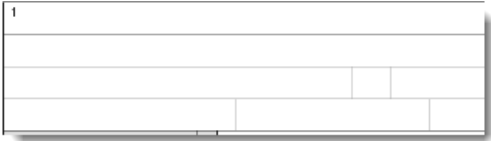




CMS 1450 - UB 04

The UB-04, also known as the Form CMS-1450, is the uniform institutional provider hardcopy claim form suitable for use in billing multiple payers.

The National Uniform Billing Committee (NUBC) is responsible for the design and printing of the UB-04 form. The NUBC is a voluntary, multidisciplinary committee that develops data elements for claims and claim-related transactions, and is composed of all major national provider and payer organizations

Facility claims submitted to BLUECARE TENNESSEE must be filed on the CMS-1450 paper claim form or its electronic equivalent. Effective May 23, 2007, **ONLY** the CMS-1450 (UB-04) will be accepted. BlueCare Plus follows the Center for Medicare & Medicaid Services (CMS) Guidelines for filing the National Provider Identifier (NPI) number.

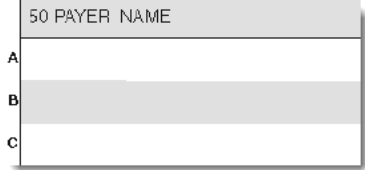
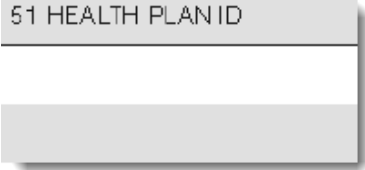

The following UB04 guide is for educational purposes and does not ensure payment.

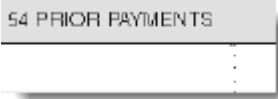
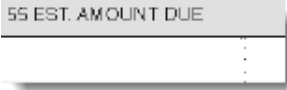

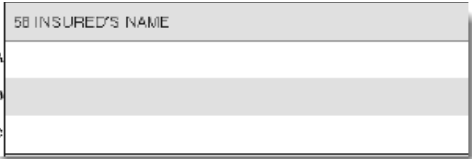
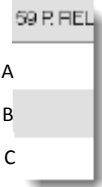
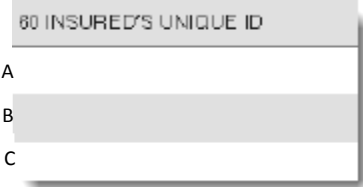
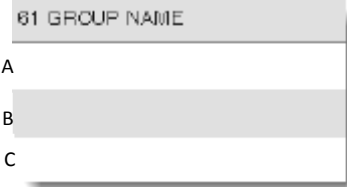
| Form Locator | Description | UB 04 Field |
|-----------------|--|--|
| 1 | Billing provider name, address, city, state and zip (required) |  |
| 2 | Billing provider's designated Pay-to-Name, address, city, state and zip (not required) |  |
| 3a | Patient Control Number (required) | 3a PAT. CNTL. #  |
| 3b | Medical/Health Record Number assigned to patient's medical/health record (situational) | b. MED. REC. #  |

