UB-04 claim form and instructions

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 contact Customer Service at 1-800-ASK-BLUE.

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	2 Any Hospital	3a PAT. CNTL. # 1234	4 TYPE OF BILL
123 Any Street	456 Any Street	b. MED. REC. # 98765	0111
Philadelphia PA 19103	Philadelphia PA 19103	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	9 PATIENT ADDRESS	a 1234 Main Street			
b Doe, John		b Philadelphia		c PA	d 19111	Country code if other than USA

10 BIRTH DATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25	26	27	28	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 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						a FUTURE USE b

38	39 CODE VALUE CODES AMOUNT	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
John Doe 1234 Main Street Philadelphia, PA 19111	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 0129	Semi-Private	200.00		2	400 00	0 00	Future
2 0250	Pharmacy			1	50 00	0 00	Use
3 0360	OR Services				100 00	0 00	
4							
5							
6							
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21							
22							
23	PAGE 1 OF 1	CREATION DATE		TOTALS ▶	550 00	0 00	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 2222222222
A Independence Blue Cross	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 3910	Use A through Q to report "Other Diagnosis" if applicable			68 Reserved
9				

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	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI 2222222222 QUAL 1G 1234569822
3749 11 03 06			Reserved	LAST Smith FIRST David
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL
				LAST FIRST

80 REMARKS	81CC a B3 282N00000X	78 OTHER NPI QUAL
May be used to report additional information.	b Secondary	LAST FIRST
	c Tertiary	79 OTHER NPI QUAL
	d	LAST FIRST

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

3 12.09

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

Independence Blue Cross
www.ibx.com

OUTPATIENT

1 Any Hospital	2 Any Hospital	3a PAT. CNTL # 1234	4 TYPE OF BILL
123 Any Street	456 Any Street	b. MED. REC . # 98765	0131
Philadelphia PA 19103	Philadelphia PA 19103	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 | 9 PATIENT ADDRESS | a 1234 Main Street | | | |
| b Doe, John | | b Philadelphia | | c PA | d 19111 | Country code if other than USA |

| 10 BIRTH DATE | 11 SEX | 12 DATE | ADMISSION 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 23 24 25 | 26 | 27 | 28 | 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 CODE OCCURRENCE FROM THROUGH	36 CODE OCCURRENCE SPAN 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 CODE VALUE CODES AMOUNT	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
John Doe 1234 Main Street Philadelphia, PA 19111	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 1
2 0402	Ultrasoud	76942	11 04 06	1	100 00	0 00	2
3 0360	OR Services	3749	11 04 06	1	100 00	0 00	3
4							4
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6							6
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23	PAGE 1 OF 1	CREATION DATE	TOTALS ▶		300 00	0 00	23

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B Secondary Payer						OTHER Secondary	B
C Tertiary Payer						PRV ID Tertiary	C

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	A
B Secondary					B
C Tertiary					C

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

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

| 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	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI 2222222222 QUAL 1G 1234569822
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