PENNSYLVANIA UNIFORM CLAIMS AND BILLING FORM REPORTING MANUAL
Ambulatory/Outpatient Data Reporting

Pennsylvania Health Care Cost Containment Council
April 2007
Revised: March 2024

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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 Ambulatory/Outpatient 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 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 claim records that meet each of these criteria must be included in the quarterly submission file:
    - The Statement Covers Period – Through (Field 6b) is in the submission quarter.
    - At least one revenue line item with a Revenue Code (Field 42a - 42v) **and** a HCPCS Code (Field 44a - 44v) within the specified ranges.

- Outpatient procedures should be coded using either HCPCS Level I - CPT-4 Procedure Codes or HCPCS Level II Codes. These codes should be placed in HCPCS Codes (Field 44a - 44v) and not in the Principal Procedure Code (Field 74-1) or Other Procedure Codes (Field 74a1 - 74e1).
- Outpatient procedure dates should be placed in the Service Date (Field 45a - 45v) and not in the Principal Procedure Date (Field 74-2) or Other Procedure Dates (Field 74a2- 74-e2).

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

Data Element Description	Field Number/ UB-04 Form Locator	Page Number
Accident State	29	74
Admission Hour	13	67
Admission/Start of Care Date	12	66
Admitting Diagnosis Code	69	127
Assignment of Benefits Certification Indicator	53a-53c	107
Attending Provider - First Name	76e	144
Attending Provider - Last Name	76d	143
Attending Provider - NPI	76a	140
Attending Provider - Secondary Identifier	76c	142
Attending Provider - Secondary Identifier Qualifier	76b	141
Billing Provider City, State, Zip Code	1c1-1c3	41
Billing Provider Name	1a	39
Billing Provider Street Address	1b	40
Billing Provider Telephone, Fax, Country Code	1d1-1d3	42
Code-Code Field (Code Qualifier)	81a1-81d1	157
Code-Code Field (Code)	81a2-81d2	158
Code-Code Field (Number or Value)	81a3-81d3	159
Condition Codes	18-28	73
Diagnosis and Procedure Code Qualifier	66	120
Discharge Hour	16	71
Document Control Number (DCN)	64a-64c	118
Employer Name (of the Insured)	65a-65c	119
Estimated Amount Due - Payer	55a-55c	109
External Cause of Injury (ECI) Code	72a-72c	130
External Cause of Injury (ECI) Code Present on Admission (POA) Indicator	72a1-72c1	133
Federal Tax Number	5b	51
Federal Tax Number (sub-ID)	5a	50
HCPCS Codes (by Revenue Code)	44a-44v	91
Hospital-acquired Infection: Code	121d1a-121d10a	166
Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)	121d1b-121d10b	167
Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category	121d1c-121d10c	168
Hospital-acquired Infection: Procedure Location	121d1d-121d10d	169
Insured's Group Name	61a-61c	115
Insured's Group Number	62a-62c	116
Insured's Name	58a-58c	112
Insured's Unique Identifier	60a-60c	114
Medical/Health Record Number	3b	48
National Provider Identifier - Billing Provider	56	110

Data Element Description	Field Number/ UB-04 Form Locator	Page Number
Non-covered Charges (by Revenue Code)	48a-48v	97
Non-covered Charges	48w	98
Occurrence Codes	31a1-34b1	76
Occurrence Dates	31a2-34b2	77
Occurrence Span Codes	35a1-36b1	78
Occurrence Span Dates – From	35a2-36b2	79
Occurrence Span Dates – Through	35a3-36b3	80
Operating Physician - First Name	77e	149
Operating Physician - Last Name	77d	148
Operating Physician - NPI	77a	145
Operating Physician - Secondary Identifier	77c	147
Operating Physician - Secondary Identifier Qualifier	77b	146
Other (Billing) Provider Identifier	57a-57c	111
Other Diagnosis Code Present on Admission (POA) Indicator	67a2-67q2	125
Other Diagnosis Codes	67a1-67q1	123
Other Procedure Codes	74a1-74e1	137
Other Procedure Dates	74a2-74e2	138
Other Provider - First Name	78f-79f	155
Other Provider - Last Name	78e-79e	154
Other Provider – NPI	78b-79b	151
Other Provider - Provider Type Qualifier	78a-79a	150
Other Provider - Secondary Identifier	78d-79d	153
Other Provider - Secondary Identifier Qualifier	78c-79c	152
Page Count	43w1	89
Patient Address	9a	58
Patient Birth Date	10	63
Patient City	9b	59
Patient Control Number	3a	47
Patient Country	9e	62
Patient Discharge Status	17	72
Patient Hispanic/Latino Origin or Descent	103a	161
Patient Identifier	8a	56
Patient Morbidity	121b	164
Patient Name	8b	57
Patient Race	103b	162
Patient Severity Upon Admission	121a	163
Patient Sex	11	65
Patient State	9c	60
Patient Zip Code	9d	61
Patient's Reason for Visit	70a-70c	128
Patient's Relationship to Insured	59a-59c	113
Payer ID/Health Plan ID	51a-51c	104
Payer Type and Name	50a-50c	100

