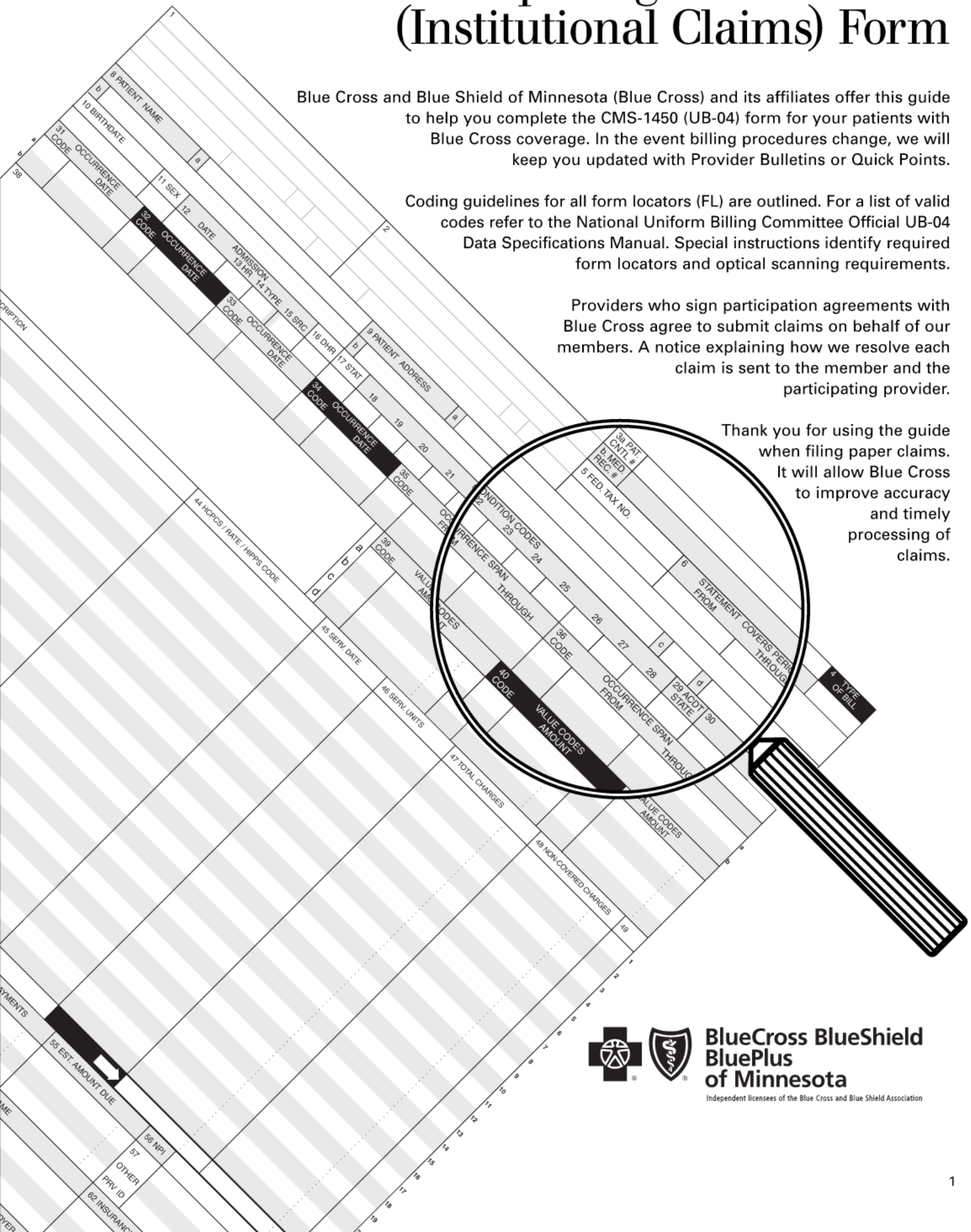
Guide for completing the CMS-1450 (Institutional Claims) Form

Blue Cross and Blue Shield of Minnesota (Blue Cross) and its affiliates offer this guide to help you complete the CMS-1450 (UB-04) form for your patients with Blue Cross coverage. In the event billing procedures change, we will keep you updated with Provider Bulletins or Quick Points.

Coding guidelines for all form locators (FL) are outlined. For a list of valid codes refer to the National Uniform Billing Committee Official UB-04 Data Specifications Manual. Special instructions identify required form locators and optical scanning requirements.

