



**PENNSYLVANIA UNIFORM CLAIMS AND
BILLING FORM REPORTING MANUAL**
Inpatient Data Reporting

Pennsylvania Health Care Cost Containment Council

April 2007

Revised: April 2023

Table of Contents

| | |
|--|-----|
| Overview | 3 |
| Detail Record Quick Reference (Includes UB-04 Form Locator) | 4 |
| Header Record Format..... | 7 |
| Header Record Specifications | 8 |
| Detail Record Format..... | 18 |
| Detail Record Specifications | 40 |
| Edits Not Associated with Specific Fields..... | 176 |
| Trailer Record Format..... | 177 |
| Trailer Record Specifications..... | 178 |
| Appendix A: Format for Continuation Records..... | 183 |
| Appendix B: United States/Territory Abbreviations | 184 |
| Appendix C: Most Common Payer ID/Health Plan ID Numbers (NAIC Codes) | 185 |
| Appendix D: Country Abbreviations | 186 |

Overview

Background

The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state council formed under Pennsylvania statute Act 89 of 1986, and amended by Act 15 of 2020.

To help improve the quality and restrain the cost of health care, PHC4 promotes health care competition through the collection, analysis and public dissemination of uniform cost and quality-related information.

Purpose of this Manual

The Pennsylvania Uniform Claims and Billing Form is based on the UB-04 format. UB-04 Form Locators identified in this manual can be used as references to the Official UB-04 Data Specifications Manual developed by the National Uniform Billing Committee (NUBC).

This manual is designed to assist facilities with their PHC4 Inpatient data submission. Listed below are some important points to remember:

- Data is submitted on a quarterly basis and is required 90 days from the close of each quarter. Data must be submitted using the secure portal at <https://www.phc4submit.org/>.
- Data is required to be submitted in a fixed 3900 character record line length, with a carriage return-line feed after each record.
- Standard text characters with ASCII values between 32 and 127 are accepted. This range includes:
 - uppercase and lowercase letters
 - digits
 - standard punctuation found on a normal keyboard
- Characters not accepted:
 - ASCII values 31 or less (pagination characters such as but not limited to tabs or page breaks)
 - ASCII values 128 and higher (characters such as non-Latin characters, such as Greek or Cyrillic letters - α, β, æ, Φ, etc., and letters with accent marks such as tildes, umlauts, graves, etc. - ä, ô, é, ñ, etc.)

Required Procedures and Submission Guidelines

- All inpatient discharges including psychiatric and/or behavioral health, rehabilitation, and drug and alcohol records are required. **Skilled nursing facility (SNF), swing bed, transitional care unit, 23-hour observation, and hospice records are not required and should not be submitted.**
- The Statement Covers Period - Through (Field 6b) is in the submission quarter.

Detail Record Quick Reference (Includes UB-04 Form Locator)

| Data Element Description | Field Number/ UB-04 Form Locator | Page Number |
|--|-------------------------------------|-------------|
| Accident State | 29 | 78 |
| Admission Hour | 13 | 69 |
| Admission/Start of Care Date | 12 | 67 |
| Admitting Diagnosis Code | 69 | 132 |
| Assignment of Benefits Certification Indicator | 53a-53c | 110 |
| Attending Provider - First Name | 76e | 149 |
| Attending Provider - Last Name | 76d | 148 |
| Attending Provider - NPI | 76a | 145 |
| Attending Provider - Secondary Identifier | 76c | 147 |
| Attending Provider - Secondary Identifier Qualifier | 76b | 146 |
| Billing Provider City, State, Zip Code | 1c1-1c3 | 42 |
| Billing Provider Name | 1a | 40 |
| Billing Provider Street Address | 1b | 41 |
| Billing Provider Telephone, Fax, Country Code | 1d1-1d3 | 43 |
| Code-Code Field (Code Qualifier) | 81a1-81d1 | 162 |
| Code-Code Field (Code) | 81a2-81d2 | 163 |
| Code-Code Field (Number or Value) | 81a3-81d3 | 164 |
| Condition Codes | 18-28 | 77 |
| Diagnosis and Procedure Code Qualifier | 66 | 123 |
| Discharge Hour | 16 | 73 |
| Document Control Number (DCN) | 64a-64c | 121 |
| Employer Name (of the Insured) | 65a-65c | 122 |
| Estimated Amount Due - Payer | 55a-55c | 112 |
| External Cause of Injury (ECI) Code | 72a-72c | 135 |
| External Cause of Injury (ECI) Code Present on Admission (POA) Indicator | 72a1-72c1 | 137 |
| Federal Tax Number | 5b | 52 |
| Federal Tax Number (sub-ID) | 5a | 51 |
| HCPCS Codes (by Revenue Code) | 44a-44v | 95 |
| Hospital-acquired Infection: Code | 121d1a-121d10a | 171 |
| Hospital-acquired Infection: Multidrug-resistant Organism (MDRO) | 121d1b-121d10b | 172 |
| Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category | 121d1c-121d10c | 173 |
| Hospital-acquired Infection: Procedure Location | 121d1d-121d10d | 174 |
| Insured's Group Name | 61a-61c | 118 |
| Insured's Group Number | 62a-62c | 119 |
| Insured's Name | 58a-58c | 115 |
| Insured's Unique Identifier | 60a-60c | 117 |
| Medical/Health Record Number | 3b | 49 |
| National Provider Identifier - Billing Provider | 56 | 113 |

| Data Element Description | Field Number/ UB-04 Form Locator | Page Number |
|--|-------------------------------------|-------------|
| Non-covered Charges (by Revenue Code) | 48a-48v | 100 |
| Non-covered Charges (Total) | 48w | 101 |
| Occurrence Codes | 31a1-34b1 | 80 |
| Occurrence Dates | 31a2-34b2 | 81 |
| Occurrence Span Codes | 35a1-36b1 | 82 |
| Occurrence Span Dates – From | 35a2-36b2 | 83 |
| Occurrence Span Dates – Through | 35a3-36b3 | 84 |
| Operating Physician - First Name | 77e | 154 |
| Operating Physician - Last Name | 77d | 153 |
| Operating Physician - NPI | 77a | 150 |
| Operating Physician - Secondary Identifier | 77c | 152 |
| Operating Physician - Secondary Identifier Qualifier | 77b | 151 |
| Other (Billing) Provider Identifier | 57a-57c | 114 |
| Other Diagnosis Code Present on Admission (POA) Indicator | 67a2-67q2 | 129 |
| Other Diagnosis Codes | 67a1-67q1 | 127 |
| Other Procedure Codes | 74a1-74e1 | 142 |
| Other Procedure Dates | 74a2-74e2 | 143 |
| Other Provider - First Name | 78f-79f | 160 |
| Other Provider - Last Name | 78e-79e | 159 |
| Other Provider - NPI | 78b-79b | 156 |
| Other Provider - Provider Type Qualifier | 78a-79a | 155 |
| Other Provider - Secondary Identifier | 78d-79d | 158 |
| Other Provider - Secondary Identifier Qualifier | 78c-79c | 157 |
| Page Count | 43w1 | 93 |
| Patient Address | 9a | 59 |
| Patient Birth Date | 10 | 64 |
| Patient City | 9b | 60 |
| Patient Control Number | 3a | 48 |
| Patient Country | 9e | 63 |
| Patient Discharge Status | 17 | 74 |
| Patient Hispanic/Latino Origin or Descent | 103a | 166 |
| Patient Identifier | 8a | 57 |
| Patient Morbidity | 121b | 169 |
| Patient Name | 8b | 58 |
| Patient Race | 103b | 167 |
| Patient Severity Upon Admission | 121a | 168 |
| Patient Sex | 11 | 66 |
| Patient State | 9c | 61 |
| Patient Zip Code | 9d | 62 |
| Patient's Reason for Visit | 70a-70c | 133 |
| Patient's Relationship to Insured | 59a-59c | 116 |
| Payer ID/Health Plan ID | 51a-51c | 107 |
| Payer Type and Name | 50a-50c | 103 |

| Data Element Description | Field Number/ UB-04 Form Locator | Page Number |
|---|-------------------------------------|-------------|
| Pay-to Address | 2b | 45 |
| Pay-to City, State, Zip Code | 2c1-2c3 | 46 |
| Pay-to Name | 2a | 44 |
| Point of Origin for Admission or Visit | 15 | 71 |
| Principal Diagnosis Code | 67-1 | 124 |
| Principal Diagnosis Present on Admission (POA) Indicator | 67-2 | 126 |
| Principal Procedure Code | 74-1 | 139 |
| Principal Procedure Date | 74-2 | 141 |
| Prior Payments - Payer | 54a-54c | 111 |
| Priority (Type) of Admission or Visit | 14 | 70 |
| Prospective Payment System (PPS) Code | 71 | 134 |
| Release of Information Certification Indicator | 52a-52c | 109 |
| Remarks Field | 80 | 161 |
| Reserved Field | 121e | 175 |
| Reserved for Assignment by the NUBC | 2d | 47 |
| Reserved for Assignment by the NUBC | 7 | 56 |
| Reserved for Assignment by the NUBC | 30 | 79 |
| Reserved for Assignment by the NUBC | 37a-37b | 85 |
| Reserved for Assignment by the NUBC | 49a-49w | 102 |
| Reserved for Assignment by the NUBC | 68 | 131 |
| Reserved for Assignment by the NUBC | 73 | 138 |
| Reserved for Assignment by the NUBC | 75a-75d | 144 |
| Responsible Party Name | 38a | 86 |
| Responsible Party Address | 38b | 87 |
| Revenue Codes (numbers 1 through 22) | 42a-42v | 90 |
| Revenue Codes (number 23 only) | 42w | 92 |
| Service Date (by Revenue Code) | 45a-45v | 96 |
| Service Units (by Revenue Code) | 46a-46v | 97 |
| Statement Covers Period - From | 6a | 53 |
| Statement Covers Period - Through | 6b | 54 |
| Total Charges (by Revenue Code) | 47a-47v | 98 |
| Total Charges | 47w | 99 |
| Total Number of Pages | 43w2 | 94 |
| Treatment Authorization Code | 63a-63c | 120 |
| Type of Bill | 4 | 50 |
| Uniform Patient Identifier (Social Security Number) | 101 | 165 |
| Unusual Occurrence | 121c | 170 |
| Value Amounts | 39a2-41d2 | 89 |
| Value Codes | 39a1-41d1 | 88 |

Header Record Format

| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------------|------|------|-----------|--|
| 1 | Data Source Identifier | 1 | 15 | X(15) | Left justify. Blank fill right. |
| 2 | Data Source Name/Address | 16 | 115 | X(100) | Name = Position 16-40 Address 1 = Position 41-65 Address 2 = Position 66-90 City = Position 91-104 State = Position 105-106 Zip Code = Position 107-115 |
| 3 | Period Covered First Day | 116 | 121 | 9(6) | MMDDYY |
| 4 | Period Covered Last Day | 122 | 127 | 9(6) | MMDDYY |
| 5 | Run Date | 128 | 133 | 9(6) | MMDDYY. Date file was created. |
| 6 | Inpatient/Outpatient Indicator | 134 | 134 | X(1) | I = Inpatient Claims O = Outpatient Claims |
| 7 | Batch/Job/Run Number | 135 | 159 | X(25) | For facility's use in identifying the file. |
| 8 | Filler | 160 | 3898 | X(3739) | |
| 9 | Submission Type | 3899 | 3899 | X(1) | O = Original Submission R = Resubmission of Original Data |
| 10 | Record Type | 3900 | 3900 | X(1) | H = Header Record |

Header Record Specifications

| Field 1 | Data Source Identifier |
|------------------------------|--|
| Description | The unique identification number assigned to the provider submitting the bill. |
| Procedure | Use your National Provider Identifier (NPI). |
| Field Size & Type | 15 character field; Alphanumeric; Left-justified |
| Record Location | 1-15 |



| Field 2 | Data Source Name and Address |
|-------------------|--|
| Description | The name and address of the facility. |
| Procedure | Name = Position 16-40 Address 1 = Position 41-65 Address 2 = Position 66-90 City = Position 91-104 State = Position 105-106 Zip Code = Position 107-115 |
| Field Size & Type | 100 character field; Alphanumeric; Left-justified |
| Record Location | 16-115 |



| Field 3 | Period Covered First Day |
|-------------------|---|
| Description | The first day of the quarter from which the data is provided. |
| Procedure | Use the format MMDDYY without punctuation. |
| Field Size & Type | 6 character field; Numeric |
| Record Location | 116-121 |



| Field 4 | Period Covered Last Day |
|-------------------|--|
| Description | The last day of the quarter from which the data is provided. |
| Procedure | Use the format MMDDYY without punctuation. |
| Field Size & Type | 6 character field; Numeric |
| Record Location | 122-127 |



| Field 5 | Run Date |
|-------------------|--|
| Description | The date the file was produced. |
| Procedure | Use the format MMDDYY without punctuation. |
| Field Size & Type | 6 character field; Numeric |
| Record Location | 128-133 |



| Field 6 | Inpatient Indicator |
|-------------------|--|
| Description | The letter indicating claims contained in this file are Inpatient. |
| Procedure | I = Inpatient |
| Field Size & Type | 1 character field; Alphanumeric |
| Record Location | 134 |



| Field 7 | Batch/Job/Run Number |
|-------------------|---|
| Description | The number for the facility's use in identifying the media. |
| Procedure | Fill with the number that will identify this media. |
| Field Size & Type | 25 character field; Alphanumeric |
| Record Location | 135-159 |



| Field 8 | Filler |
|-------------------|---|
| Description | Reserved for future use by the Council. |
| Procedure | Blank fill. |
| Field Size & Type | 3739 character field; Alphanumeric |
| Record Location | 160-3898 |



| Field 9 | Submission Type |
|-------------------|---|
| Description | The code indicating whether this submission is an original submission or a resubmission of original data. |
| Procedure | Coding Structure: O = Original Submission R = Resubmission of Original Media |
| Field Size & Type | 1 character field; Alphanumeric |
| Record Location | 3899 |



| Field 10 | Record Type |
|-------------------|--|
| Description | The code indicating the record is a Header Record. |
| Procedure | H = Header Record |
| Field Size & Type | 1 character field; Alphanumeric |
| Record Location | 3900 |



Detail Record Format

| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---------------------------------|------|-----|-----------|---|
| 1a | Billing Provider Name | 1 | 25 | X(25) | Left justify |
| 1b | Billing Provider Street Address | 26 | 50 | X(25) | Left justify |
| 1c1 | Billing Provider City | 51 | 62 | X(12) | Left justify |
| 1c2 | Billing Provider State | 63 | 64 | X(2) | All positions filled |
| 1c3 | Billing Provider Zip Code | 65 | 73 | X(9) | XXXXXXYYY. If the +4 extension is unknown, leave blank. |
| 1d1 | Billing Provider Telephone | 74 | 83 | X(10) | Include area code, no dashes or parentheses |
| 1d2 | Billing Provider Fax | 84 | 93 | X(10) | Include area code, no dashes or parentheses |
| 1d3 | Billing Provider Country Code | 94 | 95 | X(2) | US = United States |
| 2a | Pay-to Name | 96 | 120 | X(25) | Left justify |
| 2b | Pay-to Address | 121 | 145 | X(25) | Left justify |
| 2c1 | Pay-to City | 146 | 161 | X(16) | Left justify |
| 2c2 | Pay-to State | 162 | 163 | X(2) | All positions filled |
| 2c3 | Pay-to Zip Code | 164 | 168 | X(5) | XXXXX. Do not include the +4 extension. |
| 2d | NUBC Reserved Field | 169 | 193 | X(25) | Blank fill |
| 3a | Patient Control Number | 194 | 217 | X(24) | Left justify |
| 3b | Medical/Health Record Number | 218 | 241 | X(24) | Left justify |
| 4 | Type of Bill | 242 | 245 | X(4) | All positions filled |
| 5a | Federal Tax Number (sub-ID) | 246 | 249 | X(4) | All positions filled |
| 5b | Federal Tax Number | 250 | 259 | X(10) | NN-NNNNNNN. Include Hyphen. |
| 6a | Statement Covers Period - From | 260 | 265 | 9(6) | MMDDYY |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|-----|-----------|--|
| 6b | Statement Covers Period - Through | 266 | 271 | 9(6) | MMDDYY |
| 7 | NUBC Reserved Field | 272 | 286 | X(15) | Blank fill |
| 8a | Patient Identifier | 287 | 305 | X(19) | Left justify |
| 8b | Patient Name | 306 | 334 | X(29) | Left justify |
| 9a | Patient Address | 335 | 374 | X(40) | Left justify |
| 9b | Patient City | 375 | 404 | X(30) | Left justify |
| 9c | Patient State | 405 | 406 | X(2) | Left justify |
| 9d | Patient Zip Code | 407 | 415 | X(9) | XXXXXXYY. If the +4 extension is unknown, leave blank. |
| 9e | Patient Country | 416 | 417 | X(2) | All positions filled |
| 10 | Patient Birth Date | 418 | 425 | 9(8) | MMDDYYYY |
| 11 | Patient Sex | 426 | 426 | X(1) | M = Male; F = Female; U = Unknown |
| 12 | Admission/Start of Care Date | 427 | 432 | 9(6) | MMDDYY |
| 13 | Admission Hour | 433 | 434 | 9(2) | All positions filled |
| 14 | Priority (Type) of Admission or Visit | 435 | 435 | X(1) | All positions filled |
| 15 | Point of Origin for Admission or Visit | 436 | 436 | X(1) | All positions filled |
| 16 | Discharge Hour | 437 | 438 | 9(2) | All positions filled |
| 17 | Patient Discharge Status | 439 | 440 | X(2) | All positions filled |
| 18 | Condition Code 1 | 441 | 442 | X(2) | All positions filled |
| 19 | Condition Code 2 | 443 | 444 | X(2) | All positions filled |
| 20 | Condition Code 3 | 445 | 446 | X(2) | All positions filled |
| 21 | Condition Code 4 | 447 | 448 | X(2) | All positions filled |
| 22 | Condition Code 5 | 449 | 450 | X(2) | All positions filled |
| 23 | Condition Code 6 | 451 | 452 | X(2) | All positions filled |
| 24 | Condition Code 7 | 453 | 454 | X(2) | All positions filled |
| 25 | Condition Code 8 | 455 | 456 | X(2) | All positions filled |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|------------------------------------|------|-----|-----------|--|
| 26 | Condition Code 9 | 457 | 458 | X(2) | All positions filled |
| 27 | Condition Code 10 | 459 | 460 | X(2) | All positions filled |
| 28 | Condition Code 11 | 461 | 462 | X(2) | All positions filled |
| 29 | Accident State | 463 | 464 | X(2) | Blank fill if not accident-related. Otherwise use the state abbreviation. |
| 30 | NUBC Reserved Field | 465 | 488 | X(24) | Blank fill |
| 31a1 | Occurrence Code 31a | 489 | 490 | X(2) | Left justify |
| 31a2 | Occurrence Date 31a | 491 | 496 | 9(6) | MMDDYY |
| 32a1 | Occurrence Code 32a | 497 | 498 | X(2) | Left justify |
| 32a2 | Occurrence Date 32a | 499 | 504 | 9(6) | MMDDYY |
| 33a1 | Occurrence Code 33a | 505 | 506 | X(2) | Left justify |
| 33a2 | Occurrence Date 33a | 507 | 512 | 9(6) | MMDDYY |
| 34a1 | Occurrence Code 34a | 513 | 514 | X(2) | Left justify |
| 34a2 | Occurrence Date 34a | 515 | 520 | 9(6) | MMDDYY |
| 31b1 | Occurrence Code 31b | 521 | 522 | X(2) | Left justify |
| 31b2 | Occurrence Date 31b | 523 | 528 | 9(6) | MMDDYY |
| 32b1 | Occurrence Code 32b | 529 | 530 | X(2) | Left justify |
| 32b2 | Occurrence Date 32b | 531 | 536 | 9(6) | MMDDYY |
| 33b1 | Occurrence Code 33b | 537 | 538 | X(2) | Left justify |
| 33b2 | Occurrence Date 33b | 539 | 544 | 9(6) | MMDDYY |
| 34b1 | Occurrence Code 34b | 545 | 546 | X(2) | Left justify |
| 34b2 | Occurrence Date 34b | 547 | 552 | 9(6) | MMDDYY |
| 35a1 | Occurrence Span Code 35a | 553 | 554 | X(2) | Left justify |
| 35a2 | Occurrence Span Date 35a (From) | 555 | 560 | 9(6) | MMDDYY |
| 35a3 | Occurrence Span Date 35a (Through) | 561 | 566 | 9(6) | MMDDYY |
| 36a1 | Occurrence Span Code 36a | 567 | 568 | X(2) | Left justify |



