



The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form will accommodate the National Provider Identifier (NPI) and has incorporated other important changes. The UB-04 form will be used exclusively for institutional billing beginning May 23, 2007. Effective on and after May 23, 2007, UB-92 will no longer be accepted. Sample UB-04 forms for inpatient and outpatient can be found on pages 3 and 4.

## The UB-04 Claim Form and NPI

The new UB-04 claim form includes several fields that accommodate the use of your NPI. Although the new form accommodates the NPI, you may continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPI(s) and submitted them to us, you must report them on the new UB-04 claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator.

### 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	Situational	Situational
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	N/A
13	Admission Hour	Required	Required
14	Type of Admission/Visit	Required	N/A
15	Source of Admission	Required	Required
16	Discharge Hour	Required	N/A
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

Field Location UB-04	Description	Inpatient	Outpatient
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
48	Non-Covered Charges	Required if Applicable	Required if Applicable
49	Future Use	N/A	N/A
50	Payer Identification (Name)	Required	Required
51	Health Plan Identification Number	Situational	Situational
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	Other Provider IDs	Optional	Optional
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 1G	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	Required	Required



# OUTPATIENT

1 Any Hospital 123 Any Street Anytown NJ 08999		2 Any Hospital 456 Any Street Anytown NJ 08999		3a PAT. CNTL # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0131	
5 FED. TAX NO. 221234567				6 STATEMENT FROM 11 03 06		7 COVERS PERIOD THROUGH 11 04 06	
8 PATIENT NAME a Doe, John		9 PATIENT ADDRESS a 1234 Main Street		c NJ		d 08999	
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		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

**4** 05.08

Red = Required  
Black = Situational/Required if Applicable/Reserved

