

UB92 Mapping to BCBSNC Local Proprietary Format (LPF) and the HIPAA 837-Institutional Implementation Guide

Form Locator	Description of UB92 Value and Notes for 837- I Equivalents	LPF Record & Position	ANSI 837I Looping Structure	ANSI 837I Element & Segment	ANSI 837I IG page number	Segment Name (& Element Name)	Comments
1	Provider Name - Enter the name of the provider submitting the claim. Provider Address - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of the provider submitting the claim. May also enter facsimile number of the provider.	A3, A4, A5, B3	2010AA	NM103 N301 N401 N402 N403 PER04 PER06	p.77 p.79 p.80	Billing Provider Name Provider Address City State Zip Code Telephone Fax	The UB92 does not distinguish between different types of Providers. Therefore the "Billing Provider" in the 837 format would be the same entity as the "Provider" on the paper format.
2	Unlabeled Field (Address)	B4					
3	Patient Control Number (FL3) - Enter the provider's unique identification of the claim.	B5	2300	CLM01	p.158	Claim Information (Patient Account Number)	
4	Type of Bill (FL4) - Contains the code indicating the specific type of bill being submitted.	C3	2300	CLM05-1 CLM05-3	p.159, 160	Claim Information (Type of Bill)	
5	Federal Tax Number (FL5) - Enter the number assigned to the provider by the Federal Government for tax purposes. Enter NNNNNNNNN(no hyphen), left justified.	C4	2010AA	NM109	p. 78	Billing Provider Name	
6	Statement Covers Period (FL6) - Contains the beginning and ending service dates of the period included on this bill in MMDDYYMMDDYY format.	D3	2300	DTP03	p.167	Statement Dates	The DTP03 can be a single date or a date range (ccyyymmdd-ccyyymmdd)
7	Covered Days (FL7) - Enter the number of days covered by the primary payer, as qualified by the payer organization.	D4	2300	QTY01	P. 306	Claim Quantity	
8	Noncovered Days (FL8) - Enter the days of care not covered by the primary payer.	D5	2300	QTY01	p.306	Claim Quantity	
9	Coinsurance Days (FL9) -	D6	2300	QTY01	p.306	Claim Quantity	
10	Lifetime Reserve Days (FL10) -	D7	2300	QTY01	p.306	Claim Quantity	

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11	Carolina ACCESS Authorization Number (FL11) - Enter the authorization number of a Carolina ACCESS Member's Primary Care Provider.	D8	N/A				
12	Patient's Last Name (FL12). Patient's First Name(FL12). Patient's Middle Initial (FL12).	D9, D10, D11	2010BA	NM103 NM104 NM105	p. 108	Patient Name (Last Name First Name Middle Name)	If patient is subscriber, use these 837 elements.
13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Patient's Zip Code (FL13) - Contains the 9 digit zip code of the patient's address. Leave last four positions blank if not on record. (Do not enter all zeros or all nines)	E3, E4, E5, E6	2010BA 2010CA	N301 N302 N401 N402 N403	p.148, 149	Subscriber Address (Used if Subscriber is patient.) Patient's Address	If patient is subscriber, use these 837 elements.
14	Patient Birth date (FL14) - Must be a valid date in MMDDYYYY format. Note that the 837-Institutional format for dates is CCYYMMDD.	E7	2010BA 2010CA	DMG02	p.115	Subscriber Demographic Info. (Subscriber's Birth date Patient's Birth date)	Note: Required when the Patient is the same person as the Subscriber. Required when Loop ID 2000B, SBR02=18 (self). If Subscriber is not the patient there would be no mapping of this data element.
15	Patient Sex (FL15) - M - Male F - Female	E8	2010BA 2010CA	DMG03	p.115	Sub. Sex Patient's Sex	See note above for Sub. Birth date.
16	Patient Marital Status (FL16) - S - Single M - Married X - Legally Separated D - Divorced W - Widowed U - Unknown	E9	not used				
17	Admission Date (FL17) - Enter the date the patient was admitted for inpatient care, outpatient service or start of care. Note that the 837 format for dates is CCYYMMDD.	F3	2300	DTP03	p.170	Admission Date	This DTP03 includes the date AND hour.