UNIFORM CLAIMS AND BILLING FORM REPORTING MANUAL

| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|------------------------------------|------|-----|-----------|---------------------------------|
| 36a2 | Occurrence Span Date 36a (From) | 569 | 574 | 9(6) | MMDDYY |
| 36a3 | Occurrence Span Date 36a (Through) | 575 | 580 | 9(6) | MMDDYY |
| 35b1 | Occurrence Span Code 35b | 581 | 582 | X(2) | Left justify |
| 35b2 | Occurrence Span Date 35b (From) | 583 | 588 | 9(6) | MMDDYY |
| 35b3 | Occurrence Span Date 35b (Through) | 589 | 594 | 9(6) | MMDDYY |
| 36b1 | Occurrence Span Code 36b | 595 | 596 | X(2) | Left justify |
| 36b2 | Occurrence Span Date 36b (From) | 597 | 602 | 9(6) | MMDDYY |
| 36b3 | Occurrence Span Date 36b (Through) | 603 | 608 | 9(6) | MMDDYY |
| 37a | NUBC Reserved Field | 609 | 616 | X(8) | Blank fill |
| 37b | NUBC Reserved Field | 617 | 624 | X(8) | Blank fill |
| 38a | Responsible Party Name | 625 | 664 | X(40) | Left justify |
| 38b | Responsible Party Address | 665 | 824 | X(160) | Left justify |
| 39a1 | Value Code 39a | 825 | 826 | X(2) | Left justify |
| 39a2 | Value Amount 39a | 827 | 836 | 9(10) | See detail record specification |
| 40a1 | Value Code 40a | 837 | 838 | X(2) | Left justify |
| 40a2 | Value Amount 40a | 839 | 848 | 9(10) | See detail record specification |
| 41a1 | Value Code 41a | 849 | 850 | X(2) | Left justify |
| 41a2 | Value Amount 41a | 851 | 860 | 9(10) | See detail record specification |
| 39b1 | Value Code 39b | 861 | 862 | X(2) | Left justify |
| 39b2 | Value Amount 39b | 863 | 872 | 9(10) | See detail record specification |
| 40b1 | Value Code 40b | 873 | 874 | X(2) | Left justify |
| 40b2 | Value Amount 40b | 875 | 884 | 9(10) | See detail record specification |
| 41b1 | Value Code 41b | 885 | 886 | X(2) | Left justify |
| 41b2 | Value Amount 41b | 887 | 896 | 9(10) | See detail record specification |
| 39c1 | Value Code 39c | 897 | 898 | X(2) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|---------------------------------|
| 39c2 | Value Amount 39c | 899 | 908 | 9(10) | See detail record specification |
| 40c1 | Value Code 40c | 909 | 910 | X(2) | Left justify |
| 40c2 | Value Amount 40c | 911 | 920 | 9(10) | See detail record specification |
| 41c1 | Value Code 41c | 921 | 922 | X(2) | Left justify |
| 41c2 | Value Amount 41c | 923 | 932 | 9(10) | See detail record specification |
| 39d1 | Value Code 39d | 933 | 934 | X(2) | Left justify |
| 39d2 | Value Amount 39d | 935 | 944 | 9(10) | See detail record specification |
| 40d1 | Value Code 40d | 945 | 946 | X(2) | Left justify |
| 40d2 | Value Amount 40d | 947 | 956 | 9(10) | See detail record specification |
| 41d1 | Value Code 41d | 957 | 958 | X(2) | Left justify |
| 41d2 | Value Amount 41d | 959 | 968 | 9(10) | See detail record specification |
| 42a | Revenue Code 1 | 969 | 972 | X(4) | All positions filled |
| 44a | HCPCS Code 1 | 973 | 986 | X(14) | Blank fill |
| 45a | Service Date 1 | 987 | 992 | 9(6) | Blank fill |
| 46a | Service Units 1 | 993 | 999 | 9(7) | Right justify |
| 47a | Total Charges 1 | 1000 | 1009 | 9(10) | Right justify |
| 48a | Non-covered Charges 1 | 1010 | 1019 | 9(10) | Right justify |
| 49a | NUBC Reserved Field | 1020 | 1021 | X(2) | Blank fill |
| 42b | Revenue Code 2 | 1022 | 1025 | X(4) | All positions filled |
| 44b | HCPCS Code 2 | 1026 | 1039 | X(14) | Blank fill |
| 45b | Service Date 2 | 1040 | 1045 | 9(6) | Blank fill |
| 46b | Service Units 2 | 1046 | 1052 | 9(7) | Right justify |
| 47b | Total Charges 2 | 1053 | 1062 | 9(10) | Right justify |
| 48b | Non-covered Charges 2 | 1063 | 1072 | 9(10) | Right justify |
| 49b | NUBC Reserved Field | 1073 | 1074 | X(2) | Blank fill |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|----------------------|
| 42c | Revenue Code 3 | 1075 | 1078 | X(4) | All positions filled |
| 44c | HCPCS Code 3 | 1079 | 1092 | X(14) | Blank fill |
| 45c | Service Date 3 | 1093 | 1098 | 9(6) | Blank fill |
| 46c | Service Units 3 | 1099 | 1105 | 9(7) | Right justify |
| 47c | Total Charges 3 | 1106 | 1115 | 9(10) | Right justify |
| 48c | Non-covered Charges 3 | 1116 | 1125 | 9(10) | Right justify |
| 49c | NUBC Reserved Field | 1126 | 1127 | X(2) | Blank fill |
| 42d | Revenue Code 4 | 1128 | 1131 | X(4) | All positions filled |
| 44d | HCPCS Code 4 | 1132 | 1145 | X(14) | Blank fill |
| 45d | Service Date 4 | 1146 | 1151 | 9(6) | Blank fill |
| 46d | Service Units 4 | 1152 | 1158 | 9(7) | Right justify |
| 47d | Total Charges 4 | 1159 | 1168 | 9(10) | Right justify |
| 48d | Non-covered Charges 4 | 1169 | 1178 | 9(10) | Right justify |
| 49d | NUBC Reserved Field | 1179 | 1180 | X(2) | Blank fill |
| 42e | Revenue Code 5 | 1181 | 1184 | X(4) | All positions filled |
| 44e | HCPCS Code 5 | 1185 | 1198 | X(14) | Blank fill |
| 45e | Service Date 5 | 1199 | 1204 | 9(6) | Blank fill |
| 46e | Service Units 5 | 1205 | 1211 | 9(7) | Right justify |
| 47e | Total Charges 5 | 1212 | 1221 | 9(10) | Right justify |
| 48e | Non-covered Charges 5 | 1222 | 1231 | 9(10) | Right justify |
| 49e | NUBC Reserved Field | 1232 | 1233 | X(2) | Blank fill |
| 42f | Revenue Code 6 | 1234 | 1237 | X(4) | All positions filled |
| 44f | HCPCS Code 6 | 1238 | 1251 | X(14) | Blank fill |
| 45f | Service Date 6 | 1252 | 1257 | 9(6) | Blank fill |
| 46f | Service Units 6 | 1258 | 1264 | 9(7) | Right justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|----------------------|
| 47f | Total Charges 6 | 1265 | 1274 | 9(10) | Right justify |
| 48f | Non-covered Charges 6 | 1275 | 1284 | 9(10) | Right justify |
| 49f | NUBC Reserved Field | 1285 | 1286 | X(2) | Blank fill |
| 42g | Revenue Code 7 | 1287 | 1290 | X(4) | All positions filled |
| 44g | HCPCS Code 7 | 1291 | 1304 | X(14) | Blank fill |
| 45g | Service Date 7 | 1305 | 1310 | 9(6) | Blank fill |
| 46g | Service Units 7 | 1311 | 1317 | 9(7) | Right justify |
| 47g | Total Charges 7 | 1318 | 1327 | 9(10) | Right justify |
| 48g | Non-covered Charges 7 | 1328 | 1337 | 9(10) | Right justify |
| 49g | NUBC Reserved Field | 1338 | 1339 | X(2) | Blank fill |
| 42h | Revenue Code 8 | 1340 | 1343 | X(4) | All positions filled |
| 44h | HCPCS Code 8 | 1344 | 1357 | X(14) | Blank fill |
| 45h | Service Date 8 | 1358 | 1363 | 9(6) | Blank fill |
| 46h | Service Units 8 | 1364 | 1370 | 9(7) | Right justify |
| 47h | Total Charges 8 | 1371 | 1380 | 9(10) | Right justify |
| 48h | Non-covered Charges 8 | 1381 | 1390 | 9(10) | Right justify |
| 49h | NUBC Reserved Field | 1391 | 1392 | X(2) | Blank fill |
| 42i | Revenue Code 9 | 1393 | 1396 | X(4) | All positions filled |
| 44i | HCPCS Code 9 | 1397 | 1410 | X(14) | Blank fill |
| 45i | Service Date 9 | 1411 | 1416 | 9(6) | Blank fill |
| 46i | Service Units 9 | 1417 | 1423 | 9(7) | Right justify |
| 47i | Total Charges 9 | 1424 | 1433 | 9(10) | Right justify |
| 48i | Non-covered Charges 9 | 1434 | 1443 | 9(10) | Right justify |
| 49i | NUBC Reserved Field | 1444 | 1445 | X(2) | Blank fill |
| 42j | Revenue Code 10 | 1446 | 1449 | X(4) | All positions filled |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|----------------------|
| 44j | HCPCS Code 10 | 1450 | 1463 | X(14) | Blank fill |
| 45j | Service Date 10 | 1464 | 1469 | 9(6) | Blank fill |
| 46j | Service Units 10 | 1470 | 1476 | 9(7) | Right justify |
| 47j | Total Charges 10 | 1477 | 1486 | 9(10) | Right justify |
| 48j | Non-covered Charges 10 | 1487 | 1496 | 9(10) | Right justify |
| 49j | NUBC Reserved Field | 1497 | 1498 | X(2) | Blank fill |
| 42k | Revenue Code 11 | 1499 | 1502 | X(4) | All positions filled |
| 44k | HCPCS Code 11 | 1503 | 1516 | X(14) | Blank fill |
| 45k | Service Date 11 | 1517 | 1522 | 9(6) | Blank fill |
| 46k | Service Units 11 | 1523 | 1529 | 9(7) | Right justify |
| 47k | Total Charges 11 | 1530 | 1539 | 9(10) | Right justify |
| 48k | Non-covered Charges 11 | 1540 | 1549 | 9(10) | Right justify |
| 49k | NUBC Reserved Field | 1550 | 1551 | X(2) | Blank fill |
| 42l | Revenue Code 12 | 1552 | 1555 | X(4) | All positions filled |
| 44l | HCPCS Code 12 | 1556 | 1569 | X(14) | Blank fill |
| 45l | Service Date 12 | 1570 | 1575 | 9(6) | Blank fill |
| 46l | Service Units 12 | 1576 | 1582 | 9(7) | Right justify |
| 47l | Total Charges 12 | 1583 | 1592 | 9(10) | Right justify |
| 48l | Non-covered Charges 12 | 1593 | 1602 | 9(10) | Right justify |
| 49l | NUBC Reserved Field | 1603 | 1604 | X(2) | Blank fill |
| 42m | Revenue Code 13 | 1605 | 1608 | X(4) | All positions filled |
| 44m | HCPCS Code 13 | 1609 | 1622 | X(14) | Blank fill |
| 45m | Service Date 13 | 1623 | 1628 | 9(6) | Blank fill |
| 46m | Service Units 13 | 1629 | 1635 | 9(7) | Right justify |
| 47m | Total Charges 13 | 1636 | 1645 | 9(10) | Right justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|----------------------|
| 48m | Non-covered Charges 13 | 1646 | 1655 | 9(10) | Right justify |
| 49m | NUBC Reserved Field | 1656 | 1657 | X(2) | Blank fill |
| 42n | Revenue Code 14 | 1658 | 1661 | X(4) | All positions filled |
| 44n | HCPCS Code 14 | 1662 | 1675 | X(14) | Blank fill |
| 45n | Service Date 14 | 1676 | 1681 | 9(6) | Blank fill |
| 46n | Service Units 14 | 1682 | 1688 | 9(7) | Right justify |
| 47n | Total Charges 14 | 1689 | 1698 | 9(10) | Right justify |
| 48n | Non-covered Charges 14 | 1699 | 1708 | 9(10) | Right justify |
| 49n | NUBC Reserved Field | 1709 | 1710 | X(2) | Blank fill |
| 42o | Revenue Code 15 | 1711 | 1714 | X(4) | All positions filled |
| 44o | HCPCS Code 15 | 1715 | 1728 | X(14) | Blank fill |
| 45o | Service Date 15 | 1729 | 1734 | 9(6) | Blank fill |
| 46o | Service Units 15 | 1735 | 1741 | 9(7) | Right justify |
| 47o | Total Charges 15 | 1742 | 1751 | 9(10) | Right justify |
| 48o | Non-covered Charges 15 | 1752 | 1761 | 9(10) | Right justify |
| 49o | NUBC Reserved Field | 1762 | 1763 | X(2) | Blank fill |
| 42p | Revenue Code 16 | 1764 | 1767 | X(4) | All positions filled |
| 44p | HCPCS Code 16 | 1768 | 1781 | X(14) | Blank fill |
| 45p | Service Date 16 | 1782 | 1787 | 9(6) | Blank fill |
| 46p | Service Units 16 | 1788 | 1794 | 9(7) | Right justify |
| 47p | Total Charges 16 | 1795 | 1804 | 9(10) | Right justify |
| 48p | Non-covered Charges 16 | 1805 | 1814 | 9(10) | Right justify |
| 49p | NUBC Reserved Field | 1815 | 1816 | X(2) | Blank fill |
| 42q | Revenue Code 17 | 1817 | 1820 | X(4) | All positions filled |
| 44q | HCPCS Code 17 | 1821 | 1834 | X(14) | Blank fill |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|----------------------|
| 45q | Service Date 17 | 1835 | 1840 | 9(6) | Blank fill |
| 46q | Service Units 17 | 1841 | 1847 | 9(7) | Right justify |
| 47q | Total Charges 17 | 1848 | 1857 | 9(10) | Right justify |
| 48q | Non-covered Charges 17 | 1858 | 1867 | 9(10) | Right justify |
| 49q | NUBC Reserved Field | 1868 | 1869 | X(2) | Blank fill |
| 42r | Revenue Code 18 | 1870 | 1873 | X(4) | All positions filled |
| 44r | HCPCS Code 18 | 1874 | 1887 | X(14) | Blank fill |
| 45r | Service Date 18 | 1888 | 1893 | 9(6) | Blank fill |
| 46r | Service Units 18 | 1894 | 1900 | 9(7) | Right justify |
| 47r | Total Charges 18 | 1901 | 1910 | 9(10) | Right justify |
| 48r | Non-covered Charges 18 | 1911 | 1920 | 9(10) | Right justify |
| 49r | NUBC Reserved Field | 1921 | 1922 | X(2) | Blank fill |
| 42s | Revenue Code 19 | 1923 | 1926 | X(4) | All positions filled |
| 44s | HCPCS Code 19 | 1927 | 1940 | X(14) | Blank fill |
| 45s | Service Date 19 | 1941 | 1946 | 9(6) | Blank fill |
| 46s | Service Units 19 | 1947 | 1953 | 9(7) | Right justify |
| 47s | Total Charges 19 | 1954 | 1963 | 9(10) | Right justify |
| 48s | Non-covered Charges 19 | 1964 | 1973 | 9(10) | Right justify |
| 49s | NUBC Reserved Field | 1974 | 1975 | X(2) | Blank fill |
| 42t | Revenue Code 20 | 1976 | 1979 | X(4) | All positions filled |
| 44t | HCPCS Code 20 | 1980 | 1993 | X(14) | Blank fill |
| 45t | Service Date 20 | 1994 | 1999 | 9(6) | Blank fill |
| 46t | Service Units 20 | 2000 | 2006 | 9(7) | Right justify |
| 47t | Total Charges 20 | 2007 | 2016 | 9(10) | Right justify |
| 48t | Non-covered Charges 20 | 2017 | 2026 | 9(10) | Right justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---------------------------|------|------|-----------|--|
| 49t | NUBC Reserved Field | 2027 | 2028 | X(2) | Blank fill |
| 42u | Revenue Code 21 | 2029 | 2032 | X(4) | All positions filled |
| 44u | HCPCS Code 21 | 2033 | 2046 | X(14) | Blank fill |
| 45u | Service Date 21 | 2047 | 2052 | 9(6) | Blank fill |
| 46u | Service Units 21 | 2053 | 2059 | 9(7) | Right justify |
| 47u | Total Charges 21 | 2060 | 2069 | 9(10) | Right justify |
| 48u | Non-covered Charges 21 | 2070 | 2079 | 9(10) | Right justify |
| 49u | NUBC Reserved Field | 2080 | 2081 | X(2) | Blank fill |
| 42v | Revenue Code 22 | 2082 | 2085 | X(4) | All positions filled |
| 44v | HCPCS Code 22 | 2086 | 2099 | X(14) | Blank fill |
| 45v | Service Date 22 | 2100 | 2105 | 9(6) | Blank fill |
| 46v | Service Units 22 | 2106 | 2112 | 9(7) | Right justify |
| 47v | Total Charges 22 | 2113 | 2122 | 9(10) | Right justify |
| 48v | Non-covered Charges 22 | 2123 | 2132 | 9(10) | Right justify |
| 49v | NUBC Reserved Field | 2133 | 2134 | X(2) | Blank fill |
| 42w | Revenue Code 23 | 2135 | 2138 | X(4) | Enter 0001 for the total on the last record of the claim, or blank fill to indicate that further records with additional service lines follow. |
| 43w1 | Page Count | 2139 | 2141 | 9(3) | Left justify |
| 43w2 | Total Number of Pages | 2142 | 2144 | 9(3) | Left justify |
| 47w | Total Charges 23 | 2145 | 2154 | 9(10) | Right justify |
| 48w | Non-covered Charges 23 | 2155 | 2164 | 9(10) | Right justify |
| 49w | NUBC Reserved Field | 2165 | 2166 | X(2) | Blank fill |
| 50a | Payer Type and Name 1 | 2167 | 2191 | X(25) | See manual for codes |
| 51a | Payer ID/Health Plan ID 1 | 2192 | 2206 | X(15) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|----------------------|
| 52a | Release of Information Certification Indicator 1 | 2207 | 2207 | X(1) | Left justify |
| 53a | Assignment of Benefits Certification Indicator 1 | 2208 | 2208 | X(1) | Left justify |
| 54a | Prior Payments - Payer 1 | 2209 | 2218 | 9(10) | Right justify |
| 55a | Estimated Amount Due - Payer 1 | 2219 | 2228 | 9(10) | Left justify |
| 57a | Other (Billing) Provider Identifier 1 | 2229 | 2243 | X(15) | Left justify |
| 58a | Insured's Name 1 | 2244 | 2268 | X(25) | Left justify |
| 59a | Patient's Relationship to Insured 1 | 2269 | 2270 | X(2) | All positions filled |
| 60a | Insured's Unique Identifier 1 | 2271 | 2290 | X(20) | Left justify |
| 61a | Insured's Group Name 1 | 2291 | 2304 | X(14) | Left justify |
| 62a | Insured's Group Number 1 | 2305 | 2321 | X(17) | Left justify |
| 63a | Treatment Authorization Code 1 | 2322 | 2351 | X(30) | Left justify |
| 64a | Document Control Number 1 | 2352 | 2377 | X(26) | Left justify |
| 65a | Employer Name (of the Insured) 1 | 2378 | 2402 | X(25) | Left justify |
| 50b | Payer Type and Name 2 | 2403 | 2427 | X(25) | See manual for codes |
| 51b | Payer ID/Health Plan ID 2 | 2428 | 2442 | X(15) | Left justify |
| 52b | Release of Information Certification Indicator 2 | 2443 | 2443 | X(1) | Left justify |
| 53b | Assignment of Benefits Certification Indicator 2 | 2444 | 2444 | X(1) | Left justify |
| 54b | Prior Payments - Payer 2 | 2445 | 2454 | 9(10) | Right justify |
| 55b | Estimated Amount Due - Payer 2 | 2455 | 2464 | 9(10) | Left justify |
| 57b | Other (Billing) Provider Identifier 2 | 2465 | 2479 | X(15) | Left justify |
| 58b | Insured's Name 2 | 2480 | 2504 | X(25) | Left justify |
| 59b | Patient's Relationship to Insured 2 | 2505 | 2506 | X(2) | All positions filled |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|----------------------|
| 60b | Insured's Unique Identifier 2 | 2507 | 2526 | X(20) | Left justify |
| 61b | Insured's Group Name 2 | 2527 | 2540 | X(14) | Left justify |
| 62b | Insured's Group Number 2 | 2541 | 2557 | X(17) | Left justify |
| 63b | Treatment Authorization Code 2 | 2558 | 2587 | X(30) | Left justify |
| 64b | Document Control Number 2 | 2588 | 2613 | X(26) | Left justify |
| 65b | Employer Name (of the Insured) 2 | 2614 | 2638 | X(25) | Left justify |
| 50c | Payer Type and Name 3 | 2639 | 2663 | X(25) | See manual for codes |
| 51c | Payer ID/Health Plan ID 3 | 2664 | 2678 | X(15) | Left justify |
| 52c | Release of Information Certification Indicator 3 | 2679 | 2679 | X(1) | Left justify |
| 53c | Assignment of Benefits Certification Indicator 3 | 2680 | 2680 | X(1) | Left justify |
| 54c | Prior Payments - Payer 3 | 2681 | 2690 | 9(10) | Right justify |
| 55c | Estimated Amount Due - Payer 3 | 2691 | 2700 | 9(10) | Left justify |
| 57c | Other (Billing) Provider Identifier 3 | 2701 | 2715 | X(15) | Left justify |
| 58c | Insured's Name 3 | 2716 | 2740 | X(25) | Left justify |
| 59c | Patient's Relationship to Insured 3 | 2741 | 2742 | X(2) | All positions filled |
| 60c | Insured's Unique Identifier 3 | 2743 | 2762 | X(20) | Left justify |
| 61c | Insured's Group Name 3 | 2763 | 2776 | X(14) | Left justify |
| 62c | Insured's Group Number 3 | 2777 | 2793 | X(17) | Left justify |
| 63c | Treatment Authorization Code 3 | 2794 | 2823 | X(30) | Left justify |
| 64c | Document Control Number 3 | 2824 | 2849 | X(26) | Left justify |
| 65c | Employer Name (of the Insured) 3 | 2850 | 2874 | X(25) | Left justify |
| 56 | National Provider Identifier - Billing Provider | 2875 | 2889 | X(15) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---|------|------|-----------|----------------------|
| 66 | Diagnosis and Procedure Code Qualifier | 2890 | 2890 | X(1) | All positions filled |
| 67-1 | Principal Diagnosis Code | 2891 | 2897 | X(7) | Left justify |
| 67-2 | Principal Diagnosis Code Present on Admission (POA) Indicator | 2898 | 2898 | X(1) | See manual for codes |
| 67a1 | Other Diagnosis Code 1 | 2899 | 2905 | X(7) | Left justify |
| 67a2 | Other Diagnosis Code 1 Present on Admission (POA) Indicator | 2906 | 2906 | X(1) | See manual for codes |
| 67b1 | Other Diagnosis Code 2 | 2907 | 2913 | X(7) | Left justify |
| 67b2 | Other Diagnosis Code 2 Present on Admission (POA) Indicator | 2914 | 2914 | X(1) | See manual for codes |
| 67c1 | Other Diagnosis Code 3 | 2915 | 2921 | X(7) | Left justify |
| 67c2 | Other Diagnosis Code 3 Present on Admission (POA) Indicator | 2922 | 2922 | X(1) | See manual for codes |
| 67d1 | Other Diagnosis Code 4 | 2923 | 2929 | X(7) | Left justify |
| 67d2 | Other Diagnosis Code 4 Present on Admission (POA) Indicator | 2930 | 2930 | X(1) | See manual for codes |
| 67e1 | Other Diagnosis Code 5 | 2931 | 2937 | X(7) | Left justify |
| 67e2 | Other Diagnosis Code 5 Present on Admission (POA) Indicator | 2938 | 2938 | X(1) | See manual for codes |
| 67f1 | Other Diagnosis Code 6 | 2939 | 2945 | X(7) | Left justify |
| 67f2 | Other Diagnosis Code 6 Present on Admission (POA) Indicator | 2946 | 2946 | X(1) | See manual for codes |
| 67g1 | Other Diagnosis Code 7 | 2947 | 2953 | X(7) | Left justify |
| 67g2 | Other Diagnosis Code 7 Present on Admission (POA) Indicator | 2954 | 2954 | X(1) | See manual for codes |
| 67h1 | Other Diagnosis Code 8 | 2955 | 2961 | X(7) | Left justify |

| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---|------|------|-----------|----------------------|
| 67h2 | Other Diagnosis Code 8 Present on Admission (POA) Indicator | 2962 | 2962 | X(1) | See manual for codes |
| 67i1 | Other Diagnosis Code 9 | 2963 | 2969 | X(7) | Left justify |
| 67i2 | Other Diagnosis Code 9 Present on Admission (POA) Indicator | 2970 | 2970 | X(1) | See manual for codes |
| 67j1 | Other Diagnosis Code 10 | 2971 | 2977 | X(7) | Left justify |
| 67j2 | Other Diagnosis Code 10 Present on Admission (POA) Indicator | 2978 | 2978 | X(1) | See manual for codes |
| 67k1 | Other Diagnosis Code 11 | 2979 | 2985 | X(7) | Left justify |
| 67k2 | Other Diagnosis Code 11 Present on Admission (POA) Indicator | 2986 | 2986 | X(1) | See manual for codes |
| 67l1 | Other Diagnosis Code 12 | 2987 | 2993 | X(7) | Left justify |
| 67l2 | Other Diagnosis Code 12 Present on Admission (POA) Indicator | 2994 | 2994 | X(1) | See manual for codes |
| 67m1 | Other Diagnosis Code 13 | 2995 | 3001 | X(7) | Left justify |
| 67m2 | Other Diagnosis Code 13 Present on Admission (POA) Indicator | 3002 | 3002 | X(1) | See manual for codes |
| 67n1 | Other Diagnosis Code 14 | 3003 | 3009 | X(7) | Left justify |
| 67n2 | Other Diagnosis Code 14 Present on Admission (POA) Indicator | 3010 | 3010 | X(1) | See manual for codes |
| 67o1 | Other Diagnosis Code 15 | 3011 | 3017 | X(7) | Left justify |
| 67o2 | Other Diagnosis Code 15 Present on Admission (POA) Indicator | 3018 | 3018 | X(1) | See manual for codes |
| 67p1 | Other Diagnosis Code 16 | 3019 | 3025 | X(7) | Left justify |
| 67p2 | Other Diagnosis Code 16 Present on Admission (POA) Indicator | 3026 | 3026 | X(1) | See manual for codes |
| 67q1 | Other Diagnosis Code 17 | 3027 | 3033 | X(7) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|----------------------|
| 67q2 | Other Diagnosis Code 17 Present on Admission (POA) Indicator | 3034 | 3034 | X(1) | See manual for codes |
| 68 | NUBC Reserved Field | 3035 | 3051 | X(17) | Blank fill |
| 69 | Admitting Diagnosis Code | 3052 | 3058 | X(7) | Left justify |
| 70a | Patient's Reason for Visit 1 | 3059 | 3065 | X(7) | Blank fill |
| 70b | Patient's Reason for Visit 2 | 3066 | 3072 | X(7) | Blank fill |
| 70c | Patient's Reason for Visit 3 | 3073 | 3079 | X(7) | Blank fill |
| 71 | Prospective Payment System (PPS) Code | 3080 | 3083 | X(4) | Right justify |
| 72a | External Cause of Injury (ECI) Code 1 | 3084 | 3090 | X(7) | Left justify |
| 72a1 | External Cause of Injury (ECI) Code 1 Present on Admission (POA) Indicator | 3091 | 3091 | X(1) | See manual for codes |
| 72b | External Cause of Injury (ECI) Code 2 | 3092 | 3098 | X(7) | Left justify |
| 72b1 | External Cause of Injury (ECI) Code 2 Present on Admission (POA) Indicator | 3099 | 3099 | X(1) | See manual for codes |
| 72c | External Cause of Injury (ECI) Code 3 | 3100 | 3106 | X(7) | Left justify |
| 72c1 | External Cause of Injury (ECI) Code 3 Present on Admission (POA) Indicator | 3107 | 3107 | X(1) | See manual for codes |
| 73 | NUBC Reserved Field | 3108 | 3116 | X(9) | Blank fill |
| 74-1 | Principal Procedure Code | 3117 | 3123 | X(7) | Left justify |
| 74-2 | Principal Procedure Date | 3124 | 3129 | 9(6) | MMDDYY |
| 74a1 | Other Procedure Code 1 | 3130 | 3136 | X(7) | Left justify |
| 74a2 | Other Procedure Date 1 | 3137 | 3142 | 9(6) | MMDDYY |
| 74b1 | Other Procedure Code 2 | 3143 | 3149 | X(7) | Left justify |
| 74b2 | Other Procedure Date 2 | 3150 | 3155 | 9(6) | MMDDYY |
| 74c1 | Other Procedure Code 3 | 3156 | 3162 | X(7) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---|------|------|-----------|--|
| 74c2 | Other Procedure Date 3 | 3163 | 3168 | 9(6) | MMDDYY |
| 74d1 | Other Procedure Code 4 | 3169 | 3175 | X(7) | Left justify |
| 74d2 | Other Procedure Date 4 | 3176 | 3181 | 9(6) | MMDDYY |
| 74e1 | Other Procedure Code 5 | 3182 | 3188 | X(7) | Left justify |
| 74e2 | Other Procedure Date 5 | 3189 | 3194 | 9(6) | MMDDYY |
| 75a | NUBC Reserved Field | 3195 | 3198 | X(4) | Blank fill |
| 75b | NUBC Reserved Field | 3199 | 3202 | X(4) | Blank fill |
| 75c | NUBC Reserved Field | 3203 | 3206 | X(4) | Blank fill |
| 75d | NUBC Reserved Field | 3207 | 3210 | X(4) | Blank fill |
| 76a | Attending Provider - NPI | 3211 | 3221 | X(11) | Left justify |
| 76b | Attending Provider - Secondary Identifier Qualifier | 3222 | 3223 | X(2) | "0B" is the only valid entry for this field. |
| 76c | Attending Provider - Secondary Identifier | 3224 | 3232 | X(9) | Left justify |
| 76d | Attending Provider - Last Name | 3233 | 3248 | X(16) | Left justify |
| 76e | Attending Provider - First Name | 3249 | 3260 | X(12) | Left justify |
| 77a | Operating Physician - NPI | 3261 | 3271 | X(11) | Left justify |
| 77b | Operating Physician - Secondary Identifier Qualifier | 3272 | 3273 | X(2) | "0B" is the only valid entry for this field. |
| 77c | Operating Physician - Secondary Identifier | 3274 | 3282 | X(9) | Left justify |
| 77d | Operating Physician - Last Name | 3283 | 3298 | X(16) | Left justify |
| 77e | Operating Physician - First Name | 3299 | 3310 | X(12) | Left justify |
| 78a | Other Provider 1 - Provider Type Qualifier | 3311 | 3312 | X(2) | See manual for codes |
| 78b | Other Provider 1 - NPI | 3313 | 3323 | X(11) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---|------|------|-----------|--|
| 78c | Other Provider 1 - Secondary Identifier Qualifier | 3324 | 3325 | X(2) | "0B" is the only valid entry for this field. |
| 78d | Other Provider 1 - Secondary Identifier | 3326 | 3334 | X(9) | Left justify |
| 78e | Other Provider 1 - Last Name | 3335 | 3350 | X(16) | Left justify |
| 78f | Other Provider 1 - First Name | 3351 | 3362 | X(12) | Left justify |
| 79a | Other Provider 2 - Provider Type Qualifier | 3363 | 3364 | X(2) | See manual for codes |
| 79b | Other Provider 2 – NPI | 3365 | 3375 | X(11) | Left justify |
| 79c | Other Provider 2 - Secondary Identifier Qualifier | 3376 | 3377 | X(2) | "0B" is the only valid entry for this field. |
| 79d | Other Provider 2 - Secondary Identifier | 3378 | 3386 | X(9) | Left justify |
| 79e | Other Provider 2 - Last Name | 3387 | 3402 | X(16) | Left justify |
| 79f | Other Provider 2 - First Name | 3403 | 3414 | X(12) | Left justify |
| 80 | Remarks | 3415 | 3505 | X(91) | Left justify |
| 81a1 | Code-Code Field (Code Qualifier) | 3506 | 3507 | X(2) | Left justify |
| 81a2 | Code-Code Field (Code) | 3508 | 3517 | X(10) | Left justify |
| 81a3 | Code-Code Field (Number or Value) | 3518 | 3529 | 9(12) | Right justify |
| 81b1 | Code-Code Field (Code Qualifier) | 3530 | 3531 | X(2) | Left justify |
| 81b2 | Code-Code Field (Code) | 3532 | 3541 | X(10) | Left justify |
| 81b3 | Code-Code Field (Number or Value) | 3542 | 3553 | 9(12) | Right justify |
| 81c1 | Code-Code Field (Code Qualifier) | 3554 | 3555 | X(2) | Left justify |
| 81c2 | Code-Code Field (Code) | 3556 | 3565 | X(10) | Left justify |
| 81c3 | Code-Code Field (Number or Value) | 3566 | 3577 | 9(12) | Right justify |
| 81d1 | Code-Code Field (Code Qualifier) | 3578 | 3579 | X(2) | Left justify |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|----------------------|
| 81d2 | Code-Code Field (Code) | 3580 | 3589 | X(10) | Left justify |
| 81d3 | Code-Code Field (Number or Value) | 3590 | 3601 | 9(12) | Right justify |
| 101 | Uniform Patient Identifier (Social Security Number) | 3602 | 3610 | X(9) | Left justify |
| 103a | Patient Hispanic/Latino Origin or Descent | 3611 | 3611 | X(1) | All positions filled |
| 103b | Patient Race | 3612 | 3612 | X(1) | All positions filled |
| 121a | Patient Severity Upon Admission | 3613 | 3613 | X(1) | Blank fill |
| 121b | Patient Morbidity | 3614 | 3614 | X(1) | Blank fill |
| 121c | Unusual Occurrence | 3615 | 3616 | X(2) | Blank fill |
| 121d1a | Hospital-acquired Infection 1: Code | 3617 | 3618 | X(2) | Blank fill |
| 121d1b | Hospital-acquired Infection 1: Multidrug-resistant Organism (MDRO) | 3619 | 3619 | X(1) | Blank fill |
| 121d1c | Hospital-acquired Infection 1: Procedure Code or NHSN Operative Category | 3620 | 3626 | X(7) | Blank fill |
| 121d1d | Hospital-acquired Infection 1: Procedure Location | 3627 | 3627 | X(1) | Blank fill |
| 121d2a | Hospital-acquired Infection 2: Code | 3628 | 3629 | X(2) | Blank fill |
| 121d2b | Hospital-acquired Infection 2: Multidrug-resistant Organism (MDRO) | 3630 | 3630 | X(1) | Blank fill |
| 121d2c | Hospital-acquired Infection 2: Procedure Code or NHSN Operative Category | 3631 | 3637 | X(7) | Blank fill |
| 121d2d | Hospital-acquired Infection 2: Procedure Location | 3638 | 3638 | X(1) | Blank fill |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|------------|
| 121d3a | Hospital-acquired Infection 3: Code | 3639 | 3640 | X(2) | Blank fill |
| 121d3b | Hospital-acquired Infection 3: Multidrug-resistant Organism (MDRO) | 3641 | 3641 | X(1) | Blank fill |
| 121d3c | Hospital-acquired Infection 3: Procedure Code or NHSN Operative Category | 3642 | 3648 | X(7) | Blank fill |
| 121d3d | Hospital-acquired Infection 3: Procedure Location | 3649 | 3649 | X(1) | Blank fill |
| 121d4a | Hospital-acquired Infection 4: Code | 3650 | 3651 | X(2) | Blank fill |
| 121d4b | Hospital-acquired Infection 4: Multidrug-resistant Organism (MDRO) | 3652 | 3652 | X(1) | Blank fill |
| 121d4c | Hospital-acquired Infection 4: Procedure Code or NHSN Operative Category | 3653 | 3659 | X(7) | Blank fill |
| 121d4d | Hospital-acquired Infection 4: Procedure Location | 3660 | 3660 | X(1) | Blank fill |
| 121d5a | Hospital-acquired Infection 5: Code | 3661 | 3662 | X(2) | Blank fill |
| 121d5b | Hospital-acquired Infection 5: Multidrug-resistant Organism (MDRO) | 3663 | 3663 | X(1) | Blank fill |
| 121d5c | Hospital-acquired Infection 5: Procedure Code or NHSN Operative Category | 3664 | 3670 | X(7) | Blank fill |
| 121d5d | Hospital-acquired Infection 5: Procedure Location | 3671 | 3671 | X(1) | Blank fill |
| 121d6a | Hospital-acquired Infection 6: Code | 3672 | 3673 | X(2) | Blank fill |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--|------|------|-----------|------------|
| 121d6b | Hospital-acquired Infection 6: Multidrug-resistant Organism (MDRO) | 3674 | 3674 | X(1) | Blank fill |
| 121d6c | Hospital-acquired Infection 6: Procedure Code or NHSN Operative Category | 3675 | 3681 | X(7) | Blank fill |
| 121d6d | Hospital-acquired Infection 6: Procedure Location | 3682 | 3682 | X(1) | Blank fill |
| 121d7a | Hospital-acquired Infection 7: Code | 3683 | 3684 | X(2) | Blank fill |
| 121d7b | Hospital-acquired Infection 7: Multidrug-resistant Organism (MDRO) | 3685 | 3685 | X(1) | Blank fill |
| 121d7c | Hospital-acquired Infection 7: Procedure Code or NHSN Operative Category | 3686 | 3692 | X(7) | Blank fill |
| 121d7d | Hospital-acquired Infection 7: Procedure Location | 3693 | 3693 | X(1) | Blank fill |
| 121d8a | Hospital-acquired Infection 8: Code | 3694 | 3695 | X(2) | Blank fill |
| 121d8b | Hospital-acquired Infection 8: Multidrug-resistant Organism (MDRO) | 3696 | 3696 | X(1) | Blank fill |
| 121d8c | Hospital-acquired Infection 8: Procedure Code or NHSN Operative Category | 3697 | 3703 | X(7) | Blank fill |
| 121d8d | Hospital-acquired Infection 8: Procedure Location | 3704 | 3704 | X(1) | Blank fill |
| 121d9a | Hospital-acquired Infection 9: Code | 3705 | 3706 | X(2) | Blank fill |



| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|---|------|------|-----------|------------|
| 121d9b | Hospital-acquired Infection 9: Multidrug-resistant Organism (MDRO) | 3707 | 3707 | X(1) | Blank fill |
| 121d9c | Hospital-acquired Infection 9: Procedure Code or NHSN Operative Category | 3708 | 3714 | X(7) | Blank fill |
| 121d9d | Hospital-acquired Infection 9: Procedure Location | 3715 | 3715 | X(1) | Blank fill |
| 121d10a | Hospital-acquired Infection 10: Code | 3716 | 3717 | X(2) | Blank fill |
| 121d10b | Hospital-acquired Infection 10: Multidrug-resistant Organism (MDRO) | 3718 | 3718 | X(1) | Blank fill |
| 121d10c | Hospital-acquired Infection 10: Procedure Code or NHSN Operative Category | 3719 | 3725 | X(7) | Blank fill |
| 121d10d | Hospital-acquired Infection 10: Procedure Location | 3726 | 3726 | X(1) | Blank fill |
| 121e | Reserved Field | 3727 | 3900 | X(174) | Blank fill |

Detail Record Specifications

| Field 1a | Billing Provider Name |
|------------------------------|--|
| Description | The name of the provider submitting the bill. |
| Field Size & Type | 25 character field; Alphanumeric; Left-justified |
| Record Location | 1-25 |
| NUBC Reference | UB-04, Form Locator 01 (Line 1) |
| Note | This field is currently not edited. |

| Field 1b | Billing Provider Street Address |
|------------------------------|--|
| Description | The street address of the provider submitting the bill. The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-to Address Field. |
| Field Size & Type | 25 character field; Alphanumeric; Left-justified |
| Record Location | 26-50 |
| NUBC Reference | UB-04, Form Locator 01 (Line 2) |
| Note | This field is currently not edited. |

| Field 1c1-1c3 | Billing Provider City, State, Zip Code |
|------------------------------|---|
| Description | The city, state, and zip code of the provider submitting the bill. For a list of State/Territory abbreviations, see <i>Appendix B</i> . |
| Field Size & Type | 23 character field; Alphanumeric; Left-justified |
| Record Location | 1c1- Billing Provider City: 51-62 1c2- Billing Provider State: 63-64 1c3- Billing Provider Zip Code: 65-73 |
| NUBC Reference | UB-04, Form Locator 01 (Line 3) |
| Note | This field is currently not edited. |

| Field 1d1-1d3 | Billing Provider Telephone, Fax, Country Code |
|------------------------------|---|
| Description | The telephone, fax, and country code of the provider submitting the bill. |
| Procedure | Country Code is required if other than US (United States). See Appendix D for the full list. |
| Field Size & Type | 22 character field; Alphanumeric; Left-justified |
| Record Location | 1d1- Billing Provider Telephone: 74-83 1d2- Billing Provider Fax: 84-93 1d3- Billing Provider Country Code: 94-95 |
| NUBC Reference | UB-04, Form Locator 01 (Line 4) |
| Note | This field is currently not edited. |



| Field 2a | Pay-to Name |
|-------------------|---|
| Description | The Pay-to Name that the provider submitting the bill intends payment to be sent <u>if different than the Billing Provider Name</u> . |
| Field Size & Type | 25 character field; Alphanumeric; Left-justified |
| Record Location | 96-120 |
| NUBC Reference | UB-04, Form Locator 02 (Line 1) |
| Note | This field is currently not edited. |

| Field 2b | Pay-to Address |
|------------------------------|--|
| Description | The Pay-to address that the provider submitting the bill intends payment to be sent <u>if different than the Billing Provider Address</u> . Address may include post office box or street name and number. |
| Field Size & Type | 25 character field; Alphanumeric; Left-justified |
| Record Location | 121-145 |
| NUBC Reference | UB-04, Form Locator 02 (Line 2) |
| Note | This field is currently not edited. |

| Field 2c1-2c3 | Pay-to City, State, Zip Code |
|------------------------------|---|
| Description | The Pay-to city, state, and zip code that the provider submitting the bill intends payment to be sent <u>if different than the Billing Provider City, State and Zip Code</u> . For a list of State/Territory abbreviations, see <i>Appendix B</i> . |
| Field Size & Type | 23 character field; Alphanumeric; Left-justified |
| Record Location | 2c1- Pay-to City: 146-161 2c2- Pay-to State: 162-163 2c3- Pay-to Zip Code: 164-168 |
| NUBC Reference | UB-04, Form Locator 02 (Line 3) |
| Note | This field is currently not edited. |



| Field 2d | Reserved for Assignment by the NUBC |
|-------------------|--------------------------------------|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 25 character field; Alphanumeric |
| Record Location | 169-193 |
| NUBC Reference | UB-04, Form Locator 02 (Line 4) |

| Field 3a | Patient Control Number |
|--------------------------------------|---|
| Description | Patient's unique (alphanumeric) number assigned by the provider to facilitate retrieval of the individual's account of services (accounts receivable) containing the financial billing records and any postings of payment. |
| Procedure Revised May 2011 | Use the patient's account billing number. |
| Field Size & Type | 24 character field; Alphanumeric; Left-justified |
| Record Location | 194-217 |
| NUBC Reference | UB-04, Form Locator 03a |
| Purpose Revised May 2011 | To identify the claim and perform matches with other data sources. |
| Field Edit Criteria: | |
| Error Code: 003a - 123 | Error Report Message: Patient Control Number Invalid Reason: The Control Number is either all zeros or all spaces. User Response: Enter the correct Patient Control Number. |

| Field 3b | Medical/Health Record Number |
|--------------------------------------|---|
| Description | The number assigned to the patient's medical/health record by the provider. |
| Procedure Revised May 2011 | The medical/health record number references a file that contains the history of treatment. It should not be substituted for the Patient Control Number (field 3a), which is assigned by the provider to facilitate retrieval of the individual financial record, which is typically associated with an episode of care. |
| Field Size & Type | 24 character field; Alphanumeric; Left-justified |
| Record Location | 218-241 |
| NUBC Reference | UB-04, Form Locator 03b |
| Purpose Revised May 2011 | To identify the claim and perform matches with other data sources. |
| Field Edit Criteria: | |
| Error Code: 003b - 140 | Error Report Message: Medical/Health Record Number Invalid Reason: The Medical/Health Record Number is either all zeros or all spaces. User Response: Enter the correct Medical/Health Record Number. |

| Field 4 | Type of Bill |
|------------------------------|---|
| Description | A code indicating the specific type of bill (e.g., hospital inpatient, replacements, voids, etc.). The first digit is a leading zero. The fourth digit defines the frequency of the bill for the institutional and electronic professional claim. |
| Field Size & Type | 4 character field; Alphanumeric; Left-justified (all positions fully coded) |
| Record Location | 242-245 |
| NUBC Reference | UB-04, Form Locator 04 |
| Note | This field is currently not edited. |

| Field 5a | Federal Tax Number (sub-ID) |
|------------------------------|---|
| Description | The federal tax sub-ID number as assigned by the provider. |
| Procedure | To be used by providers that assign a unique identifying number for their affiliated subsidiaries, e.g., hospital psychiatric pavilion. |
| Field Size & Type | 4 character field; Alphanumeric; Left-justified |
| Record Location | 246-249 |
| NUBC Reference | UB-04, Form Locator 05 (upper line) |
| Note | This field is currently not edited. |

| Field 5b | Federal Tax Number |
|-------------------------------|--|
| Description | The number assigned to the provider by the federal government for tax reporting purposes. Also known as a tax identification number (TIN) or employer identification number (EIN). |
| Procedure | Format: NN-NNNNNNN. |
| Field Size & Type | 10 character field (include hyphen); Alphanumeric; Left justified |
| Record Location | 250-259 |
| NUBC Reference | UB-04, Form Locator 05 (lower line) |
| Purpose | To identify the facility for payer verification. |
| Field Edit Criteria: | |
| Error Code: 005b - 141 | Error Report Message: Federal Tax Number Invalid Reason: The Federal Tax Number does not match the number provided by your facility. User Response: Enter the correct Federal Tax Number. |

| Field 6a | Statement Covers Period - From |
|--|---|
| Description | The beginning service date of the period included on this bill. |
| Procedure | The “From” date should not be confused with the Admission Date. For all services received on a single day, use the same date for “From” and “Through”. Enter date as month, day, and year (MMDDYY). e.g., 010104. |
| Field Size & Type | 6 character field; Numeric; Right-justified (all positions fully coded) |
| Record Location | 260-265 |
| NUBC Reference | UB-04, Form Locator 06 (from portion) |
| Purpose | To identify the start of billing. |
| Field Edit Criteria: | |
| Error Code: 006a - 142 | Error Report Message: From Date Invalid Reason: The From Date is blank or not a valid date. User Response: Correct the From Date. |
| Relational Edit Criteria: | |
| Error Code: 006a - 303 Revision effective 2019 Q4 | Error Report Message: Birth Date=From Date, No Newborn Diagnosis Reason: The patient's Birth Date equals From Date, but a Newborn Principal Diagnosis Code is not present. Not applicable if the Point of Origin for Admission or Visit is 4 or 6. User Response: Correct the From Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 006a - 304 | Error Report Message: Birth Date after From Date Reason: The patient's Birth Date is after the From Date. User Response: Correct the From Date and/or Birth Date. |
| Error Code: 006a - 340 Revision effective 2016 Q2 | Error Report Message: Admission Date before From Date Reason: The Admission Date is prior to the From Date. User Response: Correct the Admission Date and/or From Date. |
| Error Code: 006a -341 thru 341e Revision effective 2016 Q2 | Error Report Message: Procedure Date before From Date Reason: One or more of the Procedure Dates are prior to the From Date. User Response: Correct the Procedure Date and/or From Date. |
| Error Code: 006a - 356 | Error Report Message: Through Date before From Date Reason: The Through Date is prior to the From Date. User Response: Correct the Through Date and/or From Date. |

| Field 6b | Statement Covers Period - Through |
|---|--|
| Description | The ending service date of the period included on this bill. |
| Procedure | For all services received on a single day, use the same date for “From” and “Through”. Enter date as month, day, and year (MMDDYY). e.g., 010104. |
| Field Size & Type | 6 character field; Numeric; Right-justified (all positions fully coded) |
| Record Location | 266-271 |
| NUBC Reference | UB-04, Form Locator 06 (through portion) |
| Purpose | Calculations of length of stay, seasonal admissions analysis, track transfers, match other databases, assign the PHC4 DRG, etc. |
| Field Edit Criteria: | |
| Error Code: 006b - 105 | Error Report Message: Through Date Invalid Reason: The Through Date is blank or not a valid date. User Response: Correct the Through Date. |
| Relational Edit Criteria: | |
| Error Code: 006b - 310 | Error Report Message: Admission Date After Through Date Reason: The Admission Date or Through Date is invalid. User Response: Correct the Admission Date and/or Through Date. |
| Error Code: 006b - 312 | Error Report Message: Through Date is Outside Quarter Reason: The record is submitted for the incorrect quarter or the Through Date is invalid. User Response: Correct the Through Date or submit the record in the proper quarter. |
| Error Code: 006b - 313 thru 313e Revised June 2016 | Error Report Message: Procedure Date After Through Date Reason: One or more of the Procedure Dates are after the Through Date. User Response: Correct the Procedure Date and/or the Through Date. |



Inpatient Data Reporting



| Field 7 | Reserved for Assignment by the NUBC |
|-------------------|--------------------------------------|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 1 field, 15 characters |
| Record Location | 272-286 |
| NUBC Reference | UB-04, Form Locator 07 |



| Field 8a | Patient Identifier |
|-------------------|---|
| Description | The patient identifier as assigned by the payer. |
| Procedure | Report if number is different from the subscriber/insured's ID. |
| Field Size & Type | 19 character field; Alphanumeric; Left-justified |
| Record Location | 287-305 |
| NUBC Reference | UB-04, Form Locator 08a |
| Note | This field is currently not edited. |

| Field 8b | Patient Name |
|-------------------------------|---|
| Description | Last name, first name and middle initial of the patient. |
| Procedure | Use a space to separate last and first names. Enter last name first. No space should be left between a prefix and a name as in MacBeth, VonSchmidt, and McEnroe. Titles (such as Sir, Msgr, Dr.) should not be recorded in this data element. Record hyphenated names with the hyphen as in Smith-Jones, Rebecca. To record suffix of a name, enter the last name, leave a space and enter the suffix, then enter the first name as in Snyder III, Harold, or Addams Jr., Glen. |
| Field Size & Type | 29 character field; Alphanumeric; Left-justified |
| Record Location | 306-334 |
| NUBC Reference | UB-04, Form Locator 08b |
| Purpose | To identify readmissions of the same patient. |
| Field Edit Criteria: | |
| Error Code: 008b - 157 | Error Report Message: Patient Name Invalid Reason: The Patient Name is blank. User Response: Enter the Patient Name. |

| Field 9a | Patient Address |
|------------------------------|---|
| Description | The mailing address for the patient. |
| Procedure | Enter the complete mailing address including street number and name or post office box number or RFD. |
| Field Size & Type | 40 character field; Alphanumeric; Left-justified |
| Record Location | 335-374 |
| NUBC Reference | UB-04, Form Locator 09a |
| Note | This field is currently not edited. |



| Field 9b | Patient City |
|-------------------|---|
| Description | The city name of the mailing address for the patient. |
| Field Size & Type | 30 character field; Alphanumeric; Left-justified |
| Record Location | 375-404 |
| NUBC Reference | UB-04, Form Locator 09b |
| Note | This field is currently not edited. |



| Field 9c | Patient State |
|------------------------------|---|
| Description | The state abbreviation of the mailing address for the patient. For a list of State/Territory abbreviations, see <i>Appendix B</i> . |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified |
| Record Location | 405-406 |
| NUBC Reference | UB-04, Form Locator 09c |
| Note | This field is currently not edited. |

| Field 9d | Patient Zip Code |
|--------------------------------------|--|
| Description | The Federal Zip Code for the mailing address of the patient with optional +4 extension. |
| Procedure | XXXXXYYYY. Five character Zip Code with the optional four-character extension. Leave the last four digits blank if the +4 extension is not known. For patients from outside of the country enter "OUTCU". For homeless patients enter "HOMELESS". For all other unknown zip codes, enter "UNKNOWN". |
| Field Size & Type | 9 character field; Alphanumeric; Left-justified |
| Record Location | 407-415 |
| NUBC Reference | UB-04, Form Locator 09d |
| Purpose | Market Share and population demographic analysis. |
| Field Edit Criteria: | |
| Error Code: 009d - 103 | Error Report Message: Patient Zip Code Invalid Reason: The Zip Code listed is not a valid US (United States) Zip Code or valid default. User Response: Enter the correct Patient Zip Code or a valid default from the list above. |
| Relational Edit Criteria: | |
| Error Code: 009d -343 | Error Report Message: Patient Zip Code and Patient Country Mismatch Reason: If the Patient Zip Code is "OUTCU" then the Patient Country must be a valid non-US (United States) Country Code (See Appendix D for a full list). User Response: Correct the Patient Zip Code and/or Patient Country |
| Facility-Level Edit Criteria: | |
| Error Code: 009d - 902 | Error Report Message: Number of Unknown Zip Codes Exceeds Acceptable Limits Reason: The number of "UNKNOWN" Zip Codes for your facility exceeds the acceptable limit. This may be caused by a system problem. User Response: Review your data for "UNKNOWN" Zip Codes and resubmit. |
| Error Code: 009d - 903 | Error Report Message: Number of "OUTCU" (Foreign) Zip Codes Exceeds Acceptable Limits Reason: The number of "OUTCU" (Foreign) Zip Codes for your facility exceeds the acceptable limit. This may be caused by a system problem. User Response: Review your data for "OUTCU" Zip Codes and resubmit. |
| Error Code: 009d - 904 | Error Report Message: Number of "HOMELESS" Zip Codes Exceeds Acceptable Limits Reason: The number of "HOMELESS" Zip Codes for your facility exceeds the acceptable limit. This may be caused by a system problem. User Response: Review your data for "HOMELESS" Zip Codes and resubmit. |

| Field 9e | Patient Country |
|--------------------------------------|--|
| Description | The country for the mailing address of the patient. |
| Procedure | Required if other than US (United States). See Appendix D for the full list. |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified |
| Record Location | 416-417 |
| NUBC Reference | UB-04, Form Locator 09e |
| Purpose | To identify patient population from out of the country. |
| Field Edit Criteria: | |
| Error Code: 009e -155 | Error Report Message: Patient Country Invalid Reason: The Patient Country does not match any values listed in Appendix D. User Response: Correct the Patient Country. |
| Relational Edit Criteria: | |
| Error Code: 009e -343 | Error Report Message: Patient Zip Code and Patient Country Mismatch Reason: If the Patient Zip Code is "OUTCU" then the Patient Country must be a valid non-US (United States) Country Code (See Appendix D for a full list). User Response: Correct the Patient Zip Code and/or Patient Country |
| Facility-Level Edit Criteria: | |
| Error Code: 009e - 921 | Error Report Message: Number of Patients Out of Country Exceeds Acceptable Limits Reason: The number of patients that reside out of the country for your facility exceeds the acceptable limit. This may be caused by a system problem. User Response: Review your data for patients that reside out of the country and resubmit. |

| Field 10 | Patient Birth Date |
|---|---|
| Description | The date of birth of the patient. |
| Procedure Revised May 2011 | Use the format MMDDYYYY, without punctuation. e.g., 01012004. |
| Field Size & Type | 8 character field; Numeric; Right-justified (all positions fully coded) |
| Record Location | 418-425 |
| NUBC Reference | UB-04, Form Locator 10 |
| Purpose Revised May 2011 | To identify readmissions of the same patient, determine the age of the patient and assign the PHC4 DRG. |
| Field Edit Criteria: | |
| Error Code: 0010 - 101 | Error Report Message: Birth Date Invalid Reason: The patient's Birth Date is blank or not a valid date. User Response: Correct the Birth Date. |
| Relational Edit Criteria: | |
| Error Code: 0010 - 300 | Error Report Message: Age greater than 120 Years Reason: The patient's age as calculated by the Birth Date and Admission Date is >120 years. User Response: Correct the Birth Date and/or Admission Date. |
| Error Code: 0010 - 302 Revision effective 2015 Q4 | Error Report Message: Age>28 Days, Liveborn Infant Diagnosis Reason: The patient's age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present. User Response: Correct the Admission Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 0010 - 303 Revision effective 2019 Q4 | Error Report Message: Birth Date=From Date, No Newborn Diagnosis Reason: The patient's Birth Date equals From Date, but a Newborn Principal Diagnosis Code is not present. Not applicable if the Point of Origin for Admission or Visit is 4 or 6. User Response: Correct the From Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 0010 - 304 | Error Report Message: Birth Date after From Date Reason: The patient's Birth Date is after the From Date. User Response: Correct the From Date and/or Birth Date. |
| Error Code: 0010 - 305 thru 305e Revised June 2016 | Error Report Message: Birth Date After Procedure Date Reason: The patient's Birth Date is after one or more of the Procedure Dates. User Response: Correct the Procedure Date and/or Birth Date. |

| Field 10 | Patient Birth Date |
|---|---|
| Error Code: 0010 - 306 thru 306q | Error Report Message: Age Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Diagnosis Code. |
| Error Code: 0010 -346 | Error Report Message: Age Invalid for Admitting Diagnosis Reason: An Admitting Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Admitting Diagnosis Code. |

| Field 11 | Patient Sex |
|--|--|
| Description | The sex of the patient as recorded at admission or start of care. |
| Procedure | M = Male F = Female U = Unknown |
| Field Size & Type | 1 character field; Alphanumeric; Left-justified |
| Record Location | 426 |
| NUBC Reference | UB-04, Form Locator 11 |
| Purpose | To identify readmissions of the same patient, match to other patient-level data and databases, identify sex for population analysis, assign the PHC4 DRG, etc. |
| Field Edit Criteria: | |
| Error Code: 0011 - 102 | Error Report Message: Sex Code Invalid Reason: The entry is not "M", "F", or "U". User Response: Correct the Sex Code for the patient. |
| Relational Edit Criteria: | |
| Error Code: 0011 - 308 thru 308q | Error Report Message: Sex Code Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is not valid for this patient's sex. User Response: Correct the Diagnosis Code(s) and/or Sex Code. |
| Error Code: 0011 - 309 thru 309e Revised June 2016 | Error Report Message: Sex Code Invalid for Procedure Reason: A Procedure Code exists on the record that is not valid for this patient's sex. User Response: Correct the Procedure Code(s) and/or Sex Code. |
| Error Code: 0011 -347 | Error Report Message: Sex Code Invalid for Admitting Diagnosis Reason: An Admitting Diagnosis Code exists on the record that is not valid for this patient's sex. User Response: Correct the Admitting Diagnosis Code and/or Sex Code. |
| Facility-Level Edit Criteria: | |
| Error Code: 0011 - 901 | Error Report Message: Number of Unknown Sex Codes Exceeds Acceptable Limits Reason: The number of unknown Sex Codes for your facility exceeds the acceptable limit. This may be caused by a system problem. User Response: Review your data for unknown Sex Codes and resubmit. |

| Field 12 | Admission/Start of Care Date |
|---|---|
| Description | For inpatient services, this is the date of admission. |
| Procedure Revised May 2011 | Enter the admission date as month, day and year (MMDDYY). e.g., 010104. Use the actual Admission Date. Do not adjust to account for pre-admission procedures. |
| Field Size & Type | 6 character field; Numeric; Right-justified (all positions fully coded) |
| Record Location | 427-432 |
| NUBC Reference | UB-04, Form Locator 12 |
| Purpose | Calculations of patient age, length of stay, seasonal admissions analysis, track transfers, match to other databases, etc. |
| Field Edit Criteria: | |
| Error Code: 0012 - 104 | Error Report Message: Admission Date Invalid Reason: The Admission Date is blank or not a valid date. User Response: Correct the Admission Date. |
| Relational Edit Criteria: | |
| Error Code: 0012 - 300 | Error Report Message: Age Greater than 120 Years Reason: The patient's age as calculated by the Birth Date and Admission Date is >120 years. User Response: Correct the Birth Date and/or Admission Date. |
| Error Code: 0012 - 302 Revision effective 2015 Q4 | Error Report Message: Age>28 Days, Liveborn Infant Diagnosis Reason: The patient's age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present. User Response: Correct the Admission Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 0012 - 306 thru 306q | Error Report Message: Age Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Diagnosis Code. |
| Error Code: 0012 - 310 | Error Report Message: Admission Date After Through Date Reason: The Admission Date or Through Date is invalid. User Response: Correct the Admission Date and/or Through Date. |
| Error Code: 0012 - 340 Revision effective 2016 Q2 | Error Report Message: Admission Date before From Date Reason: The Admission Date is prior to the From Date. User Response: Correct the Admission Date and/or From Date. |

