

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				b. MED. REC. #			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH	

8 PATIENT NAME		a		9 PATIENT ADDRESS		a	
b				c		d	

10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACDT STATE		30	
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31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37	

38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a							
b							
c							
d							

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
PAGE ____ OF ____		CREATION DATE		TOTALS →			

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A												57 OTHER PRV ID	
B													
C													

58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A									
B									
C									

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A					
B					
C					

66 DX		67		A		B		C		D		E		F		G		H		68	

69 ADMIT DX		70 PATIENT REASON DX		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		DATE		a.		b.		75		76 ATTENDING NPI		QUAL	
										LAST		FIRST	
c.		d.		e.						77 OPERATING NPI		QUAL	
										LAST		FIRST	

80 REMARKS		81CC a		78 OTHER NPI		QUAL	
		b		LAST		FIRST	
		c		79 OTHER NPI		QUAL	
		d		LAST		FIRST	

Blk No.	Block Description:
1	Unlabeled (Service Location) R Inpatient and Outpatient: Enter the Service Facility Location information in Form Locator 2 on the appropriate line: Line 1 – Service Facility Provider Name, Line 2 – Service Facility Street Address, Line 3 – Service Facility City, State, and ZIP Code.
2	Provider Name, Address, and Telephone Number R Inpatient and Outpatient: Enter the Billing provider information in Form Locator 1 on the appropriate line: Line 1 – Provider Name, Line 2 – Complete street address, Line 3 – City, state, and zip code (9 digits), Line 4 – Area code and telephone number.
3a	Patient Control Number O Inpatient and Outpatient: Enter Patient Control number. Must be no longer than twenty characters.
3b	Medical Record Number LB Do not complete this Block.
4	Type of Bill R Inpatient and Outpatient: Must be only three digits. Do not enter a leading zero. Refer to the UB-04 Manual for guidance.
5	Federal Tax Number R Inpatient and Outpatient: Enter Federal tax number of the entity to whom payment is expected to be issued to. Cannot be greater than nine digits.
6	Statement Covers Period (From/Through) R Inpatient Only: Enter the dates the patient was admitted and discharged from the facility. Use both the From and Through dates. Enter the dates in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107). Outpatient Only: Enter the date(s) services were rendered. Enter the dates in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107).
7	Unlabeled LB Do not complete this Block.
8 (a,b)	Patient Name LB/R Inpatient and Outpatient: a. Patient ID (a) Not required. b. Patient Name. (b) Enter Patient Last Name and First name (e.g., Doe, John).
9 (a-e)	Patient Address O Inpatient and Outpatient: Enter the address of the patient. a) Street b) City c) State d) ZIP Code e) Country Code.
10d	Birthdate R Inpatient and Outpatient: Enter the patient's date of birth using an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 02151978) or six-digit format MMDDYY (month, day, and year) format (e.g.021578).
11	Sex R Inpatient and Outpatient: Enter "F" for female or "M" for male.
12	Admission Date R Inpatient only: Enter the date the patient was admitted to the facility for inpatient care. Enter date in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). Date must fall within the Statement Covers Period (block no. 6)
13	Admission Hour O Inpatient and Outpatient: Enter time in military hours 00-23. Examples: Midnight – 12:59 a.m. = 00. Noon – 12:59 p.m. = 12. 6:00 p.m. – 6:59 p.m. = 18.
14	Admission Type R Inpatient Only: Enter one of the two digit admission type values listed: Enter one of the two digit admission type values listed: 01 = Emergency. 02 = Urgent. 03 = Elective. 04 = Newborn. 05 = Trauma. 06 - 08 = Reserved. 09 = Information not available.
15	Source of Admission R Inpatient and Outpatient: Must be selected from the following list below, but cannot be more than four characters. 1 Physician Referral. 2 Clinical Referral. 3 HMO Referral. 4 Transfer from a Hospital. 5 Transfer from a Skilled Nursing Facility. 6 Transfer from another health care facility. 7 Emergency Room. 8 Court/Law Enforcement. 9 Information not available. A Transfer from a critical access hospital. B Transfer from another home health agency. C Readmission to same home health agency. D Transfer from hospital inpatient in the same facility, separate claim to payer. E E-Z Reserved for national assignment.
16	Discharge Hour A Inpatient Only: Enter the hour that the recipient was discharged. These hours are in 24-hour notation (military time): Examples: Midnight – 12:59 a.m. = 00, Noon – 12:59 p.m. = 12, 6:00 p.m. – 6:59 p.m. = 18. Note: Leave this Form Locator blank if the recipient has not been discharged.
17	Patient Discharge Status R Inpatient Only: Enter the national code indicating the patient's status on the Statement Covers Period THROUGH date (Block No. 6). Value must be 01-99.
18-28	Condition Codes O Inpatient and Outpatient: Required when applicable. Refer to the UB-04 Manual for requirements and for the codes used to identify conditions or events relating to this bill. If entered must be two characters each.
29	Accident State LB Do not complete this block
30	Unlabeled Do not complete this block
31-34 (a-b)	Occurrence Code/Date A Inpatient and Outpatient: (unshaded or shaded) Required when applicable. If Occurrence Code entered it must be two characters. If Occurrence Code entered a Corresponding date must be entered. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). Refer to the UB-04 Manual for codes.

