

## UB-04 Paper Claim Billing Instructions

BCBSVT is following the National Uniform Claim Committee's official UB-04 Data Specification Manual. You will need to refer to the manual for definitions, field attributes and notes. Please note: changes in code values must be UB-04 compliant. Below are special notes specific to BCBSVT/TVHP submissions.

R = Required, must be submitted

S = Situational only required for certain circumstances

| Form Locator | Optional Required Not Required Situational | Special BCBSVT Instructions  |
|--------------|--|--|
| 02           | S  | Regardless of how this form locator is populated the payment will always be made to the mailing address of the billing provider indicated in form locator 01.  |
| 04           | R  | Interim bills should not be submitted on DRG claims. BCBSVT/TVHP will only accept type of bills with a 4 <sup>th</sup> digit of 1, 2, 3, 4 or 5.   |
| 06           | R  | Outpatient: If the beginning and ending dates are not the same, individual service dates must be entered in form locator 45.   |
| 12           | R  | Original admission date must be included on interim bills.   |
| 15           | R  | Providers must submit two claims for delivery stays; one for mother and one for baby.<br><br>BlueCard Claims require the reporting of this field; for all other claims it is not required but will be accepted if submitted.   |
| 17           | R  | Status code 30 is not considered valid for type of bill ending in 1 or 4   |
| 34           | R  |  |
| 38           | S  | Only required if different from patient information in FL08 and FL09   |
| 42           | R  | BCBSVT requires the use of the 4 digit revenue code.<br><br>All Professional fees must be billed on the CMS 1500 form.<br><br>Preventative Pap Smears - when billing for the preventative pap smears, we request that they be billed in with a 0311 or 0923 revenue code, this will allow services to be paid according to the contract. Although the 0310 revenue code is a correct code to bill for these services, a system set up issue prevents us from processing these services without |

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|       |   |  |
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|       |   | incorrectly applying deductible.   |
| 44    | S | BlueCard claims as of 4/18/10 require the reporting of HIPPS codes for revenue codes 0022, 0023 and 0024 when appropriate.   |
| 56    | R |  |
| 60    | R | Enter the member's identification number exactly as it appears on the identification card, including the 3-character alpha prefix and if applicable the 1 or 2 digit suffix. Do not enter the two digit patient code that appears after the member's identification number.<br><br>Federal Employee Members will have a "R" alpha prefix |
| 76    | R | This field needs to contain the complete rendering or ordering provider NPI number, even if located out of state.  |
| 77    | O | Not required for processing but if submitted will be accepted  |
| 78-79 | O | Not required for processing but if submitted will be accepted  |

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