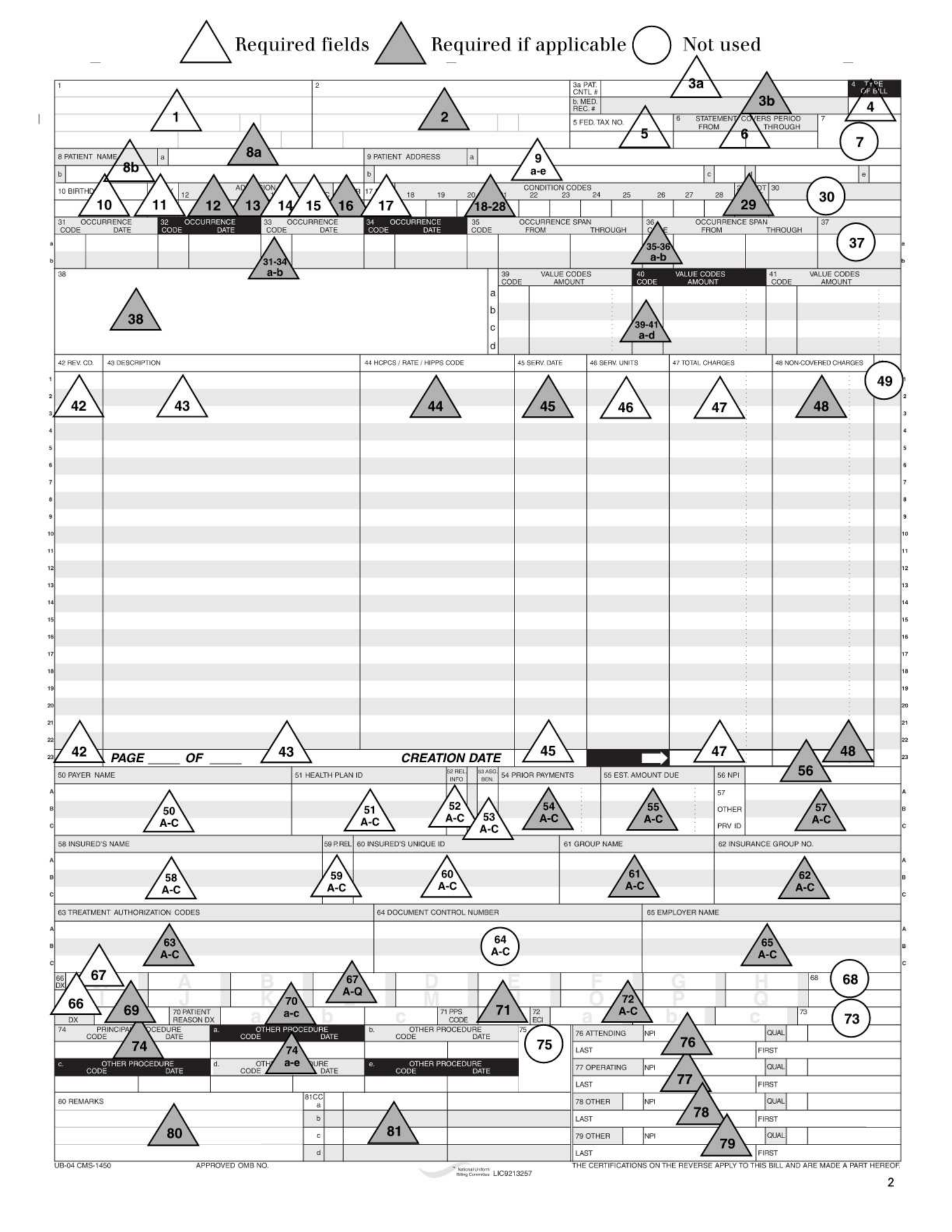
Providers who sign participation agreements with Blue Cross agree to submit claims on behalf of our members. A notice explaining how we resolve each claim is sent to the member and the participating provider.

Thank you for using the guide when filing paper claims. It will allow Blue Cross to improve accuracy and timely processing of claims.