Blk No.	Block Description:
35-36 (a-b)	Occurrence Span Code and Dates A Inpatient: (unshaded or shaded) If Occurrence San Code entered it must be two characters. If Occurrence Span Code entered a Corresponding date must be entered. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). If Date entered corresponding Occurrence Span Code must be entered. Outpatient: Refer to the UB-04 Manual as appropriate and follow rules under Inpatient.
37	Unlabeled LB Do not complete this block
38	Unlabeled LB Do not complete this block
39 - 41 (a-d)	Value Codes and Amount A Inpatient Only: Value code must be two characters. Value amount must be numeric and no more than ten digits. If value code entered, amount must be entered. If amount entered, value code must be entered. Refer to the UB-04 manual for guidance.
42 (1-22)	Revenue Codes R Inpatient and Outpatient: Only ONE UB-04 can be submitted per hospital stay. You MUST combine similar revenue codes if there are more than 22 codes. For example, under Pharmacy, if you provide Revenue Codes 0251, 0252, and 0258, you would use one of the revenue codes and add up the units of service provided. Refer to the UB-04 Manual for codes.
42 (23)	Revenue Codes LB Do not complete this block.
43 (1-22)	Revenue Code Description R Inpatient and Outpatient: Enter the appropriate narrative description to correspond to the related revenue codes found in Block 42.
43 (23)	Page of R Inpatient and Outpatient: In the first blank, type the number of this page. In the second blank, type the number of pages in this claim (e.g., PAGE 001 of 015).
44 (1-22)	HCPCS / Rate / HIPPS Code A Inpatient and Outpatient: Refer to the UB-04 Manual for codes.
45 (1-22)	Service Date R Inpatient and Outpatient: Date must be within the statement covers period (Block 6). Enter the date in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107).
46 (1-22)	Service Units R Inpatient and Outpatient: Enter the number of service units provided. Can enter decimal (e.g. 5.1) cannot be longer than eight digits.
47 (1-22)	Total Charges R Inpatient and Outpatient: Enter total charge for revenue code being billed on the appropriate corresponding line for the current billing period. Must not exceed eleven digits.
47 (23)	Totals R Inpatient and Outpatient: Total of lines 1-22 of this claim page. Must not exceed eleven digits. If claim is a multiple page claim, total charges for each claim page must be entered.
48 (1-23)	Non-Covered Charges R See the UB-04 Manual, line item "Total" under "Reporting."
(1-23)	Unlabeled LB Do not complete this block.
53	Planning Assignment of Benefits A Inpatient and Outpatient: Enter "Y" if applicable. Refer to the UB-04 Manual for guidelines.
54	Prior Payments R Inpatient and Outpatient: Enter payment amount received for each prior payer.
55	Estimated Amount Due LB Do not complete this block.
56	NPI R Inpatient and Outpatient: Enter the billing provider ten digit National Provider Identifier number.
57 (A B C)	Other Provider ID LB Do not complete this block.
58 (A B C)	Insured's Name R Inpatient and Outpatient: Comply with the UB-04 Manual's instructions.
59 (A B C)	Patient's Relationship to Insured R Inpatient and Outpatient: Comply with the UB-04 Manual's instructions.
60 (A B C)	Insured's Unique ID R Inpatient and Outpatient: Enter the Member's ID, Must be 8 characters. Note: Include any leading zeros.
61 (A B C)	Insurance Group Name R Inpatient and Outpatient: Enter the Insurance Group name of the Member's ID entered in Block 60.
62 (A B C)	Insurance Group Number A Inpatient and Outpatient: When applicable enter the Insurance Group number of the insured's ID entered in Block 60.
63 (A B C)	Treatment Authorization Codes LB Do not complete this block.
64 (A B C)	Document Control Number LB Do not complete this block.
65 (A B C)	Employer Name A Inpatient and Outpatient: When applicable, enter the name(s) of the individuals and entities that provide health care coverage for the patient (or may be liable).
66	DX Version Qualifier R ICD-CM Version Indicator Valid Values-9 for 9 th revision 0 for 10 th revision Do not bill both ICD9 and ICD10 on Same claim.
67 (a-q)	Principal Diagnosis Code R Inpatient and Outpatient: At least one diagnosis code is required. Enter the ICD-9-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, and that have an effect on the treatment received or the length of stay. For each Diagnosis that was Present on Admission, the POA indicator must be entered on the form, immediately to the right of the diagnosis code itself. Present on Admission (POA) Indicator Valid values: Y, N, U, W.
68	Unlabeled LB Do not complete this block.

