UB-04 claim form and instructions

FA

The Office of Management and Budget and the National Uniform Billing Committee have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form accommodates the National Provider Identifier (NPI) and has incorporated other important changes. Sample UB-04 forms for inpatient and outpatient claims can be found on pages 3 and 4.

The UB-04 claim form and NPI

The UB-04 claim form includes several fields that accommodate the use of your NPI. Although the 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 NPIs and submitted them to us, you must report them on the UB-04 claim form.

If you have any questions regarding the UB-04 claim form, the NPI application process, or reporting your NPI to us, please call your Network Coordinator or Hospital/Ancillary Services Coordinator or contact Customer Service at 1-800-275-2583.

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	Required, if applicable
13	Admission Hour	Required	Required, if applicable
14	Type of Admission/Visit	Required	Required
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 Codes 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	Responsible Party Name and Address	Required, if applicable	Required, if applicable
39-41	Value Codes and Amounts	Required, if applicable	Required, if applicable
42	Revenue Code	Required	Required
43	Revenue Code Description	Required	Required
	NDC Code	Required, if applicable	Required, if applicable

Field location UB-04	Description	Inpatient	Outpatient
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, if applicable	Required, if applicable
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-AB	N/A	N/A
	AC - Attachment Control number	Situational	Situational
	AD-B0	N/A	N/A
	*B1-B2	Situational	Situational
	*B3	Required	Required

INPATIENT

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 0111
		5 FED. TAX NO. 221234567	6 STATEMENT COVERS PERIOD FROM 11 03 06 THROUGH 11 04 06 — 7 RESERVED

8 PATIENT NAME a Patient ID if different from Sub — b Doe, John

9 PATIENT ADDRESS a 1234 Main Street — b Anytown — c NJ — d 08999 — Country code if other than USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
03 20 1971	M	11 03 06	08	3	3	12	01	Condition Codes Required Identifying Events	PA	RESERVED

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

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 VALUE CODES CODE AMOUNT — 40 VALUE CODES CODE AMOUNT — 41 VALUE CODES CODE AMOUNT

a A1 952 00
b 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	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0129	Semi-Private	200.00		2	400 00	0 00	Future Use
2 0250	Pharmacy			1	50 00	0 00	
3 0360	OR Services				100 00	0 00	
23	PAGE 1 OF 1	CREATION DATE		TOTALS	550 00	0 00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 2222222222
A AmeriHealth	Report HIPAA National Health Plan Identifier when mandatory	Y	Y	Required when indicated payer has paid amount to Provider	Amount estimated to be due	57 1234567890
B Secondary Payer						OTHER Secondary
C Tertiary Payer						PRV ID Tertiary

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Doe, John	18	ABC1234567800	Watch Repair, Inc.	1234
B Secondary →		→		
C Tertiary →		→		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 02468	491234	Watch Repair, Inc.
B Secondary		
C Tertiary		

66 DX 9 — 67 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 DATE 3749 11 03 06 — a. OTHER PROCEDURE CODE DATE — b. OTHER PROCEDURE CODE DATE — c. OTHER PROCEDURE CODE DATE — d. OTHER PROCEDURE CODE DATE — e. OTHER PROCEDURE CODE DATE — 75 Reserved

76 ATTENDING NPI 2222222222 QUAL G2 1234569822 — LAST Smith FIRST David
77 OPERATING NPI QUAL — LAST FIRST
78 OTHER NPI QUAL — LAST FIRST
79 OTHER NPI QUAL — LAST FIRST

80 REMARKS
May be used to report additional information.

81CC a B3 282N00000X — b Secondary — c Tertiary — d

UB-04 CMS-1450 APPROVED OMB NO. NUBC National Uniform Billing Committee

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

Red = Required
Black = Situational/Required, if applicable/Reserved

AmeriHealth
www.amerihealth.com

OUTPATIENT

1	2	3a PAT. CNTL #	4 TYPE OF BILL
Any Hospital 123 Any Street Anytown NJ 08999	Any Hospital 456 Any Street Anytown NJ 08999	1234 b. MED. REC. # 98765	0131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
221234567	11 03 06	11 04 06	RESERVED

8 PATIENT NAME	9 PATIENT ADDRESS
a Patient ID if different from Sub b Doe, John	a 1234 Main Street b Anytown c NJ d 08999

Country code if other than USA

10 BIRTH DATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES	29 ACDT STATE	30
03 20 1971	M	11 03 06	08	3	3	12	01	Condition Codes Required Identifying Events	PA	RESERVED

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
a Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing						FUTURE USE
b						

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
John Doe 1234 Main Street Anytown, NJ 08999	a A1 952 00 b Value Codes and amounts required when necessary to process claim 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	0310	Laboratory N400093723106	88173	11 03 06	1	100 00	0 00	Future Use
2	0402	Ultrasoud	76942	11 04 06	1	100 00	0 00	
3	0360	OR Services	3749	11 04 06	1	100 00	0 00	
4–22								
23	PAGE 1 OF 1		CREATION DATE		TOTALS	300 00	0 00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2222222222
A AmeriHealth	Report HIPAA National Health Plan Identifier when mandatory	Y	Y	Required when indicated payer has paid amount to Provider	Amount estimated to be due	57	1234567890
B Secondary Payer						OTHER PRV ID	Secondary
C Tertiary Payer							Tertiary

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Doe, John	18	ABC1234567800	Watch Repair, Inc.	1234
B Secondary				
C Tertiary				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 02468	491234	Watch Repair, Inc.
B Secondary		
C Tertiary		

66 DX																	68
9	3910	A	Use A through Q to report "Other Diagnosis" if applicable														Reserved
		I	J	K	L	M	N	O	P	Q							

69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE		72 ECI		73
4280	May be used to report reason for visit		DRG		May be used to report external cause of injury		Reserved

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
3749	11 04 06					Reserved
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 2222222222	QUAL G2	1234569822
LAST Smith		FIRST David	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
May be used to report additional information.	a	B3	282N00000X
	b		Secondary
	c		Tertiary
	d		

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