

UB-04 FORM AND INSTRUCTIONS

The UB-04 Claim Form and NPI

The UB-04 claim form is used exclusively for institutional billing and includes several fields that accommodate the use of your NPI, taxonomy, and other provider demographic information. Sample UB-04 form for inpatient and outpatient services follows as well as a breakdown of each field description and what is required.

UB-04 DATA FIELD REQUIREMENTS

| FIELD LOCATION UB-04 | DESCRIPTION | INPATIENT | OUTPATIENT |
|-------------------------|---------------------------------|------------------------|------------------------|
| 1 | Provider Name and Address | Required | Required |
| 2 | Pay-To Name and Address | Situational | Situational |
| 3a | Patient Control Number | Required | Required |
| 3b | Medical Record Number | Required | Required |
| 4 | Type of Bill | Required | Required |
| 5 | Federal Tax Number | Required | Required |
| 6 | Statement Covers Period | Required | Required |
| 7 | Future Use | N/A | N/A |
| 8a | Patient ID | Situational | Situational |
| 8b | Patient Name | Required | Required |
| 9 | Patient Address | Required | Required |
| 10 | Patient Birthdate | Required | Required |
| 11 | Patient Sex | Required | Required |
| 12 | Admission Date | Required | Required |
| 13 | Admission Hour | Required | Required |
| 14 | Type of Admission/Visit | Required | N/A |
| 15 | Source of Admission | Required | Required |
| 16 | Discharge Hour | Required | Required |
| 17 | Patient Discharge Status | Required | Required |
| 18-28 | Condition Codes | Required if Applicable | Required if Applicable |
| 29 | Accident State | Situational | Situational |
| 30 | Future Use | N/A | N/A |
| 31-34 | Occurrence Code and Dates | Required if Applicable | Required if Applicable |
| 35-36 | Occurrence Span Codes and Dates | Required if Applicable | Required if Applicable |
| 37 | Future Use | N/A | N/A |
| 38 | Subscriber Name and Address | Required | Required |
| 39-41 | Value Codes and Amounts | Required if Applicable | Required if Applicable |
| 42 | Revenue Code | Required | Required |
| 43 | Revenue Code Description | Required | Required |
| 44 | HCPCS/Rates | Required if Applicable | Required if Applicable |
| 45 | Service Date | N/A | Required |
| 46 | Units of Service | Required | Required |
| 47 | Total Charges (By Rev. Code) | Required | Required |

*For additional information on the completion of fields, please refer to the NUBC Official UB-04 Data Specifications Manual.

| FIELD LOCATION UB-04 | DESCRIPTION | INPATIENT | OUTPATIENT |
|-------------------------|--|------------------------|------------------------|
| 48 | Non-Covered Charges | Required if Applicable | Required if Applicable |
| 49 | Future Use | N/A | N/A |
| 50 | Payer Identification (Name) | Required | Required |
| 51 | NPI | Required | Required |
| 52 | Release of Info Certification | Required | Required |
| 53 | Assignment of Benefit Certification | Required | Required |
| 54 | Prior Payments | Required if Applicable | Required if Applicable |
| 55 | Estimated Amount Due | Required | Required |
| 56 | NPI | Required | Required |
| 57 | Health Plan IDs | Required | Required |
| 58 | Insured's Name | Required | Required |
| 59 | Patient's Relation to the Insured | Required | Required |
| 60 | Insured's Unique ID | Required | Required |
| 61 | Insured Group Name | Situational | Situational |
| 62 | Insured Group Number | Situational | Situational |
| 63 | Treatment Authorization Codes | Required if Applicable | Required if Applicable |
| 64 | Document Control Number | Situational | Situational |
| 65 | Employer Name | Situational | Situational |
| 66 | Diagnosis/Procedure Code Qualifier | Required | Required |
| 67 | Principal Diagnosis Code/Other Diagnosis Codes | Required | Required |
| 68 | Future Use | N/A | N/A |
| 69 | Admitting Diagnosis Code | Required | Required if Applicable |
| 70 | Patient's Reason for Visit Code | Situational | Situational |
| 71 | PPS Code | Situational | Situational |
| 72 | External Cause of Injury Code | Situational | Situational |
| 73 | Future Use | N/A | N/A |
| 74 | Principal Procedure Code/Date | Required if Applicable | Required if Applicable |
| 75 | Future Use | N/A | N/A |
| 76 | Attending Name/ ID-Qualifier | Required | Required |
| 77 | Operating ID | Situational | Situational |
| 78-79 | Other ID | Situational | Situational |
| 80 | Remarks | Situational | Situational |
| 81 | Code-Code Field/Qualifiers | | |
| | *0-A0 | N/A | N/A |
| | *A1-A4 | Situational | Situational |
| | *A5-B0 | N/A | N/A |
| | *B1-B2 | Situational | Situational |
| | *B3 Taxonomy | Required | Required |

*For additional information on the completion of fields, please refer to the NUBC Official UB-04 Data Specifications Manual.