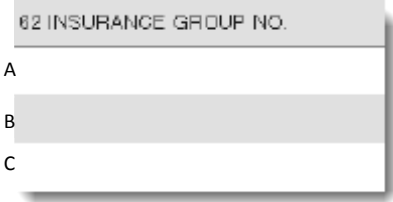
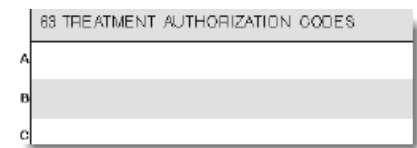
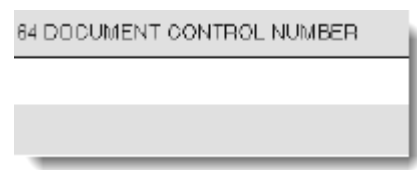
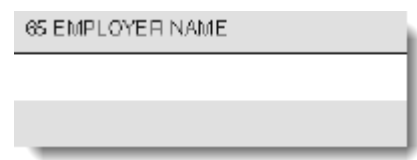
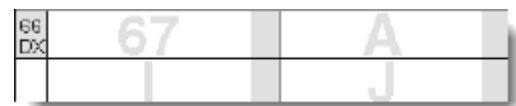
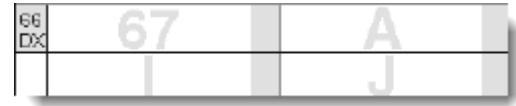
| Form Locator | Description | UB 04 Field |
|--------------|--|--|
| 4 | Four-digit alphanumeric code gives three specific pieces of information after a leading zero (required). Code structure available in the Internet Only Manuals | 4 TYPE OF BILL |
| 5 | Federal Tax ID (required) | 5 FED. TAX NO. |
| 6 | Statement Covers Period (the from and through dates (required)) MMDDYY format. | 6 STATEMENT COVERS PERIOD FROM THROUGH |
| 7 | Not used | |
| 8 | Patient's Name/ID (required) | 8 PATIENT NAME a b |
| 9 | Patient's address (required) | 9 PATIENT ADDRESS a b |
| 10 | Patient's birth date in MMDDCCYY format (required) | 10 BIRTHDATE |
| 11 | Patient's sex, M or F (required) | 11 SEX |
| 12 | Admission or start of care date (required) | 12 DATE ADMISION 13 HR 14 TYPE 15 SRC |
| 13 | Admission hour (not required) | 12 DATE ADMISION 13 HR 14 TYPE 15 SRC |

| Form Locator | Description | UB 04 Field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|-----------------|----|------|---------|---------|------|-------|---------|------|----|----|------|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|
| 14 | Priority (type) of admission or visit (required) Codes also available from the NUBC via the NUBC's Official UB-04 Data Specifications Manual. | <table border="1"> <thead> <tr> <th colspan="4">ADMISSION</th> </tr> <tr> <th>12</th> <th>DATE</th> <th>13 HR</th> <th>14 TYPE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | ADMISSION | | | | 12 | DATE | 13 HR | 14 TYPE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | DATE | 13 HR | 14 TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Point of origin for admission or visit (required) | <table border="1"> <thead> <tr> <th colspan="4">ADMISSION</th> </tr> <tr> <th>12</th> <th>DATE</th> <th>13 HR</th> <th>14 TYPE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | ADMISSION | | | | 12 | DATE | 13 HR | 14 TYPE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | DATE | 13 HR | 14 TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Discharge hour (not required) | <table border="1"> <thead> <tr> <th>16 DHR</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table> | 16 DHR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 DHR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Patient discharge status (required) This code indicates the patient's discharge status as of the "Through" date of the billing period (FL 6). | <table border="1"> <thead> <tr> <th>17 STAT</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table> | 17 STAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 STAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 - 28 | Enter corresponding code to describe any condition or event that may apply to this billing period. (situational) | <table border="1"> <thead> <tr> <th colspan="10">CONDITION CODES</th> </tr> <tr> <th>18</th> <th>19</th> <th>20</th> <th>21</th> <th>22</th> <th>23</th> <th>24</th> <th>25</th> <th>26</th> <th>27</th> <th>28</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | CONDITION CODES | | | | | | | | | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | | | | | | | | | |
| CONDITION CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Accident State (not used) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Untitled (not used) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31-34 | Occurrence Codes and Dates (situational) | <table border="1"> <thead> <tr> <th>31</th> <th>OC</th> <th>DATE</th> <th>32</th> <th>OC</th> <th>DATE</th> <th>33</th> <th>OC</th> <th>DATE</th> <th>34</th> <th>OC</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 31 | OC | DATE | 32 | OC | DATE | 33 | OC | DATE | 34 | OC | DATE | | | | | | | | | | | | | | | | | | | | |
| 31 | OC | DATE | 32 | OC | DATE | 33 | OC | DATE | 34 | OC | DATE | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35-36 | Occurrence Span Code and Dates (situational) | <table border="1"> <thead> <tr> <th>35</th> <th>OC</th> <th>FROM</th> <th>THROUGH</th> <th>36</th> <th>OC</th> <th>FROM</th> <th>THROUGH</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 35 | OC | FROM | THROUGH | 36 | OC | FROM | THROUGH | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | OC | FROM | THROUGH | 36 | OC | FROM | THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | Untitled (Not used) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Form Locator | Description | UB 04 Field | | | | | | | | | | | | | | | | | | |
|--------------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|------------|-----------------------|---|--|--|--|--|--|---|--|--|--|--|--|
| 38 | Responsible Party (not required) | | | | | | | | | | | | | | | | | | | |
| 39-41 | Value Codes and Amounts (required) | <table border="1"> <thead> <tr> <th>39 CODE</th> <th>VALUE CODES AMOUNT</th> <th>40 CODE</th> <th>VALUE CODES AMOUNT</th> <th>41 CODE</th> <th>VALUE CODES AMOUNT</th> </tr> </thead> <tbody> <tr> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT | a | | | | | | b | | | | | |
| 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT | | | | | | | | | | | | | | | |
| a | | | | | | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | | | | | | |
| 42 | Revenue Code (required) | 42 REV. CD. | | | | | | | | | | | | | | | | | | |
| 43 | Revenue Description (not required) | 43 DESCRIPTION | | | | | | | | | | | | | | | | | | |
| 44 | HCPCS/Rates/HIPPS Rate Codes (required) | 44 HCPCS / RATE / HIPPS CODE | | | | | | | | | | | | | | | | | | |
| 45 | Service Date for services (required) | 45 SERV. DATE | | | | | | | | | | | | | | | | | | |
| 46 | Units of Service (required) | 46 SERV. UNITS | | | | | | | | | | | | | | | | | | |
| 47 | Total Charges (Not applicable for electronic billers) | 47 TOTAL CHARGES | | | | | | | | | | | | | | | | | | |
| 48 | Non-covered Charges Total non-covered charges pertaining to the related revenue code in FL 42 are entered here. (required) | 48 NON-COVERED CHARGES | | | | | | | | | | | | | | | | | | |

