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

8 PATIENT NAME	9 PATIENT ADDRESS
a	a
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22 CONDITION CODES	23	24	25	26	27	28	29 ACDT STATE	30

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	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							A
B						57 OTHER PRV ID	B
C							C

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

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

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI		73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI	QUAL
LAST		FIRST
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS	81CC	
	a	
	b	
	c	
	d	

UB-04 CMS-1450 APPROVED OMB NO.

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

NUBC National Uniform Billing Committee

LIC9213257

DRS UB-04

Blk No.	Block Description:
1	**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.
2	**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
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. 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).
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 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.
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

Blk No.	Block Description:
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."
49 - 52	**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 9 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 LB** Do not complete this block.
67 (a-q)	**Principal Diagnosis Code Present on Admission (POA) Indicator 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.
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.

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

DRS UB-04

Blk No.	Block Description:
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