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18	Admission Hour (FL18) - Enter the hour of day during which the patient was admitted for inpatient or outpatient care.	F4	2300	DTP03	p.170	Admission Date	
19	Type of Admission (FL19) - Enter the code indicating the priority of this admission.	F5	2300	CL101	p.171	Institutional Claim Code (Type of Admission)	
20	Source of Admission (FL20) - Enter the code indicating the source of this admission.	F6	2300	CL102	p.172	Institutional Claim Code (Admission Source Code)	
21	Discharge Hour (FL21) - Enter the hour the patient was discharged from inpatient care. MANDATORY for inpatient commercial if third position of bill type equals 0, 1, 4, or 7.	F7	2300	DTP03	p. 166	Discharge Hour (Date/Time period)	
22	Patient Status (FL22) - Enter the code indicating the patient status as of the statement covers through date.	F8	2300	CL103	p. 172	Institutional Claim Code (Patient Status Code)	
23	Medical/Health Record Number (FL23) - Enter the number assigned to the patient's medical/health record by the provider.	F9	2300	CLM01	p. 158	Claim Information - Claim Submitter Identifier (Patient Account Number)	
24	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F10	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
25	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F11	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
26	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F12	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
27	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F13	2300	HIXX-2	p.290-298	Condition Information - Condition Code	

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28	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F14	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
29	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F15	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
30	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	F16	2300	HIXX-2	p.290-298	Condition Information - Condition Code	
31	Unlabeled Field	F17	N/A				
32	Occurrence Code (FL32) - Enter the code defining a significant event relating to this bill which may affect payer processing.	G3	2300	HIXX-2	p.267-279	Occurrence Information (Occurrence Code)	
32	Occurrence Date (FL32) - Enter the date of the previous event in MMDDYY format. If an occurrence code is present, this field is MANDATORY	G4	2300	HIXX-4	p.267-279	Occurrence Information (Date Time Period)	
33	Occurrence Code (FL32) - Enter the code defining a significant event relating to this bill which may affect payer processing.	G5	2300	HIXX-2	p.267-279	Occurrence Information (Occurrence Code)	
33	Occurrence Date (FL32) - Enter the date of the previous event in MMDDYY format. If an occurrence code is present, this field is MANDATORY	G6	2300	HIXX-4	p.267-279	Occurrence Information (Date Time Period)	
34	Occurrence Code (FL32) - Enter the code defining a significant event relating to this bill which may affect payer processing.	G7	2300	HIXX-2	p.267-279	Occurrence Information (Occurrence Code)	
34	Occurrence Date (FL32) - Enter the date of the previous event in MMDDYY format. If an occurrence code is present, this field is MANDATORY	G8	2300	HIXX-4	p.267-279	Occurrence Information (Date Time Period)	

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35	Occurrence Code (FL32) - Enter the code defining a significant event relating to this bill which may affect payer processing.	G9	2300	HIXX-2	p.267-279	Occurrence Information (Occurrence Code)	
35	Occurrence Date (FL32) - Enter the date of the previous event in MMDDYY format. If an occurrence code is present, this field is MANDATORY	G10	2300	HIXX-4	p.267-279	Occurrence Information (Date Time Period)	
36	Occurrence Span Code (FL36) - Enter the code that identifies an event relating to payment of this bill.	G11	2300	HIXX-2	p.267-279	Occurrence Span Information (Occurrence Span Code)	
36	Occurrence Span From Date (FL36) - Enter the beginning date for the previous event in MMDDYY format.	G12	2300	HIXX-4	p.267-279	Occurrence Span Information (Date Time Period)	
36	Occurrence Span Thru Date (FL36) - Enter the ending date for the previous event in MMDDYY format.	G13	2300	HIXX-4	p.267-279	Occurrence Span Information (Date Time Period)	
37a	ICN/DCN (FL37A) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Primary Payer.	H3	2300	REF02	p.191	Original Reference Number (ICN/DCN)	This value was left blank on the UB92 form, but is used on the 837-I
37b	ICN/DCN (FL37B) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Secondary Payer.	H4	2330B	REF02	p. 416	Original Reference Number (ICN/DCN)	This value was left blank on the UB92 form, but is used on the 837-I
37c	ICN/DCN (FL37C) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Tertiary Payer.	H5	2330B	REF02	p. 416	Original Reference Number (ICN/DCN)	This value was left blank on the UB92 form, but is used on the 837-I
38	Responsible Party's Last Name (FL38) - Enter the last name of the party responsible for the self-pay portion of the bill	I3, I4, I5	2010BD	NM103	p.135	Responsible Party Name (Last Name)	
38	Responsible Party's Address (FL38) - Enter the street address of the party responsible for the self-pay portion of the bill.	J3, J4, J5, J6	2010BD	NM104	p.135	Responsible Party Name (First Name)	