Data Element Description	Field Number/ UB-04 Form Locator	Page Number
Pay-to Address	2b	44
Pay-to City, State, Zip Code	2c1-2c3	45
Pay-to Name	2a	43
Point of Origin for Admission or Visit	15	69
Principal Diagnosis Code	67-1	121
Principal Diagnosis Present on Admission (POA) Indicator	67-2	122
Principal Procedure Code	74-1	135
Principal Procedure Date	74-2	136
Prior Payments - Payer	54a-54c	108
Priority (Type) of Admission or Visit	14	68
Prospective Payment System (PPS) Code	71	129
Release of Information Certification Indicator	52a-52c	106
Remarks Field	80	156
Reserved Field	121e	170
Reserved for Assignment by the NUBC	2d	46
Reserved for Assignment by the NUBC	7	55
Reserved for Assignment by the NUBC	30	75
Reserved for Assignment by the NUBC	37a-37b	81
Reserved for Assignment by the NUBC	49a-49w	99
Reserved for Assignment by the NUBC	68	126
Reserved for Assignment by the NUBC	73	134
Reserved for Assignment by the NUBC	75a-75d	139
Responsible Party Address	38b	83
Responsible Party Name	38a	82
Revenue Codes (numbers 1 through 22)	42a-42v	86
Revenue Codes (number 23 only)	42w	88
Service Date (by Revenue Code)	45a-45v	93
Service Units (by Revenue Code)	46a-46v	94
Statement Covers Period - From	6a	52
Statement Covers Period - Through	6b	54
Total Charges (by Revenue Code)	47a-47v	95
Total Charges	47w	96
Total Number of Pages	43w2	90
Treatment Authorization Code	63a-63c	117
Type of Bill	4	49
Uniform Patient Identifier (Social Security Number)	101	160
Unusual Occurrence	121c	165
Value Amounts	39a2-41d2	85
Value Codes	39a1-41d1	84

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	Outpatient Indicator
Description	The letter indicating claims contained in this file are Outpatient.
Procedure	O = Outpatient
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)	XXXXXYYYY. 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
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	XXXXXYYYY. 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)	Blank fill
13	Admission Hour	433	434	9(2)	Blank fill
14	Priority (Type) of Admission or Visit	435	435	X(1)	Blank fill
15	Point of Origin for Admission or Visit	436	436	X(1)	All positions filled
16	Discharge Hour	437	438	9(2)	Blank fill
17	Patient Discharge Status	439	440	X(2)	Blank fill
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
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.