| Form Locator | Description | UB 04 Field |
|--------------|---|---|
| 49 | Untitled (Not used) | |
| 50A-C | <p>A (required) Enter the primary payer information</p> <p>B (situational) Enter secondary payer information if applicable</p> <p>C (situational) Enter tertiary payer information if applicable</p> |  |
| 51 | <p>A (required) Enter the primary payer plan identifier or the number assigned</p> <p>B (situational) Enter secondary payer plan identifier or the number assigned if applicable</p> <p>C (situational) Enter tertiary payer plan identifier or the number assigned if applicable</p> |  |
| 52 | <p>Release of Information. A "Y" indicates the provider has on file a signed statement to release data to adjudicate the claim. (required)</p> |  |
| 53 | Assignment of Benefits Certification (not used) | |

| Form Locator | Description | UB 04 Field |
|--------------|--|--|
| 54 A,B & C | Prior Payments received amount to the provider towards this bill |  |
| 55 A, B & C | Estimated amount due from patient (not required) |  |
| 56 | Billing provider National Provider ID (NPI) (required) |  |
| 57 | Other Provider ID (not used) | |
| 58 A, B & C | Insured's Name under whose name the insurance benefit is carried (required) |  |
| 59 A, B & C | Patient's relationship to insured. Code for this field is available at www.nubc.org (required) |  |
| 60 A, B & C | Insured's unique ID number A – Required B - Situational C – Situational |  |
| 61 A, B & C | Insurance group name through which insurance is provided |  |