| Field 12 | Admission/Start of Care Date |
|---|--|
| Relational Edit Criteria: | |
| Error Code: 0012 -346 | Error Report Message: Age Invalid for Admitting Diagnosis Reason: An Admitting Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Admitting Diagnosis Code. |
| Facility-Level Edit Criteria: | |
| Error Code: 0012 - 905 Revised March 2008 | Error Report Message: Number of Admission Date = Through Date Exceeds Acceptable Limits Reason: The number of claims with Admission Date = Through Date for your facility exceeds the acceptable limit. Claims with Patient Discharge Status of 02, 07, and 20 are excluded from this analysis, along with PHC4DRGs 765-768, 770, 774-776, 779, 780, 782, 795. User Response: Review your data for claims that were admitted and discharged on the same day and resubmit. |

| Field 13 | Admission Hour | | | |
|-------------------------------|---|----------------------|-------------|------------------|
| Description | The code referring to the hour during which the patient was admitted for inpatient care. | | | |
| Procedure Revised May 2011 | The coding for this field is defined by the NUBC. The following is a list of valid entries: | | | |
| | <u>Code</u> | <u>Time-AM</u> | <u>Code</u> | <u>Time-PM</u> |
| | 00 | 12:00-12:59 Midnight | 12 | 12:00-12:59 Noon |
| | 01 | 01:00-01:59 | 13 | 01:00-01:59 |
| | 02 | 02:00-02:59 | 14 | 02:00-02:59 |
| | 03 | 03:00-03:59 | 15 | 03:00-03:59 |
| | 04 | 04:00-04:59 | 16 | 04:00-04:59 |
| | 05 | 05:00-05:59 | 17 | 05:00-05:59 |
| | 06 | 06:00-06:59 | 18 | 06:00-06:59 |
| | 07 | 07:00-07:59 | 19 | 07:00-07:59 |
| | 08 | 08:00-08:59 | 20 | 08:00-08:59 |
| | 09 | 09:00-09:59 | 21 | 09:00-09:59 |
| | 10 | 10:00-10:59 | 22 | 10:00-10:59 |
| | 11 | 11:00-11:59 | 23 | 11:00-11:59 |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified (all positions fully coded) | | | |
| Record Location | 433-434 | | | |
| NUBC Reference | UB-04, Form Locator 13 | | | |
| Note | This field is currently not edited. | | | |

| Field 14 | Priority (Type) of Admission or Visit | | | | | | | | | | |
|---|--|---------------|--|------------|---|--------------|---|-------------|---|------------|--|
| Description | A code indicating the priority of this admission/visit. | | | | | | | | | | |
| Procedure Revised March 2008 | <p>The coding for this field is defined by the NUBC. The following is a list of valid PHC4 entries:</p> <table> <tr> <td>1 = Emergency</td><td>The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.</td></tr> <tr> <td>2 = Urgent</td><td>The patient requires immediate attention for the care and treatment of a physical or mental disorder.</td></tr> <tr> <td>3 = Elective</td><td>The patient's condition permits adequate time to schedule the services.</td></tr> <tr> <td>4 = Newborn</td><td>Use of this code necessitates the use of special Point of Origin for Admission or Visit codes. (See Field 15)</td></tr> <tr> <td>5 = Trauma</td><td>Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons <u>and</u> involving a trauma activation.</td></tr> </table> | 1 = Emergency | The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. | 2 = Urgent | The patient requires immediate attention for the care and treatment of a physical or mental disorder. | 3 = Elective | The patient's condition permits adequate time to schedule the services. | 4 = Newborn | Use of this code necessitates the use of special Point of Origin for Admission or Visit codes. (See Field 15) | 5 = Trauma | Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons <u>and</u> involving a trauma activation. |
| 1 = Emergency | The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. | | | | | | | | | | |
| 2 = Urgent | The patient requires immediate attention for the care and treatment of a physical or mental disorder. | | | | | | | | | | |
| 3 = Elective | The patient's condition permits adequate time to schedule the services. | | | | | | | | | | |
| 4 = Newborn | Use of this code necessitates the use of special Point of Origin for Admission or Visit codes. (See Field 15) | | | | | | | | | | |
| 5 = Trauma | Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons <u>and</u> involving a trauma activation. | | | | | | | | | | |
| Field Size & Type | 1 character field; Alphanumeric; Left-justified | | | | | | | | | | |
| Record Location | 435 | | | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 14 | | | | | | | | | | |
| Purpose | To identify the urgency and type of admission. | | | | | | | | | | |
| Field Edit Criteria: | | | | | | | | | | | |
| Error Code: 0014 - 126 | Error Report Message: Priority (Type) of Admission or Visit Invalid Reason: The Priority (Type) of Admission or Visit is blank or not valid. User Response: Correct the Priority (Type) of Admission or Visit. | | | | | | | | | | |
| Relational Edit Criteria: | | | | | | | | | | | |
| Error Code: 0014 - 314 | Error Report Message: Principal Diagnosis - Priority (Type) of Admission or Visit Mismatch for Newborn Reason: If the Principal Diagnosis indicates a newborn then the Priority (Type) of Admission or Visit must be "4" or if the Priority (Type) of Admission or Visit is "4" then the Principal Diagnosis must indicate a newborn. User Response: Correct the Principal Diagnosis Code, Point of Origin for Admission or Visit and/or Priority (Type) of Admission or Visit. | | | | | | | | | | |
| Error Code: 0014 - 327 Revised March 2008 | Error Report Message: Point of Origin for Admission or Visit Invalid for Newborn Reason: If the Priority (Type) of Admission or Visit is 4, then the Point of Origin for Admission or Visit must be 5 or 6. User Response: Correct the Point of Origin for Admission or Visit and/or Priority (Type) of Admission or Visit. | | | | | | | | | | |

| Field 15 | Point of Origin for Admission or Visit | |
|---|---|---|
| Description Revised March 2008 | A code indicating the point of patient origin for this admission. | |
| Procedure Revised February 2008 | The coding for this field is defined by the NUBC. The following is a list of valid PHC4 entries: Use the following coding structure if Priority (Type) of Admission or Visit (Field 14) is coded as Emergency, Urgent, Elective, or Trauma (1, 2, 3, or 5). | |
| Revision effective 2010 Q3 | 1 = Non-Health Care Facility Point of Origin | The patient was admitted to this facility. |
| Revision effective 2010 Q3 | 2 = Clinic or Physician's Office | The patient was admitted to this facility. |
| | 4 = Transfer from a Hospital (Different Facility*) | The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient. *For Transfers from Hospital Inpatient in the Same Facility, see Code D. |
| Revised August 2010 | 5 = Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF) | The patient was admitted to this facility as a transfer from a SNF, ICF or ALF where he or she was a resident. |
| | 6 = Transfer from another Health Care Facility | The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list. |
| | 8 = Court / Law Enforcement | The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative. |
| | D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer | The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer. |
| | E = Transfer from Ambulatory Surgery Center | The patient was admitted to this facility as a transfer from an ambulatory surgery center. |
| Revised August 2010 | F = Transfer from a Hospice Facility | The patient was admitted to this facility as a transfer from hospice facility. |

| Field 15 | Point of Origin for Admission or Visit |
|---|--|
| <p>Revised December 2021 Effective 2021 Q2</p> <p>Revised February 2008</p> | <p>G = Transfer from a Designated Disaster Alternate Care Site The patient was transferred to this facility from a Designated Disaster Alternate Care Site for inpatient or outpatient services.</p> <p>Use the following coding structure if Priority (Type) of Admission or Visit (Field 14) is coded as Newborn (4).</p> <p>5 = Born Inside this Hospital A baby born inside this Hospital.</p> <p>6 = Born Outside of this Hospital A baby born outside of this Hospital.</p> |
| Field Size & Type | 1 character field; Alphanumeric; Left-justified |
| Record Location | 436 |
| NUBC Reference | UB-04, Form Locator 15 |
| Purpose | To identify the urgency and source of admission. |
| Field Edit Criteria: | |
| Error Code: 0015 - 127 | <p>Error Report Message: Point of Origin for Admission or Visit Invalid</p> <p>Reason: The Point of Origin for Admission or Visit is blank or not valid.</p> <p>User Response: Correct the Point of Origin for Admission or Visit.</p> |
| Relational Edit Criteria: | |
| Error Code: 0015 - 314 | <p>Error Report Message: Principal Diagnosis - Priority (Type) of Admission or Visit Mismatch for Newborn</p> <p>Reason: If the Principal Diagnosis indicates a newborn, then the Priority (Type) of Admission or Visit must be "4" or if the Priority (Type) of Admission or Visit is "4" then the Principal Diagnosis must indicate a newborn.</p> <p>User Response: Correct the Principal Diagnosis Code, Point of Origin for Admission or Visit and/or Priority (Type) of Admission or Visit.</p> |
| Error Code: 0015 - 327 Revised March 2008 | <p>Error Report Message: Point of Origin for Admission or Visit Invalid for Newborn</p> <p>Reason: If the Priority (Type) of Admission or Visit is 4, then the Point of Origin for Admission or Visit must be 5 or 6.</p> <p>User Response: Correct the Point of Origin for Admission or Visit and/or Priority (Type) of Admission or Visit.</p> |

| Field 16 | Discharge Hour | | | |
|-------------------|---|----------------------|------|------------------|
| Description | The code indicating the discharge hour of the patient from inpatient care. | | | |
| Procedure | The coding for this field is defined by the NUBC. The following is a list of valid entries: | | | |
| | Code | Time-AM | Code | Time-PM |
| | 00 | 12:00-12:59 Midnight | 12 | 12:00-12:59 Noon |
| | 01 | 01:00-01:59 | 13 | 01:00-01:59 |
| | 02 | 02:00-02:59 | 14 | 02:00-02:59 |
| | 03 | 03:00-03:59 | 15 | 03:00-03:59 |
| | 04 | 04:00-04:59 | 16 | 04:00-04:59 |
| | 05 | 05:00-05:59 | 17 | 05:00-05:59 |
| | 06 | 06:00-06:59 | 18 | 06:00-06:59 |
| | 07 | 07:00-07:59 | 19 | 07:00-07:59 |
| | 08 | 08:00-08:59 | 20 | 08:00-08:59 |
| | 09 | 09:00-09:59 | 21 | 09:00-09:59 |
| | 10 | 10:00-10:59 | 22 | 10:00-10:59 |
| | 11 | 11:00-11:59 | 23 | 11:00-11:59 |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified (all positions fully coded) | | | |
| Record Location | 437-438 | | | |
| NUBC Reference | UB-04, Form Locator 16 | | | |
| Note | This field is currently not edited. | | | |



Inpatient Data Reporting

| Field 17 | Patient Discharge Status |
|-------------------|---|
| | <p>82 = Discharged / transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>83 = Discharged / transferred to Skilled Nursing Facility with Medicare Certification in Anticipation of Skilled Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>84 = Discharged / transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>85 = Discharged / transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>86 = Discharged / transferred to Home Under care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>87 = Discharged / transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission</p> <p>88 = Discharged / transferred to a Federal health care facility with a Planned Acute Care Hospital Inpatient Readmission</p> <p>89 = Discharged / transferred to Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission</p> <p>90 = Discharged / transferred to an Inpatient Rehabilitation Facility including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>91 = Discharged / transferred to a Medicare Certified Long Term Care Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>92 = Discharged / transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission</p> <p>93 = Discharged / transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>94 = Discharged / transferred to a Critical Access Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>95 = Discharged / transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission</p> <p>Note: PHC4 does not accept interim bills.</p> |
| Field Size & Type | 439-440 |
| Record Location | 2 character field; Numeric; Right-justified (all positions fully coded) |
| NUBC Reference | UB-04, Form Locator 17 |



| Field 17 | Patient Discharge Status |
|-------------------------------|--|
| Purpose | To identify the disposition and destination of the patient upon discharge from inpatient care. |
| Field Edit Criteria: | |
| Error Code: 0017 - 122 | Error Report Message: Patient Discharge Status Invalid Reason: The Patient Discharge Status is blank or does not contain a valid entry User Response: Correct the Patient Discharge Status. |

| Field 18-28 | Condition Codes |
|------------------------------|---|
| Description | A code(s) used to identify conditions or events relating to this bill that may affect processing. |
| Procedure | See the NUBC guidelines for more information. No specific date is associated with this code. Condition Codes should be entered in alphanumeric sequence. If all Condition Code fields are filled, use field 81 Code-Code with the appropriate qualifier code (A1) to indicate that a Condition Code is being reported. |
| Field Size & Type | 11 fields, 2 characters each; Alphanumeric; (all positions fully coded) |
| Record Location | 18- Condition Code 1: 441-442 24- Condition Code 7: 453-454 19- Condition Code 2: 443-444 25- Condition Code 8: 455-456 20- Condition Code 3: 445-446 26- Condition Code 9: 457-458 21- Condition Code 4: 447-448 27- Condition Code 10: 459-460 22- Condition Code 5: 449-450 28- Condition Code 11: 461-462 23- Condition Code 6: 451-452 |
| NUBC Reference | UB-04, Form Locator 18-28 |
| Note | This field is currently not edited. |

| Field 29 | Accident State |
|------------------------------|---|
| Description | The accident state field contains the two-digit state abbreviation where the accident occurred. |
| Procedure | Required when the services reported on this claim are related to an auto accident. For a list of State/Territory abbreviations, see <i>Appendix B</i> . |
| Field Size & Type | 2 characters field; Alphanumeric; Left-justified |
| Record Location | 463-464 |
| NUBC Reference | UB-04, Form Locator 29 |
| Note | This field is currently not edited. |



| Field 30 | Reserved for Assignment by the NUBC |
|-------------------|--------------------------------------|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 24 character field; Alphanumeric |
| Record Location | 465-488 |
| NUBC Reference | UB-04, Form Locator 30 |

| Field 31a1-34b1 | Occurrence Codes |
|------------------------------|---|
| Description | The code defining a significant event relating to this bill that may affect payer processing. |
| Procedure | See the NUBC guidelines for more information. Occurrence Codes should be entered in alphanumeric sequence (numbered codes precede alpha codes). |
| Field Size & Type | 8 fields, 2 characters each; Alphanumeric; Left-justified (all positions fully coded) |
| Record Location | <div>31a1- Occurrence Code: 489-490</div> <div>31b1- Occurrence Code: 521-522</div> <div>32a1- Occurrence Code: 497-498</div> <div>32b1- Occurrence Code: 529-530</div> <div>33a1- Occurrence Code: 505-506</div> <div>33b1- Occurrence Code: 537-538</div> <div>34a1- Occurrence Code: 513-514</div> <div>34b1- Occurrence Code: 545-546</div> |
| NUBC Reference | UB-04, Form Locator 31-34 (code portion) |
| Note | This field is currently not edited. |

| Field 31a2-34b2 | Occurrence Dates |
|------------------------------|---|
| Description | The associated date defining a significant event relating to this bill that may affect payer processing. |
| Procedure | Enter all dates as month, day, and year (MMDDYY). e.g., 010105. |
| Field Size & Type | 8 fields, 6 characters each; Numeric; Right-justified |
| Record Location | <div>31a2- Occurrence Date: 491-496</div> <div>31b2- Occurrence Date: 523-528</div> <div>32a2- Occurrence Date: 499-504</div> <div>32b2- Occurrence Date: 531-536</div> <div>33a2- Occurrence Date: 507-512</div> <div>33b2- Occurrence Date: 539-544</div> <div>34a2- Occurrence Date: 515-520</div> <div>34b2- Occurrence Date: 547-552</div> |
| NUBC Reference | UB-04, Form Locator 31-34 (date portion) |
| Note | This field is currently not edited. |

| Field 35a1-36b1 | Occurrence Span Codes |
|------------------------------|--|
| Description | A code that identifies an event that relates to the payment of the claim. |
| Procedure | See the NUBC guidelines for more information. Enter Occurrence Span Codes in alphanumeric sequence starting with code 70 and ending with ZZ (numbered codes precede alpha codes). If all of the Occurrence Span Code fields are filled use field 81 Code-Code field with the appropriate qualifier code (A3) to indicate that an Occurrence Span Code is being reported. |
| Field Size & Type | 4 fields, 2 characters each; Alphanumeric; Left-justified (all positions fully coded) |
| Record Location | 35a1- Occurrence Span Code: 553-554 36a1- Occurrence Span Code: 567-568 35b1- Occurrence Span Code: 581-582 36b1- Occurrence Span Code: 595-596 |
| NUBC Reference | UB-04, Form Locator 35-36 (code portion) |
| Note | This field is currently not edited. |

| Field 35a2-36b2 | Occurrence Span Dates - From |
|------------------------------|--|
| Description | The “from” date that identifies an event that relates to the payment of the claim. |
| Procedure | Enter all dates as month, day, and year (MMDDYY). e.g., 010105. |
| Field Size & Type | 4 fields, 6 characters each; Numeric; Right-justified (all positions fully coded) |
| Record Location | 35a2- Occurrence Span Date - From: 555-560 36a2- Occurrence Span Date - From: 569-574 35b2- Occurrence Span Date - From: 583-588 36b2- Occurrence Span Date - From: 597-602 |
| NUBC Reference | UB-04, Form Locator 35-36 (from portion) |
| Note | This field is currently not edited. |

| Field 35a3-36b3 | Occurrence Span Dates - Through |
|------------------------------|--|
| Description | The “through” date that identifies an event that relates to the payment of the claim. |
| Procedure | Enter all dates as month, day, and year (MMDDYY). e.g., 010705. |
| Field Size & Type | 4 fields, 6 characters each; Numeric; Right-justified (all positions fully coded) |
| Record Location | 35a3- Occurrence Span Date - Through: 561-566 36a3- Occurrence Span Date - Through: 575-580 35b3- Occurrence Span Date - Through: 589-594 36b3- Occurrence Span Date - Through: 603-608 |
| NUBC Reference | UB-04, Form Locator 35-36 (through portion) |
| Note | This field is currently not edited. |



| Field 37a-37b | Reserved for Assignment by the NUBC |
|-------------------|--|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 2 fields, 8 characters each; Alphanumeric |
| Record Location | 37a- Reserved for Assignment by the NUBC: 609-616 37b- Reserved for Assignment by the NUBC: 617-624 |
| NUBC Reference | UB-04, Form Locator 37 |



| Field 38a | Responsible Party Name |
|-------------------|--|
| Description | The name of the party responsible for the bill. |
| Field Size & Type | 40 character field; Alphanumeric; Left-justified |
| Record Location | 625-664 |
| NUBC Reference | UB-04, Form Locator 38 (Line 1) |
| Note | This field is currently not edited. |

| Field 38b | Responsible Party Address |
|------------------------------|---|
| Description | The address of the party responsible for the bill. |
| Procedure | Address may include post office or street name and number, city, state and zip code. Facilities should abbreviate state in the address according to the post office standard abbreviations (see Appendix B). If a nine-digit zip code is used, it should be entered XXXXX-XXXX. |
| Field Size & Type | 160 character field; Alphanumeric; Left-justified |
| Record Location | 665-824 |
| NUBC Reference | UB-04, Form Locator 38 (Lines 2-5) |
| Note | This field is currently not edited. |

| Field 39a1-41d1 | Value Codes |
|------------------------------|--|
| Description | A code structure to relate values to identify data elements necessary to process this claim as qualified by the payer organization. |
| Procedure | See the NUBC guidelines for more information. |
| Field Size & Type | 12 fields, 2 characters each; Alphanumeric; Left-justified |
| Record Location | <div> <div>39a1- Value Code: 825-826</div> <div>39c1- Value Code: 897-898</div> <div>40a1- Value Code: 837-838</div> <div>40c1- Value Code: 909-910</div> <div>41a1- Value Code: 849-850</div> <div>41c1- Value Code: 921-922</div> <div>39b1- Value Code: 861-862</div> <div>39d1- Value Code: 933-934</div> <div>40b1- Value Code: 873-874</div> <div>40d1- Value Code: 945-946</div> <div>41b1- Value Code: 885-886</div> <div>41d1- Value Code: 957-958</div> </div> |
| NUBC Reference | UB-04, Form Locator 39-41 (code portion) |
| Note | This field is currently not edited. |

| Field 39a2-41d2 | Value Amounts | |
|------------------------------|---|--|
| Description | A code structure to relate amounts to identify data elements necessary to process this claim as qualified by the payer organization. | |
| Procedure | See the NUBC guidelines for more information. | |
| Field Size & Type | 12 fields with 10 characters each For monetary amounts: Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents For non-monetary amounts: Left-justified Report decimal points when applicable | |
| Record Location | 39a2- Value Amount: 827-836 40a2- Value Amount: 839-848 41a2- Value Amount: 851-860 39b2- Value Amount: 863-872 40b2- Value Amount: 875-884 41b2- Value Amount: 887-896 | 39c2- Value Amount: 899-908 40c2- Value Amount: 911-920 41c2- Value Amount: 923-932 39d2- Value Amount: 935-944 40d2- Value Amount: 947-956 41d2- Value Amount: 959-968 |
| NUBC Reference | UB-04, Form Locator 39-41 (amount portion) | |
| Note | This field is currently not edited. | |

| Field 42a-42v | Revenue Codes (numbers 1 through 22) | |
|--|---|--|
| Description | Codes that identify specific accommodation, ancillary service or unique billing calculations or arrangements. | |
| Procedure | See NUBC guidelines for more information. See <i>Appendix A</i> for instructions regarding multiple record bills. | |
| Field Size & Type | 22 fields with 4 characters each; Alphanumeric; Left-justified (all positions filled) | |
| Record Location | 42a- Revenue Code 1: 969-972 42l- Revenue Code 12: 1552-1555 42b- Revenue Code 2: 1022-1025 42m- Revenue Code 13: 1605-1608 42c- Revenue Code 3: 1075-1078 42n- Revenue Code 14: 1658-1661 42d- Revenue Code 4: 1128-1131 42o- Revenue Code 15: 1711-1714 42e- Revenue Code 5: 1181-1184 42p- Revenue Code 16: 1764-1767 42f- Revenue Code 6: 1234-1237 42q- Revenue Code 17: 1817-1820 42g- Revenue Code 7: 1287-1290 42r- Revenue Code 18: 1870-1873 42h- Revenue Code 8: 1340-1343 42s- Revenue Code 19: 1923-1926 42i- Revenue Code 9: 1393-1396 42t- Revenue Code 20: 1976-1979 42j- Revenue Code 10: 1446-1449 42u- Revenue Code 21: 2029-2032 42k- Revenue Code 11: 1499-1502 42v- Revenue Code 22: 2082-2085 | |
| NUBC Reference | UB-04, Form Locator 42 (Lines 1-22) | |
| Purpose | To identify the billing item associated with the charge and separate charges into reportable categories (room and board, equipment, professional, etc). | |
| Field Edit Criteria: | | |
| Error Code: 042a - 117a thru 042v - 117v | Error Report Message: Revenue Code Invalid Reason: The Revenue Code used is not a valid NUBC recognized Revenue Code. User Response: Correct the Revenue Code or leave blank if appropriate (<i>use NUBC recognized Revenue Codes</i>). | |
| Error Code: 042a -118 | Error Report Message: No Revenue Information Present (<i>This will appear on the detail Revenue Code Report</i>) Reason: The Revenue Code in Field 42a is blank. Each record needs to have at least one Revenue Code and Charge. User Response: Either add the additional Revenue information for this record or remove the extraneous continuation record. | |
| Relational Edit Criteria: | | |
| Error Code: 042a - 323a thru 042v - 323v | Error Report Message: Revenue Code and Charges Mismatch (<i>This will appear on the detail Revenue Code Report</i>) Reason: There is either a missing Revenue Code or a missing Charge. User Response: Correct the record so that each charge has a Revenue Code. | |

| Field 42a-42v | Revenue Codes (numbers 1 through 22) |
|---|--|
| Relational Edit Criteria: | |
| Error Code: 042a - 324 thru 042v - 324 | Error Report Message: Room and Board Charges Not Present <i>(This will appear on the detail Revenue Code Report)</i> Reason: All Inpatient discharges require a room and board charge and this discharge does not have a room and board charge. User Response: Review all charges and make the appropriate corrections. |

| Field 42w | Revenue Codes (number 23 only) |
|----------------------------------|--|
| Description | The code that indicates the total charges or a continuation record. |
| Procedure | Enter 0001 to indicate the last record in the bill. Blank fill to indicate that a continuation record follows. See <i>Appendix A</i> for instructions regarding multiple record bills. |
| Field Size & Type | 4 character field; Alphanumeric; Left-justified (all positions filled) |
| Record Location | 2135-2138 |
| NUBC Reference | UB-04, Form Locator 42 (Line 23) |
| Purpose | To assure that the individual charges are complete for the entire length of stay. |
| Relational Edit Criteria: | |
| Error Code: 042w - 323w | <p>Error Report Message: Revenue Code and Charges Mismatch (<i>This will appear on the detail Revenue Code Report</i>)</p> <p>Reason: There is either a missing Revenue Code or a missing Charge.</p> <p>User Response: Correct the record so that each charge has a Revenue Code.</p> |
| Error Code: 042w - 344 | <p>Error Report Message: 23rd Revenue Code is not 0001 or Spaces</p> <p>Reason: If the Page Count (43w1) and Total Number of Pages (43w2) indicate that this is the last record of the claim, then the 23rd revenue code should be 0001 to indicate the total charge. If this is not the last record of the claim, then the 23rd revenue code should be blank (spaces).</p> <p>User Response: Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.</p> |

| Field 43w1 | Page Count |
|----------------------------------|--|
| Description | Incrementing page number (record) for this claim. |
| Procedure | Leave blank if only one page. |
| Field Size & Type | 3 character field; Numeric; Left-justified |
| Record Location | 2139-2141 |
| NUBC Reference | UB-04, Form Locator 43 (Line 23) |
| Purpose | To identify the current page number (record) in the claim. |
| Relational Edit Criteria: | |
| Error Code: 43w1 - 344 | <p>Error Report Message: 23rd Revenue Code is not 0001 or Spaces</p> <p>Reason: If the Page Count (43w1) and Total Number of Pages (43w2) indicate that this is the last record of the claim, then the 23rd revenue code should be 0001 to indicate the total charge. If this is not the last record of the claim, then the 23rd revenue code should be blank (spaces).</p> <p>User Response: Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.</p> |

| Field 43w2 | Total Number of Pages |
|----------------------------------|--|
| Description | Total number of pages for the claim. |
| Procedure | Leave blank if only one page. |
| Field Size & Type | 3 character field; Numeric; Left-justified |
| Record Location | 2142-2144 |
| NUBC Reference | UB-04, Form Locator 43 (Line 23) |
| Purpose | To identify the total number of pages (records) in the claim. |
| Relational Edit Criteria: | |
| Error Code: 43w2 - 344 | <p>Error Report Message: 23rd Revenue Code is not 0001 or Spaces</p> <p>Reason: If the Page Count (43w1) and Total Number of Pages (43w2) indicate that this is the last record of the claim, then the 23rd revenue code should be 0001 to indicate the total charge. If this is not the last record of the claim, then the 23rd revenue code should be blank (spaces).</p> <p>User Response: Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.</p> |

