Blue Cross & Blue Shield of Rhode Island
UB-04 Form Completion Informational Guide

All facility/institutional providers who file to Blue Cross & Blue Shield of Rhode Island (BCBSRI) must be filed on a UB-04 paper claim form or using an electronic format. Instructions for completing each field of the UB-04 form claim form are listed below. **To ensure prompt payment from BCBSRI, please include as much information as possible. The fields identified with the *blue type* are mandatory.**

Field	Name of Field	Information to Enter
1	Billing provider name, address and telephone number (phone # and fax # desirable)	The name and service location of the provider submitting the bill. Enter information in this format: Line 1: Provider Name Line 2: Street Address Line 3: City, State, ZIP code. (Use standard state abbreviation and valid ZIP code). Line 4: Telephone; Fax; Country Code
2	Pay-to name and address	Enter the address of the payee if different from the address in Box #1.
3a	Patient's Control Number	Enter the patient account number as assigned by the facility
3b	Patient's Medical record number	Enter the medical record number
4	Type of Bill	Enter the 3-digit code to indicate the type of bill submitted.
5	Federal Tax Number	Enter the facility federal Tax ID number.
6	Statement Covers Period	Enter the beginning and ending services dates for the period covered by this bill (MMDDYY). These dates are necessary on all claims. For services received on a single day, both the FROM and THROUGH dates will be the same.
7	Not applicable	n/a
8a	Patient ID number	Enter patient ID number.
8b	Patient Name	Enter the patient's last name, first name and middle initial, if any, as shown on the patient's BCBSRI identification card.
9a	Patients Address	Enter the patient's mailing address from the patient record.

9b	Patients City	Enter the patient's city from the patient record.
9c	Patients State	Enter the patient's state from the patient record.
9d	Patients Zip Code	Enter the patient's zip-code from the patient record.
9e	Country name	If out of the U.S
10	Patients Date of Birth	Patients Date of Birth (MM DD YYYY)
11	Patients sex	Male (M) or Female (F)
12	Admission Date	Enter the date of this admission/visit
13	Admission Hour (HR)	Enter the time of this admission/visit
14	Admission Type	Enter the code indicating the type of admission.
15	Admission Source (SRC)	Enter the code indicating the source of this admission/visit
16	Discharge Hour (DHR)	Enter the time the patient was discharged.
17	Patient Discharge Status (STAT)	Enter the code to indicate the status of the patient as of the THROUGH date on this billing (Box #6).
18-28	Condition Codes	Enter the code used to identify conditions relating to this bill that can affect payer processing.
29	Accident (ACDT) State	Enter the state in which an auto accident occurred, **if applicable.**
30	Untitled	n/a
31-34	Occurrence Codes and Dates	Enter the code and associated date defining a significant event relating to this bill that may affect payer processing.
35-36	Occurrence Span: Codes and Dates	Enter a code and the associated dates that identify an event that relates to the payment of the claim.
37	Untitled	n/a
38	Untitled	n/a
39-41	Value Codes and Amounts	These fields contain the codes and related dollar amounts to identify the monetary data for processing claims.
42	Revenue (REV) Codes	Enter the most current uniform billing revenue codes.
43	Revenue Description	Enter a narrative description of the services/procedures rendered. Whenever possible, HCPCS definitions.

44	HCPCS/Rates	For outpatient services, use CPT and HCPCS Level II codes for procedures, services and supplies. Do not use unlisted codes. If an unlisted code is used, then supporting documentation must accompany the claim with a Unlisted Procedure code claim form. Do not indicate rates.
45	Service Date	Enter the date the indicated service was provided.
46	Units of Service	Enter the units of service rendered per procedure.
47	Total Charges	Enter the units of service rendered per procedure. If more than one page, the total charge should be reported on the last page.
48	Non-Covered Charges	Enter any non-covered charges for the primary payer pertaining to the revenue code.
49	Untitled	n/a
50a	Primary Payer	Enter Member's Primary Insurance Payer
50b	Secondary Payer	Enter Member's Secondary Insurance Payer if **member has COB**
50c	Tertiary Payer	Enter Member's Tertiary Insurance Payer if **member has COB**
51	Health Plan ID	List the provider number assigned by the health insurer carrier.
52	Release of Information	Y or N
53	Assignment of Benefits	Y or N
54	Prior Payments	Report all prior payments for the claim.
55	Estimate Amount Due	Estimate Amount Due to facility
56	Provider NPI	Enter valid NPI number of the servicing provider
57a-c	Other Provider's NPI	Assisting providers NPI's
58a-c	Insured's Name	Enter the name of the individual carrying the insurance

59a-c	Patient's Relationship to the Insured	Enter the code indicating the relationship of the patient to the identified insured/subscriber.
60a-c	Insured's BCBSRI member ID	Enter the patient's BCBSRI identification number, as shown on the patient's member identification card.
61a-c	Group Name	Enter the name of the group or plan through which the insurance is provided to the insured.
62	Insurance Group Number	Enter the identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.
63a-c	Treatment Authorization Code	Enter the BCBSRI authorization number **if applicable**
64	Document Control Number	Original claim number if submitting a corrected claim
65	Employer Name	Enter the name of the employer for the individual identified in Box #58, if applicable.
66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	A "0" should be used when ICD-10 codes are being reported on the claim.
67a-q	Principal Diagnosis Code	Enter the most current ICD-CM code describing the principal diagnosis chiefly responsible for causing this admission/visit. The code must be to the appropriate digit specification, if applicable. If the diagnosis is accident-related, then an occurrence code and accident date are required.
68	Other Diagnosis Codes	Enter the ICD-CM-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission or develop subsequently. If applicable, the code must be to the appropriate digit specification.
69	Admit DX	Enter the ICD-CM-CM diagnosis code provided at the time of admission and as stated by the physician.
70a-c	Patient Reason DX	Enter the ICD-CM-CM diagnosis code provided at the time of admission and as stated by the physician.
71	PPS (Prospective Payment System) Code	Enter DRG Code
72	ECI (External Cause of Injury) Code	Enter the ICD-CM-CM code for the external cause of an injury, poisoning, or adverse effect.

73	Untitled	n/a
74a-e	Principal Procedure Code (code and date)	Enter the most current ICD-CM code to the appropriate digit specification, if applicable, to describe the principal procedure performed for the service billed. Also enter the date the procedure was performed. The date must be entered as month and day (MMDDYY).
75	Untitled	n/a
76	Attending Physician	Enter the ordering physician's NPI, physician's last name, first name and middle initial.
77	Operating Physician	Enter the name and NPI number of the physician who performed the principal procedure, if applicable.
78-79	Other Provider Types	Enter the name and NPI number of the physician who performed the principal procedure, if applicable.
80	Remarks	Enter BCBSRI Plan with mailing address 500 Exchange Street Providence RI 02903
81a-d	ICC	Code-Code Field/Qualifiers *0-A0 *A1-A4 *A5-AB Or AC- Attachment Control Number AD-B0 *B1-B2 *B3 Enter Taxonomy Code