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	Left justify
45a	Service Date 1	987	992	9(6)	MMDDYY
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)	Left justify
45b	Service Date 2	1040	1045	9(6)	MMDDYY
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
42c	Revenue Code 3	1075	1078	X(4)	All positions filled
44c	HCPCS Code 3	1079	1092	X(14)	Left justify
45c	Service Date 3	1093	1098	9(6)	MMDDYY
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)	Left justify
45d	Service Date 4	1146	1151	9(6)	MMDDYY
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	Left justify
45e	Service Date 5	1199	1204	9(6)	MMDDYY
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)	Left justify
45f	Service Date 6	1252	1257	9(6)	MMDDYY
46f	Service Units 6	1258	1264	9(7)	Right justify
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)	Left justify
45g	Service Date 7	1305	1310	9(6)	MMDDYY
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)	Left justify
45h	Service Date 8	1358	1363	9(6)	MMDDYY
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	Left justify
45i	Service Date 9	1411	1416	9(6)	MMDDYY
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
44j	HCPCS Code 10	1450	1463	X(14)	Left justify
45j	Service Date 10	1464	1469	9(6)	MMDDYY
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)	Left justify
45k	Service Date 11	1517	1522	9(6)	MMDDYY
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)	Left justify
45l	Service Date 12	1570	1575	9(6)	MMDDYY
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	Left justify
45m	Service Date 13	1623	1628	9(6)	MMDDYY
46m	Service Units 13	1629	1635	9(7)	Right justify
47m	Total Charges 13	1636	1645	9(10)	Right justify
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)	Left justify
45n	Service Date 14	1676	1681	9(6)	MMDDYY
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)	Left justify
45o	Service Date 15	1729	1734	9(6)	MMDDYY
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)	Left justify
45p	Service Date 16	1782	1787	9(6)	MMDDYY
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

Data Element	Data Element Description	From	To	Data Type	Format
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)	Left justify
45q	Service Date 17	1835	1840	9(6)	MMDDYY
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)	Left justify
45r	Service Date 18	1888	1893	9(6)	MMDDYY
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)	Left justify
45s	Service Date 19	1941	1946	9(6)	MMDDYY
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)	Left justify
45t	Service Date 20	1994	1999	9(6)	MMDDYY
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)	Left justify
45u	Service Date 21	2047	2052	9(6)	MMDDYY
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)	Left justify
45v	Service Date 22	2100	2105	9(6)	MMDDYY
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 to indicate the last record in the bill. Blank fill to indicate that a continuation record follows.
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
52a	Release of Information Certification Indicator 1	2207	2207	X(1)	Left justify

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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)	Blank fill
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)	Blank fill

Data Element	Data Element Description	From	To	Data Type	Format
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)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
67h1	Other Diagnosis Code 8	2955	2961	X(7)	Left justify
67h2	Other Diagnosis Code 8 Present on Admission (POA) Indicator	2962	2962	X(1)	Blank fill
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)	Blank fill
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)	Blank fill
67k1	Other Diagnosis Code 11	2979	2985	X(7)	Left justify

Data Element	Data Element Description	From	To	Data Type	Format
67k2	Other Diagnosis Code 11 Present on Admission (POA) Indicator	2986	2986	X(1)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
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)	Blank fill
67q1	Other Diagnosis Code 17	3027	3033	X(7)	Left justify
67q2	Other Diagnosis Code 17 Present on Admission (POA) Indicator	3034	3034	X(1)	Blank fill
68	NUBC Reserved Field	3035	3051	X(17)	Blank fill
69	Admitting Diagnosis Code	3052	3058	X(7)	Blank fill
70a	Patient's Reason for Visit 1	3059	3065	X(7)	Left justify
70b	Patient's Reason for Visit 2	3066	3072	X(7)	Left justify
70c	Patient's Reason for Visit 3	3073	3079	X(7)	Left justify
71	Prospective Payment System (PPS) Code	3080	3083	X(4)	Blank fill
72a	External Cause of Injury (ECI) Code 1	3084	3090	X(7)	Left justify

Data Element	Data Element Description	From	To	Data Type	Format
72a1	External Cause of Injury (ECI) Code 1 Present on Admission (POA) Indicator	3091	3091	X(1)	Blank fill
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)	Blank fill
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)	Blank fill
73	NUBC Reserved Field	3108	3116	X(9)	Blank fill
74-1	Principal Procedure Code	3117	3123	X(7)	Blank fill
74-2	Principal Procedure Date	3124	3129	9(6)	Blank fill
74a1	Other Procedure Code 1	3130	3136	X(7)	Blank fill
74a2	Other Procedure Date 1	3137	3142	9(6)	Blank fill
74b1	Other Procedure Code 2	3143	3149	X(7)	Blank fill
74b2	Other Procedure Date 2	3150	3155	9(6)	Blank fill
74c1	Other Procedure Code 3	3156	3162	X(7)	Blank fill
74c2	Other Procedure Date 3	3163	3168	9(6)	Blank fill
74d1	Other Procedure Code 4	3169	3175	X(7)	Blank fill
74d2	Other Procedure Date 4	3176	3181	9(6)	Blank fill
74e1	Other Procedure Code 5	3182	3188	X(7)	Blank fill
74e2	Other Procedure Date 5	3189	3194	9(6)	Blank fill
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)	Blank fill
76b	Attending Provider - Secondary Identifier Qualifier	3222	3223	X(2)	Blank fill