| Field 44a-44v | HCPCS Codes (by Revenue Code) | |
|-------------------|--|---|
| Description | Ambulatory/Outpatient reporting only. | |
| Procedure | Blank fill. | |
| Field Size & Type | 22 fields with 14 characters each; Alphanumeric; Left-justified | |
| Record Location | 44a- HCPCS Code 1: 973-986 44b- HCPCS Code 2: 1026-1039 44c- HCPCS Code 3: 1079-1092 44d- HCPCS Code 4: 1132-1145 44e- HCPCS Code 5: 1185-1198 44f- HCPCS Code 6: 1238-1251 44g- HCPCS Code 7: 1291-1304 44h- HCPCS Code 8: 1344-1357 44i- HCPCS Code 9: 1397-1410 44j- HCPCS Code 10: 1450-1463 44k- HCPCS Code 11: 1503-1516 | 44l- HCPCS Code 12: 1556-1569 44m- HCPCS Code 13: 1609-1622 44n- HCPCS Code 14: 1662-1675 44o- HCPCS Code 15: 1715-1728 44p- HCPCS Code 16: 1768-1781 44q- HCPCS Code 17: 1821-1834 44r- HCPCS Code 18: 1874-1887 44s- HCPCS Code 19: 1927-1940 44t- HCPCS Code 20: 1980-1993 44u- HCPCS Code 21: 2033-2046 44v- HCPCS Code 22: 2086-2099 |
| NUBC Reference | UB-04, Form Locator 44 (Lines 1-22) | |
| Note | This field is currently not edited. | |

| Field 45a-45v | Service Date (by Revenue Code) | |
|-------------------|--|---|
| Description | Ambulatory/Outpatient reporting only. | |
| Procedure | Blank fill. | |
| Field Size & Type | 22 fields, 6 characters each; Numeric; Right-justified | |
| Record Location | 45a- Service Date 1: 987-992 45b- Service Date 2: 1040-1045 45c- Service Date 3: 1093-1098 45d- Service Date 4: 1146-1151 45e- Service Date 5: 1199-1204 45f- Service Date 6: 1252-1257 45g- Service Date 7: 1305-1310 45h- Service Date 8: 1358-1363 45i- Service Date 9: 1411-1416 45j- Service Date 10: 1464-1469 45k- Service Date 11: 1517-1522 | 45l- Service Date 12: 1570-1575 45m- Service Date 13: 1623-1628 45n- Service Date 14: 1676-1681 45o- Service Date 15: 1729-1734 45p- Service Date 16: 1782-1787 45q- Service Date 17: 1835-1840 45r- Service Date 18: 1888-1893 45s- Service Date 19: 1941-1946 45t- Service Date 20: 1994-1999 45u- Service Date 21: 2047-2052 45v- Service Date 22: 2100-2105 |
| NUBC Reference | UB-04, Form Locator 45 (Lines 1-22) | |
| Note | This field is currently not edited. | |

| Field 46a-46v | Service Units (by Revenue Code) | |
|--|--|--|
| Description | A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, renal dialysis treatments, etc. | |
| Procedure Revised September 2009 | Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate. The following notes are intended as general guidance. Room & board accommodations: Units reflect the total number of days of care provided to the patient. Other revenue codes: Although the inpatient UB-04 is a summary level claim, units can be reported as "1" or more based on the provider's practice, health plan requirements or regulation. A zero or negative value is not allowed. | |
| Field Size & Type | 22 fields, 7 characters each; Numeric; Right-justified | |
| Record Location | <div> 46a- Service Unit 1: 993-999 46b- Service Unit 2: 1046-1052 46c- Service Unit 3: 1099-1105 46d- Service Unit 4: 1152-1158 46e- Service Unit 5: 1205-1211 46f- Service Unit 6: 1258-1264 46g- Service Unit 7: 1311-1317 46h- Service Unit 8: 1364-1370 46i- Service Unit 9: 1417-1423 46j- Service Unit 10: 1470-1476 46k- Service Unit 11: 1523-1529 </div> <div> 46l- Service Unit 12: 1576-1582 46m- Service Unit 13: 1629-1635 46n- Service Unit 14: 1682-1688 46o- Service Unit 15: 1735-1741 46p- Service Unit 16: 1788-1794 46q- Service Unit 17: 1841-1847 46r- Service Unit 18: 1894-1900 46s- Service Unit 19: 1947-1953 46t- Service Unit 20: 2000-2006 46u- Service Unit 21: 2053-2059 46v- Service Unit 22: 2106-2112 </div> | |
| NUBC Reference | UB-04, Form Locator 46 (Lines 1-22) | |
| Note | This field is currently not edited. | |

| Field 47a-47v | Total Charges (by Revenue Code) | |
|--|--|---|
| Description | Total charges for the primary payer pertaining to the related revenue code for the current billing period as entered in the statement cover period. Total charges includes both covered and non-covered charges. | |
| Procedure | Amounts greater than or equal to zero are acceptable values for this element. | |
| Field Size & Type | 22 fields with 10 characters each; Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents | |
| Record Location | 47a- Total Charge 1: 1000-1009 47b- Total Charge 2: 1053-1062 47c- Total Charge 3: 1106-1115 47d- Total Charge 4: 1159-1168 47e- Total Charge 5: 1212-1221 47f- Total Charge 6: 1265-1274 47g- Total Charge 7: 1318-1327 47h- Total Charge 8: 1371-1380 47i- Total Charge 9: 1424-1433 47j- Total Charge 10: 1477-1486 47k- Total Charge 11: 1530-1539 | 47l- Total Charge 12: 1583-1592 47m- Total Charge 13: 1636-1645 47n- Total Charge 14: 1689-1698 47o- Total Charge 15: 1742-1751 47p- Total Charge 16: 1795-1804 47q- Total Charge 17: 1848-1857 47r- Total Charge 18: 1901-1910 47s- Total Charge 19: 1954-1963 47t- Total Charge 20: 2007-2016 47u- Total Charge 21: 2060-2069 47v- Total Charge 22: 2113-2122 |
| NUBC Reference | UB-04, Form Locator 47 (Lines 1-22) | |
| Purpose | To measure the amount charged for services by individual charge category. | |
| Field Edit Criteria: | | |
| Error Code: 047a - 121a thru 047v - 121v | Error Report Message: Individual Charges Invalid Reason: Total charges must be non-negative numeric. User Response: Use only numeric charges. | |
| Relational Edit Criteria: | | |
| Error Code: 047a - 323a thru 047v - 323v | Error Report Message: Revenue Code and Charges Mismatch (This will appear on the detail Revenue Code Report) Reason: There is either a missing Revenue Code or a missing Charge. User Response: Correct the record so that each charge has a Revenue Code. | |
| Error Code: 047a - 325 thru 047v - 325 | Error Report Message: Sum of Line Items Not Equal to Total Charge (This will appear on the detail Revenue Code Report) Reason: When the sum of the individual charges does not equal the total charges. User Response: Correct the total charges (in 47w) and/or individual charges. | |

| Field 47w | Total Charges |
|--------------------------------------|--|
| Description | The total charges for the entire length of stay. |
| Procedure | See <i>Appendix A</i> for instructions regarding multiple record bills. The only valid value for this field is the total charges for this claim, or zeros to indicate that there is a continuation record to follow. |
| Field Size & Type | 10 character field; Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents |
| Record Location | 2145-2154 |
| NUBC Reference | UB-04, Form Locator 47 (Line 23) |
| Purpose | To assure that the individual charges are complete for the entire length of stay. |
| Field Edit Criteria: | |
| Error Code: 047w -121w | Error Report Message: Individual Charges Invalid Reason: Total charges must be non-negative numeric. User Response: Use only numeric charges. Investigate and correct negative charges if they exist. |
| Relational Edit Criteria: | |
| Error Code: 047w - 323w | Error Report Message: Revenue Code and Charges Mismatch (<i>This will appear on the detail Revenue Code Report</i>) Reason: There is either a missing Revenue Code or a missing Charge. User Response: Correct the record so that each charge has a Revenue Code. |
| Error Code: 047w - 325 | Error Report Message: Sum of Line Items Not Equal to Total Charge (<i>This will appear on the detail Revenue Code Report</i>) Reason: When the sum of the individual charges does not equal the Total Charge. User Response: Correct the Total Charge (in 47w) and/or individual charges. |
| Facility-Level Edit Criteria: | |
| Error Code: 047w - 907 | Error Report Message: Zero Charges Exceeds Acceptable Limits Reason: The number of claims without a charge exceeds expected limits (Excluding newborns - MDC 15). User Response: Review the data that has zero charges and resubmit. |
| Error Code: 047w - 908 | Error Report Message: Average Charges Are Uncharacteristic for Your Facility Reason: Your average charges are not within the expected range for your facility. This may be caused by a system problem. User Response: Review the data for the records that have unusually high or low total charges, then resubmit the data, or if your facility has had a change in status that would explain this error please return the report with an explanation. |

| Field 48a-48v | Non-covered Charges (by Revenue Code) | |
|------------------------------|--|--|
| Description | To reflect the non-covered charges for the destination payer as it pertains to the related revenue code. | |
| Procedure | Required if needed to report line specific non-covered charge amount. | |
| Field Size & Type | 22 fields, 10 characters each; Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents | |
| Record Location | <div> <div>48a- Non-covered Chrg. 1: 1010-1019</div> <div>48b- Non-covered Chrg. 2: 1063-1072</div> <div>48c- Non-covered Chrg. 3: 1116-1125</div> <div>48d- Non-covered Chrg. 4: 1169-1178</div> <div>48e- Non-covered Chrg. 5: 1222-1231</div> <div>48f- Non-covered Chrg. 6: 1275-1284</div> <div>48g- Non-covered Chrg. 7: 1328-1337</div> <div>48h- Non-covered Chrg. 8: 1381-1390</div> <div>48i- Non-covered Chrg. 9: 1434-1443</div> <div>48j- Non-covered Chrg. 10: 1487-1496</div> <div>48k- Non-covered Chrg. 11: 1540-1549</div> </div> <div> <div>48l- Non-covered Chrg. 12: 1593-1602</div> <div>48m- Non-covered Chrg. 13: 1646-1655</div> <div>48n- Non-covered Chrg. 14: 1699-1708</div> <div>48o- Non-covered Chrg. 15: 1752-1761</div> <div>48p- Non-covered Chrg. 16: 1805-1814</div> <div>48q- Non-covered Chrg. 17: 1858-1867</div> <div>48r- Non-covered Chrg. 18: 1911-1920</div> <div>48s- Non-covered Chrg. 19: 1964-1973</div> <div>48t- Non-covered Chrg. 20: 2017-2026</div> <div>48u- Non-covered Chrg. 21: 2070-2079</div> <div>48v- Non-covered Chrg. 22: 2123-2132</div> </div> | |
| NUBC Reference | UB-04, Form Locator 48 (Lines 1-22) | |
| Note | This field is currently not edited. | |

| Field 48w | Non-covered Charges |
|------------------------------|--|
| Description | The total charges that are not covered by a payer. |
| Procedure | See <i>Appendix A</i> for instructions regarding multiple record bills. |
| Field Size & Type | 10 characters; Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents |
| Record Location | 2155-2164 |
| NUBC Reference | UB-04, Form Locator 48 (Line 23) |
| Note | This field is currently not edited. |

| Field 49a-49w | Reserved for Assignment by the NUBC | | |
|-------------------|--|----------------|----------------|
| Description | Reserved for assignment by the NUBC. | | |
| Procedure | Blank fill. | | |
| Field Size & Type | 23 fields, 2 characters each; Alphanumeric, Left-justified | | |
| Record Location | 49a: 1020-1021 | 49i: 1444-1445 | 49q: 1868-1869 |
| | 49b: 1073-1074 | 49j: 1497-1498 | 49r: 1921-1922 |
| | 49c: 1126-1127 | 49k: 1550-1551 | 49s: 1974-1975 |
| | 49d: 1179-1180 | 49l: 1603-1604 | 49t: 2027-2028 |
| | 49e: 1232-1233 | 49m: 1656-1657 | 49u: 2080-2081 |
| | 49f: 1285-1286 | 49n: 1709-1710 | 49v: 2133-2134 |
| | 49g: 1338-1339 | 49o: 1762-1763 | 49w: 2165-2166 |
| | 49h: 1391-1392 | 49p: 1815-1816 | |
| NUBC Reference | UB-04, Form Locator 49 (Lines 1-23) | | |

| Field 50a-50c | Payer Type and Name | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|---------------------------------------|----------|---|----------|---|------------|----------------------------|--------------------|---------------------|------------------|---|--------------------|---------------------------|--|--------------|--|----------------------|
| Description | Code identifying Payer and Product Type as well as the actual name of the Payer from which the facility expects payment for the bill. | | | | | | | | | | | | | | | | | | | | |
| Procedure Revision effective 2020 Q3 | <p>Place the Primary Payer in Field 50a, the Secondary Payer in Field 50b and the Tertiary Payer in Field 50c. If there is not a Secondary or Tertiary Payer, then Fields 50b and 50c should be blank.</p> <p>Each Payer entry must consist of a two-digit Payer Type and an alphanumeric listing of the Payer's Name. Both components of the Payer entry (Two-digit Payer Type and Payer Name) must be filled.</p> <p><u>Payer Type:</u></p> <p>The first digit of the Payer Type is used to identify the type of Payer administering health care benefits for the patient. The second digit identifies the type of product used to provide those benefits. e.g., HealthCentral, Inc. POS should contain the two-digit Payer Type 43 as well as the Payer Name HealthCentral, Inc.(e.g., 43HealthCentral)</p> <p>Use the following values to assign a two-digit Payer Type:</p> <table> <tr> <th><u>First Digit (Type of Payer)</u></th><th><u>Second Digit (Type of Product)</u></th></tr> <tr> <td>Uninsured</td><td>0 Self-Pay or Charity/Indigent Care 0</td></tr> <tr> <td>Medicare</td><td>1 Exclusive Provider Organization (EPO) 1</td></tr> <tr> <td>Medicaid</td><td>2 Preferred Provider Organization (PPO) 2</td></tr> <tr> <td>Blue Cross</td><td>3 Point of Service (POS) 3</td></tr> <tr> <td>Commercial Insurer</td><td>4 Fee for Service 4</td></tr> <tr> <td>Other Government</td><td>8 Health Maintenance Organization (HMO) 5</td></tr> <tr> <td>Unknown/Not Listed</td><td>9 Workers' Compensation 7</td></tr> <tr> <td></td><td>Automobile 8</td></tr> <tr> <td></td><td>Unknown/Not Listed 9</td></tr> </table> <p><i>(Unknown/Not Listed codes will be monitored for excessive use)</i></p> <p>Code Unknown Payers as 99.</p> <p>Code Self-Pay or Charity/Indigent Care as 00.</p> <p>Code companies providing coverage under an Automobile Policy as 48.</p> <p>Code companies providing coverage under Workers' Compensation as 47.</p> <p>Code patients receiving care at a State Psychiatric Facility as 89.</p> <p>Code all Federal/State/County-Funded Programs except TriCare such as Black Lung, Postal Workers, Inmates, Veterans, etc. as 89.</p> <p>Employer-Funded Plans should use the code of the insurance company administering the plan.</p> | <u>First Digit (Type of Payer)</u> | <u>Second Digit (Type of Product)</u> | Uninsured | 0 Self-Pay or Charity/Indigent Care 0 | Medicare | 1 Exclusive Provider Organization (EPO) 1 | Medicaid | 2 Preferred Provider Organization (PPO) 2 | Blue Cross | 3 Point of Service (POS) 3 | Commercial Insurer | 4 Fee for Service 4 | Other Government | 8 Health Maintenance Organization (HMO) 5 | Unknown/Not Listed | 9 Workers' Compensation 7 | | Automobile 8 | | Unknown/Not Listed 9 |
| <u>First Digit (Type of Payer)</u> | <u>Second Digit (Type of Product)</u> | | | | | | | | | | | | | | | | | | | | |
| Uninsured | 0 Self-Pay or Charity/Indigent Care 0 | | | | | | | | | | | | | | | | | | | | |
| Medicare | 1 Exclusive Provider Organization (EPO) 1 | | | | | | | | | | | | | | | | | | | | |
| Medicaid | 2 Preferred Provider Organization (PPO) 2 | | | | | | | | | | | | | | | | | | | | |
| Blue Cross | 3 Point of Service (POS) 3 | | | | | | | | | | | | | | | | | | | | |
| Commercial Insurer | 4 Fee for Service 4 | | | | | | | | | | | | | | | | | | | | |
| Other Government | 8 Health Maintenance Organization (HMO) 5 | | | | | | | | | | | | | | | | | | | | |
| Unknown/Not Listed | 9 Workers' Compensation 7 | | | | | | | | | | | | | | | | | | | | |
| | Automobile 8 | | | | | | | | | | | | | | | | | | | | |
| | Unknown/Not Listed 9 | | | | | | | | | | | | | | | | | | | | |

| Field 50a-50c | Payer Type and Name | | |
|---|---|---------------------------------------|-------------------|
| Procedure Revision effective 2020 Q3 | Valid Payer Types: The following are the only valid combinations of the two-digit Payer Type. Any other entries will generate an error for an invalid Payer Type: | | |
| | Type of Payer (First Digit) | Type of Product (Second Digit) | Payer Type |
| | Uninsured | Self-Pay or Charity/Indigent Care | 00 |
| | Medicare | EPO | 11 |
| | Medicare | PPO | 12 |
| | Medicare | POS | 13 |
| | Medicare Part A & B | Fee for Service | 14 |
| | Medicare | HMO | 15 |
| | Medicaid | EPO | 21 |
| | Medicaid | PPO | 22 |
| | Medicaid | Fee for Service | 24 |
| | Medicaid | HMO | 25 |
| | Blue Cross | EPO | 31 |
| | Blue Cross | PPO | 32 |
| | Blue Cross | POS | 33 |
| | Blue Cross | Fee for Service | 34 |
| | Blue Cross | HMO | 35 |
| | Blue Cross | Unknown/Not Listed | 39 * |
| | Commercial | EPO | 41 |
| | Commercial | PPO | 42 |
| | Commercial | POS | 43 |
| | Commercial | Fee for Service | 44 |
| | Commercial | HMO | 45 |
| | Commercial | Workers' Compensation | 47 |
| | Commercial | Automobile | 48 |
| | Commercial | Unknown/Not Listed | 49 |
| | Government | EPO | 81 |
| | Government | PPO | 82 |
| | Government | Fee for Service | 84 |
| | Government | HMO | 85 |
| | Government | Unknown/Not Listed | 89 |
| | Unknown/Not Listed | Unknown/Not Listed | 99 |

* This code is only valid for Out-of-State Blue Cross plans (please see Appendix C).

| Field 50a-50c | Payer Type and Name |
|--|--|
| Procedure | <p><u>Payer Name:</u></p> <p>This field has 23 characters that are allocated to identifying the name of the Payer, as well as a description of the entity sending payment for the patient's care. Do not include references to the level of co-payment or deductible. Do not use a generic identification (e.g., "Commercial" or "Medicare"); list the name of the insurance company.</p> |
| Field Size & Type | 3 fields, 25 characters each (two-digit Payer Type and 23 character Payer Name); Alphanumeric; Left-justified |
| Record Location | <p>50a- Payer Type: 2167-2168 Payer Name: 2169-2191</p> <p>50b- Payer Type: 2403-2404 Payer Name: 2405-2427</p> <p>50c- Payer Type: 2639-2640 Payer Name: 2641-2663</p> |
| NUBC Reference | UB-04, Form Locator 50 |
| Purpose | Accurate identification of the Payer allows for the analysis of various insurance classes and products (e.g., <i>Commercial vs. Medicare, HMO vs. Fee for Service, etc.</i>). |
| Field Edit Criteria: | |
| Error Code: 050a-1 - 134 Revised February 2008 | <p>Error Report Message: Primary Payer Type Invalid</p> <p>Reason: The two-digit Primary Payer Type is blank or does not contain a valid code.</p> <p>User Response: Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to <i>Appendix C</i>.</p> |
| Relational Edit Criteria: | |
| Error Code: 050a-1 - 334 Revised February 2008 | <p>Error Report Message: Primary Payer Type and Primary Payer ID/Health Plan ID Mismatch</p> <p>Reason: The two-digit Primary Payer Type and the Primary Payer ID/Health Plan ID (NAIC Code, Field 051a) are mismatched.</p> <p>User Response: Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to <i>Appendix C</i>.</p> |
| Error Code: 050a-1 - 363 Effective 2022 Q2 | <p>Error Report Message: Primary Payer Type and Primary Insured's Unique Identifier Mismatch</p> <p>Reason: The Primary Insured's Unique Identifier is blank or invalid when the health plan is Medicare (Payer Type first digit 1), Medicaid (Payer Type first digit 2), Blue Cross (Payer Type first digit 3), or Commercial Insurer (Payer Type first digit 4); or the Primary Insured's Unique Identifier is not a valid Medicare Beneficiary Identifier (MBI) (do not include dashes) when the health plan is Medicare Fee for Service (Payer Type 14).</p> <p>User Response: Correct the Payer Type and/or Primary Insured's Unique Identifier.</p> |



| Field 50a-50c | Payer Type and Name |
|-------------------------------|--|
| Facility-Level Edit Criteria: | |
| Error Code: 050a - 911 | <p>Error Report Message: Number of Unknown Primary Payer Types Exceeds Acceptable Limits</p> <p>Reason: The number of Unknown/99 two-digit Primary Payer Types for your facility exceeds the acceptable limit.</p> <p>User Response: Review all records containing Unknown/99 two-digit Primary Payer Types, identify the correct codes and resubmit your data.</p> |

| Field 51a-51c | Payer ID/Health Plan ID | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|---------|----------------------|--|-----------------------|--|------------------------|---------|------------------------|---------|-----------------------|--|----------------------|---------|----------------------------|---------|-----------------------|---------|--------------------------|---------|---------------------------------|---------|--------------------------|---------|
| Description Revised September 2014 | The number used to identify the payer or health plan. | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure | <p>Report the HIPAA National Plan Identifier when it becomes mandated; otherwise enter the five-digit NAIC Code for the Primary Payer in this field. Please refer to <i>Appendix C</i> for a list of the <u>most common</u> Primary Payers and corresponding Payer ID/Health Plan IDs (NAIC Codes).</p> <p>Blank fill this field if the Primary Payer is not listed in <i>Appendix C</i> and you do not know the correct NAIC Code. Please note that valid NAIC Codes, not found in <i>Appendix C</i>, from licensed insurance carriers in both Pennsylvania as well as the surrounding states will be accepted.</p> <p>When an insurer is providing contractual Medicare or Medicaid managed care services use the NAIC Code for that specific company.</p> <p>Place the Primary Payer ID/Health Plan ID in Field 51a, the Secondary Payer ID/Health Plan ID in Field 51b and the Tertiary Payer ID/Health Plan ID in Field 51c. If there is not a Secondary or Tertiary Payer, then Fields 51b and 51c should be blank.</p> <p>The following seven-digit codes should be used to identify the unique Primary Payers listed below:</p> <table><tr><td>Self-Pay or</td><td>1111111</td><td>Federal/State/County</td><td></td></tr><tr><td>Charity/Indigent Care</td><td></td><td>funded programs except</td><td>6666666</td></tr><tr><td>Behavioral Health Care</td><td>2222222</td><td>Medicare and Medicaid</td><td></td></tr><tr><td>Automobile Insurance</td><td>3333333</td><td>Third Party Administrators</td><td>7777777</td></tr><tr><td>Workers' Compensation</td><td>4444444</td><td>Medicaid Fee for Service</td><td>8888888</td></tr><tr><td>State Psychiatric Facility Care</td><td>5555555</td><td>Medicare Fee for Service</td><td>9999999</td></tr></table> | Self-Pay or | 1111111 | Federal/State/County | | Charity/Indigent Care | | funded programs except | 6666666 | Behavioral Health Care | 2222222 | Medicare and Medicaid | | Automobile Insurance | 3333333 | Third Party Administrators | 7777777 | Workers' Compensation | 4444444 | Medicaid Fee for Service | 8888888 | State Psychiatric Facility Care | 5555555 | Medicare Fee for Service | 9999999 |
| Self-Pay or | 1111111 | Federal/State/County | | | | | | | | | | | | | | | | | | | | | | | |
| Charity/Indigent Care | | funded programs except | 6666666 | | | | | | | | | | | | | | | | | | | | | | |
| Behavioral Health Care | 2222222 | Medicare and Medicaid | | | | | | | | | | | | | | | | | | | | | | | |
| Automobile Insurance | 3333333 | Third Party Administrators | 7777777 | | | | | | | | | | | | | | | | | | | | | | |
| Workers' Compensation | 4444444 | Medicaid Fee for Service | 8888888 | | | | | | | | | | | | | | | | | | | | | | |
| State Psychiatric Facility Care | 5555555 | Medicare Fee for Service | 9999999 | | | | | | | | | | | | | | | | | | | | | | |
| Field Size & Type | 3 fields, 15 characters each; Alphanumeric; Left-justified | | | | | | | | | | | | | | | | | | | | | | | | |
| Record Location | 51a- Payer ID/Health Plan ID 1: 2192-2206 51b- Payer ID/Health Plan ID 2: 2428-2442 51c- Payer ID/Health Plan ID 3: 2664-2678 | | | | | | | | | | | | | | | | | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 51 | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose | Accurate identification of the Payer allows for the analysis of various insurance classes and products (<i>e.g., Commercial vs. Medicare, HMO vs. Fee for Service, etc.</i>). | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Edit Criteria: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Error Code: 051a - 135 | <p>Error Report Message: Primary Payer ID/Health Plan ID of Primary Payer Invalid</p> <p>Reason: The Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) is invalid.</p> <p>User Response: See <i>Appendix C</i> for a list of the <u>most common</u> Primary Payer ID/Health Plan ID (NAIC Codes) and/or correct the two-digit Primary Payer Type.</p> | | | | | | | | | | | | | | | | | | | | | | | | |

| Field 51a-51c | Payer ID/Health Plan ID |
|--------------------------------------|---|
| Relational Edit Criteria: | |
| Error Code: 051a - 334 | <p>Error Report Message: Primary Payer Type and Primary Payer ID/Health Plan ID Mismatch</p> <p>Reason: The two-digit Primary Payer Type and the Primary Payer ID/Health Plan ID (NAIC Code) are mismatched.</p> <p>User Response: Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to <i>Appendix C</i>.</p> |
| Facility-Level Edit Criteria: | |
| Error Code: 051a - 912 | <p>Error Report Message: Number of Blank Primary Payer ID/Health Plan IDs (NAIC Codes) Exceeds Acceptable Limit</p> <p>Reason: The number of blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) for your facility exceeds the acceptable limit.</p> <p>User Response: Review all records containing a blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code), identify the correct code and resubmit your data.</p> |
| Error Code: 051a - 914 | <p>Error Report Message: Number of Blank Primary Payer ID/Health Plan IDs (NAIC Codes) Approaching Acceptable Limit.</p> <p>Reason: The number of blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) for your facility approaching unacceptable limit.</p> <p>User Response: Review all records containing blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code), identify the correct code and resubmit your data.</p> |

