
526	527	528	529	530
531	532	533	534	535
536	537	538	539	540
541	542	543	544	545
546	547	548	549	550
551	552	553	554	555
556	557	558	559	560
561	562	563	564	565
566	567	568	569	570
571	572	573	574	575
576	577	578	579	580
581	582	583	584	585
586	587	588	589	590
591	592	593	594	595
596	597	598	599	600
601	602	603	604	605
606	607	608	609	610
611	612	613	614	615
616	617	618	619	620
621	622	623	624	625
626	627	628	629	630
631	632	633	634	635
636	637	638	639	640
641	642	643	644	645
646	647	648	649	650
651	652	653	654	655
656	657	658	659	660
661	662	663	664	665
666	667	668	669	670
671	672	673	674	675
676	677	678	679	680
681	682	683	684	685
686	687	688	689	690
691	692	693	694	695
696	697	698	699	700
701	702	703	704	705
706	707	708	709	710
711	712	713	714	715
716	717	718	719	720
721	722	723	724	725
726	727	728	729	730
731	732	733	734	735
736	737	738	739	740
741	742	743	744	745
746	747	748	749	750
751	752	753	754	755
756	757	758	759	760
761	762	763	764	765
766	767	768	769	770
771	772	773	774	775
776	777	778	779	780
781	782	783	784	785
786	787	788	789	790
791	792	793	794	795
796	797	798	799	800
801	802	803	804	805
806	807	808	809	810
811	812	813	814	815
816	817	818	819	820
821	822	823	824	825
826	827	828	829	830
831	832	833	834	835
836	837	838	839	840
841	842	843	844	845
846	847	848	849	850
851	852	853	854	855
856	857	858	859	860
861	862	863	864	865
866	867	868	869	870
871	872	873	874	875
876	877	878	879	880
881	882	883	884	885
886	887	888	889	890
891	892	893	894	895
896	897	898	8	

## II. COMPLETION GUIDELINES

1
ABC Facility
123 Main Street
Somewhere KS 66666-0000
785-555-5555

**FL 01 - REQUIRED**

**BILLING PROVIDER NAME, ADDRESS, & TELEPHONE NUMBER**

Enter the billing name, street address, city, state, zip code, and telephone of the billing provider submitting the claim. Note: this should be the facilities address

2
ABC Facility
PO Box 1234
Somewhere, KS 66666-0000

**FL 02 – SITUATIONAL**

**PAY TO NAME AND ADDRESS**

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 FL 01.

3a. PAT. CNTL#	123456789
b. MED REC#	987654321

**FL 03 – REQUIRED**

**3a PATIENT CONTROL NUMBER**

Enter the patient's unique alphanumeric accounts control number assigned to the patient by the provider.

**3b MEDICAL RECORD NUMBER – SITUATIONAL**

Enter the number assigned to the patient's medical health care record by the provider

<b>4 TYPE OF BILL</b>
111

**FL 04 – REQUIRED**

**TYPE OF BILL (TOB)**

Enter the appropriate code that indicates the specific type of bill such as inpatient, outpatient, late charges, etc. For more information on TOB, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

5 FED. TAX NO. 48-5555555
------------------------------

**FL 05 – REQUIRED**

**FEDERAL TAX NUMBER**

Enter the provider's Federal Tax Identification number.

6 STATEMENT COVERS PERIOD FROM THROUGH	
080210	081010

**FL 06 – REQUIRED**

**STATEMENT COVERS PERIOD (FROM/THROUGH)**

Enter the beginning and ending service dates of the period included on the bill using a six-digit date format (MMDDYY). For example: 080210. The FROM date should not be confused with the Admission Date (FL 12).

7
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**FL 07 – NOT USED**

**RESERVED FOR ASSIGNMENT BY THE NUBC**

8 PATIENT NAME	a	Smith, Joe R
b		

**FL 08 – Required**

**8a PATIENT NAME**

Enter the patient's last name, first name, and middle initial

**8b PATIENT ID – SITUATIONAL**

Enter the patient's identifier. Note: The patient's identifier is situational if it is different than what is reported in Insured's Identifier (FL 60).