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39	Value Code (FL41) - Enter the code that identifies data of monetary nature that is necessary for processing this claim as qualified by payer organization.	K3	2300	HIXX-2	p.281-289	Value Information	
39	Value Amount (FL39) - Enter the amount relating to the previous code. <i>Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$¢). Do not use any places after the decimal that are not needed to keep a place or show a value.</i>	K4	2300	HIXX-5	p.281-289	Value Information	
40	Value Code (FL41) - Enter the code that identifies data of monetary nature that is necessary for processing this claim as qualified by payer organization.	K5	2300	HIXX-2	p.281-289	Value Information	
40	Value Amount (FL39) - Enter the amount relating to the previous code. <i>Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$¢). Do not use any places after the decimal that are not needed to keep a place or show a value.</i>	K6	2300	HIXX-5	p.281-289	Value Information	
41	Value Code (FL41) - Enter the code that identifies data of monetary nature that is necessary for processing this claim as qualified by payer organization.	K7	2300	HIXX-2	p.281-289	Value Information	

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41	Value Amount (FL39) - Enter the amount relating to the previous code. <i>Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$¢). Do not use any places after the decimal that are not needed to keep a place or show a value.</i>	K8	2300	HIXX-5	p.281-289	Value Information	
42	Rev. Code		2400	SV2-01	p.446	Institutional Service Line	Product/Service ID (Service Line Revenue code)
43	Description		N/A				
44	HCPCS	L4	2400	SV2-02:2	p.447	Institutional Service Line (HCPCS Procedure code)	
44	Rates		2400	SV2-06	p.449	Institutional Service Line Unit Rate	
45	Service Date	L6	2400	DTP03	p. 457	Service Date (Date/Time Period)	
46	Service Units	L7	2400	SV2-05	p.449	Institutional Service Line	Unit Quantity
47	Total Charges	L8	2300	CLM02	p. 159	Claim Information (Monetary Amt. - Total Claim Charge Amount) Inst. Service Line (Monetary Amt. - Service Line Charge Amt.)	
48	Non-covered charges	L9	2400	SV2-07	p449	Institutional Service Line	Monetary Amount
49	Blank						
50	Payer	M3	2010BC	NM103	p.127	Payer Name	

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51	Provider Number	M6	2010AA	REF02	p.83	Billing Provider Secondary ID	The segment is situational but BCBSNC requires this element, as it is the BCBSNC Provider ID.
52	Rel Info.	M7	2300	CLM09	p. 161	Claim Information (Release of Info. Certification Indicator)	
53	Assigned Benefits	M8	2300	CLM08	p.160	Assignment of Benefits	
54 Line B and C	Prior Payments	M9	2320	AMT02	p.371	Patient Paid Amount	This 837 value works only for BCBSNC as primary payer.
55	Estimated Amount Due	M10	2300	AMT02	p.179	Payer Estimated Amount Due;	Patient Estimated Amount Due is also possible on the 837-I; it is the next AMT segment
56	Blank						
57	Blank						
58	Insured's Name		2010BA	NM103 NM104 NM105	p.109	Insured Last Name First Name Middle Name	
59	Patient's Relationship to Insured	O6	2000B 2000C	SBR02 PAT01	p.103 p.142	Subscriber Info. Sub. Information (If patient is subscriber) Patient Hierarchical Level Patient Info-relation to Insured.	
60	Cert.- SSN - HIC. - ID Number	O7	2010BA 2010CA	NM109	p. 110 p.147	Sub. Info - ID code Patient Info - ID code	