| Field 52a-52c | Release of Information Certification Indicator | | | | | | |
|------------------------------|--|-------------|-------------------|---|---|---|--|
| Description | Code indicates whether the provider has on file a signed statement (from the patient or the patient's legal representative) permitting the provider to release data to another organization. | | | | | | |
| Procedure | <p>The coding for the field is defined by the NUBC. The following is a list of valid entries:</p> <table> <tr> <th><u>Code</u></th><th><u>Definition</u></th></tr> <tr> <td>I</td><td>Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes</td></tr> <tr> <td>Y</td><td>Yes, Provider has a signed Statement Permitting Release of Medical Billing Data Related to a Claim</td></tr> </table> | <u>Code</u> | <u>Definition</u> | I | Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes | Y | Yes, Provider has a signed Statement Permitting Release of Medical Billing Data Related to a Claim |
| <u>Code</u> | <u>Definition</u> | | | | | | |
| I | Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes | | | | | | |
| Y | Yes, Provider has a signed Statement Permitting Release of Medical Billing Data Related to a Claim | | | | | | |
| Field Size & Type | 3 fields, 1 character each; Alphanumeric; Left-justified | | | | | | |
| Record Location | 52a- Release of Information Certification Indicator 1: 2207 52b- Release of Information Certification Indicator 2: 2443 52c- Release of Information Certification Indicator 3: 2679 | | | | | | |
| NUBC Reference | UB-04, Form Locator 52 | | | | | | |
| Note | This field is currently not edited. | | | | | | |

| Field 53a-53c | Assignment of Benefits Certification Indicator | | | | | | | | |
|------------------------------|---|-------------|-------------------|---|----|---|---|---|-----|
| Description | Code indicates provider has a signed form authorizing the third party payer to remit payment directly to the provider. | | | | | | | | |
| Procedure | <p>The coding for the field is defined by the NUBC. The following is a list of valid entries:</p> <table> <tr> <th><u>Code</u></th><th><u>Definition</u></th></tr> <tr> <td>N</td><td>No</td></tr> <tr> <td>W</td><td>Not Applicable (Use 'W' when the patient refuses to assign benefits.)</td></tr> <tr> <td>Y</td><td>Yes</td></tr> </table> | <u>Code</u> | <u>Definition</u> | N | No | W | Not Applicable (Use 'W' when the patient refuses to assign benefits.) | Y | Yes |
| <u>Code</u> | <u>Definition</u> | | | | | | | | |
| N | No | | | | | | | | |
| W | Not Applicable (Use 'W' when the patient refuses to assign benefits.) | | | | | | | | |
| Y | Yes | | | | | | | | |
| Field Size & Type | 3 fields, 1 character each; Alphanumeric; Left-justified | | | | | | | | |
| Record Location | 53a- Assignment of Benefits Certification Indicator 1: 2208 53b- Assignment of Benefits Certification Indicator 2: 2444 53c- Assignment of Benefits Certification Indicator 3: 2680 | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 53 | | | | | | | | |
| Note | This field is currently not edited. | | | | | | | | |

| Field 54a-54c | Prior Payments - Payer |
|--|---|
| Description | The amount the provider has received (to date) by the health plan toward payment of this bill. |
| Procedure Revised March 2008 | Required when the indicated payer has paid an amount to the provider towards this bill. Use "000" if there is no payment made by the health plan or payment was applied to coinsurance or deductible. |
| Field Size & Type | 3 fields, 10 characters each; Numeric; Right-justified Characters 1-8: whole dollars Characters 9-10: cents |
| Record Location | 54a- Prior Payments - Payer 1: 2209-2218 54b- Prior Payments - Payer 2: 2445-2454 54c- Prior Payments - Payer 3: 2681-2690 |
| NUBC Reference | UB-04, Form Locator 54 |
| Note | This field is currently not edited. |

| Field 55a-55c | Estimated Amount Due – Payer |
|------------------------------|--|
| Description | The amount estimated by the provider to be due from the indicated payer (<i>estimated responsibility less prior payments</i>). |
| Procedure | Required when the provider estimates an amount due from the indicated payer. |
| Field Size & Type | 3 fields, 10 characters each; Alphanumeric; Left-justified Characters 1-8: whole dollars Characters 9-10: cents |
| Record Location | 55a- Estimated Amount Due - Payer 1: 2219-2228 55b- Estimated Amount Due - Payer 2: 2455-2464 55c- Estimated Amount Due - Payer 3: 2691-2700 |
| NUBC Reference | UB-04, Form Locator 55 |
| Note | This field is currently not edited. |

| Field 56 | National Provider Identifier – Billing Provider |
|------------------------------|---|
| Description | The unique identification number assigned to the provider submitting the bill; NPI is the national provider identifier. |
| Procedure | Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. |
| Field Size & Type | 15 character field; Alphanumeric; Left-justified |
| Record Location | 2875-2889 |
| NUBC Reference | UB-04, Form Locator 56 |
| Note | This field is currently not edited. |

| Field 57a-57c | Other (Billing) Provider Identifier |
|------------------------------|--|
| Description | A unique identification number assigned to the provider submitting the bill by the health plan. |
| Procedure | The UB-04 does not use a qualifier to specify the type of Other (Billing) Provider Identifier. Use this field to report other provider identifiers as assigned by the health plan (as indicated in field 50a-c). |
| Field Size & Type | 3 fields, 15 characters each; Alphanumeric; Left-justified |
| Record Location | 57a- Other (Billing) Provider Identifier 1: 2229-2243 57b- Other (Billing) Provider Identifier 2: 2465-2479 57c- Other (Billing) Provider Identifier 3: 2701-2715 |
| NUBC Reference | UB-04, Form Locator 57 |
| Note | This field is currently not edited. |

| Field 58a-58c | Insured's Name |
|-------------------------------|---|
| Description | The name of the individual under whose name the insurance benefit is carried. |
| Procedure | Use a space to separate last and first names. Enter last name first. No space should be left between a prefix and a name as in MacBeth, VonSchmidt, and McEnroe. Titles (such as Sir, Msgr, Dr.) should not be recorded in this data element. Record hyphenated names with the hyphen as in Smith-Jones, Rebecca. To record suffix of a name, enter the last name, leave a space and enter the suffix, then enter the first name as in Snyder III, Harold, or Addams Jr., Glen. |
| Field Size & Type | 3 fields, 25 characters each; Alphanumeric; Left-justified |
| Record Location | 58a- Insured's Name 1 (Primary Payer): 2244-2268 58b- Insured's Name 2 (Secondary Payer): 2480-2504 58c- Insured's Name 3 (Tertiary Payer): 2716-2740 |
| NUBC Reference | UB-04, Form Locator 58 |
| Purpose | To identify the insured's name for payer verification. |
| Field Edit Criteria: | |
| Error Code: 058a - 158 | Error Report Message: Insured's Name Invalid Reason: The Insured's Name is blank. User Response: Enter the Insured's Name. |

| Field 59a-59c | Patient's Relationship to Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------|--------------------|---|-------|----|--------|----|---------------------|----|----------------------------|----|--------------------------------|----|---------------------------|----|-------------------|----|-----------------|----|--------|----|--------------|----|--------|----|------|----|-------------------|----|-------------------------|----|-------------|----|------|----|---------------|----|-------|----|-------------------|----|----------|----|---|----|---------|----|--------------|----|-----------------------|----|--------------------|
| Description | Code indicating the relationship of the patient to the identified insured. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure | The coding for this field is defined by the NUBC. The following is a list of valid entries: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><tr><th>Code</th><th>Title</th><th>Code</th><th>Title</th></tr><tr><td>01</td><td>Spouse</td><td>23</td><td>Sponsored dependent</td></tr><tr><td>04</td><td>Grandfather or grandmother</td><td>24</td><td>Dependent of a minor dependent</td></tr><tr><td>05</td><td>Grandson or granddaughter</td><td>29</td><td>Significant other</td></tr><tr><td>07</td><td>Nephew or niece</td><td>32</td><td>Mother</td></tr><tr><td>10</td><td>Foster child</td><td>33</td><td>Father</td></tr><tr><td>15</td><td>Ward</td><td>36</td><td>Emancipated minor</td></tr><tr><td>17</td><td>Stepson or stepdaughter</td><td>39</td><td>Organ donor</td></tr><tr><td>18</td><td>Self</td><td>40</td><td>Cadaver donor</td></tr><tr><td>19</td><td>Child</td><td>41</td><td>Injured plaintiff</td></tr><tr><td>20</td><td>Employee</td><td>43</td><td>Child where insured has no financial responsibility</td></tr><tr><td>21</td><td>Unknown</td><td>53</td><td>Life partner</td></tr><tr><td>22</td><td>Handicapped dependent</td><td>G8</td><td>Other relationship</td></tr></table> | Code | Title | Code | Title | 01 | Spouse | 23 | Sponsored dependent | 04 | Grandfather or grandmother | 24 | Dependent of a minor dependent | 05 | Grandson or granddaughter | 29 | Significant other | 07 | Nephew or niece | 32 | Mother | 10 | Foster child | 33 | Father | 15 | Ward | 36 | Emancipated minor | 17 | Stepson or stepdaughter | 39 | Organ donor | 18 | Self | 40 | Cadaver donor | 19 | Child | 41 | Injured plaintiff | 20 | Employee | 43 | Child where insured has no financial responsibility | 21 | Unknown | 53 | Life partner | 22 | Handicapped dependent | G8 | Other relationship |
| | Code | Title | Code | Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 01 | Spouse | 23 | Sponsored dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 04 | Grandfather or grandmother | 24 | Dependent of a minor dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 05 | Grandson or granddaughter | 29 | Significant other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 07 | Nephew or niece | 32 | Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | Foster child | 33 | Father | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Ward | 36 | Emancipated minor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 | Stepson or stepdaughter | 39 | Organ donor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 | Self | 40 | Cadaver donor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | Child | 41 | Injured plaintiff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | Employee | 43 | Child where insured has no financial responsibility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Unknown | 53 | Life partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Handicapped dependent | G8 | Other relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Size & Type | 3 fields, 2 characters each; Alphanumeric; Left-justified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record Location | 59a- Patient's Relationship to Insured 1: 2269-2270 59b- Patient's Relationship to Insured 2: 2505-2506 59c- Patient's Relationship to Insured 3: 2741-2742 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose | To identify the patient relationship to insured for payer verification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Edit Criteria: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Error Code: 059a - 148 Revised February 2008 | Error Report Message: Patient's Relationship to Insured Invalid Reason: Patient's Relationship to Insured is not valid or is blank. User Response: Correct the Patient's Relationship to Insured. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Field 60a-60c | Insured's Unique Identifier |
|--|---|
| Description | The unique number assigned by the health plan to the insured. |
| Procedure | Use this field to report the insured's unique identifier assigned by the health plan. |
| Field Size & Type | 3 fields, 20 characters each; Alphanumeric; Left-justified |
| Record Location | 60a- Insured's Unique Identifier 1: 2271-2290 60b- Insured's Unique Identifier 2: 2507-2526 60c- Insured's Unique Identifier 3: 2743-2762 |
| NUBC Reference | UB-04, Form Locator 60 |
| Purpose | To identify the unique number assigned by the health plan to the insured. |
| Relational Edit Criteria: | |
| Error Code: 060a - 363 Effective 2022 Q2 | Error Report Message: Primary Payer Type and Primary Insured's Unique Identifier Mismatch Reason: The Primary Insured's Unique Identifier is blank or invalid when the health plan is Medicare (Payer Type first digit 1), Medicaid (Payer Type first digit 2), Blue Cross (Payer Type first digit 3), or Commercial Insurer (Payer Type first digit 4); or the Primary Insured's Unique Identifier is not a valid Medicare Beneficiary Identifier (MBI) (do not include dashes) when the health plan is Medicare Fee for Service (Payer Type 14). User Response: Correct the Payer Type and/or Primary Insured's Unique Identifier. |



| Field 61a-61c | Insured's Group Name |
|------------------------------|--|
| Description | The group or plan name through which the insurance is provided to the insured. |
| Procedure | Required if the Group Name is available and field 62 is not used. |
| Field Size & Type | 3 fields, 14 characters each; Alphanumeric; Left-justified |
| Record Location | 61a- Insured's Group Name 1: 2291-2304 61b- Insured's Group Name 2: 2527-2540 61c- Insured's Group Name 3: 2763-2776 |
| NUBC Reference | UB-04, Form Locator 61 |
| Note | This field is currently not edited. |

| Field 62a-62c | Insured's Group Number |
|------------------------------|--|
| Description | The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered. |
| Procedure | Required when the insured's identification card shows a group number. |
| Field Size & Type | 3 fields, 17 characters each; Alphanumeric; Left-justified |
| Record Location | 62a- Insured's Group Number 1: 2305-2321 62b- Insured's Group Number 2: 2541-2557 62c- Insured's Group Number 3: 2777-2793 |
| NUBC Reference | UB-04, Form Locator 62 |
| Note | This field is currently not edited. |

| Field 63a-63c | Authorization Code/Referral Number |
|--|--|
| Description Revised March 2011 | An identifier that designates that services on this bill have been authorized by the payer or indicates that a referral is involved. |
| Procedure Revised March 2011 | <p>Authorization Required when an authorization code assigned by the payer or Utilization Management Organization (UMO) is required to be reported on the claim.</p> <p>Referral Number Required when a referral number is assigned by the payer or Utilization Management Organization (UMO) AND a referral is involved.</p> <p>Notes A=Authorization Code B=Referral Number C=Secondary Payer Authorization Code</p> |
| Field Size & Type | 3 fields, 30 characters each; Alphanumeric; Left-justified |
| Record Location Revised March 2011 | 63a – Authorization Code/Referral Number 1: 2322-2351 63b – Authorization Code/Referral Number 2: 2558-2587 63c – Authorization Code/Referral Number 3: 2794-2823 |
| NUBC Reference | UB-04, Form Locator 63 |
| Note | This field is currently not edited. |

| Field 64a-64c | Document Control Number (DCN) |
|------------------------------|--|
| Description | The control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control. |
| Field Size & Type | 3 fields, 26 characters each; Alphanumeric; Left-justified |
| Record Location | 64a- Document Control Number 1: 2352-2377 64b- Document Control Number 2: 2588-2613 64c- Document Control Number 3: 2824-2849 |
| NUBC Reference | UB-04, Form Locator 64 |
| Note | This field is currently not edited. |



| Field 65a-65c | Employer Name (of the Insured) |
|------------------------------|---|
| Description | The name of the employer that provides health care coverage for the insured individual in field 58. |
| Field Size & Type | 3 fields, 25 characters each; Alphanumeric; Left-justified |
| Record Location | 65a- Employer Name 1: 2378-2402 65b- Employer Name 2: 2614-2638 65c- Employer Name 3: 2850-2874 |
| NUBC Reference | UB-04, Form Locator 65 |
| Note | This field is currently not edited. |

| Field 66 | Diagnosis and Procedure Code Qualifier (ICD Revision Indicator) | | | | |
|--|--|-----------|------------|---|---------------------------------------|
| Description Revised September 2014 | The qualifier that denotes the revision of International Classification of Diseases (ICD) reported. | | | | |
| Procedure Revision effective 2015 Q4 | The coding for this field is defined by the NUBC. Qualifier codes reflect the edition portion of the ICD. The following is the only valid entry for this field: <table border="1" data-bbox="472 457 1084 546"> <thead> <tr> <th>Qualifier</th><th>Definition</th></tr> </thead> <tbody> <tr> <td>0</td><td>Tenth Revision (ICD-10-CM/ICD-10-PCS)</td></tr> </tbody> </table> | Qualifier | Definition | 0 | Tenth Revision (ICD-10-CM/ICD-10-PCS) |
| Qualifier | Definition | | | | |
| 0 | Tenth Revision (ICD-10-CM/ICD-10-PCS) | | | | |
| Field Size & Type | 1 character field; Alphanumeric; Left-justified | | | | |
| Record Location | 2890 | | | | |
| NUBC Reference | UB-04, Form Locator 66 | | | | |
| Note | This field is currently not edited. | | | | |

| Field 67-1 | Principal Diagnosis Code |
|---|---|
| Description Revision effective 2015 Q4 | The ICD-10-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.) |
| Procedure Revision effective 2015 Q4 | For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. ECI Codes are not valid as a Principal Diagnosis. |
| Field Size & Type | 7 character field; Alphanumeric; Left-justified |
| Record Location | 2891-2897 |
| NUBC Reference | UB-04, Form Locator 67 |
| Purpose | To identify the principal reason for admission, identify patients with specific diagnoses, assign the PHC4 DRG, etc. |
| Field Edit Criteria: | |
| Error Code: 67-1 -106 Revision effective 2015 Q4 | Error Report Message: Principal Diagnosis Invalid Reason: The code is not a valid ICD-10-CM diagnosis code, contains an ECI Code, decimal is present, or the field is blank. User Response: Correct the Principal Diagnosis Code or remove decimals if present. |
| Relational Edit Criteria: | |
| Error Code: 67-1 - 302 Revision effective 2015 Q4 | Error Report Message: Age>28 Days, Liveborn Infant Diagnosis Reason: The patient's age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present. User Response: Correct the Admission Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 67-1 - 303 Revision effective 2019 Q4 | Error Report Message: Birth Date=From Date, No Newborn Diagnosis Reason: The patient's Birth Date equals From Date, but a Newborn Principal Diagnosis Code is not present. Not applicable if the Point of Origin for Admission or Visit is 4 or 6. User Response: Correct the From Date, Birth Date and/or Principal Diagnosis Code. |
| Error Code: 67-1 - 306 | Error Report Message: Age Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Diagnosis Code. |
| Error Code: 67-1 - 308 | Error Report Message: Sex Code Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is not valid for this patient's sex. User Response: Correct the Principal Diagnosis Code and/or Sex Code. |

| Field 67-1 | Principal Diagnosis Code |
|--|---|
| Relational Edit Criteria: | |
| Error Code: 67-1 - 314 | <p>Error Report Message: Principal Diagnosis-Priority (Type) of Admission or Visit Mismatch for Newborn</p> <p>Reason: If the Principal Diagnosis indicates a newborn then the Priority (Type) of Admission or Visit must be “4” or if the Priority (Type) of Admission or Visit is “4” then the Principal Diagnosis must indicate a newborn.</p> <p>User Response: Correct the Principal Diagnosis Code and/or Priority (Type) of Admission or Visit.</p> |
| Error Code: 67-1 - 315 | <p>Error Report Message: Duplicate Diagnosis Codes <i>(When a duplicate diagnosis is encountered, all submitted Diagnosis Codes are shown on the Error Correction Report for your information)</i></p> <p>Reason: Duplicate Diagnosis Code.</p> <p>User Response: Correct or delete the duplicate(s) <i>(a Principal Diagnosis Code is required)</i></p> |
| Error code: 67-1 - 316 Revision effective 2015 Q4 Revised February 2016 | <p>Error Report Message: Injury/Poisoning Diagnosis Code Requires ECI Code</p> <p>Reason: Injury or poisoning diagnosis code (in fields 67-1 or 67a1-67q1) requires an ECI Code (in fields 72a-72c) as outlined in the table in the ECI Code field (Field 72a-72c) Procedure section.</p> <p>User Response: Correct the Diagnosis Code and/or include an ECI Code.</p> |
| Error Code: 67-1 -360 Effective 2010 Q1 | <p>Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch</p> <p>Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched.</p> <p>User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code.</p> |

| Field 67-2 | Principal Diagnosis Code Present on Admission (POA) Indicator | | | | | | | | | | | | |
|---|--|------|------------|---|-----|---|----|---|------------------------------|---|-------------------------|---|---------------------------|
| Description | A code indicating if the diagnosis was present at the time the order for inpatient admission occurs. | | | | | | | | | | | | |
| Procedure Revised September 2009 | <p>Present on admission is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.</p> <ul style="list-style-type: none"> • POA indicator is assigned to principal and secondary diagnoses and the external cause of injury codes. • Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider. • If a condition would not be coded and reported based on UHDDS definitions and current official coding guidelines, then the POA indicator would not be reported. • POA edits will not be applied for Drug and Alcohol Rehabilitation and Inpatient Psychiatric providers. <p>The coding for this field is defined by the NUBC. The following is a list of valid entries:</p> <table border="1"> <thead> <tr> <th>Code</th><th>Definition</th></tr> </thead> <tbody> <tr> <td>Y</td><td>Yes</td></tr> <tr> <td>N</td><td>No</td></tr> <tr> <td>U</td><td>No Information in the Record</td></tr> <tr> <td>W</td><td>Clinically Undetermined</td></tr> <tr> <td>1</td><td>Exempt from POA Reporting</td></tr> </tbody> </table> | Code | Definition | Y | Yes | N | No | U | No Information in the Record | W | Clinically Undetermined | 1 | Exempt from POA Reporting |
| Code | Definition | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | |
| U | No Information in the Record | | | | | | | | | | | | |
| W | Clinically Undetermined | | | | | | | | | | | | |
| 1 | Exempt from POA Reporting | | | | | | | | | | | | |
| Revision effective 2011 Q3 | | | | | | | | | | | | | |
| Field Size & Type | 1 character field; Alphanumeric; Left-justified | | | | | | | | | | | | |
| Record Location | 2898 | | | | | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 67 (shaded area) | | | | | | | | | | | | |
| Field Edit Criteria: | | | | | | | | | | | | | |
| Error Code: 67-2 -160 Effective 2010 Q1 | Error Report Message: Principal Diagnosis Code POA Indicator Invalid Reason: Principal Diagnosis Code POA Indicator is not valid. User Response: Correct the Principal Diagnosis Code POA Indicator. | | | | | | | | | | | | |
| Relational Edit Criteria: | | | | | | | | | | | | | |
| Error Code: 67-2 -360 Effective 2010 Q1 | Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched. User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code. | | | | | | | | | | | | |

| Field 67a1-67q1 | Other Diagnosis Codes |
|---|---|
| Description Revision effective 2015 Q4 | The ICD-10-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. |
| Procedure Revision effective 2015 Q4 | For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. Leave the remaining fields blank if fewer than 17 Secondary Diagnoses were used. |
| Field Size & Type | 17 fields, 7 characters each; Alphanumeric; Left-justified |
| Record Location | 67a1- Other Diag. Code 1: 2899-2905 67j1- Other Diag. Code 10: 2971-2977 67b1- Other Diag. Code 2: 2907-2913 67k1- Other Diag. Code 11: 2979-2985 67c1- Other Diag. Code 3: 2915-2921 67l1- Other Diag. Code 12: 2987-2993 67d1- Other Diag. Code 4: 2923-2929 67m1- Other Diag. Code 13: 2995-3001 67e1- Other Diag. Code 5: 2931-2937 67n1- Other Diag. Code 14: 3003-3009 67f1- Other Diag. Code 6: 2939-2945 67o1- Other Diag. Code 15: 3011-3017 67g1- Other Diag. Code 7: 2947-2953 67p1- Other Diag. Code 16: 3019-3025 67h1- Other Diag. Code 8: 2955-2961 67q1- Other Diag. Code 17: 3027-3033 67i1- Other Diag. Code 9: 2963-2969 |
| NUBC Reference | UB-04, Form Locator 67a-q |
| Purpose | To identify patients with specific diagnoses and assign the PHC4 DRG, etc. |
| Field Edit Criteria: | |
| Error Code: 67a1 - 107a thru 67q1 - 107q Revision effective 2015 Q4 | Error report message: Other Diagnosis Code Invalid Reason: The code is not a valid ICD-10-CM Diagnosis Code or is in an incorrect format. User Response: Correct the Diagnosis Code, delete the Diagnosis Code, or remove decimal if present. |
| Relational Edit Criteria: | |
| Error Code: 67a1 - 306a thru 67q1 - 306q | Error report message: Age Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Diagnosis Code. |
| Error Code: 67a1 - 308a thru 67q1 - 308q | Error report message: Sex Code Invalid for Diagnosis Reason: A Diagnosis Code exists on the record that is not valid for the patient's sex. User Response: Correct the Diagnosis Code(s) and/or Sex Code. |

| Field 67a1-67q1 | Other Diagnosis Codes |
|--|--|
| Relational Edit Criteria: | |
| Error Code: 67a1 - 315 thru 67q1 - 315 | Error report message: Duplicate Diagnosis Codes <i>(When a duplicate diagnosis code is encountered, all submitted Diagnosis Codes are shown on the Error Correction Report for your information)</i> Reason: Duplicate Diagnosis Code. User Response: Correct or delete the duplicate(s) <i>(a Principle Diagnosis Code is required)</i> . |
| Error Code: 67a1 - 316a thru 67q1 - 316q Revision effective 2015 Q4 Revised February 2016 | Error Report Message: Injury/Poisoning Diagnosis Code Requires ECI Code Reason: Injury or poisoning diagnosis code (in fields 67-1 or 67a1-67q1) requires an ECI Code (in fields 72a-72c) as outlined in the table in the ECI Code field (Field 72a-72c) Procedure section. User Response: Correct the Diagnosis Code and/or include an ECI Code. |
| Error Code: 67a1 - 360a thru 67q1 - 360q Effective 2010 Q1 | Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched. User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code. |

