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	a	9 PATIENT ADDRESS	a
b		b	c d e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 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
a							a
b							b

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	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
23		***PAGE ____ OF ____***	***CREATION DATE***		***TOTALS***				23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		
A							57		A
B							OTHER		B
C							PRV ID		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	a	b	c	73

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

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

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

UB-04 Instructions

Field	Complete Field Title	Instructions
1*	Unlabeled Fields	Provider name and address at which services were rendered.
2**	Unlabeled Field	Provider name and pay-to address if different then field 1.
3a**	Patient Control Number	Member's unique alphanumeric number assigned by the provider.
4*	Type of Bill	The code indicating the type of bill.
6*	Statement Covers Period	The beginning and ending service date of the period included on this bill.
7**	Unlabeled Field	Passport Provider referral number (beginning with 99) or Passport exempt indicator (beginning with alpha character); a qualifier is not necessary.
8b*	Patient Name	The Medicaid member's last name, first name, and middle initial.
9a–e*	Patient Address	The member's mailing address including street name/P.O. box, city, state, and ZIP code
10*	Birthdate	The member's month, day, and year of birth.
11*	Sex	Use M (male), F (female), or U (unknown).
12–15*	Admission	Inpatient: admission date, hour, type, and source.
17*	Patient Status	A code indicating member status as of the ending service date of the period covered on this bill.
18-28*	Condition Codes	Condition codes that are applicable.
31–34	Occurrence Codes/Dates	Occurrence codes and dates.
35–36	Occurrence Span	Occurrence spans.
39–41	Value Codes	Medicare coinsurance/deductible information.
42*	Revenue Code	A code that identifies a specific accommodation, ancillary service, or billing calculation.
43*	Description	Revenue code description (may abbreviate). NDC numbers, units, and unit qualifier if applicable.
44*	HCPCS/Rate/HIPPS Code	Outpatient claims enter HCPCS code for service provided. Modifiers if applicable also are noted here.
46*	Service Units	A quantitative measure of services rendered by revenue category to or for the member. Must be appropriate for the procedure code, if listed.
47*	Total Charges	Total charges (covered and noncovered) for each line.
48*	Non-Covered Charges	Total non-covered charges for each line.
Line 23	Creation Date	Enter the date the claim was created (bill date)
50*	Payer Name	Medicaid.
54*	Prior Payments	The amount the provider has received toward payment of this bill.
56*	NPI	Billing providers NPI.
58*	Insured's Name	Last name and first name of the individual under whose name the insurance is carried.
60*	Insured's Unique ID	Member's Medicaid ID number.
63**	Treatment Authorization Codes	Prior authorization number, if applicable.
66*	Diagnosis	Use the ICD code for the diagnosis or reason for admittance. Present on admission indicator after the ICD diagnosis if appropriate.
67A –Q**	Unlabeled Field	Additional diagnosis codes, if applicable.
69**	Admitting Diagnosis	Inpatient: Enter diagnosis code identified at the time of hospitalization.
70**	Patient Reason Diagnosis	Outpatient Claims only enter the primary reason for visit diagnosis code.

UB-04 Instructions

Field	Complete Field Title	Instructions
72**	ECI	Enter applicable cost sharing indicator. See Override Codes earlier in this chapter.
73**	Unlabeled Field	Cost share indicator.
74a–e**	Principal Procedure	Inpatient only procedure codes. Enter the code identifying the principal surgical or obstetrical procedure code and date. Enter codes identifying all significant procedure codes other than the principal procedure and date
76*	Attending	1st box: Attending provider NPI. 2nd box: ZZ= qualifier for taxonomy code. 3rd box: Attending provider last name. 4th box: Attending provider first name.
77–79**	Operating Other Other	1st box: Operating and Other provider NPI. 2nd box: ZZ = qualifier for taxonomy code. 3rd box: Provider last name. 4th box: Provider first name.
80**	Remarks	An authorized signature and date indicating that the information entered on the face of this bill is in conformance with the certifications of the back of this bill (paper claims), or remarks pertinent to the claim.
81CCa–d**	Unlabeled Field	The pay-to taxonomy and the appropriate qualifier (B3).
* Required ** Required, if applicable		