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61	Group Name	P3	2000B	SBR04	p.103	Subscriber Information	
62	Insurance Group No.	P4	2000B	SBR03	p.103	Subscriber Information	
63	Treatment Authorization Codes	P5	2300	REF02	p.199	Prior Authorization or Referral Number	
64	ESC		2000B 2320	SBR01	p. 102 p. 360	Subscriber Info., Other Subscriber Information (Payer Responsibility Sequence Number code)	
65	(Subscriber's) Employer Name (Not available on the 837)	Q4					
66	Employer Location (Not available on the 837)	Q5					
67	Principal Diagnosis Code	R3	2300	HIX1-02	p. 228	Principal, Admitting, E-Code and Patient Reason for Visit Diagnosis Information	
68	Other Diagnosis Code	R4	2300	HIXX-2	p.233-241	Other Diagnosis Code	
69	Other Diagnosis Code	R5	2300	HIXX-2	p.233-241	Other Diagnosis Code	
70	Other Diagnosis Code	R6	2300	HIXX-2	p.233-241	Other Diagnosis Code	
71	Other Diagnosis Code	R7	2300	HIXX-2	p.233-241	Other Diagnosis Code	
72	Other Diagnosis Code	R8	2300	HIXX-2	p.233-241	Other Diagnosis Code	
73	Other Diagnosis Code	R9	2300	HIXX-2	p.233-241	Other Diagnosis Code	
74	Other Diagnosis Code	R10	2300	HIXX-2	p.233-241	Other Diagnosis Code	
75	Other Diagnosis Code	R11	2300	HIXX-2	p.233-241	Other Diagnosis Code	
76	Admitting Diagnosis code	R12	2300	HI02-2	p/228	Admitting Diagnosis/Patient Reason for Visit	

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77	E-Code	R13	2300	HI03-2	p.229	Admitting Diagnosis/Patient Reason for Visit	
78	Blank	R14					
79	P.C.		N/A				
80	Principal Procedure Code	R14	2300	HI01-2	p. 243	Principal Procedure Information - Code	
80	Principal Procedure Date	R15	2300	HI01-4	p. 243	Principal Procedure Information - Date	
81A	Other Procedure code	S6	2300	HIXX-2	p. 245-254	Principal Procedure Information - Code	
81A	Other Procedure Date	S7	2300	HIXX-4	p. 245-254	Principal Procedure Information - Date	
81B	Other Procedure code	S8	2300	HIXX-2	p. 245-254	Principal Procedure Information - Code	
81B	Other Procedure Date	S9	2300	HIXX-4	p. 245-254	Principal Procedure Information - Date	
81C	Other Procedure code	S10	2300	HIXX-2	p. 245-254	Principal Procedure Information - Code	
81C	Other Procedure Date	S11	2300	HIXX-4	p. 245-254	Principal Procedure Information - Date	
81D	Other Procedure code	S12	2300	HIXX-2	p. 245-254	Principal Procedure Information - Code	
81D	Other Procedure Date	S13	2300	HIXX-4	p. 245-254	Principal Procedure Information - Date	
81E	Other Procedure code	S14	2300	HIXX-2	p. 245-254	Principal Procedure Information - Code	
81E	Other Procedure Date	S15	2300	HIXX-4	p. 245-254	Principal Procedure Information - Date	
82	Attending Physician ID	T3	2310A	NM109	323	Attending Physician Name	
83	Other Physician ID	T7	2310B	NM109	330	Other Physician Name	
84	Remarks	U3	2300	NTE02	p.207, 209	Remarks	

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85	Provider Representative (signature)		2300	CLM06		Signature on file indicator (Y or N)	
86	Date (Claim)			BHT04	p. 58	Beginning of Hierarchical Transaction (ST/SE Creation Date)	