9 PATIENT ADDRESS	a	123 North 12 <sup>th</sup> Street				
b	Somewhere	c	KS	d	66666-0000	e

**FL 09 – REQUIRED**

**PATIENT ADDRESS**

Enter patient's complete mailing address (field's 9a-9e), including street address (9a), city (9b), state (9c), zip code (9d), and county code (9e) if applicable to the claim.

10 BIRTHDATE
04231966

**FL 10 – REQUIRED**

**PATIENT BIRTH DATE**

Enter the patient's date of birth using an eight-digit format (MMDDYYYY). For example: 04231966

11 SEX
M

**FL 11 – REQUIRED**

**PATIENT SEX**

Enter the patient's gender using an "F" for female, "M" for male, or "U" for unknown.

ADMISSION					
12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
080210	09	1	2		

**FL 12 – SITUATIONAL**

**ADMISSION/START OF CARE DATE**

Enter the start date of 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.**

**FL 13 – SITUATIONAL**

**ADMISSION HOUR**

Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted. **Note: This is 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 at [www.nubc.org](http://www.nubc.org).

**FL 14 – REQUIRED  
PRIORITY (TYPE) OF ADMISSION OR VISIT**

Enter the appropriate code indicating the priority of this admission/visit. For more information on PoA, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

**FL 15 – REQUIRED  
POINT OF ORIGIN FOR ADMISSION/VISIT**

Enter the appropriate code indicating the point of patient origin for this admission/visit. The PoO is where the patient came from **before** presenting to the health care facility. Based on this definition, the emergency room code (7) has been eliminated effective for discharges on or after July 1, 2010. See Blue Cross newsletter [BC-10-06](#). For more information on PoO, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

**FL 16 – SITUATIONAL  
DISCHARGE HOUR**

Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. Note: This is required on all final inpatient claims. For more information on Discharge Hour, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

**FL 17 – REQUIRED  
PATIENT DISCHARGE STATUS**

Enter the appropriate two-digit code indicating the patient's discharge status. Note: This is required on all inpatient, observation, or emergency room care claims. For more information on Patient Discharge Status, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

CONDITION CODES										
18	19	20	21	22	23	24	25	26	27	28
02	39									

**FL 18 -28 – SITUATIONAL  
CONDITION CODES**

Enter the appropriate two-digit condition code or codes if applicable to the patient's condition. For more information on Condition Codes, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).

29 ACDT STATE

**FL 29 – SITUATIONAL  
ACCIDENT STATE**

Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.

30

**FL 30 – NOT USED  
RESERVED FOR ASSIGNMENT BY THE NUBC**

31	OCCURRENCE	32	OCCURRENCE	33	OCCURRENCE	34	OCCURRENCE
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE

**FL 31-34 – SITUATIONAL  
OCCURRENCE CODES AND DATES**

Enter the appropriate two-digit occurrence codes and associated date using a six-digit format (MMDDYY), if there is an occurrence code appropriate to the patient's condition. For more information on Occurrence Codes and Dates, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org). BCBSKS encourages that this field be completed when submitting an accident claim.

35	OCCURRENCE	36	OCCURRENCE
CODE	FROM THROUGH	CODE	FROM THROUGH

**FL 35-36 – SITUATIONAL  
OCCURRENCE SPAN CODES AND DATES**

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. For more information on Occurrence Span Codes and Dates, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).



43 DESCRIPTION

**FL 43 – SITUATIONAL  
REVENUE DESCRIPTION**

Enter the standard abbreviation description of the related revenue code categories included on this bill. For more information on Revenue Codes, refer to the Revenue Code manual located on the BCBSKS secure provider section at [www.bcbsks.com](http://www.bcbsks.com).

44 HCPCS/RATES

**FL 44 – SITUATIONAL  
HCPCS/ACCOMMODATION RATES**

Enter the appropriate HCPCS/CPT/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates. Also report the appropriate modifier when it clarifies the code or improves reporting accuracy. Note: HCPCS/CPT may be required for certain Revenue codes. Refer to the BCBSKS Revenue Code manual for when it is required. The Accommodation Rate is required when a room & board revenue code is reported.

45 SERV. DATE

**FL 45 – REQUIRED  
SERVICE DATE**

Enter the applicable six-digit format (MMDDYY) for the service line item if the claim was for outpatient services. Not required for inpatient claim except for line item of the room & board revenue code.

