A Guide for Completing the

UB-04 Form

The Uniform Bill (UB-04) is the standardized billing form for institutional services. Baylor Scott & White Health Plan offers this guide to help you complete the UB-04 form for your patients with Baylor Scott & White Health Plan coverage.

Thank you for helping us to process your claims efficiently and accurately.

MAIL CLAIMS TO:

Baylor Scott & White Health Plan
P.O. Box 21800
Eagan, MN 55121-0800
<table>
<thead>
<tr>
<th><strong>KEY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TDI Requirement</td>
</tr>
<tr>
<td>Conditional</td>
</tr>
<tr>
<td>BSWHP Requirement</td>
</tr>
<tr>
<td>Not Required</td>
</tr>
</tbody>
</table>

1. **BILLING PROVIDER NAME, ADDRESS & TELEPHONE NUMBER**
   - Enter the billing provider's name, address, city, state, zip code, and telephone number.

2. **PAY TO NAME AND ADDRESS**
   - Enter the name, address, city, state, and zip code where the provider is located.

3. **PATIENT CONTROL NUMBER**
   - Enter the unique alphanumeric control number assigned to the patient by the provider.

4. **MEDICAL RECORD NUMBER**
   - Enter the record number assigned to the patient's medical record.

5. **TYPE OF BILL**
   - Enter the appropriate code indicating the specific type of bill such as inpatient, outpatient, etc.
   - For more information on Type of Bill, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

6. **FEDERAL TAX NUMBER**
   - Enter the provider's Federal Tax Identification number.

7. **STATEMENT COVERS PERIOD (From/Through)**
   - Enter the beginning and ending service dates of the period included on the bill.
   - For more information on Statement Covers Period, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.

8. **PATIENT NAME/IDENTIFIER**
   - Enter the patient's name. Note: The patient identifier is the patient's name, address, city, state, and zip code.

9. **PATIENT NAME**
   - Enter the patient's last name, first name, and middle initial.

10. **PATIENT ADDRESS**
    - Enter the patient's complete mailing address (street address, city, state, zip code), and country code.

11. **PATIENT BIRTH DATE**
    - Enter the patient's date of birth using an eight-digit date format (MMDDYYYY).

12. **PATIENT SEX**
    - Enter the patient's sex using an "F" for female, "M" for male, and "U" for unknown.

13. **ADMISSION START-OF-CARE DATE (MMDDYYYY)**
    - Enter the start date for this episode of care using an eight-digit format (MMDDYYYY).
    - For inpatient services, this is the date of admission. For other (Home Health) services, it is the date the episode of care began.
    - Note: This is required on all inpatient claims.

14. **ADMISSION HOURS**
    - Enter the two-digit admission hour code referring to the hour during which the patient was admitted. Required for all inpatient claims, observations, and emergency room care.

15. **ADMISSION ORIGIN**
    - Enter the appropriate code indicating the point of origin for this admission or visit.

16. **DISCHARGE HOURS**
    - Enter the appropriate two-digit discharge hour code referring to the hour during which the patient was discharged. Required on all final inpatient claims.

17. **PATIENT DISCHARGE STATUS**
    - Enter the appropriate two-digit code indicating the patient's discharge status.
    - Note: Required on all inpatient, observation, or emergency room care claims.

18-20. **CONDITION CODES**
    - Enter the appropriate two-digit condition code or codes if applicable to the patient's condition.

21-22. **ACCIDENT STATE**
    - Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.

23. **Reserved for assignment by the NUBC. Providers do not use this field.

24-26. **OCCURRENCE CODES/DATES (MMDDYYYY)**
    - Enter the appropriate two-digit occurrence codes and associated dates using a six-digit format (MMDDYYYY), if there is an occurrence code appropriate to the patient's condition.

27-29. **OCCURRENCE SPAN CODES/DATES (From/Through) (MMDDYYYY)**
    - Enter the appropriate two-digit occurrence span codes and associated dates using a six-digit format (MMDDYYYY) that identifies an event that relates to the payment of the claim. These codes identify occurrences that happened over a span of time.

30. **Reserved for assignment by the NUBC. Providers do not use this field.

31-32. **VALUE CODES AND AMOUNT**
    - Enter the appropriate two-digit value code and value if there is a value code and value appropriate for this claim.

33-41. **REVENUE CODE**
    - Enter the applicable Revenue Code for the services rendered.

42. **REVENUE DESCRIPTION**
    - Enter the Revenue Description for the services rendered.

43. **HPCPS/RATES/SHIPS CODE**
    - Enter the applicable HCPCS/OPPS code for the service line item if it is a value for outpatient services. Enter the code for the Revenue Category for the line item if the claim is for inpatient services.

44. **SERVICE DATE (MMDDYYYY)**
    - Enter the applicable service date (MMDDYYYY) if the service line item if the claim is for inpatient services or outpatient services, SNF/PSS assessment, or to report the creation date for line 23. Note: Service Date Required.

45. **SERVICE UNIT**
    - Enter the number of units provided for the service line item.

46. **TOTAL CHARGES**
    - Enter the total charges using Revenue Code 8011. Total charges include both covered and non-covered services.

47. **NON-COVERED CHARGES**
    - Enter any non-covered charges as it pertains to related Revenue Code.