Data Element	Data Element Description	From	To	Data Type	Format
76c	Attending Provider - Secondary Identifier	3224	3232	X(9)	Blank fill
76d	Attending Provider - Last Name	3233	3248	X(16)	Blank fill
76e	Attending Provider - First Name	3249	3260	X(12)	Blank fill
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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

Data Element	Data Element Description	From	To	Data Type	Format
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
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 *Appendix B*.
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 if different than the Billing Provider City, State and Zip Code. For a list of State/Territory abbreviations, see *Appendix B*.
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	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	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	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	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., outpatient, 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	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 - 301	**Error report message:** Birth Date = From Date **Reason:** The patient's Birth Date equals the From Date. **User Response:** Correct the Birth Date and/or From Date.
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 - 329	**Error Report Message:** Birth Date Within 3 days of From Date **Reason:** The patient's Birth Date is within 3 days of the From Date. **User Response:** Verify the accuracy of the data and correct the Birth Date and/or From Date if necessary.
Error Code: 006a - 330a thru 006a - 330v	**Error report message:** Age Invalid for HCPCS Code **Reason:** A HCPCS 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 HCPCS Code, Birth Date and/or From Date.
Error Code: 006a - 331	**Error Report Message:** Age greater than 120 Years **Reason:** The patient's age as calculated by the Birth Date and From Date is >120 years. **User Response:** Correct the Birth Date and/or From Date.
Error Code: 006a - 332 thru 006a - 332q	**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 Birth Date, From Date and/or Diagnosis Code.

Field 6a	Statement Covers Period - From
	Relational Edit Criteria:
Error Code: 006a – 353a thru 353c Revised February 2008	**Error report message:** Age Invalid for Patient Reason for Visit **Reason:** A diagnosis code was entered in the Patient Reason for Visit field that is valid for a specific age range, but the age of the patient is not in that range. **User Response:** Correct the Birth Date, From Date, and/or Patient Reason for Visit.
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.
Error Code: 006a - 357a thru 006a - 357v	**Error Report Message:** Service Date Invalid **Reason:** The Service Date must be a valid date and fall between the From and Through Dates. **User Response:** Correct the Service Date, 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	Seasonal admissions analysis, track transfers, match other databases, 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 - 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 - 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.
Error Code: 006b - 357a thru 006b - 357v	**Error Report Message:** Service Date Invalid
	Reason: The Service Date must be a valid date and fall between the From and Through Dates.
	User Response: Correct the Service Date, Through Date and/or From Date.

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	7- Reserved for Assignment by the NUBC: 272-286
NUBC Reference	UB-04, Form Locator 07

Field 8a	Patient Identifier
Description	The patient identifier as assigned by the payer. Do not include patient name.
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 *Appendix B*.
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	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	To identify readmissions of the same patient and determine the age of the patient.
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 - 301	**Error report message:** Birth Date=From Date **Reason:** The patient's Birth Date equals the From Date. **User Response:** Correct the Birth Date and/or From Date.
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 - 329	**Error Report Message:** Birth Date Within 3 days of From Date **Reason:** The patient's Birth Date is within 3 days of the From Date. **User Response:** Verify the accuracy of the data and if necessary correct the Birth Date and/or From Date.
Error Code: 0010 -330a thru 0010 - 330v	**Error report message:** Age Invalid for HCPCS Code **Reason:** A HCPCS 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 HCPCS Code, Birth Date and/or From Date.
Error Code: 0010 - 331	**Error Report Message:** Age greater than 120 Years **Reason:** The patient's age as calculated by the Birth Date and From Date is >120 years. **User Response:** Correct the Birth Date and/or From Date.