LEGEND: R – Required A – Applicable O – Optional LB – Leave Blank

Blk No.	Block Description:
69	Admitting Diagnosis Code R Inpatient only: Enter up to eight digits of the admitting diagnosis code. Refer to the UB-04 Manual for guidelines.
70 (A B C)	Patient's Reason for Visit code A Outpatient only: The ICD-CM diagnosis code(s) describing the patient's reason for outpatient registration. Refer to the UB-04 Manual for guidelines.
71	PPS Code LB Do not complete this block.
72 (A B C)	External Cause of Injury Code A Inpatient and Outpatient: Enter up to five digits of the ICD-9-CM External Cause of Injury Code. Refer to the UB-04 Manual for guidelines.
73	Unlabeled LB Do not complete this block.
74	Principal Procedure Code & Date R Inpatient only: Enter the appropriate ICD-9-CM procedure code for procedure/service performed. Cannot be more than eight characters. If Principal Procedure Code entered then date must be entered also. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). If Date entered corresponding Principal Procedure Code must be entered.
74 (a-e)	Other Procedure Code & Date A Inpatient only: Enter the appropriate ICD-9-CM procedure code for procedure/service performed. Cannot be more than eight characters. If Other Procedure Code entered then date must be entered also. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). If Date entered corresponding Other Procedure Code must be entered.
75	Unlabeled LB Do not complete this block.
76	Attending Physician ID R Enter the National Provider Identifier (NPI) number of the attending Physician: NPI, Qualifier, ID Number (Unlabeled).
77	Operating Physician ID LB Do not complete this block. : NPI, Qualifier, ID Number (Unlabeled).
78	Last LB Do not complete this block. First, Other Physician ID, NPI, Qualifier.
79	Other Physician ID LB Do not complete this block. NPI
80	Remarks LB Do not complete this block.
81	CC LB Do not complete this block.

LEGEND: R – Required A – Applicable O – Optional LB – Leave Blank