[illegible]

| Field 67a2-67q2 | Other Diagnosis Code Present on Admission (POA) Indicator |
|--|--|
| Field Edit Criteria: | |
| Error Code: 67a2 - 161a thru 67q2 - 161q Effective 2010 Q1 | Error Report Message: Other Diagnosis Code POA Indicator Invalid Reason: Other Diagnosis Code POA Indicator is not valid. User Response: Correct the Other Diagnosis Code POA Indicator. |
| Relational Edit Criteria: | |
| Error Code: 67a2 - 360a thru 67q2 - 360q Effective 2010 Q1 | Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched. User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code. |



| Field 68 | Reserved for Assignment by the NUBC |
|-------------------|--------------------------------------|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 17 character field; Alphanumeric |
| Record Location | 3035-3051 |
| NUBC Reference | UB-04, Form Locator 68 |

| Field 69 | Admitting Diagnosis Code |
|--|---|
| Description Revision effective 2015 Q4 | The ICD-10-CM diagnosis code describing the patient's diagnosis at the time of admission. |
| Procedure Revision effective 2015 Q4 | For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. |
| Field Size & Type | 7 character field; Alphanumeric; Left-justified |
| Record Location | 3052-3058 |
| NUBC Reference | UB-04, Form Locator 69 |
| Purpose | To identify patients that present with certain diagnoses. |
| Field Edit Criteria: | |
| Error Code: 0069 -149 Revision effective 2015 Q4 | Error Report Message: Admitting Diagnosis Code Invalid Reason: The code is not a valid ICD-10-CM Admitting Diagnosis Code, contains an ECI Code, decimal is present or the field is blank. User Response: Correct the Admitting Diagnosis Code or remove decimals if present. |
| Relational Edit Criteria: | |
| Error Code: 0069 -346 | Error Report Message: Age Invalid for Admitting Diagnosis Reason: An Admitting Diagnosis Code exists on the record that is valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admission Date, Birth Date and/or Admitting Diagnosis Code. |
| Error Code: 0069 -347 | Error Report Message: Sex Code Invalid for Admitting Diagnosis Reason: An Admitting Diagnosis Code exists on the record that is not valid for this patient's sex. User Response: Correct the Admitting Diagnosis Code and/or Sex Code. |

| Field 70a-70c | Patient's Reason for Visit |
|--|--|
| Description Revision effective 2015 Q4 | The ICD-10-CM diagnosis codes describing the patient's reason for visit at the time of outpatient registration. |
| Procedure | Blank fill. |
| Field Size & Type | 3 fields, 7 characters each; Alphanumeric; Left-justified |
| Record Location | 70a- Patient's Reason for Visit 1: 3059-3065 70b- Patient's Reason for Visit 2: 3066-3072 70c- Patient's Reason for Visit 3: 3073-3079 |
| NUBC Reference | UB-04, Form Locator 70 |
| Note | This field is currently not edited. |

| Field 71 | Prospective Payment System (PPS) Code |
|---|---|
| Description | The PPS code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer. |
| Procedure | Use the CMS grouper in effect for each reporting period associated for DRG classification. |
| Field Size & Type | 4 character field; Numeric; Right-justified (all positions fully coded) |
| Record Location | 3080-3083 |
| NUBC Reference | UB-04, Form Locator 71 |
| Purpose | To provide a comparison between the hospital and PHC4 DRGs. |
| Field Edit Criteria: | |
| Error Code: 0071 - 124 Revised September 2009 | Error Report Message: Record is Ungroupable (DRG 999) <i>(This will appear on a separate DRG report)</i> Reason: Could be caused by invalid or missing grouper input parameters. User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Present on Admission Indicators, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper. |
| Relational Edit Criteria: | |
| Error Code: 0071 – 326 Revised September 2009 | Error Report Message: Hospital DRG (PPS) Does not Match PHC4 DRG <i>(This will appear on a separate DRG report)</i> Reason: The DRG (PPS) supplied by the hospital does not match the DRG assigned by PHC4. User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Present on Admission Indicators, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper. |

| Field 72a-72c | External Cause of Injury (ECI) Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------|---|----------------------------|-----|--|----------------------------|-----|-----------------------------------|----------------------------|---------|--|------------------|---------|----------------------|----------------------------|---------|-----------|------------------|---------|---|------------------|---------|---|--------------|---------|--|--|--|------------------------|------------------|--|-------------------------------|------------------|--|-----------------|-----------------------------|--|--|-----------------------------|--|--|------------------|--|------------------|--------------|--|----------------------------|------------------|--|--|--------------------------|--|--|------------------|--|--|--------------|--|---|------------------|-----|---|--------------|---------|--|------------------|
| Description Revision effective 2015 Q4 | The ICD-10-CM diagnosis codes pertaining to the environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. These codes are found in the ICD-10-CM Official Guidelines for Coding and Reporting in Chapter 20, External Causes of Morbidity (categories V00-Y99). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure Revision effective 2015 Q4 | <p>For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting.</p> <p>The reporting of decimals between characters is unnecessary because it is implied. The ranges of ICD-10-CM codes from Chapter 19 that require an External Cause of Morbidity code from Chapter 20 are outlined in the table below.</p> <p>No ICD-10-CM code from Chapter 20 is required when the external cause and intent are included within the code from Chapter 19 – (e.g., T36.0X1A – Poisoning by penicillins, accidental [unintentional], initial encounter).</p> <table><tr><th colspan="2">ICD-10-CM Chapter 19 Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)</th><th>ICD-10-CM Chapter 20 External Causes of Morbidity (V00-Y99)</th></tr><tr><td>S00-S99</td><td>Injuries related to single body regions</td><td>ECM code(s) from V00 – Y99</td></tr><tr><td>T07</td><td>Injuries involving multiple body regions</td><td>ECM code(s) from V00 – Y99</td></tr><tr><td>T14</td><td>Injury of unspecified body region</td><td>ECM code(s) from V00 – Y99</td></tr><tr><td>T15-T19</td><td>Effects of foreign body entering through natural orifice</td><td>See note below.*</td></tr><tr><td>T20-T32</td><td>Burns and corrosions</td><td>ECM code(s) from V00 – Y99</td></tr><tr><td>T33-T34</td><td>Frostbite</td><td>See note below.*</td></tr><tr><td>T36-T50</td><td>Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances</td><td>See note below.*</td></tr><tr><td>T51-T65</td><td>Toxic effects of substances chiefly nonmedicinal as to source</td><td>Not Required</td></tr><tr><td>T66-T78</td><td>Other and unspecified effects of external causes</td><td></td></tr><tr><td></td><td>T66 Radiation sickness</td><td>See note below.*</td></tr><tr><td></td><td>T67 Effects of heat and light</td><td>See note below.*</td></tr><tr><td></td><td>T68 Hypothermia</td><td>ECM code(s) from W93 or X31</td></tr><tr><td></td><td>T69 Other effects of reduced temperature</td><td>ECM code(s) from W93 or X31</td></tr><tr><td></td><td>T70 Effects of air pressure and water pressure</td><td>See note below.*</td></tr><tr><td></td><td>T71 Asphyxiation</td><td>Not Required</td></tr><tr><td></td><td>T73 Effects of deprivation</td><td>See note below.*</td></tr><tr><td></td><td>T74 Adult and child abuse, neglect and other maltreatment, confirmed</td><td>ECM code(s) from X92-Y08</td></tr><tr><td></td><td>T75 Other and unspecified effects of other external causes</td><td>See note below.*</td></tr><tr><td></td><td>T76 Adult and child abuse, neglect and other maltreatment, suspected</td><td>Not Required</td></tr><tr><td></td><td>T78 Adverse effects, not elsewhere classified</td><td>See note below.*</td></tr><tr><td>T79</td><td>Certain early complications of trauma, not elsewhere classified</td><td>Not Required</td></tr><tr><td>T80-T88</td><td>Complications of surgical and medical care, not elsewhere classified</td><td>See note below.*</td></tr></table> <p>*Note: This range of injury and poisoning codes (Chapter 19) will not be edited for an accompanying external cause of morbidity code (Chapter 20) because requirements vary depending on whether the code includes the external cause. That is, for those injury and poisoning codes (Chapter 19) that do not include an external cause, an additional external cause of morbidity code (Chapter 20) is <u>required</u>; for those injury and poisoning codes (Chapter 19) that do include an external cause, an additional external cause of morbidity code (Chapter 20) is <u>not</u> required.</p> | ICD-10-CM Chapter 19 Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88) | | ICD-10-CM Chapter 20 External Causes of Morbidity (V00-Y99) | S00-S99 | Injuries related to single body regions | ECM code(s) from V00 – Y99 | T07 | Injuries involving multiple body regions | ECM code(s) from V00 – Y99 | T14 | Injury of unspecified body region | ECM code(s) from V00 – Y99 | T15-T19 | Effects of foreign body entering through natural orifice | See note below.* | T20-T32 | Burns and corrosions | ECM code(s) from V00 – Y99 | T33-T34 | Frostbite | See note below.* | T36-T50 | Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances | See note below.* | T51-T65 | Toxic effects of substances chiefly nonmedicinal as to source | Not Required | T66-T78 | Other and unspecified effects of external causes | | | T66 Radiation sickness | See note below.* | | T67 Effects of heat and light | See note below.* | | T68 Hypothermia | ECM code(s) from W93 or X31 | | T69 Other effects of reduced temperature | ECM code(s) from W93 or X31 | | T70 Effects of air pressure and water pressure | See note below.* | | T71 Asphyxiation | Not Required | | T73 Effects of deprivation | See note below.* | | T74 Adult and child abuse, neglect and other maltreatment, confirmed | ECM code(s) from X92-Y08 | | T75 Other and unspecified effects of other external causes | See note below.* | | T76 Adult and child abuse, neglect and other maltreatment, suspected | Not Required | | T78 Adverse effects, not elsewhere classified | See note below.* | T79 | Certain early complications of trauma, not elsewhere classified | Not Required | T80-T88 | Complications of surgical and medical care, not elsewhere classified | See note below.* |
| ICD-10-CM Chapter 19 Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88) | | ICD-10-CM Chapter 20 External Causes of Morbidity (V00-Y99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S00-S99 | Injuries related to single body regions | ECM code(s) from V00 – Y99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T07 | Injuries involving multiple body regions | ECM code(s) from V00 – Y99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T14 | Injury of unspecified body region | ECM code(s) from V00 – Y99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T15-T19 | Effects of foreign body entering through natural orifice | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T20-T32 | Burns and corrosions | ECM code(s) from V00 – Y99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T33-T34 | Frostbite | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T36-T50 | Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T51-T65 | Toxic effects of substances chiefly nonmedicinal as to source | Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T66-T78 | Other and unspecified effects of external causes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T66 Radiation sickness | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T67 Effects of heat and light | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T68 Hypothermia | ECM code(s) from W93 or X31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T69 Other effects of reduced temperature | ECM code(s) from W93 or X31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T70 Effects of air pressure and water pressure | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T71 Asphyxiation | Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T73 Effects of deprivation | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T74 Adult and child abuse, neglect and other maltreatment, confirmed | ECM code(s) from X92-Y08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T75 Other and unspecified effects of other external causes | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T76 Adult and child abuse, neglect and other maltreatment, suspected | Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T78 Adverse effects, not elsewhere classified | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T79 | Certain early complications of trauma, not elsewhere classified | Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T80-T88 | Complications of surgical and medical care, not elsewhere classified | See note below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Field 72a-72c | External Cause of Injury (ECI) Code |
|---|--|
| Field Size & Type | 3 fields, 7 characters each; Alphanumeric; Left-justified |
| Record Location | 72a- External Cause of Injury (ECI) 1: 3084-3090 72b- External Cause of Injury (ECI) 2: 3092-3098 72c- External Cause of Injury (ECI) 3: 3100-3106 |
| NUBC Reference | UB-04, Form Locator 72 |
| Purpose | To identify external causes of injury for individual claims. |
| Field Edit Criteria: | |
| Error Code: 072a - 130a thru 072c - 130c Revision effective 2015 Q4 | Error Report Message: ECI Code Invalid Reason: The value is not a valid ICD-10-CM ECI Code. All ECI codes must include a leading "V", "W", "X", or "Y". User Response: Correct the ECI Code or delete if one is not required. |
| Relational Edit Criteria: | |
| Error Code: 072a - 316 thru 072a - 316q Revision effective 2015 Q4 Revised February 2016 | Error Report Message: Injury/Poisoning Diagnosis Code Requires ECI Code Reason: Injury or poisoning diagnosis code (in fields 67-1 or 67a1-67q1) requires an ECI Code (in fields 72a-72c) as outlined in the table in the ECI Code field (Field 72a-72c) Procedure section. User Response: Correct the Diagnosis Code and/or include an ECI Code. |
| Error Code: 72a - 361a thru 72c - 361c Effective 2010 Q1 | Error Report Message: ECI Code and ECI Code POA Indicator Mismatch Reason: The ECI Code and the ECI Code POA Indicator are mismatched. User Response: Correct the ECI Code and/or the ECI Code POA Indicator. When using a non-exempt ECI Code, the ECI Code POA Indicator must be a valid non-exempt code. |

[illegible]



| Field 73 | Reserved for Assignment by the NUBC |
|-------------------|--------------------------------------|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 9 character field; Alphanumeric |
| Record Location | 3108-3116 |
| NUBC Reference | UB-04, Form Locator 73 |

| Field 74-1 | Principal Procedure Code |
|---|---|
| Description Revision effective 2015 Q4 | The ICD-10-PCS code that identifies the inpatient principal procedure performed for definitive treatment, rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. |
| Procedure Revision effective 2015 Q4 | For additional information, refer to the ICD-10-PCS Official Guidelines for Coding and Reporting. Required on inpatient claims when a procedure was performed. There are no decimals in ICD-10-PCS procedure codes. |
| Field Size & Type | 7 character field; Alphanumeric; Left-justified |
| Record Location | 3117-3123 |
| NUBC Reference | UB-04, Form Locator 74 (code portion) |
| Purpose | To identify the Principal Procedure performed, to identify patients with specific procedures, assign the PHC4 DRG, etc. |
| Field Edit Criteria: | |
| Error Code: 74-1 - 110 Revision effective 2015 Q4 | Error Report Message: Principal Procedure Code Invalid Reason: The code is not a valid ICD-10-PCS procedure code. User Response: Correct the Principal Procedure Code. |
| Relational Edit Criteria: | |
| Error Code: 74-1 - 309 Revised June 2016 | Error Report Message: Sex Code Invalid for Procedure Reason: A Procedure Code exists on the record that is not valid for this patient's sex. User Response: Correct the Principal Procedure Code and/or Sex Code. |
| Error Code: 74-1 - 317 | Error Report Message: Principal Procedure Code Blank, Other Procedure Codes Present Reason: Coding rules do not allow for an Other Procedure Code if a Principal Procedure Code is not present. User Response: Provide a Principal Procedure Code and/or remove the Other Procedure Code(s). |

| Field 74-1 | Principal Procedure Code |
|--|--|
| Relational Edit Criteria: | |
| Error Code: 74-1 - 320 | Error Report Message: Principal Procedure Code and Principal Procedure Date Mismatch Reason: There is either a missing Principal Procedure Code or a missing Principal Procedure Date. User Response: Correct the record so that it has both a Principal Procedure Code and a Principal Procedure Date, or does not contain either value. |
| Error Code: 74-1 - 362 Effective 2015 Q3 | Error Report Message: Principal Procedure Code and Operating Physician NPI Mismatch Reason: The Operating Physician - NPI field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field is filled but the Operating Physician - NPI field is blank. User Response: Correct the record so that it has both a Principal Procedure Code and an Operating Physician NPI, or does not contain either value. |

| Field 74-2 | Principal Procedure Date |
|---|--|
| Description | The corresponding date on which the Principal Procedure was performed. |
| Procedure | Enter the date as MMDDYY. Use the true Procedure Date, even if it is before the actual Admission Date. |
| Field Size & Type | 6 character field; Numeric; Right-justified |
| Record Location | 3124-3129 |
| NUBC Reference | UB-04, Form Locator 74 (date portion) |
| Purpose | To identify the date of the principal procedure, calculate post-procedure stay, etc. |
| Field Edit Criteria: | |
| Error Code: 74-2 - 111 | Error Report Message: Principal Procedure Date Invalid Reason: The field entry must be a valid date or blank if there is not a Principal Procedure Code. User Response: Enter the correct date or blank fill if there is not a Principal Procedure. |
| Relational Edit Criteria: | |
| Error Code: 74-2 - 305 Revised June 2016 | Error Report Message: Birth Date After Principal Procedure Date Reason: The patient's Birth Date is after the Principal Procedure Date. User Response: Correct the Principal Procedure Date and/or Birth Date. |
| Error Code: 74-2 - 313 Revised June 2016 | Error Report Message: Procedure Date After Through Date Reason: The Principal Procedure Date is after the Through Date. User Response: Correct the Procedure Date and/or the Through Date. |
| Error Code: 74-2 - 320 | Error Report Message: Principal Procedure Code and Principal Procedure Date Mismatch Reason: There is either a missing Principal Procedure Code or a missing Principal Procedure Date. User Response: Correct the record so that it has both a Principal Procedure Code and a Principal Procedure Date, or does not contain either value. |
| Error Code: 74-2 - 341 Revision effective 2016 Q2 | Error Report Message: Procedure Date before From Date Reason: One or more of the Procedure Dates are prior to the From Date. User Response: Correct the Procedure Date and/or From Date. |

| Field 74a1-74e1 | Other Procedure Codes |
|---|--|
| Description Revision effective 2015 Q4 | The ICD-10-PCS codes that identify all significant procedures, other than the principal procedure. |
| Procedure Revision effective 2015 Q4 | For additional information, refer to the ICD-10-PCS Official Guidelines for Coding and Reporting. Required on inpatient claims when a procedure was performed. There are no decimals in ICD-10-PCS procedure codes. Leave the remaining fields blank if fewer than five Other Procedures were performed. |
| Field Size & Type | 5 fields, 7 characters each; Alphanumeric; Left-justified |
| Record Location | 74a1- Other Procedure Code 1: 3130-3136 74b1- Other Procedure Code 2: 3143-3149 74c1- Other Procedure Code 3: 3156-3162 74d1- Other Procedure Code 4: 3169-3175 74e1- Other Procedure Code 5: 3182-3188 |
| NUBC Reference | UB-04, Form Locator 74a-e (code portion) |
| Purpose | To identify additional procedures performed during the hospitalization. |
| Field Edit Criteria: | |
| Error Code: 74a1 - 112a thru 74e1 - 112e Revision effective 2015 Q4 | Error Report Message: Procedure Code Invalid Reason: The code is not a valid ICD-10-PCS procedure code. User Response: Correct the Procedure Code. |
| Relational Edit Criteria: | |
| Error Code: 74a1 - 309a thru 74e1 - 309e | Error Report Message: Sex Code Invalid for Procedure Reason: A Procedure Code exists on the record that is not valid for this patient's sex. User Response: Correct the Procedure Code(s) and/or Sex Code. |
| Error Code: 74a1 - 317 thru 74e1 - 317 Revised June 2016 | Error Report Message: Principal Procedure Code Blank, Other Procedure Codes Present Reason: Coding rules do not allow for an Other Procedure Code if a Principal Procedure Code is not present. User Response: Provide a Principal Procedure Code and/or remove the Other Procedure Code(s). |
| Error Code: 74a1 - 322a thru 74e1 - 322e | Error Report Message: Other Procedure Code and Other Procedure Date Mismatch Reason: There is either a missing Other Procedure Code or a missing Other Procedure Date. User Response: Correct the record so that it has both an Other Procedure Code and an Other Procedure Date, or does not contain either value. |

| Field 74a2-74e2 | Other Procedure Dates |
|--|---|
| Description | The date on which the corresponding Other Procedure was performed. |
| Procedure | Enter the date as MMDDYY. Use the true Procedure Date, even if it is before the actual Admission Date. |
| Field Size & Type | 5 fields, 6 characters each; Numeric; Right-justified |
| Record Location | 74a2- Other Procedure Date 1: 3137-3142 74b2- Other Procedure Date 2: 3150-3155 74c2- Other Procedure Date 3: 3163-3168 74d2- Other Procedure Date 4: 3176-3181 74e2- Other Procedure Date 5: 3189-3194 |
| NUBC Reference | UB-04, Form Locator 74 (date portion) |
| Purpose | To identify the date of the procedure, to calculate post-procedure stay, etc. |
| Field Edit Criteria: | |
| Error Code: 74a2 - 113a thru 74e2 - 113e | Error Report Message: Other Procedure Date Invalid Reason: The field entry must be a valid date or blank if there is not a corresponding Other Procedure. User Response: Enter the correct date or blank fill if there is not a corresponding Other Procedure. |
| Relational Edit Criteria: | |
| Error Code: 74a2 - 305a thru 74e2 - 305e | Error Report Message: Birth Date After Procedure Date Reason: The patient's Birth Date is after one or more of the Procedure Dates. User Response: Correct the Procedure Date and/or Birth Date. |
| Error Code: 74a2 - 313a thru 74e2 - 313e | Error Report Message: Procedure Date After Through Date Reason: One or more of the Procedure Dates are after the Through Date. User Response: Correct the Procedure Date and/or Through Date. |
| Error Code: 74a2 - 322a thru 74e2 - 322e | Error Report Message: Other Procedure Code and Other Procedure Date Mismatch Reason: There is either a missing Other Procedure Code or a missing Other Procedure Date. User Response: Correct the record so that it has both an Other Procedure Code and an Other Procedure Date or does not contain either value. |
| Error Code: 74a2- 341a thru 74e2 - 341e Revision effective 2016 Q2 | Error Report Message: Procedure Date before From Date Reason: One or more of the Procedure Dates are prior to the From Date. User Response: Correct the Procedure Date and/or From Date. |



| Field 75a-75d | Reserved for Assignment by the NUBC |
|-------------------|--|
| Description | Reserved for assignment by the NUBC. |
| Procedure | Blank fill. |
| Field Size & Type | 4 fields, 4 characters each; Alphanumeric; Left-justified |
| Record Location | 75a- Reserved for Assignment by the NUBC: 3195-3198 75b- Reserved for Assignment by the NUBC: 3199-3202 75c- Reserved for Assignment by the NUBC: 3203-3206 75d- Reserved for Assignment by the NUBC: 3207-3210 |
| NUBC Reference | UB-04, Form Locator 75 |

| Field 76a | Attending Provider - NPI |
|--|--|
| Description | The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim. |
| Procedure Revised May 2015 | The NPI Final Rule was implemented May 23, 2008. |
| Field Size & Type | 11 character field; Alphanumeric; Left-justified |
| Record Location | 3211-3221 |
| NUBC Reference | UB-04, Form Locator 76 (NPI portion) |
| Note Revised May 2015 | The NPI number is 10 digits, left-justified. Blank fill the 11th character. |
| Field Edit Criteria: | |
| Error Code: 076a - 163 Effective 2015 Q3 | Error Report Message: Attending Provider NPI Invalid Reason: The Attending Provider NPI is invalid or blank. User Response: Correct the Attending Provider NPI number. NPI information, including a registry search, is maintained by CMS at https://nppes.cms.hhs.gov . If the NPI number is correct, please contact PHC4. |

| Field 76b | Attending Provider – Secondary Identifier Qualifier | | | | |
|------------------------------|--|------------------|-------------------|----|----------------------|
| Description | The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim. | | | | |
| Procedure | <p>The coding for this field is defined by the NUBC. The following is the only valid entry for this field:</p> <table> <tr> <th><u>Qualifier</u></th><th><u>Definition</u></th></tr> <tr> <td>0B</td><td>State License Number</td></tr> </table> | <u>Qualifier</u> | <u>Definition</u> | 0B | State License Number |
| <u>Qualifier</u> | <u>Definition</u> | | | | |
| 0B | State License Number | | | | |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified | | | | |
| Record Location | 3222-3223 | | | | |
| NUBC Reference | UB-04, Form Locator 76 (Qualifier portion) | | | | |
| Note | This field is currently not edited. | | | | |



| Field 76c | Attending Provider – Secondary Identifier |
|--------------------------------------|--|
| Description | The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim. |
| Procedure Revised May 2015 | Required. e.g. MD123456L or MD123456 |
| Field Size & Type | 9 character field; Alphanumeric; Left-justified |
| Record Location | 3224-3232 |
| NUBC Reference | UB-04, Form Locator 76 |
| Purpose | To identify the physician responsible for Inpatient services. |

| Field 76d | Attending Provider – Last Name |
|------------------------------|---|
| Description | The last name of the Attending Provider who has overall responsibility for the patient's medical care and treatment reported in this claim. |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 16 character field; Alphanumeric; Left-justified |
| Record Location | 3233-3248 |
| NUBC Reference | UB-04, Form Locator 76 (Last portion) |
| Note | This field is currently not edited. |

| Field 76e | Attending Provider – First Name |
|------------------------------|--|
| Description | The first name of the Attending Provider who has overall responsibility for the patient's medical care and treatment reported in this claim. |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 12 character field; Alphanumeric; Left-justified |
| Record Location | 3249-3260 |
| NUBC Reference | UB-04, Form Locator 76 (First portion) |
| Note | This field is currently not edited. |

| Field 77a | Operating Physician - NPI |
|--|--|
| Description | The identification number of the individual with the primary responsibility for performing the surgical procedure(s). |
| Procedure Revised May 2015 | The NPI Final Rule was implemented May 23, 2008. |
| Field Size & Type | 11 character field; Alphanumeric; Left-justified |
| Record Location | 3261-3271 |
| NUBC Reference | UB-04, Form Locator 77 (NPI portion) |
| Note Revised May 2015 | The NPI number is 10 digits, left-justified. Blank fill the 11th character. |
| Field Edit Criteria: | |
| Error Code: 077a - 164 Effective 2015 Q3 | Error Report Message: Operating Physician NPI Invalid Reason: The Operating Physician NPI is invalid. User Response: Correct the Operating Physician NPI number. NPI information, including a registry search, is maintained by CMS at https://nppes.cms.hhs.gov . If the NPI number is correct, please contact PHC4. |
| Relational Edit Criteria: | |
| Error Code: 077a - 362 Effective 2015 Q3 | Error Report Message: Principal Procedure Code and Operating Physician NPI Mismatch Reason: The Operating Physician - NPI field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field is filled but the Operating Physician - NPI field is blank. User Response: Correct the record so that it has both a Principal Procedure Code and an Operating Physician NPI, or does not contain either value. |

| Field 77b | Operating Physician – Secondary Identifier Qualifier | | | | |
|------------------------------|--|------------------|-------------------|----|----------------------|
| Description | The identification number of the individual with the primary responsibility for performing the surgical procedure(s). | | | | |
| Procedure | <p>The coding for this field is defined by the NUBC. This field must be blank or 0B.</p> <table> <tr> <th><u>Qualifier</u></th><th><u>Definition</u></th></tr> <tr> <td>0B</td><td>State License Number</td></tr> </table> | <u>Qualifier</u> | <u>Definition</u> | 0B | State License Number |
| <u>Qualifier</u> | <u>Definition</u> | | | | |
| 0B | State License Number | | | | |
| Field Size & Type | 2 character field; Alpha numeric; Left-justified | | | | |
| Record Location | 3272-3273 | | | | |
| NUBC Reference | UB-04, Form Locator 77 (Qualifier portion) | | | | |
| Note | This field is currently not edited. | | | | |

| Field 77c | Operating Physician – Secondary Identifier |
|---|---|
| Description | The identification number of the individual with the primary responsibility for performing the surgical procedure(s). |
| Procedure Revised May 2015 | Required. e.g. MD123456L or MD123456 |
| Field Size & Type | 9 character field; Alphanumeric; Left-justified |
| Record Location | 3274-3282 |
| NUBC Reference | UB-04, Form Locator 77 |
| Purpose | To identify Inpatient services performed by a specific physician. |
| Relational Edit Criteria: | |
| Error Code: 077c – 319 Revised March 2011 | <p>Error Report Message: Principal Procedure Code and Operating Physician ID Mismatch</p> <p>Reason: The Operating Physician field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field is filled but the Operating Physician field is blank.</p> <p>User Response: Correct the record so that it has both a Principal Procedure Code and an Operating Physician or does not contain either value.</p> |

| Field 77d | Operating Physician – Last Name |
|------------------------------|--|
| Description | The last name of the Operating Physician with the primary responsibility for performing the surgical procedure(s). |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 16 character field; Alphanumeric; Left-justified |
| Record Location | 3283-3298 |
| NUBC Reference | UB-04, Form Locator 77 (Last portion) |
| Note | This field is currently not edited. |

| Field 77e | Operating Physician – First Name |
|------------------------------|---|
| Description | The first name of the Operating Physician with the primary responsibility for performing the surgical procedure(s). |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 12 character field; Alphanumeric; Left-justified |
| Record Location | 3299-3310 |
| NUBC Reference | UB-04, Form Locator 77 (First portion) |
| Note | This field is currently not edited. |