Field 10	Patient Birth Date
Relational Edit Criteria:	
Error Code: 0010 - 332 thru 332q	**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 Birth Date, From Date and/or Diagnosis Code.
Error Code: 0010 -353	**Error report message:** Age Invalid for Patient Reason for Visit **Reason:** A diagnosis code was entered in the Patient Reason for Visit field that is valid for a specific age range, but the age of the patient is not in that range. **User Response:** Correct the Birth Date, From Date, and/or Patient Reason for Visit.

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, 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: 0011-352a thru 352c Revised February 2008	**Error report message:** Sex Code Invalid for Patient Reason for Visit **Reason:** A diagnosis code was entered in the Patient Reason for Visit field that is not valid for the patient's sex. **User Response:** Correct the Patient Reason for Visit and/or Sex Code.
Error Code: 0011 - 358a thru 358v	**Error Report Message:** Sex Code Invalid for HCPCS Code **Reason:** A HCPCS Code exists on the record that is not valid for this patient's sex. **User Response:** Correct the HCPCS 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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	6 character field; Numeric; Right-justified (all positions fully coded)
Record Location	427-432
NUBC Reference	UB-04, Form Locator 12
Note	This field is currently not edited.

Field 13	Admission Hour
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	1 character field; Alphanumeric; Left-justified
Record Location	435
NUBC Reference	UB-04, Form Locator 14
Note	This field is currently not edited.

Field 15	Point of Origin for Admission or Visit	
Description Revised March 2008	A code indicating the point of patient origin for this visit.	
Procedure Revised February 2008	The coding for this field is defined by the NUBC. The following is a list of valid PHC4 entries:	
Revision effective 2010 Q3 Revised August 2010	1 = Non-Health Care Facility Point of Origin	The patient presented for outpatient services.
Revision effective 2010 Q3	2 = Clinic or Physician's Office	The patient presented to this facility for outpatient services.
	4 = Transfer from a Hospital (Different Facility*)	The patient was transferred to this facility as an outpatient from an acute care facility.
Revised August 2010	5 = Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)	The patient presented to this facility for outpatient or referenced diagnostic services from a SNF, ICF or ALF where he or she was a resident.
Revised August 2010	6 = Transfer from another Health Care Facility	The patient presented to this facility for services from another health care facility not defined elsewhere in this code list.
Revised August 2010	8 = Court / Law Enforcement	The patient presented to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.
	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 received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.
Revised August 2010	E = Transfer from Ambulatory Surgery Center	The patient presented to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.
Revised August 2010	F = Transfer from a Hospice Facility	The patient presented to this facility for outpatient or referenced diagnostic services from a hospice facility.

Field 15	Point of Origin for Admission or Visit	
Revised December 2021 Effective 2021 Q2	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.
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 the visit.	
Field Edit Criteria:		
Error Code: 0015 - 127	**Error Report Message:** Point of Origin for Admission or Visit Invalid	
	Reason: The Point of Origin for Admission or Visit is blank or not valid.	
	User Response: Correct the Point of Origin for Admission or Visit.	

Field 16	Discharge Hour
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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.

Field 17	Patient Discharge Status
Description	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	439-440
Record Location	2 character field; Numeric; Right-justified (all positions fully coded)
NUBC Reference	UB-04, Form Locator 17
Purpose	This field is currently not edited.