BlueCross BlueShield BluePlus of Minnesota

Independent licensees of the Blue Cross and Blue Shield Association


Required fields
Required if applicable
Not used
1
2
3a PAT. CNTL. #
b. MED. REC. #
3a
3b
4 TYPE OF BILL
4
5 FED. TAX NO.
5
6 STATEMENT COVERS PERIOD FROM THROUGH
6
7
8 PATIENT NAME
8a
8b
9 PATIENT ADDRESS
9 a-e
10
11
12
13
14
15
16
17
18-28
CONDITION CODES
29
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
31-34 a-b
35-36 a-b
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
39-41 a-d
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
50 PAYER NAME
51 HEALTH PLAN ID
52 REL. INFO.
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
50 A-C
51 A-C
52 A-C
53 A-C
54 A-C
55 A-C
57 A-C
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
58 A-C
59 A-C
60 A-C
61 A-C
62 A-C
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
63 A-C
64 A-C
65 A-C
66 DX
67
67 A-Q
68
69
70 PATIENT REASON DX
70 a-c
71 PPS CODE
71
72 ECI
72 A-C
73
74 PRINCIPAL PROCEDURE CODE DATE
74
74 a-e
75
76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
80 REMARKS
81 CC
81
UB-04 CMS-1450
APPROVED OMB NO.
LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Completing the CMS-1450 (UB-04) Form

For a list of valid codes refer to the National Uniform Billing Committee Official UB-04 Data Specifications Manual

Form Locator	Definition	Instructions Δ = Required ▲ = Required if applicable ○ = Not used
1 Δ	Billing provider name, address, and telephone number	Enter this information in the following format: Line 1: name of the facility Line 2: street address Line 3: city, state, zip code Line 4: telephone, country code if address is outside the United States of America.
2 ▲	Pay-to name and address	Enter the address that the provider submitting the bill intends payment to be sent if different than FL 1. Enter this information in the following format: Line 1: pay-to name Line 2: street address or post office box Line 3: city, state, zip code Line 4: not used. Reserved for assignment by the NUBC.
3a Δ	Patient control number	Enter the patient account number you have assigned to this patient.
3b ▲	Medical/health record number	Enter the number you have assigned to the patient's medical/health record. This may be required when you need to identify the patient for future inquiries.
4 Δ	Type of bill	Enter the appropriate four-digit type of bill code. The first digit is a leading zero.
5 Δ	Federal tax number	Enter the number assigned to you by the federal government for tax reporting purposes. Also known as a tax identification number (TIN) or employer identification number (EIN).
6 Δ	Statement covers period	Enter "from" and "through" dates in "MMDDYY" format. If same date of service "from" and "through" must be present.
7 ○	Reserved for assignment by the NUBC	Not used.
8 a ▲ b Δ	Patient name/identifier	**Patient Identifier (8a):** Enter if number is different from the subscriber/insured's ID in FL 60. Do not include the two-digit member number. **Patient name (8b):** Enter the patient's last name, first name and middle initial as it appears on the ID card. Use a comma or space to separate last and first names. Record hyphenated names with the hyphen as in Smith-Jones, Rebecca. To record suffix of a name, write the last name, leave a space and write the suffix, then write the first name as in Addams Jr., Glen.
9a-e Δ	Patient address	Enter the complete mailing address in the following format: Subfield a: street address Subfield b: city Subfield c: state Subfield d: zip code Subfield e: country code (only required if other than USA)
10 Δ	Patient birth date	Enter the patient's month, day and year of birth in "MMDDYYYY" format. Do not zero fill.
11 Δ	Patient sex	Enter the sex of the patient as recorded at admission, outpatient service, or start of care.
12 ▲	Admission/start of care date	Enter the start date for this episode of care. For inpatient services, this is the date of admission. For other services, it is the date the episode of care began. Required for inpatient claims. Enter the date in "MMDDYY" format.
13 ▲	Admission hour	Enter the code which represents the hour during which the patient was admitted for care. Required for inpatient claims.
14 Δ	Priority (Type) of visit	Enter the code indicating the priority of this admission/visit.
15 Δ	Source of referral for admission or visit	Enter the code indicating the source of the referral for this admission or visit.

