



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

INPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0111		
8 PATIENT NAME a Patient ID if different from Sub b Doe, John				9 PATIENT ADDRESS a 1234 Main Street b Philadelphia c PA d 19111				
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 22-28 Condition Codes Required Identifying Events PA RESERVED								
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH		
Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing								
38 John Doe 1234 Main Street Philadelphia, PA 19111				39 VALUE CODES AMOUNT a A1 952.00		40 VALUE CODES AMOUNT 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 FUTURE USE		
1 0129		Semi-Private		200.00		2		
2 0250		Pharmacy				1		
3 0360		OR Services				100.00		
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23		PAGE 1 OF 1		CREATION DATE		TOTALS 550.00 0.00		
50 PAYER NAME Independence Blue Cross Secondary Payer Tertiary Payer		51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		52 REL. INFO. Y 53 ASSO. BEN. Y		54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider		
55 EST. AMOUNT DUE Amount estimated to be due		56 NPI 222222222		57 OTHER PRV ID 1234567890 Secondary Tertiary		62 INSURANCE GROUP NO. 1234		
58 INSURED'S NAME Doe, John Secondary Tertiary		59 P. REL. 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.		
63 TREATMENT AUTHORIZATION CODES 02468 Secondary Tertiary		64 DOCUMENT CONTROL NUMBER 491234		65 EMPLOYER NAME Watch Repair, Inc.				
66 DX 9 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		
74 PRINCIPAL PROCEDURE CODE 3749		75 OTHER PROCEDURE CODE 11 03 06		76 ATTENDING NPI 222222222		77 QUAL 1G 1234569822		
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80 REMARKS May be used to report additional information.		
81 CC a B3 282N00000X		b Secondary		c Tertiary		82 LAST Smith David		
83 FIRST		84 QUAL		85 QUAL		86 FIRST		
87 LAST		88 QUAL		89 QUAL		90 FIRST		

UB-04 CMS-1450 APPROVED OMB NO. ALL ICD-9 National Uniform THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



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

OUTPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0131	
8 PATIENT NAME a Patient ID if different from Sub		9 PATIENT ADDRESS a 1234 Main Street		5 FED. TAX NO. 221234567		6 STATEMENT COVERS PERIOD FROM THROUGH 11 03 06 11 04 06	
b Doe, John		b Philadelphia		c PA		d 19111 Country code if other than USA	
10 BIRTHDATE 03 20 1971		11 SEX M		12 DATE 11 03 06		13 HR 14 TYPE 15 SRC 16 DHR 08 3 3 12	
17 STAT 01		18 19 20 21		22 23 24 25 26 27 28		29 ACDT STATE PA	
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE	
35 OCCURRENCE CODE DATE		36 OCCURRENCE CODE DATE		37 OCCURRENCE CODE DATE		38 OCCURRENCE CODE DATE	
39 CODE		40 CODE		41 CODE		42 CODE	
a A1		b 952.00		c		d	
Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing		FUTURE USE		Value Codes and amounts required when necessary to process claim			
John Doe 1234 Main Street Philadelphia, PA 19111							
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0310 Laboratory		88173		11 03 06		1	
0402 Ultrasound		76942		11 04 06		1	
0360 OR Services		3749		11 04 06		1	
PAGE 1 OF 1		CREATION DATE		TOTALS		300.00 0:00	
50 PAYER NAME Independence Blue Cross Secondary Payer Tertiary Payer		51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		52 REL INFO Y		53 ASG BEN Y	
54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider		55 EST. AMOUNT DUE Amount estimated to be due		56 NPI 1234567890		57 OTHER PRV ID Secondary Tertiary	
58 INSURED'S NAME Doe, John Secondary Tertiary		59 P. REL 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.	
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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 04 06		75 OTHER PROCEDURE CODE DATE Reserved		76 ATTENDING NPI 222222222	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL 1G 1234569822	
LAST Smith		FIRST David		LAST		FIRST	
LAST		FIRST		LAST		FIRST	
LAST		FIRST		LAST		FIRST	
LAST		FIRST		LAST		FIRST	
80 REMARKS May be used to report additional information.		81CC a B3 282N00000X		b Secondary		c Tertiary	

UB-04 CMS-1450 APPROVED OMB NO. ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 05-08-2008 BY 60322 UCBAW/STP/STP THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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