SAMPLE INPATIENT UB-04 FORM

| | | | | | | | | | |
|--|--|---|--|-------------------------------------|--|--|--|---|--|
| 1 Any Hospital 123 Any Street Anytown NJ 08999 | | 2 Any Hospital 456 Any Street Anytown NJ 08999 | | 3a PAT. CNTL # 1234 | | 3b MED. REC. # 98765 | | 0111 | |
| 8 PATIENT NAME a Patient ID if different from Sub | | 9 PATIENT ADDRESS a 1234 Main Street | | 5 FED. TAX NO. 221234567 | | 6 STATEMENT COVERS PERIOD FROM 11 03 06 THROUGH 11 04 06 | | 7 RESERVED | |
| b Doe, John | | b Anytown | | c NJ | | d 08999 | | County code if other than USA | |
| 10 BIRTHDATE 03 20 1971 | | 11 SEX M | | 12 DATE 11 03 06 | | 13 HR 08 | | 14 TYPE 3 | |
| 15 SRC 3 | | 16 DHR 12 | | 17 STAT 01 | | 18 Condition Codes | | 19 Required Identifying Events | |
| 31 OCCURRENCE CODE | | 32 OCCURRENCE DATE | | 33 OCCURRENCE CODE | | 34 OCCURRENCE DATE | | 35 OCCURRENCE SPAN | |
| 36 OCCURRENCE FROM | | 37 OCCURRENCE THROUGH | | 38 OCCURRENCE FROM | | 39 OCCURRENCE THROUGH | | 37 FUTURE USE | |
| 38 John Doe 1234 Main Street Anytown, NJ 08999 | | 39 CODE A1 | | 39 VALUE CODES AMOUNT 952.00 | | 40 CODE | | 40 VALUE CODES AMOUNT | |
| 42 REV. CD. 0129 | | 43 DESCRIPTION Semi-Private | | 44 HCPCS / RATE / HIPPS CODE 200.00 | | 45 SERV. DATE | | 46 SERV. UNITS 2 | |
| 0250 | | Pharmacy | | | | | | 47 TOTAL CHARGES 400.00 | |
| 0360 | | OR Services | | | | | | 48 NON-COVERED CHARGES 0.00 | |
| | | | | | | | | 49 Future Use | |
| PAGE 1 OF 1 | | CREATION DATE | | | | 550.00 | | 0.00 | |
| 50 PAYER NAME Passport Health Plan | | 51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory | | 52 REL. INFO Y | | 53 ASG. BEN. Y | | 54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider | |
| 55 EST. AMOUNT DUE Amount estimated to be due | | 56 NPI 222222222 | | 57 OTHER 1234567890 | | 58 INSURED'S NAME Doe, John | | 59 P. REL. 18 | |
| 59 TERTIARY PAYER Tertiary | | 60 INSURED'S UNIQUE ID ABC1234567800 | | 61 GROUP NAME Watch Repair, Inc. | | 62 INSURANCE GROUP NO. 1234 | | | |
| 63 TREATMENT AUTHORIZATION CODES 02468 | | 64 DOCUMENT CONTROL NUMBER 491234 | | 65 EMPLOYER NAME Watch Repair, Inc. | | | | | |
| 66 DX 3910 | | Use A through Q to report "Other Diagnosis" if applicable | | 68 Reserved | | | | | |
| 69 ADMIT DX 4280 | | 70 PATIENT REASON DX May be used to report reason for visit | | 71 PPS CODE DRG | | 72 ECI May be used to report external cause of injury | | 73 Reserved | |
| 74 PRINCIPAL PROCEDURE CODE 3749 | | 75 OTHER PROCEDURE CODE | | 76 ATTENDING NPI 222222222 | | 77 OPERATING NPI | | QUAL OB 1234569822 | |
| 78 LAST Smith | | 79 FIRST David | | | | | | | |
| 80 REMARKS | | 81CC a B3 282N00000X | | 78 OTHER NPI | | 79 OTHER NPI | | QUAL | |
| May be used to report additional information. | | b Secondary | | LAST | | FIRST | | | |
| | | c Tertiary | | LAST | | FIRST | | | |
| | | d | | LAST | | FIRST | | | |

