

# Detailed Guidance On UB92 Claim Form Completion

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## Claims Filing Tips

Claim forms that are submitted with incomplete or incorrect information hinder timely claims payment. Your office can expedite claims resolution by submitting claims that are filled out correctly and completely. Please see the following tips for completing and submitting the UB92 Claim Form.

- All blocks on the claim form(s) must be accurately completed to permit timely claims processing.
- When billing TRICARE as a secondary payer, you must include an Explanation of Benefits (EOB) from the primary carrier.
- Contact your Provider Relations Representative with any changes to your Tax Identification Number (TIN) or address information immediately. Any change in your information requires action within PGBA's computer system to ensure proper processing and accounting for your facility.

Inside is a more detailed guidance for specified areas of the UB92 claim form.

*Note: The UB92 Claim Form is also known as the Form CMS-1450.*

## Important Phone Numbers/Addresses

Puerto Rico Call Center  
Humana Military Healthcare Services  
PO Box 195519  
San Juan, PR 00919  
(800) 700-7104

Claims Submissions  
TRICARE Puerto Rico  
PO Box 7035  
Camden, SC 29020-7035  
[www.humana-military.com](http://www.humana-military.com)



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### UB92 Field #1 – PROVIDER NAME, ADDRESS AND TELEPHONE NUMBER

The complete name and address of the facility at which the services were rendered.

### UB92 Field #4 – TYPE OF BILL

Three digit alphanumeric code to identify the type of bill submitted. The first digit indicates the type of facility. The second classifies the type of care. The third identifies the sequence of this bill in this particular episode of care.

### UB92 Field #5 – FEDERAL TAX NUMBER

Include the proper Tax ID Number on each claim. If you maintain two or more offices, and you know the three digit suffix for each “satellite” office, you can improve both the speed and accuracy of your claims resolution by adding the correct suffix onto your Tax Identification Number (TIN).

### UB92 Field #32 to #36 – OCCURRENCE CODES

Code(s) and associated date(s) defining specific event(s) relating to this billing period. When occurrence codes 01-04 and 24 are entered, the provider must make sure the entry includes the appropriate value code in Field #39 to #41, if there is another payer involved.

### UB92 Field #42 – REVENUE CODE

Enter the appropriate revenue code to identify specific accommodations and/or ancillary charges. All codes must be listed in ascending numeric order and not repeat on the same bill to the extent possible. To ensure proper processing, Emergency Room and Inpatient services should be billed separately. Detail level coding must be provided for the following revenue code series: 290, 304, 330, 367, 420, 520, 550-590, 624, 636, 800-850, 9000-9044. Surgical revenue codes require a surgical procedure in Field #80 (ICD-9-CM) and in Field #44 (HCPCS/CPT for outpatient services).

### UB92 Field #44 – HCPCS/RATES

For outpatient services, the provider enters the HCPCS code describing the procedure performed. The HCPCS code must be appropriate based on the assigned revenue code in Field #42. For inpatient services, the accommodation rate is entered.

### UB92 Field #50 – PAYER

If TRICARE is the primary payer, the provider must enter “TRICARE” on line A. Entering TRICARE indicates that the provider has developed for other insurance and determined that TRICARE is the primary payer. If TRICARE is the secondary or tertiary payer, the provider identifies the primary payer on line A and enters TRICARE information on line B or C as appropriate.

### UB92 Field #58 – INSURED’S NAME

The name of the person in whose name the insurance is carried. Enter last name, first name, and middle initial. Fields #58A-C correspond directly to Fields #51A-C. For TRICARE submissions, the insured will always be the Military sponsor.

### UB92 Field #60 – INSURED’S ID NUMBER

Make sure that you enter the sponsor’s 9-digit Social Security Number. All eligibility information and processing depends upon the correct name and Social Security Number of the sponsor or “insured.” We recommend that you keep a copy of the patient identification card (front and back) in your file for reference purposes. It provides the sponsor’s identifying information, as well as eligibility information on the individual patient.

### UB92 Field #67 – PRINCIPAL DIAGNOSIS CODE

The principal diagnosis must be the full ICD-9-CM code, including all five digits where applicable. Any subsequent diagnoses should be listed in Field #68 to #75.

### UB92 Field #80 – PRINCIPAL PROCEDURE

The procedure code shown must be the full ICD-9-CM, Volume 3, procedure code, including all four-digit codes where applicable. All surgical revenue codes indicated in Field #42 require an associated procedure in Field #80. Any subsequent procedures should be listed in Fields #81A-E.

### UB92 Field # 82 – ATTENDING PHYSICIAN ID

The number and/or name of the licensed physician who would be expected to certify the medical necessity of rendered services, and has primary responsibility for the patient’s medical care.