



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 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		6 STATEMENT FROM 221234567		7 COVERS PERIOD THROUGH 11 03 06 11 04 06	
b Doe, John		b Philadelphia		c PA		d 19111	
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 DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 CODE		40 CODE		41 CODE		42 CODE	
a A1		b 952.00		c		d	
38 John Doe 1234 Main Street Philadelphia, PA 19111		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
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		55 EST. AMOUNT DUE		56 NPI		222222222	
58 INSURED'S NAME Doe, John Secondary Tertiary		59 P. REL 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 02468 Secondary Tertiary		64 DOCUMENT CONTROL NUMBER 491234		65 EMPLOYER NAME Watch Repair, Inc.	
66 DX 9 3910		67		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		74 PRINCIPAL PROCEDURE DATE 3749 11 04 06		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 222222222	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL 1G 1234569822	
80 REMARKS May be used to report additional information.		81CC a B3 282N00000X		82		83	
84		85		86		87	
88		89		90		91	

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

4 05.08

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