Green = Required/Preferred
Black = Situational/Required if Applicable/Reserved

SAMPLE OUTPATIENT UB-04 FORM

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| 1 Any Hospital 123 Any Street Anytown NJ 08999 | | 2 Any Hospital 456 Any Street Anytown NJ 08999 | | 3a PAT. CNTL # 1234 | | 3b MED. REC. # 98765 | | 3c STATE 0131 | |
| 8 PATIENT NAME a Patient ID if different from Sub | | 9 PATIENT ADDRESS a 1234 Main Street | | 5 FED. TAX NO. 221234567 | | 6 STATEMENT COVERS PERIOD FROM 11 03 06 THROUGH 11 04 06 | | 7 RESERVED | |
| b Doe, John | | b Anytown | | c NJ | | d 08999 | | County code if other than USA | |
| 10 BIRTHDATE 03 20 1971 | | 11 SEX M | | 12 DATE 11 03 06 | | 13 HR 08 | | 14 TYPE 3 | |
| 15 SRC 3 | | 16 DHR 12 | | 17 STAT 01 | | 18 19 20 21 | | 22 23 24 25 26 27 28 | |
| 31 OCCURRENCE DATE | | 33 OCCURRENCE DATE | | 35 CODE | | 36 OCCURRENCE SPAN FROM THROUGH | | 37 OCCURRENCE SPAN FROM THROUGH | |
| Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing | | | | | | | | FUTURE USE | |
| 38 John Doe 1234 Main Street Anytown, NJ 08999 | | 39 CODE A1 | | 39 VALUE CODES AMOUNT 952.00 | | 41 CODE | | 41 VALUE CODES AMOUNT | |
| | | | | Value Codes and amounts required when necessary to process claim | | | | | |
| 42 REV. CD. | | 43 DESCRIPTION | | 44 HCPCS / RATE / HIPPS CODE | | 45 SERV. DATE | | 46 SERV. UNITS | |
| 0310 | | Laboratory | | 88173 | | 11 03 06 | | 1 | |
| 0402 | | Ultrasound | | 76942 | | 11 04 06 | | 1 | |
| 0360 | | OR Services | | 3749 | | 11 04 06 | | 1 | |
| | | | | | | | | 47 TOTAL CHARGES | |
| | | | | | | | | 300.00 | |
| | | | | | | | | 48 NON-COVERED CHARGES | |
| | | | | | | | | 0.00 | |
| | | | | | | | | 49 | |
| | | | | | | | | Future Use | |
| PAGE 1 OF 1 | | CREATION DATE | | | | | | | |
| 50 PAYER NAME Passport Health Plan | | 51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory | | 52 REL INFO Y | | 53 ASG BEN. Y | | 54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider | |
| Secondary Payer | | | | | | | | 55 EST. AMOUNT DUE Amount estimated to be due | |
| Tertiary Payer | | | | | | | | 56 NPI 222222222 | |
| | | | | | | | | 57 OTHER 1234567890 | |
| | | | | | | | | 58 INSURED'S NAME Doe, John | |
| | | | | | | | | 59 P. REL 18 | |
| | | | | | | | | 60 INSURED'S UNIQUE ID ABC1234567800 | |
| | | | | | | | | 61 GROUP NAME Watch Repair, Inc. | |
| | | | | | | | | 62 INSURANCE GROUP NO. 1234 | |
| 63 TREATMENT AUTHORIZATION CODES 02468 | | 64 DOCUMENT CONTROL NUMBER 491234 | | 65 EMPLOYER NAME Watch Repair, Inc. | | | | | |
| Secondary | | | | | | | | | |
| Tertiary | | | | | | | | | |
| 66 DX 3910 | | Use A through Q to report "Other Diagnosis" if applicable | | F | | G | | H | |
| 69 ADMIT DX 4280 | | 70 PATIENT REASON DX May be used to report reason for visit | | 71 PPS CODE DRG | | 72 ECI May be used to report external cause of injury | | 73 Reserved | |
| 74 PRINCIPAL PROCEDURE CODE DATE 3749 11 04 06 | | b. OTHER PROCEDURE CODE DATE | | 75 Reserved | | 76 ATTENDING NPI 222222222 | | QUAL OH 1234569822 | |
| d. OTHER PROCEDURE CODE DATE | | | | | | LAST Smith | | FIRST David | |
| | | | | | | 77 OPERATING NPI | | | |
| | | | | | | LAST | | FIRST | |
| 80 REMARKS | | 81 CC a B3 282N00000X | | | | 78 OTHER NPI | | QUAL | |
| May be used to report additional information. | | b Secondary | | | | LAST | | FIRST | |
| | | c Tertiary | | | | 79 OTHER NPI | | QUAL | |
| | | | | | | LAST | | FIRST | |

UB-04 CMS-1450

APPROVED OMB NO.

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Green = Required/Preferred
Black = Situational/Required if Applicable/Reserved