46 SERV UNITS

**FL 46 – REQUIRED  
SERVICE UNITS**

Enter the number of units provided for the service line item.

47 TOTAL CHARGES

**FL 47 – REQUIRED  
TOTAL CHARGES**

Enter the total charges related to the line item revenue code for the current billing period as entered in the statement covers period.

48 NON-COVERED CHARGES

**FL 48 – SITUATIONAL  
NON-COVERED CHARGES**

Enter any non-covered charges as it pertains to the related revenue code for the current billing period as entered in the statement covers period.

49

**FL 49 – DO NOT USE  
RESERVED FOR ASSIGNMENT BY THE NUBC**

50 PAYER NAME
a. Blue Cross and Blue Shield of Kansas
b
c

**FL 50 – a. REQUIRED  
PAYER NAME**

Enter the health plan that the provider might expect payment for the bill. Line b and c are required when other payers are known to potentially be involved in paying this claim.

51 HEALTH PLAN ID
a
b
c

**FL 51 – NOT REQUIRED FOR BCBSKS  
HEALTH PLAN IDENTIFICATION NUMBER**

Enter the number used by the health plan to identify itself.

52 REL INFO

**FL 52 – NOT REQUIRED FOR BCBSKS  
RELEASE OF INFORMATION**

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. The member's BCBSKS agreement allows us to obtain this information from providers without the signed statement.

53 ASG BEN
a
b
c

**FL 53 – NOT REQUIRED FOR BCBSKS  
ASSIGNMENT OF BENEFITS**

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.

54 PRIOR PAYMENTS
a
b
c

**FL 54 – SITUATIONAL  
PRIOR PAYMENTS – PAYER**

Enter the amount of payment the provider has received (to date) from the payer toward payment of the claim.

55 EST. AMOUNT DUE
a
b
c

**FL 55 – SITUATIONAL  
ESTIMATED AMOUNT DUE – PAYER**

Enter the amount estimated by the provider to be due from the payer.

56 NPI	
57	
OTHER	
PRV ID	

**FL 56 – REQUIRED  
NATIONAL PROVIDER IDENTIFIER – BILLING PROVIDER**

Enter the provider's 10-digit NPI number.

**FL 57 – SITUATIONAL – NOT USED BY BCBSKS  
OTHER (BILLING) PROVIDER IDENTIFIER**

58 INSURED'S NAME
a
b
c

**FL 58 – REQUIRED  
INSURED'S NAME**

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 & 58c).

59 P. REL

**FL 59 – REQUIRED  
PATIENT'S RELATIONSHIP TO INSURED**

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 & 59c).

60 INSURED'S UNIQUE ID
a
b
c

**FL 60 – REQUIRED  
INSURED'S UNIQUE IDENTIFIER**

Enter the insured's identification number (60a). If applicable, enter the other insured's identification number when other payers are know to be involved (60b & 60c).

<b>61 GROUP NAME</b>
a
b
c

**FL 61 – SITUATIONAL  
INSURED'S GROUP NAME**

Enter insured's employer group name (61a). If applicable, enter other insured's employer group name when other payers are know to be involved (61b & 61c).

<b>62 INSURANCE GROUP NO.</b>

**FL 62 – REQUIRED FOR BCBSKS  
INSURED'S GROUP NUMBER**

Enter the insured's employer group number (62a). If applicable, enter the other insured's employer group numbers when other payers are know to be involved (62b & 62c).

<b>63 TREATMENT AUTHORIZATION CODES</b>
a
b
c

**FL 63 – SITUATIONAL  
TREATMENT AUTHORIZATION CODE**

Enter the prior authorization for treatment number assigned by the primary payer (63a). If applicable, enter the prior authorization for treatment number assigned by the secondary and tertiary payer (63b & 63c).

<b>64 DOCUMENT CONTROL NUMBER</b>

**FL 64 – SITUATIONAL  
DOCUMENT CONTROL NUMBER (DCN)**

Enter the control number assigned to the original bill by the health plan if this is a void or replacement bill to a previously adjudicated claim.