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16 ▲	Discharge hour	Enter the code indicating the discharge hour of the patient.
17 Δ	Patient discharge status	Enter the code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill, as reported in FL6.
18-28 ▲	Condition codes	Enter the condition codes in alphanumeric sequence. If all the condition code fields are filled, use FL 81 with the appropriate qualifier code (A1) to indicate that a condition code is being reported.
29▲	Accident state	Enter the two-digit state abbreviation where the accident occurred if services are accident related.
30 ○	Reserved for assignment by the NUBC	Not used.
31-34 a-b ▲	Occurrence codes and dates	Enter the codes along with the corresponding dates in "MMDDYY" format. Occurrence codes should be entered in alphanumeric sequence (numbered codes precede alpha codes). If all the occurrence codes and dates are filled, use FL81 with the appropriate qualifier code (A2) to indicate that an occurrence code is being reported.
35-36 a-b ▲	Occurrence span codes and dates	Enter the codes along with the corresponding range of dates in "MMDDYY" format. Enter occurrence span codes in alphanumeric sequence (numbered codes precede alpha codes). If FL 35a & b and FL 36a & b have been filled and additional occurrence span codes are required, use FL 81 with the appropriate qualifier code (A3) to indicate that an occurrence span code is being reported.
37 ○	Reserved for assignment by the NUBC	Not used.
38 ▲	Responsible party name and address	Enter the name and address of the person identified by the hospital as responsible for the bill.
39-41 a-d ▲	Value codes and amounts	Enter the value codes, in alphanumeric sequence, along with the related amounts. Fields 39a through 41a must be completed before the b fields. If all of the value code fields are filled, use FL 81 with the appropriate qualifier code (A4) to indicate that a value code is being reported.
42 Δ	Revenue codes	Enter each four-digit revenue code subcategory, first accommodations and then ancillaries, in ascending numerical order. Revenue code 0001- total charge must be entered on Line 23 of the last page of the claim.
43 Δ	Revenue description	Enter the standard abbreviation which corresponds to revenue code subcategory shown in FL 42. The standard abbreviated description should correspond with the revenue codes as defined by the NUBC. The 23rd line contains an incrementing page count and total number of pages for the claim on each page.
44 ▲	HCPCS/Accommodation rates/HIPPS rate codes	Enter the accommodation rate on inpatient bills for room and board. Dollar values reported in this FL must include whole dollars, the decimal and the cents. The HCPCS /HIPPS Code is required for inpatient and outpatient claims when an appropriate HCPCS/HIPPS code exists for this service line item. Up to four modifiers may be submitted following the HCPCS code.
45 ▲	Service date	The service date is required for outpatient services. Enter the service date in "MMDDYY" format (applies to Lines 1-22; Line 23 refers to the creation date of the bill). The creation date on Line 23 should be reported on all pages of the UB-04 in "MMDDYY" format.
46 Δ	Service units	Enter units of service for all therapies, must represent the number of visits rather than the number of modalities or time increments. Enter the total number of accommodation days, ancillary units of service, or visits where appropriate up to 3 digits. Make sure to submit whole numbers, round up if you have a partial number (i.e. 2.5, you should round up to 3).
47 Δ	Total charges	Enter the line charge related to the revenue code subcategory listed in FL 42. Enter the total charge of the claim on Line 23 of the last page of the claim with corresponding 0001 revenue code. Do not use negatives.
48 ▲	Non-covered charges	Enter the total of non-covered charges related to each revenue code, when known. Do not use negatives. Enter the total non-covered charge of the claim on Line 23 of the last page of the claim with corresponding 0001 revenue code.

