

**Bluegrass Family Health
1500 (HCFA 1500) Claim Form**

Field #	Field Description	Required or Conditional
	1 INSURANCE PROGRAM IDENTIFICATION	Required
1a	INSURED I.D. NUMBER	Required
	2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	Required
	3 PATIENT'S BIRTH DATE/SEX	Required
	4 INSURED'S NAME (Last Name, First Name, Middle Initial)	Required
	5 PATIENT'S ADDRESS (Number, Street, City, State, Zip Code) Telephone (include area code)	Required
	6 PATIENT RELATIONSHIP TO INSURED	Required
	7 INSURED'S ADDRESS (Number, Street, City, State, Zip code)	Required
	8 PATIENT STATUS	Required
	9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	Conditional
9a	OTHER INSURED'S POLICY OR GROUP NUMBER	Conditional
9b	OTHER INSURED'S BIRTH DATE/SEX	Conditional
9c	EMPLOYER'S NAME OR SCHOOL NAME	Conditional
9d	INSURANCE PLAN NAME OR	Conditional
10a,b,c	IS PATIENT'S CONDITION RELATED TO:	Required
10d	RESERVED FOR LOCAL USE	Not Required
	11 INSURED'S POLICY GROUP OR FECA NUMBER	Conditional
11a	INSURED'S BIRTH DATE/SEX	Conditional
11b	EMPLOYER'S NAME OR SCHOOL NAME	Conditional
11c	INSURANCE PLAN NAME OR PROGRAM NAME	Conditional

11d	IS THERE ANOTHER HEALTH BENEFIT PLAN?	Required
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Not Required
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Not Required
14	DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	Conditional
15	IF PATIENT HAS SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	Conditional
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Conditional
17	NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	Conditional
17a	I.D. NUMBER OF REFERRING PHYSICIAN	Conditional
17b	NPI NUMBER OF REFERRING PHYSICIAN	Conditional
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	Conditional
19	RESERVED FOR LOCAL USE	Required
20	OUTSIDE LAB CHARGES	Conditional
21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3, OR 4 TO ITEM 24E BY LINE)	Required
22	MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	Conditional
23	PRIOR AUTHORIZATION NUMBER	Conditional
24a	DATE (S) OF SERVICE	Required
24b	PLACE OF SERVICE	Required
24c	TYPE OF SERVICE	Required
24d	PROCEDURES, SERVICES OR SUPPLIES CPT/HCPCS MODIFIER	Required
24e	DIAGNOSIS CODE	Required
24f	CHARGES	Required
24g	DAYS OR UNITS	Required
24h	EPSDT FAMILY PLAN	Not Required

24i	ID QUALIFIER	Not Required
24j	RENDERING PROVIDER NPI	Required
25	FEDERAL TAX I.D. NUMBER SSN/EIN	Required
26	PATIENT'S ACCOUNT NO.	Conditional
27	ACCEPT ASSIGNMENT?	Required
28	TOTAL CHARGE	Required
29	AMOUNT PAID	Conditional
30	BALANCE DUE	Required
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS/DATE	Required
32	NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office).	Required
32a	NPI NUMBER OF FACILITY	Required
32b	PROVIDER NUMBER OF FACILITY	Not Required
33	PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE#/PIN#/GRP#	Required
33a	NPI NUMBER OF BILING PROVIDER	Required
33b	PROVIDER NUMBER OF BILLING PROVIDER	Not Required

Bluegrass Family Health

UB 92 and Implementation of UB-04: 03/01/07

Starting on May 23, 2007 all institutional paper claims must use the UB-04

Form Locator	Description	Required, Situational or Not Required
FL 1	Provider Name, Address and Telephone Number	Required
FL 2	Pay to Name, address and Secondary Identification Fields	Situational
FL 3a	Patient Control Number	Required
FL 3b	Medical/Health Record Number	Situational
FL 4	Type of Bill	Required
FL 5	Federal Tax Number	Required

FL 6	Statement Covers Period (From-Through)	Required
FL 7	Not Used	
FL 8	Patient's Name	Required
FL 9	Patient's Address	Required
FL 10	Patient's Birth Date	Required
FL 11	Patient's Sex	Required
FL 12	Admission Date	Required
FL 13	Admission Hour	Not Required
FL 14	Type of Admission/Visit	Required
FL 15	Source of Admission	Required
FL 16	Discharge Hour	Not Required
FL 17	Patient Status	Required
FL 18	Condition Codes	Situational
FL 19	Condition Codes	Situational
FL 20	Condition Codes	Situational
FL 21	Condition Codes	Situational
FL 22	Condition Codes	Situational
FL 23	Condition Codes	Situational
FL 24	Condition Codes	Situational
FL 25	Condition Codes	Situational
FL 26	Condition Codes	Situational
FL 27	Condition Codes	Situational
FL 28	Condition Codes	Situational
FL 29	Accident State	Not Used
FL 30	Untitled	Not Used
FL 31	Occurrence Codes and Dates	Situational
FL 32	Occurrence Codes and Dates	Situational
FL 33	Occurrence Codes and Dates	Situational
FL 34	Occurrence Codes and Dates	Situational
FL 35	Occurrence Span Code and Dates	Required
FL 36	Occurrence Span Code and Dates	Required
FL 37	Untitled	Not Used
FL 38	Responsible Party Name and Address	Not Required
FL 39	Value Codes and Amounts	Required
FL 40	Value Codes and Amounts	Required
FL 41	Value Codes and Amounts	Required
FL 42	Revenue Code	Required
FL 43	Revenue Description	Not Required
FL 44	HCPCS/Rates/HIPPS Rate Codes	Required
FL 45	Service Date	Required

FL 46	Units of Service	Required
FL 47	Total Charges	Required
FL 48	Noncovered Charges	Required
FL 49	Untitled	Not Used
FL 50A,B, & C	Payer Identification	Required
FL 51a	Health Plan ID	Required
FL 51b	Health Plan ID	Situational
FL 51c	Health Plan ID	Situational
FL 52A,B, & C	Release of Information Certification Indicator	Required
FL 53A,B, & C	Assignment of Benefits Certification Indicator	Not Used
FL 54A,B, & C	Prior Payments	Situational
FL 55A,B, & C	Estimated Amount Due From Patient	Not Required
FL 56	National Provider ID	Required
FL 57	Other Provider ID	Situational
FL 58A,B, & C	Insured's Name	Required
FL 59A,B, & C	Patient's Relationship to Insured	Required
FL 60A,B, & C	Insured's Unique ID	Required
FL 61A,B, & C	Insurance Group Name	Situational
FL 62A,B, & C	Insurance Group Number	Situational
FL 63	Treatment Authorization Code	Situational
FL 64	Document Control Number	Situational
FL 65	Employer Name	Situational
FL 66	Diagnosis and Procedure code Qualifier	Required
FL 67A - 67Q	Principal Diagnosis Code	Required
FL 68	Not Used	
FL 69	Admitting Diagnosis	Required
FL 70A-70C	Patient's Reason for Visit	Situational
FL 71	Prospective Payment System Code	Not Used
FL 72	External Cause of Injury Codes	Not Used
FL 73	Not Used	
FL 74	Principal Procedure Code and Date	Situational
FL 74A-74E	Other Procedure Codes and Dates	Situational
FL 75	Not Used	
FL 76	Attending Provider Name and Identifiers	Situational
FL 77	Operating Provider Name and Identifiers	Situational
FL 78 & 79	Other Provider Name and Identifiers	Situational
FL 80	Remarks	Situational
FL 81	Code-Code Field	Situational