65 EMPLOYER NAME

**FL 65 – SITUATIONAL  
EMPLOYER NAME (OF THE INSURED)**

Enter when the employer of the insured is known to potentially be involved in paying claims.

66 DX

**FL 66 – NOT REQUIRED BY BCBSKS  
DIAGNOSIS AND PROCEDURE CODE QUALIFIER (ICD VERSION INDICATOR)**

Enter the value of "9" for the Ninth Revision or a "0" for the Tenth Revision.

67	A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P	Q

**FL 67 – REQUIRED  
PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR**

Enter the principal diagnosis code for the patient's condition. For information on POAs, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org) or the BCBSKS provider manual section [www.bcbsks.com - Providers](http://www.bcbsks.com - Providers).

**FL 67a-67q – SITUATIONAL  
OTHER DIAGNOSIS CODES**

Enter additional diagnosis codes and POAs if more than one applies.

68

**FL 68 – NOT USED  
RESERVED FOR ASSIGNMENT BY THE NUBC**

69 ADMIT DX		70 PATIENT REASON DX	a	b	c
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**FL 69 – REQUIRED FOR INPATIENT ADMISSION  
ADMITTING DIAGNOSIS CODE**

Enter the admitting diagnosis code describing the patient's diagnosis at the time of admission.

**FL 70 – REQUIRED FOR UNSCHEDULED OUTPATIENT VISIT  
PATIENT'S REASON FOR VISIT**

Enter the appropriate diagnosis code describing the patient's reason for the visit at the time of the outpatient encounter only for bill types 013X, 085X, 045X, 0516, 0526, or 0762.

71 PPS CODE	
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**FL 71 – SITUATIONAL  
PROSPECTIVE PAYMENT SYSTEM (PPS) CODE**

Enter the PPS code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer.

72 ECI					
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**FL 72 – SITUATIONAL  
EXTERNAL CAUSE OF INJURY (ECI) AND PRESENT ON ADMISSION INDICATOR**

Enter the cause of injury code or codes when injury, poisoning, or adverse affect is the cause for seeking medical care. For information on POAs, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org) or the BCBSKS provider manual section [www.bcbsks.com - Providers](http://www.bcbsks.com - Providers).

73
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**FL 73 – DO NOT USE  
RESERVED FOR ASSIGNMENT BY THE NUBC**

74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE	
CODE	DATE	CODE	DATE	CODE	DATE
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE	
CODE	DATE	CODE	DATE	CODE	DATE

**FL 74 – REQUIRED WHEN PROCEDURE WAS DONE INPATIENT  
PRINCIPAL PROCEDURE CODE AND DATE (MMDDYY)**

Enter the principle procedure code and date using a six-digit format (MMDDYY) if the patient has under gone an inpatient procedure.

75

**FL 75 – DO NOT USE  
RESERVED FOR ASSIGNMENT BY THE NUBC**

76 ATTENDING	NPI	QUAL		
LAST		FIRST		

**FL 76 – SITUATIONAL  
ATTENDING PROVIDER NAME AND IDENTIFIER**

Enter the attending provider's NPI number, last name, and first name. **Required when there is a surgical procedure code listed on the claim.**

77 OPERATING	NPI	QUAL		
LAST		FIRST		

**FL 77 – SITUATIONAL  
OPERATING PHYSICIAN NAME AND IDENTIFIER**

Enter the operating provider's NPI number, last name, and first name. **Required when there is a surgical procedure code listed on the claim.**

78 OTHER	NPI	QUAL		
LAST		FIRST		
79 OTHER	NPI	QUAL		
LAST		FIRST		

**FL 78 & FL 79 – SITUATIONAL  
OTHER PROVIDER (INDIVIDUAL) NAMES AND IDENTIFIERS**

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

80 REMARKS
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**FL 80 – SITUATIONAL  
REMARKS FIELD**

Enter any information that the provider deems appropriate to adjudicate the claims that is not supported elsewhere on the claim. BCBSKS encourages this field be completed when submitting an accident claim.

81CC			
a.			
b.			
c.			
d.			

**FL 81a-81d – SITUATIONAL  
CODE-CODE FIELD**

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. For information on Code-Code Field, refer to the National Uniform Billing Committee's official UB-04 Data Specifications Manual at [www.nubc.org](http://www.nubc.org).