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Form Locator	Definition	Instructions Δ = Required ▲ = Required if applicable ○ = Not used
49 ○	Reserved for assignment by the NUBC	Not used.
50 Δ	Payer name A = Primary payer B = Secondary payer C = Tertiary payer	Enter the various third-party payers in order of their liability, using the name of the health plan that the provider might expect some payment for the claim.
51 Δ	Health plan identification number A = Primary payer B = Secondary payer C = Tertiary payer	Enter your Health Plan Identification Number when it becomes mandated. For claims submitted prior, enter the (legacy/proprietary) number as assigned by the corresponding payer in FL 50 A, B, C.
52 Δ	Release of information certification indicator A = Primary payer B = Secondary payer C = Tertiary payer	Enter the appropriate indicator(s).
53 Δ	Assignment of benefits certification indicator A = Primary payer B = Secondary payer C = Tertiary payer	Enter the appropriate indicator(s).
54 ▲	Prior payments-payer A = Primary payer B = Secondary payer C = Tertiary payer	Enter the amount paid (to date) by the payer toward payment of this bill. If claim was processed by the payer and paid nothing, list the amount paid as 0.00. If claim has not been processed by the payer, leave the line blank. Do not use negatives. **If Blue Cross is secondary you will need to submit an original or reproduced copy of the EOB or EOMB with a paper claim.**
55 ▲	Estimated amount due A = Primary payer B = Secondary payer C = Tertiary payer	Enter the estimated amount due, if you intend to give the patient/insured a copy of the bill, you may estimate the net amount due subsequent to each payer's and the patient's/insured's prior payment. Do not use negatives.
56 ▲	National Provider Identifier – Billing provider	Enter the ten-digit National Provider Identifier number assigned to the provider submitting the claim.
57 ▲	Other (billing) provider identifier A = Primary payer B = Secondary payer C = Tertiary payer	Enter the unique identification number assigned to the provider submitting the bill by the health plan.
58 Δ	Insured's name A = Primary payer B = Secondary payer C = Tertiary payer	Enter the name of the individual under whose name the insurance benefit is carried. Use a comma or space to separate last and first names. Enter last name first. No space should be left between a prefix and a name as in MacBeth, VonSchmidt, and McEnroe. Record hyphenated names with the hyphen as in Smith-Jones, Rebecca. To record suffix of a name, enter the last name, leave a space and write the suffix, then write the first name as in Addams Jr., Glen.
59 Δ	Patient's relationship to insured A = Primary payer B = Secondary payer C = Tertiary payer	Enter the national patient relationship code that relates to the insured(s) named in FL 58 per line.
60 Δ	Insured's unique identifier A = Primary payer B = Secondary payer C = Tertiary payer	Enter the insured's identification number(s) that relates to the insured named in FL 58, per line. Enter the valid member ID number, exactly as it appears on the ID card. Include all numeric and alpha characters with no spaces. Do not enter the member number, group number, plan code or anything other than the insured's ID.

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Form Locator	Definition	Instructions Δ = Required ▲ = Required if applicable ○ = Not used
61 ▲	Insured's group name A = Primary payer B = Secondary payer C = Tertiary payer	Enter the insured group name(s) that relates to the insured's named in FL 58, when known.
62 ▲	Insured's group number A = Primary payer B = Secondary payer C = Tertiary payer	Enter the insured group number(s) that relates to the insured's named in FL58, when known.
63 ▲	Treatment authorization code A = Primary payer B = Secondary payer C = Tertiary payer	Enter the treatment authorization code, when known.
64 ○	Document control number (DCN) A = Primary payer B = Secondary payer C = Tertiary payer	Not used.
65 ▲	Employer name of the insured A = Primary payer B = Secondary payer C = Tertiary payer	Enter the name of the employer of the individual identified in FL 58, when known.
66 Δ	Diagnosis and procedure code qualifier (ICD version indicator)	Enter a "9" for ninth revision. At this time "9" is the only valid qualifier code.
67 Δ	Principal diagnosis code and present on admission indicator	Enter the appropriate ICD-9-CM diagnosis code. All diagnosis codes must be valid ICD-9 codes (3-5 digits, do not key the decimal point). For inpatient claims a Present On Admission (POA) Indicator must also be entered in the 8th position.
67A-Q ▲	Other diagnosis codes	Enter the full ICD-9-CM diagnosis codes including all available digits for other diagnosis that co-exist or develop subsequently for this billing period which have an effect on the treatment received or the length of stay. For inpatient claims a Present On Admission (POA) Indicator must also be entered in the 8th position.
68 ○	Reserved for assignment by the NUBC	Not used.
69 ▲	Admitting diagnosis code	Enter the appropriate ICD-9-CM diagnosis code describing the admitting diagnosis or reason for seeking care. Required on inpatient bills.
70 a-c ▲	Patient's reason for visit	Enter the appropriate ICD-9-CM diagnosis code describing the reason for the patient seeking care. Required on unscheduled outpatient visits.
71 ▲	Prospective payment system (PPS) code	Required for inpatient claims when the hospital is under contract with the health plan to provide this information.
72 a-c ▲	External cause of injury (ECI) code	Enter the appropriate ICD-9-CM E-code whenever there is a diagnosis of an injury, poisoning or adverse effect. For inpatient claims a Present On Admission (POA) Indicator must also be entered in the 8th position.
73 ○	Reserved for assignment by the NUBC	Not used.
74▲	Principal procedure code and date	Enter the appropriate code from Volume 3 of the ICD-9-CM. Enter the entire code, including all available digits, followed by the date in "MMDDYY" format. Reporting the decimal between the second and third digits of the ICD-9-CM is unnecessary because it is implied.
74 a-e ▲	Other procedure codes and dates	Enter the appropriate code(s) from Volume 3 of the ICD-9-CM. Enter the entire code(s), in descending order of importance, followed by the date(s) in "MMDDYY" format. Reporting the decimal between the second and third digits of the ICD-9-CM is unnecessary because it is implied.