| Form Locator | Description | UB 04 Field |
|--------------|--|--|
| 62 A, B & C | Insurance group number through which insurance is provided |  |
| 63 | Treatment authorization code or referral number assigned by the payer (situational) |  |
| 64 | Control number assigned to the original bill by the health plan for internal control (situational) |  |
| 65 | If the provider is claiming payment and there is WC involvement or EGHP enter the name of employer that provides health care coverage |  |
| 66 | Diagnosis and procedure codes (required). |  |
| 67 | Principal Diagnosis Code. These codes must be the full ICD diagnosis code, including all five digits where applicable. The principal diagnosis is condition chiefly responsible for an inpatient admission |  |

| Form Locator | Description | UB 04 Field |
|--------------|---|-------------|
| 67 A-67Q | Other Diagnosis Codes. Required when other condition(s) coexist or develop subsequently during the patient's treatment (situational) | |
| 68 | Not used | |
| 69 | Admitting diagnosis – Diagnosis is the condition identified by the provider at the time of the patient's admission requiring hospitalization (required) | |
| 70 A-C | Patient's reason for visit (situational) | |
| 71 | Prospective Payment System (PPS) code (not used) | |
| 72 | External Cause of Injury (ECI) codes (not used) | |
| 73 | Reserved (not used) | |
| 74 | Principal procedure code and date (situational) | |
| 74A-E | Other procedure codes and dates (situational) | |
| 75 | Reserved | |
| 76 | Attending provider name and identifiers | |

| Form Locator | Description | UB 04 Field | | | | | | | | | | | | | | | | |
|--------------|---|---|--------------|-----|------|--|------|--|-------|--|----------|-----|------|--|------|--|-------|--|
| | (including NPI) | | | | | | | | | | | | | | | | | |
| 77 | Operating provider name and identifiers (including NPI) | <table border="1"> <tr> <td>77 OPERATING</td> <td>NPI</td> <td>QUAL</td> <td></td> </tr> <tr> <td colspan="2">LAST</td> <td colspan="2">FIRST</td> </tr> </table> | 77 OPERATING | NPI | QUAL | | LAST | | FIRST | | | | | | | | | |
| 77 OPERATING | NPI | QUAL | | | | | | | | | | | | | | | | |
| LAST | | FIRST | | | | | | | | | | | | | | | | |
| 78 and 79 | Other provider name and identifiers (including NPI) | <table border="1"> <tr> <td>78 OTHER</td> <td>NPI</td> <td>QUAL</td> <td></td> </tr> <tr> <td colspan="2">LAST</td> <td colspan="2">FIRST</td> </tr> <tr> <td>79 OTHER</td> <td>NPI</td> <td>QUAL</td> <td></td> </tr> <tr> <td colspan="2">LAST</td> <td colspan="2">FIRST</td> </tr> </table> | 78 OTHER | NPI | QUAL | | LAST | | FIRST | | 79 OTHER | NPI | QUAL | | LAST | | FIRST | |
| 78 OTHER | NPI | QUAL | | | | | | | | | | | | | | | | |
| LAST | | FIRST | | | | | | | | | | | | | | | | |
| 79 OTHER | NPI | QUAL | | | | | | | | | | | | | | | | |
| LAST | | FIRST | | | | | | | | | | | | | | | | |
| 80 | Remarks For Renal Dialysis Facilities, the provider enters the first month of the 30-month period during which Medicare benefits are secondary to benefits payable under an EGHP. (See Occurrence Code 33.) | <table border="1"> <tr> <td>80 REMARKS</td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </table> | 80 REMARKS | | | | | | | | | | | | | | | |
| 80 REMARKS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 81 | Code-Code field (situational) | <table border="1"> <tr> <td>B1CC</td> <td></td> </tr> <tr> <td>a</td> <td></td> </tr> <tr> <td>b</td> <td></td> </tr> <tr> <td>c</td> <td></td> </tr> <tr> <td>d</td> <td></td> </tr> </table> | B1CC | | a | | b | | c | | d | | | | | | | |
| B1CC | | | | | | | | | | | | | | | | | | |
| a | | | | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | | | | | | |
| d | | | | | | | | | | | | | | | | | | |

