

NEW CMS-1450 (UB04) PAPER CLAIM FORM REVISIONS

EFFECTIVE MAY 23, 2007

March 2007

(Revised November 2007)

The Centers for Medicare & Medicaid Services (CMS) announced the approval of the new CMS-1450 (UB04) Health Insurance Claim form used by institutional providers. The UB04 claim form was revised by the National Uniform Claim Committee (NUCC) to accommodate reporting of the National Provider Identifier (NPI) and additional codes.

Most of the data descriptions and values were not changed on the UB04 claim form; however many data locations have changed, along with bill type processing.

Additional enhancements include better alignment with the electronic HIPAA ASC X12N 837-Institutional Transaction Standard.

BlueCross BlueShield of Tennessee's (BCBST's) timeline for transitioning to the revised format follows:

On these dates	Providers can:
Prior to 3/1/07	only submit CMS-1450 (UB92) version
3/1/07 – 5/22/07	submit either the CMS-1450 (UB92) or CMS-1450 (UB04); with appropriate print alignment on respective form
5/23/07	only use the CMS-1450 (UB04) version; CMS-1450 (UB92) version discontinued and will be returned unprocessed

This communication provides general instructions to be used as a guide for completing the new UB04 claim form fields identified below. Providers are encouraged to refer to the billing sections of the BlueCross BlueShield of Tennessee and BlueCare[®] provider administration manuals for complete billing guidelines.

Important Critical Changes

Some form locator fields have been deleted, added, had field length changes or divided into two lines to allow reporting of supplemental information or both the BCBST provider identification number (PIN) and National Provider Identifier (NPI).

- Do not print the CMS-1450 (UB92) format on the new CMS-1450 (UB04) claim form. Claims will be returned unprocessed if submitted without the appropriate print alignment. Check with your billing vendor or system administrator to ensure you have the updated format.
- Prior to submitting claims with your NPI in form locator 56, it is vital that it be set up in the BCBST provider database.
- If filing with your BCBST PIN, the PIN (Form Locator 57) and the BCBST subscriber ID (Form Locator 60) must both be on the same payer line.
- Do not put your PIN in Form Locator 51.
- Only ICD-9 codes are acceptable for use in diagnosis and procedure code fields (Form Locators 67, 67 a-q and 74. Claims submitted with out-of-date codes will be returned and rejected for invalid code.
- Principal diagnosis code is now required for all inpatient and outpatient claims.
- For attending, operating and other physicians, the attending Physician Name and NPI/Qual/ID should be entered in Form Locator 76, 77 and 78 respectively. If Name is submitted but neither NPI nor ID is available, enter ('OTH000') in the ID field.

Rejected Claims

In March 2006, BlueCross BlueShield of Tennessee began a phased transition period in order to process paper submitted institutional claims.

During the transition, institutional providers may submit either the UB92 or UB04 claim form. However, rejected institutional claims may be returned on the new UB04 claim form regardless of the version filed.

CMS-1450 (UB04) Field Specifications

Effective **March 1, 2007**, BlueCross BlueShield of Tennessee began accepting the new UB04 claim form. Please refer to the following documentation for appropriate formatting when submitting data in these new or updated form locator (FL) fields.

Form Locator	Description	Required by BlueCross BlueShield of Tennessee Electronic Billing	Required Inpatient Only
FL 1	Billing Provider Name, Address, Telephone Number	X	
FL 2	Pay –to Name, Address, City, State, and ID		
FL 3	3a – Patient Control Number 3b – Medical Record Number	X	
FL 4	Type of Bill	X	
FL 5	Federal Tax ID Number	X	
FL 6	Beginning and Ending Service Dates	X	
FL 8	8a – Patient Identifier 8b – Patient Name	X	
FL 9	9a – Patient Address-street 9b – Patient Address-Other 9b – Patient Address City 9c – Patient Address-State 9d - Patient Address-Zip 9e – Patient Address-Country Code	X X X X	
FL 10	Patient Birthdate (MMDDYYYY)	X	
FL 11	Patient Sex	X	
FL 12	Admission Date		X
FL 13	Admission Hour		X (Except for type of bill 02x)
FL 14	Type of Admission	X	X
FL 15	Source of Admission	X	X
FL 16	Discharge Hour		X (Final Claim)
FL 17	Patient Discharge Status	X	X
FL 18	Condition Codes		
FL 19	Condition Codes		
FL 20	Condition Codes		
FL 21	Condition Codes		
FL 22	Condition Codes		
FL 23	Condition Codes		
FL 24-28	Condition Codes		
FL 29	Accident State		
FL 31	a-b Occurrence Code/Date		
FL 32-34	a-b Occurrence Codes and Dates		
FL 35	a-b Occurrence Span Code/From/Through		
FL 36	a-b Occurrence Span Code/From/Through		
FL 38	1-5 Responsible Party Name/Address		
FL 39	a-d Value Code-Code		
FL 39	a-d Value Code-Amount		

CMS-1450 (UB04) Field Specifications (cont'd)

Form Locator	Description	Required by BlueCross BlueShield of Tennessee Electronic Billing	Required Inpatient Only
FL 40	a-d Value Code-Codes and Amounts		
FL 41	a-d Lines Value Code-Amount		
FL 42	Revenue Code	X	
FL 43	1-22 Revenue Code Description	X	
FL 44	1-22 HCPCS/Rates/HIPPS/Rate Codes (Refer to Billing Guidelines)		
FL 45	1-22 Service Date Line 23 Creation Date		
FL 51	Health Plan ID (Not required) (Example: Payer ID 390)		
FL 54	Prior Payments – Payer		
FL 56	National Provider Identifier (NPI)	X (Effective 5/23/07)	
FL 57	Other Provider ID-Primary/Secondary	X	
FL 63	Treatment Authorization Codes		
FL 64	Document Control Number		
FL 66	DX Version Qualifier		
FL 67	Principle Diagnosis Code A-Q Other Diagnosis Codes	X	
FL 69	Admitting Diagnosis Code		X
FL 70	Patient's Reason for Visit Code (Required for Unscheduled Outpatient)		
FL 71	PPS Code	X (If in provider contract with payer)	
FL 72	A-C External cause of Injury Code		
FL 74	ICD9 Code	X (If surgical procedure was performed)	
FL 74	a-e Other Procedure Code/Date		
FL 76	1- Attending –NPI/QUAL/ID		
FL 76	2- Attending-last/First		
FL 77	1- Operating-NPI/QUAL/ID		
FL 77	2- Operating-Last/First		
FL 78	1- Other ID-QUAL/NPI/ID		
FL 78	2- Other ID-Last/First		
FL 79	1- Other ID-QUAL/NPI/QUAL/ID		
FL 79	2- Other ID-Last/First		
FL 80	1-4 Remarks		
FL 81	a-d Code-Code-QUAL/CODE/VALUE (Submit additional supplemental information here, i.e. taxonomy code – See page 197 of UB04 Manual).		

CMS-1450 (UB04) Health Insurance Claim Form

1		2		3A PAT DMTL # 3B UNID REC #		4 TYPE OF BILL	
				5 FRO TAX NO.		6 STATEMENT COVERED PERIOD FROM THROUGH	
8 PATIENT NAME				9 PRIENT ADDRESS			
10		11		12		13	
14 BIRTHDATE		15 SEX		16 DATE		17 ADMISSION	
						18 HR 19 TYPE 20 SRC	
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