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Form Locator	Definition	Instructions Δ = Required ▲ = Required if applicable ○ = Not used
75 ○	Reserved for assignment by the NUBC	Not used
76 ▲	Attending provider name and identifiers	Enter the attending physician NPI or the qualifier and other ID in the top row. Enter the provider's last name and first name in the bottom row. The first and last name is required when the claim contains any services other than non-scheduled transportation claims. NPI is required on or after the mandated HIPAA NPI implementation date.
77 ▲	Operating physician name and identifiers	Enter the operating physician NPI or the qualifier and other ID in the top row. Enter the provider's last name and first name in the bottom row. The first and last name is required when a surgical procedure code is listed on this claim. NPI is required on or after the mandated HIPAA NPI implementation date.
78-79 ▲	Other provider (Individual) names and identifiers	Enter the appropriate provider type qualifier code. Enter the other provider NPI or the qualifier and other ID in the top row. Enter the provider's last name and first name in the bottom row. NPI is required on or after the mandated HIPAA NPI implementation date when the provider is eligible to receive an NPI.
80 ▲	Remarks field	Enter information pertinent to the claim that cannot be entered elsewhere.
81 ▲	Code-code field	Enter additional codes related to a FL (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.

Optical Scanning instructions

Providers that are electronic claim submission enabled need to submit electronically. If you are unable to submit electronically, mail scannable paper claims. Blue Cross uses optical scanner technology to assist in the entry of paper claims into our processing system. Use of an optical scanner improves accuracy and timeliness of claims processing. Special instructions for completing the form are printed below.

- Providers must submit paper claims on the official (i.e., forms that meet Government Printing Office Specifications) Drop-Red-Ink CMS-1450 forms. We cannot accept black-and-white, faxed , or photocopied forms.
- Print:
  - Use UPPERCASE characters only
  - The print should be 10 or 12 point font size. Do not use multiple font sizes on a claim. This includes resubmissions with corrected information.
  - Use standard fonts- typewritten (Courier). Don't use unusual fonts such as sans serif, script, orator, italics, etc.
- Avoid old or worn print bands/ribbons. Claims that are too light cannot be scanned.
- Make sure the claim is aligned correctly and the data is within the box. If information is not contained within the intended form locator, it may be returned.
- Do not hand-write, or stamp any information on the claim.
- Do not zero fill form locators.
- Do not send in 5 ply carbon copies/tissue paper.
- Do not use special characters such as slashes, dashes, decimal points (except for dollar amounts), dollar signs, or parentheses (except in the name field when applicable).
- Staple any multiple page claims (with or without attachments).
- **If you are submitting a multiple page claim, ensure that all form locator/data matches exactly on preceeding pages. Enter the total claim amount only on the last page in form locator 47, line 23.**

Service

The Provider Service department offers providers information about claims status, benefits, payment, and Blue Cross and Blue Shield of Minnesota and Blue Plus procedures. Information can also be found on our provider web self-service site at **www.providerhub.com**.

Main office: (651) 662-5200 or 1-800-262-0820 **Web site**: **www.bluecrossmn.com**

BLUELINE: Voice-activated self-service tool that offers info by phone or fax. Call (651) 662-5200 or 1-800-262-0820.

Mail claims to:
Blue Cross and Blue Shield of Minnesota
P.O. Box 64338
St. Paul, MN 55164-0560

To order CMS-1450 claim forms contact:
The Standard Register Company, Forms Division.
Their phone number may be found in your local yellow pages. Blank copies of the form may also be available through local office supply stores.

NUBC Official UB-04 Data Specifications Manual:
For a list of valid codes refer to the National Uniform Billing Committee Official UB-04 Data Specifications Manual. The manual can be purchased by visiting the National Uniform Billing Committee (NUBC) web site at **www.nubc.org**. This manual will also include state specific billing guidelines if any apply.