| Field 78a-79a | Other Provider – Provider Type Qualifier | | | | | | | | |
|------------------------------|---|------------------|-------------------|----|---|----|--|----|--|
| Description | Provider type category that corresponds with the NPI. | | | | | | | | |
| Procedure | <p>The coding for this field is defined by the NUBC. The following is a list of valid entries:</p> <table> <tr> <th><u>Qualifier</u></th><th><u>Definition</u></th></tr> <tr> <td>DN</td><td>Referring Physician. The provider who sends the patient to another provider for services.</td></tr> <tr> <td>ZZ</td><td>Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician.</td></tr> <tr> <td>82</td><td>Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure.</td></tr> </table> | <u>Qualifier</u> | <u>Definition</u> | DN | Referring Physician. The provider who sends the patient to another provider for services. | ZZ | Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician. | 82 | Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure. |
| <u>Qualifier</u> | <u>Definition</u> | | | | | | | | |
| DN | Referring Physician. The provider who sends the patient to another provider for services. | | | | | | | | |
| ZZ | Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician. | | | | | | | | |
| 82 | Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure. | | | | | | | | |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified | | | | | | | | |
| Record Location | 78a- Other Provider Type Qualifier 1: 3311-3312 79a- Other Provider Type Qualifier 2: 3363-3364 | | | | | | | | |
| NUBC Reference | UB-04, Form Locator 78 (other portion) | | | | | | | | |
| Note | This field is currently not edited. | | | | | | | | |

| Field 78b-79b | Other Provider - NPI |
|------------------------------|---|
| Description | The identification number of the individual corresponding to the Provider Type category indicated in this section of the claim. |
| Procedure | The NPI Final Rule was implemented May 23, 2008. |
| Field Size & Type | 11 character field; Alphanumeric; Left-justified |
| Record Location | 78b- Other Provider NPI 1: 3313-3323 79b- Other Provider NPI 2: 3365-3375 |
| NUBC Reference | UB-04, Form Locator 78 (NPI portion) |
| Note | This field is currently not edited. |

| Field 78c-79c | Other Provider – Secondary Identifier Qualifier | | | | |
|------------------------------|--|------------------|-------------------|----|----------------------|
| Description | The identification number of the individual corresponding to the Provider Type category indicated in this section of the claim. | | | | |
| Procedure | <p>The coding for this field is defined by the NUBC. The following is the only valid entry for this field:</p> <table> <tr> <th><u>Qualifier</u></th><th><u>Definition</u></th></tr> <tr> <td>0B</td><td>State License Number</td></tr> </table> | <u>Qualifier</u> | <u>Definition</u> | 0B | State License Number |
| <u>Qualifier</u> | <u>Definition</u> | | | | |
| 0B | State License Number | | | | |
| Field Size & Type | 2 character field; Alphanumeric; Left-justified | | | | |
| Record Location | 78c- Other Provider - Secondary Identifier Qualifier 1: 3324-3325 79c- Other Provider - Secondary Identifier Qualifier 2: 3376-3377 | | | | |
| NUBC Reference | UB-04, Form Locator 78 (Qualifier portion) | | | | |
| Note | This field is currently not edited. | | | | |



| Field 78d-79d | Other Provider – Secondary Identifier |
|--------------------------------------|---|
| Description | The identification number of the individual corresponding to the Provider Type category indicated in this section of the claim. |
| Procedure Revised May 2015 | Required (use the State License Number). |
| Field Size & Type | 9 character field; Alphanumeric; Left-justified |
| Record Location | 78d- Other Provider - Secondary Identifier 1: 3326-3334 79d- Other Provider - Secondary Identifier 2: 3378-3386 |
| NUBC Reference | UB-04, Form Locator 78 |
| Note | This field is currently not edited. |

| Field 78e-79e | Other Provider – Last Name |
|------------------------------|--|
| Description | The last name of the Other Provider. |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 16 character field; Alphanumeric; Left-justified |
| Record Location | 78e- Other Provider - Last Name 1: 3335-3350 79e- Other Provider - Last Name 2: 3387-3402 |
| NUBC Reference | UB-04, Form Locator 78 (Last portion) |
| Note | This field is currently not edited. |



| Field 78f-79f | Other Provider – First Name |
|------------------------------|--|
| Description | The first name of the Other Provider. |
| Procedure | Blank fill if name unknown. |
| Field Size & Type | 12 character field; Alphanumeric; Left-justified |
| Record Location | 78f- Other Provider - First Name 1: 3351-3362 79f- Other Provider - First Name 2: 3403-3414 |
| NUBC Reference | UB-04, Form Locator 78 (First portion) |
| Note | This field is currently not edited. |

| Field 80 | Remarks Field |
|------------------------------|--|
| Description | Area to capture additional information necessary to adjudicate the claim. |
| Procedure | Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. |
| Field Size & Type | 91 character field; Alphanumeric; Left-justified |
| Record Location | 3415-3505 |
| NUBC Reference | UB-04, Form Locator 80 |
| Note | This field is currently not edited. |

| Field 81a1-81d1 | Code-Code Field (Code Qualifier) |
|------------------------------|--|
| Description | To report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set. |
| Procedure | See NUBC guidelines for more information. |
| Field Size & Type | 4 fields, 2 characters each; Alphanumeric; Left-justified (fully coded) |
| Record Location | 81a1- Code-Code (Code Qualifier) 1: 3506-3507 81b1- Code-Code (Code Qualifier) 2: 3530-3531 81c1- Code-Code (Code Qualifier) 3: 3554-3555 81d1- Code-Code (Code Qualifier) 4: 3578-3579 |
| NUBC Reference | UB-04, Form Locator 81 |
| Note | This field is currently not edited. |

| Field 81a2-81d2 | Code-Code Field (Code) |
|------------------------------|--|
| Description | To report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set. |
| Procedure | See NUBC guidelines for more information. |
| Field Size & Type | 4 fields, 10 characters each; Alphanumeric; Left-justified |
| Record Location | 81a2- Code-Code 1: 3508-3517 81b2- Code-Code 2: 3532-3541 81c2- Code-Code 3: 3556-3565 81d2- Code-Code 4: 3580-3589 |
| NUBC Reference | UB-04, Form Locator 81 |
| Note | This field is currently not edited. |

| Field 81a3-81d3 | Code-Code Field (Number or Value) |
|------------------------------|--|
| Description | To report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set. |
| Procedure | See NUBC guidelines for more information. |
| Field Size & Type | 4 fields, 12 characters each; Numeric; Right-justified |
| Record Location | 81a3- Code-Code (Number or Value) 1: 3518-3529 81b3- Code-Code (Number or Value) 2: 3542-3553 81c3- Code-Code (Number or Value) 3: 3566-3577 81d3- Code-Code (Number or Value) 4: 3590-3601 |
| NUBC Reference | UB-04, Form Locator 81 |
| Note | This field is currently not edited. |

| Field 101 | Uniform Patient Identifier (Social Security Number) |
|---|--|
| Description | The Social Security Number of the <u>Patient</u> . |
| Procedure | Enter the number only without punctuation. Leave blank if one has not been assigned to the patient (newborns). |
| Field Size & Type | 9 character field; Alphanumeric; Left-justified (all positions fully coded) |
| Record Location | 3602-3610 |
| Purpose | To identify readmissions of the same patient, post-discharge mortality, and match to other databases. |
| Field Edit Criteria: | |
| Error Code: 0101 - 100 Revision effective 2022 Q2 | Error Report Message: Uniform Patient ID/SSN Invalid Reason: The field entry is not a valid Social Security Number for a US (United States) patient greater than age 17. User Response: Change value to valid Patient Identifier/SSN. |

| Field 103a | Patient Hispanic/Latino Origin or Descent |
|--------------------------------------|---|
| Description | Hispanic/Latino origin refers to people whose origins are from Spain, Mexico, or the Spanish speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality lineage, or country in which the person or his/her ancestors were born before their arrival in the United States. |
| Procedure | 1 = Yes, the patient is of Hispanic origin or descent. 2 = No, the patient is not of Hispanic origin or descent. |
| Field Size & Type | 1 character field; Alphanumeric (all positions fully coded) |
| Record Location | 3611 |
| Purpose | To identify whether the patient is of Hispanic or Latino origin. |
| Field Edit Criteria: | |
| Error Code: 103a - 143 | Error Report Message: Patient Hispanic/Latino Origin or Descent is Invalid Reason: Patient Hispanic/Latino Origin or Descent is blank or not valid. User Response: Correct the Patient Hispanic/Latino Origin or Descent. |
| Facility-Level Edit Criteria: | |
| Error Code: 103a - 916 | Error Report Message: Number of Hispanic Records for Your Facility is Unusually High or Low Reason: The submission contains considerably more (or fewer) Hispanic records than expected for your facility. User Response: Verify the number of Hispanic records submitted. If the record count is correct notify PHC4. If the record count is incorrect resubmit the data. |

| Field 103b | Patient Race |
|--------------------------------------|--|
| Description | The <u>Patient's</u> racial background. |
| Procedure | Coding Structure: W = White Alone B = Black Alone A = Asian Alone I = American Indian and Alaskan Native Alone P = Native Hawaiian or Other Pacific Islander M = Two or More Race Groups N = Other U = Unknown |
| Field Size & Type | 1 character field; Alphanumeric (all positions fully coded) |
| Record Location | 3612 |
| Purpose | To identify the race of the patient. |
| Field Edit Criteria: | |
| Error Code: 103b -144 | Error Report Message: Patient Race is Invalid Reason: Patient Race is blank or not valid. User Response: Correct the Patient Race. |
| Facility-Level Edit Criteria: | |
| Error Code: 103b - 915 | Error Report Message: Number of Unknown Race Codes Exceeds Acceptable Limit Reason: The number of unknown Race Codes for your facility exceeds the acceptable limit. User Response: Review all records containing an unknown race code, identify the correct code and resubmit your data. |



| Field 121a | Patient Severity Upon Admission |
|-------------------|---|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 1 character field; Alphanumeric (all positions fully coded) |
| Record Location | 3613 |
| Note | This field is currently not edited. |



| Field 121b | Patient Morbidity |
|-------------------|-------------------------------------|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 1 character field; Alphanumeric |
| Record Location | 3614 |
| Note | This field is currently not edited. |



| Field 121c | Unusual Occurrence |
|-------------------|-------------------------------------|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 2 character field; Alphanumeric |
| Record Location | 3615-3616 |
| Note | This field is currently not edited. |

| Field 121d1a-121d10a | Hospital-acquired Infection: Code |
|---------------------------------------|--|
| Description | Discontinued. |
| Procedure | Blank Fill. |
| Field Size & Type | 10 fields, 2 characters each; Alphanumeric (all positions fully coded) |
| Record Location | 121d1a- Hospital-acquired Infection Code 1: 3617-3618 121d2a- Hospital-acquired Infection Code 2: 3628-3629 121d3a- Hospital-acquired Infection Code 3: 3639-3640 121d4a- Hospital-acquired Infection Code 4: 3650-3651 121d5a- Hospital-acquired Infection Code 5: 3661-3662 121d6a- Hospital-acquired Infection Code 6: 3672-3673 121d7a- Hospital-acquired Infection Code 7: 3683-3684 121d8a- Hospital-acquired Infection Code 8: 3694-3695 121d9a- Hospital-acquired Infection Code 9: 3705-3706 121d10a- Hospital-acquired Infection Code 10: 3716-3717 |
| Note Revised September 2009 | This field is currently not edited |

| Field 121d1b-121d10b | Hospital-acquired Infection: Multidrug-resistant Organism (MDRO) |
|------------------------------|--|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 10 fields, 1 character each; Alphanumeric (all positions fully coded) |
| Record Location | 121d1b- Hospital-acquired Infection: Multidrug-resistant organism 1: 3619 121d2b- Hospital-acquired Infection: Multidrug-resistant organism 2: 3630 121d3b- Hospital-acquired Infection: Multidrug-resistant organism 3: 3641 121d4b- Hospital-acquired Infection: Multidrug-resistant organism 4: 3652 121d5b- Hospital-acquired Infection: Multidrug-resistant organism 5: 3663 121d6b- Hospital-acquired Infection: Multidrug-resistant organism 6: 3674 121d7b- Hospital-acquired Infection: Multidrug-resistant organism 7: 3685 121d8b- Hospital-acquired Infection: Multidrug-resistant organism 8: 3696 121d9b- Hospital-acquired Infection: Multidrug-resistant organism 9: 3707 121d10b- Hospital-acquired Infection: Multidrug-resistant organism 10: 3718 |
| Note | This field is currently not edited. |

| Field 121d1c-121d10c | Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category |
|------------------------------|--|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 10 fields, 7 characters each; Alphanumeric; Left-justified |
| Record Location | 121d1c- Hospital-acquired Infection Code 1: 3620-3626 121d2c- Hospital-acquired Infection Code 2: 3631-3637 121d3c- Hospital-acquired Infection Code 3: 3642-3648 121d4c- Hospital-acquired Infection Code 4: 3653-3659 121d5c- Hospital-acquired Infection Code 5: 3664-3670 121d6c- Hospital-acquired Infection Code 6: 3675-3681 121d7c- Hospital-acquired Infection Code 7: 3686-3692 121d8c- Hospital-acquired Infection Code 8: 3697-3703 121d9c- Hospital-acquired Infection Code 9: 3708-3714 121d10c- Hospital-acquired Infection Code 10: 3719-3725 |
| Note | This field is currently not edited. |

| Field 121d1d-121d10d | Hospital-acquired Infection: Procedure Location |
|----------------------|--|
| Description | Discontinued. |
| Procedure | Blank fill. |
| Field Size & Type | 10 fields, 1 character each; Alphanumeric (all positions fully coded) |
| Record Location | 121d1d- Hospital-acquired Infection: Procedure Location 1: 3627 121d2d- Hospital-acquired Infection: Procedure Location 2: 3638 121d3d- Hospital-acquired Infection: Procedure Location 3: 3649 121d4d- Hospital-acquired Infection: Procedure Location 4: 3660 121d5d- Hospital-acquired Infection: Procedure Location 5: 3671 121d6d- Hospital-acquired Infection: Procedure Location 6: 3682 121d7d- Hospital-acquired Infection: Procedure Location 7: 3693 121d8d- Hospital-acquired Infection: Procedure Location 8: 3704 121d9d- Hospital-acquired Infection: Procedure Location 9: 3715 121d10d- Hospital-acquired Infection: Procedure Location 10: 3726 |
| Note | This field is currently not edited. |



| Field 121e | Reserved Field |
|-------------------|---|
| Description | To be reserved for future use by the Council. |
| Procedure | Blank fill. Reserved for future use by the Council. |
| Field Size & Type | 174 character field; Alphanumeric |
| Record Location | 3727-3900 |

Edits Not Associated with Specific Fields

| Edits Not Associated with Specific Fields | |
|---|--|
| Facility-Level Edit Criteria: | |
| Error Code: 909 | <p>Error Report Message: Number of Claims for Your Facility is Unusually High or Low</p> <p>Reason: The submission contains considerably more (or fewer) records than the facility usually submits. A system problem or a media failure may cause this to occur.</p> <p>User Response: Verify the number of claims submitted. If the record count is correct notify PHC4. If the record count is incorrect resubmit the data. If your facility has had a change in status that would explain this error please return the report with an explanation.</p> |



Trailer Record Format

| Data Element | Data Element Description | From | To | Data Type | Format |
|--------------|--------------------------|------|------|-----------|---|
| 1 | Total Records | 1 | 10 | 9(10) | Total number of records. |
| 2 | Total Claims | 11 | 20 | 9(10) | Total number of patients. |
| 3 | Total Dollars | 21 | 32 | 9(12) | Total dollars. Characters 1-10 = whole dollars, characters 11- 12 = cents. Right justify. No decimal. Zero fill left. |
| 4 | Filler | 33 | 3899 | X(3867) | |
| 5 | Record Type | 3900 | 3900 | X(1) | T = Trailer |

Trailer Record Specifications

| Field 1 | Total Records |
|------------------------------|---|
| Description | The total number of records contained on the media, not including the Header and Trailer Records. |
| Procedure | Each record of a continuation record must be counted. |
| Field Size & Type | 10 character field; Numeric; Right-justified |
| Record Location | 1-10 |



| Field 2 | Total Claims |
|-------------------|--|
| Description | The total number of claims contained on the media. |
| Procedure | Each continuation record must be counted as one claim. |
| Field Size & Type | 10 character field; Numeric; Right-justified |
| Record Location | 11-20 |



| Field 3 | Total Dollars |
|-------------------|--|
| Description | The total dollars submitted on the media. |
| Procedure | No decimal. Characters 1 - 10 = whole dollars Characters 11 - 12 = cents |
| Field Size & Type | 12 character field; Numeric; Right-justified |
| Record Location | 21-32 |



| Field 4 | Filler |
|-------------------|---|
| Description | Reserved for future use by the Council. |
| Procedure | Blank fill. |
| Field Size & Type | 3867 character field; Alphanumeric |
| Record Location | 33-3899 |



| Field 5 | Record Type |
|-------------------|---|
| Description | The code indicating the record is a Trailer Record. |
| Procedure | T = Trailer |
| Field Size & Type | 1 character field; Alphanumeric |
| Record Location | 3900 |

Appendix A: Format for Continuation Records

If the number of detailed revenue categories exceeds 22, the claim will have to be continued on subsequent records. If you encounter this scenario, follow the instructions listed below:

Instructions for the first record of a claim

- Fill all fields on the first record of the claim except for the fields listed below; follow the specific instruction for each field.
 - 42w, Revenue Code (number 23 only), blank fill;
 - 47w, Total Charges, zero fill;
 - 48w, Non-covered Charges (Total), zero fill.
- Enter “1” in field 43w1, Page Count, to indicate the first page of a multi-page claim.
- Enter the total number of pages required for this claim in field 43w2, Total Number of Pages.

Instructions for the subsequent records of a claim

- Fill Field 1, position 1 of the subsequent records with a slash (/ or \).
- You are **required** to fill the following fields where applicable on the subsequent records:
 - 3a Patient Control Number
 - 3b Medical/Health Record Number
 - 6b, Statement Covers Period - Through
 - 12, Admission/Start of Care Date
 - 42a-42w, Revenue Code
 - 43w1, Page Count
 - 43w2, Total Number of Pages
 - 44a-44v, HCPCS Codes (by Revenue Code)
 - 45a-45v, Service Date (by Revenue Code)
 - 46a-46v, Service Units (by Revenue Code)
 - 47a-47w, Total Charges
 - 48a-48v, Non-covered Charges (by Revenue Code)
- The final record of the claim, will have a slash (/ or \) in the first position and the Page Number will equal the Total Number of Pages, and will contain 0001 in Field 42w - Revenue Code (number 23 only) and Field 47w - Total Charges will contain the total charge for the entire length of stay.

NOTE: ALL CHARGES FROM ALL RECORDS NEED TO BE ADDED TOGETHER AND INCLUDED ON THE LAST RECORD OF THE CLAIM.

Appendix B: United States/Territory Abbreviations

| United States | | | |
|----------------------|----|----------------|----|
| Alabama | AL | Montana | MT |
| Alaska | AK | Nebraska | NE |
| Arizona | AZ | Nevada | NV |
| Arkansas | AR | New Hampshire | NH |
| California | CA | New Jersey | NJ |
| Colorado | CO | New Mexico | NM |
| Connecticut | CT | New York | NY |
| Delaware | DE | North Carolina | NC |
| District of Columbia | DC | North Dakota | ND |
| Florida | FL | Ohio | OH |
| Georgia | GA | Oklahoma | OK |
| Hawaii | HI | Oregon | OR |
| Idaho | ID | Pennsylvania | PA |
| Illinois | IL | Rhode Island | RI |
| Indiana | IN | South Carolina | SC |
| Iowa | IA | South Dakota | SD |
| Kansas | KS | Tennessee | TN |
| Kentucky | KY | Texas | TX |
| Louisiana | LA | Utah | UT |
| Maine | ME | Vermont | VT |
| Maryland | MD | Virginia | VA |
| Massachusetts | MA | Washington | WA |
| Michigan | MI | West Virginia | WV |
| Minnesota | MN | Wisconsin | WI |
| Mississippi | MS | Wyoming | WY |
| Missouri | MO | | |

| Territories | |
|--------------------------------|----|
| American Samoa | AS |
| Federated States of Micronesia | FM |
| Guam | GU |
| Marshall Islands | MH |
| Northern Mariana Islands | MP |
| Palau | PW |
| Puerto Rico | PR |
| Virgin Islands | VI |

Appendix C: Most Common Payer ID/Health Plan ID Numbers (NAIC Codes)

Available at:

https://www.phc4submit.org/dept/dc/adobe/naic_codes.pdf

Appendix D: Country Abbreviations

| Country | Code | Country | Code |
|----------------------------------|------|---------------------------------------|------|
| Afghanistan | AF | Colombia | CO |
| Åland Islands | AX | Comoros | KM |
| Albania | AL | Congo | CG |
| Algeria | DZ | Congo, The Democratic Republic Of The | CD |
| American Samoa | AS | Cook Islands | CK |
| Andorra | AD | Costa Rica | CR |
| Angola | AO | Côte D'ivoire | CI |
| Anguilla | AI | Croatia | HR |
| Antarctica | AQ | Cuba | CU |
| Antigua And Barbuda | AG | Curacao | CW |
| Argentina | AR | Cyprus | CY |
| Armenia | AM | Czech Republic | CZ |
| Aruba | AW | Denmark | DK |
| Australia | AU | Djibouti | DJ |
| Austria | AT | Dominica | DM |
| Azerbaijan | AZ | Dominican Republic | DO |
| Bahamas | BS | Ecuador | EC |
| Bahrain | BH | Egypt | EG |
| Bangladesh | BD | El Salvador | SV |
| Barbados | BB | Equatorial Guinea | GQ |
| Belarus | BY | Eritrea | ER |
| Belgium | BE | Estonia | EE |
| Belize | BZ | Ethiopia | ET |
| Benin | BJ | Falkland Islands (Malvinas) | FK |
| Bermuda | BM | Faroe Islands | FO |
| Bhutan | BT | Fiji | FJ |
| Bolivia, Plurinational State Of | BO | Finland | FI |
| Bonaire, Sint Eustatius And Saba | BQ | France | FR |
| Bosnia And Herzegovina | BA | French Guiana | GF |
| Botswana | BW | French Polynesia | PF |
| Bouvet Island | BV | French Southern Territories | TF |
| Brazil | BR | Gabon | GA |
| British Indian Ocean Territory | IO | Gambia | GM |
| Brunei Darussalam | BN | Georgia | GE |
| Bulgaria | BG | Germany | DE |
| Burkina Faso | BF | Ghana | GH |
| Burundi | BI | Gibraltar | GI |
| Cambodia | KH | Greece | GR |
| Cameroon | CM | Greenland | GL |
| Canada | CA | Grenada | GD |
| Cape Verde | CV | Guadeloupe | GP |
| Cayman Islands | KY | Guam | GU |
| Central African Republic | CF | Guatemala | GT |
| Chad | TD | Guernsey | GG |
| Chile | CL | Guinea | GN |
| China | CN | Guinea-Bissau | GW |
| Christmas Island | CX | Guyana | GY |
| Cocos (Keeling) Islands | CC | Haiti | HT |

| Country | Code | Country | Code |
|--|------|--|------|
| Heard Island And McDonald Islands | HM | Monaco | MC |
| Holy See (Vatican City State) | VA | Mongolia | MN |
| Honduras | HN | Montenegro | ME |
| Hong Kong | HK | Montserrat | MS |
| Hungary | HU | Morocco | MA |
| Iceland | IS | Mozambique | MZ |
| India | IN | Myanmar | MM |
| Indonesia | ID | Namibia | NA |
| Iran, Islamic Republic Of | IR | Nauru | NR |
| Iraq | IQ | Nepal | NP |
| Ireland | IE | Netherlands | NL |
| Isle Of Man | IM | Netherlands Antilles | AN |
| Israel | IL | New Caledonia | NC |
| Italy | IT | New Zealand | NZ |
| Jamaica | JM | Nicaragua | NI |
| Japan | JP | Niger | NE |
| Jersey | JE | Nigeria | NG |
| Jordan | JO | Niue | NU |
| Kazakhstan | KZ | Norfolk Island | NF |
| Kenya | KE | Northern Mariana Islands | MP |
| Kiribati | KI | Norway | NO |
| Korea, Democratic People's Republic Of | KP | Oman | OM |
| Korea, Republic Of | KR | Pakistan | PK |
| Kuwait | KW | Palau | PW |
| Kyrgyzstan | KG | Palestinian Territory, Occupied | PS |
| Lao People's Democratic Republic | LA | Panama | PA |
| Latvia | LV | Papua New Guinea | PG |
| Lebanon | LB | Paraguay | PY |
| Lesotho | LS | Peru | PE |
| Liberia | LR | Philippines | PH |
| Libya | LY | Pitcairn | PN |
| Liechtenstein | LI | Poland | PL |
| Lithuania | LT | Portugal | PT |
| Luxembourg | LU | Puerto Rico | PR |
| Macao | MO | Qatar | QA |
| Macedonia, The Former Yugoslav Republic Of | MK | Réunion | RE |
| Madagascar | MG | Romania | RO |
| Malawi | MW | Russian Federation | RU |
| Malaysia | MY | Rwanda | RW |
| Maldives | MV | Saint Barthelemy | BL |
| Mali | ML | Saint Helena, Ascension And Tristan da Cunha | SH |
| Malta | MT | Saint Kitts And Nevis | KN |
| Marshall Islands | MH | Saint Lucia | LC |
| Martinique | MQ | Saint Martin | MF |
| Mauritania | MR | Saint Pierre And Miquelon | PM |
| Mauritius | MU | Saint Vincent And The Grenadines | VC |
| Mayotte | YT | Samoa | WS |
| Mexico | MX | San Marino | SM |
| Micronesia, Federated States Of | FM | Sao Tome And Principe | ST |
| Moldova | MD | Saudi Arabia | SA |

| Country | Code |
|--|------|
| Senegal | SN |
| Serbia | RS |
| Seychelles | SC |
| Sierra Leone | SL |
| Singapore | SG |
| Sint Maarten (Dutch Part) | SX |
| Slovakia | SK |
| Slovenia | SI |
| Solomon Islands | SB |
| Somalia | SO |
| South Africa | ZA |
| South Georgia And The South Sandwich Islands | GS |
| South Sudan | SS |
| Spain | ES |
| Sri Lanka | LK |
| Sudan | SD |
| Suriname | SR |
| Svalbard And Jan Mayen | SJ |
| Swaziland | SZ |
| Sweden | SE |
| Switzerland | CH |
| Syrian Arab Republic | SY |
| Taiwan, Province Of China | TW |
| Tajikistan | TJ |
| Tanzania, United Republic Of | TZ |
| Thailand | TH |
| Timor-Leste | TL |

| Country | Code |
|--------------------------------------|------|
| Togo | TG |
| Tokelau | TK |
| Tonga | TO |
| Trinidad And Tobago | TT |
| Tunisia | TN |
| Turkey | TR |
| Turkmenistan | TM |
| Turks And Caicos Islands | TC |
| Tuvalu | TV |
| Uganda | UG |
| Ukraine | UA |
| United Arab Emirates | AE |
| United Kingdom | GB |
| United States | US |
| United States Minor Outlying Islands | UM |
| Unknown | ZZ |
| Uruguay | UY |
| Uzbekistan | UZ |
| Vanuatu | VU |
| Venezuela, Bolivarian Republic Of | VE |
| Viet Nam | VN |
| Virgin Islands, British | VG |
| Virgin Islands, U.S. | VI |
| Wallis And Futuna | WF |
| Western Sahara | EH |
| Yemen | YE |
| Zambia | ZM |
| Zimbabwe | ZW |