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 *Appendix B*.
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	31a1- Occurrence Code: 489-490 31b1- Occurrence Code: 521-522 32a1- Occurrence Code: 497-498 32b1- Occurrence Code: 529-530 33a1- Occurrence Code: 505-506 33b1- Occurrence Code: 537-538 34a1- Occurrence Code: 513-514 34b1- Occurrence Code: 545-546
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	31a2- Occurrence Date: 491-496	31b2- Occurrence Date: 523-528
	32a2- Occurrence Date: 499-504	32b2- Occurrence Date: 531-536
	33a2- Occurrence Date: 507-512	33b2- Occurrence Date: 539-544
	34a2- Occurrence Date: 515-520	34b2- Occurrence Date: 547-552
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	39a1- Value Code: 825-826 39c1- Value Code: 897-898 40a1- Value Code: 837-838 40c1- Value Code: 909-910 41a1- Value Code: 849-850 41c1- Value Code: 921-922 39b1- Value Code: 861-862 39d1- Value Code: 933-934 40b1- Value Code: 873-874 40d1- Value Code: 945-946 41b1- Value Code: 885-886 41d1- Value Code: 957-958
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　　39c2- Value Amount: 899-908 40a2- Value Amount: 839-848　　40c2- Value Amount: 911-920 41a2- Value Amount: 851-860　　41c2- Value Amount: 923-932 39b2- Value Amount: 863-872　　39d2- Value Amount: 935-944 40b2- Value Amount: 875-884　　40d2- Value Amount: 947-956 41b2- Value Amount: 887-896　　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 Effective 2024 Q1	See NUBC guidelines for more information. See *Appendix A* for instructions regarding multiple record bills. The claim must have at least one of the Revenue Codes specified below **and** one HCPCS Code from the specified ranges (see Field 44a - 44v) on the same revenue line item:			
	0260 0280 0289 0320 0321 0322 0323 0330 0331 0333 0335 0360 0361 0362 0367 0369 0370 0480 0481 0489 0490 0499 0511 0750 0790			
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 *(use NUBC recognized Revenue Codes).*			

Field 42a-42v	Revenue Codes (numbers 1 through 22)
Field Edit Criteria:	
Error Code: 042a -118	**Error Report Message:** No Revenue Information Present *(This will appear on the detail Revenue Code Report)*
	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 - 359a thru 042v - 359v	**Error Report Message:** Revenue Code, Charges, Service Date, HCPCS Code Mismatch *(This will appear on the detail Revenue Code Report)*
	Reason: The record is missing a Revenue Code, Charge, Service Date or HCPCS Code.
	User Response: Correct the record so that each Charge has a Revenue Code, Service Date and when necessary a HCPCS Code.
Error Code: 042a - 364 thru 042v - 364 Effective 2024 Q1	**Error Report Message:** No Revenue Code and HCPCS Code in the Specified Ranges
	Reason: Outpatient claim must have at least one revenue line item with a Revenue Code and a HCPCS Code in the specified ranges.
	User Response: Review Revenue Codes and HCPCS Codes and make corrections. Resubmit without the claim or delete the claim if it does not meet the submission criteria.

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 *Appendix A* 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 - 344	**Error Report Message:** 23rd Revenue Code is not 0001 or Spaces **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). **User Response:** Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.
Error Code: 042w - 355	**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.

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	**Error Report Message:** 23rd Revenue Code is not 0001 or Spaces
	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).
	User Response: Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.

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	**Error Report Message:** 23rd Revenue Code is not 0001 or Spaces
	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).
	User Response: Enter 0001 or blanks as appropriate or adjust the Page Count and/or Total Number of Pages.

Field 44a-44v	HCPCS Codes (by Revenue Code)
Description	The Healthcare Common Procedure Coding System (HCPCS) applicable to ancillary service and outpatient bills.
Procedure Effective 2024 Q1	The field consists of 5 characters for the base code plus 8 characters for up to four HCPCS modifiers; thus, the field contains one extra/unused position. The claim must have at least one of the HCPCS Codes (HCPCS Level I CPT-4 or HCPCS Level II) in the specified ranges listed below **and** a specified Revenue Code (see Field 42a - 42v) on the same revenue line item: HCPCS Level I (CPT-4) HCPCS Level II 10004 to 36410 C1052 to C9899 36420 to 36590 G0008 to G9999 36593 to 69990 Q0083 to Q0085 92920 to 92998 93451 to 93598 93650 to 93657 96401 to 96549
Field Size & Type	22 fields with 14 characters each; Alphanumeric; Left-justified
Record Location	44a- HCPCS Code 1: 973-986 44l- HCPCS Code 12: 1556-1569 44b- HCPCS Code 2: 1026-1039 44m- HCPCS Code 13: 1609-1622 44c- HCPCS Code 3: 1079-1092 44n- HCPCS Code 14: 1662-1675 44d- HCPCS Code 4: 1132-1145 44o- HCPCS Code 15: 1715-1728 44e- HCPCS Code 5: 1185-1198 44p- HCPCS Code 16: 1768-1781 44f- HCPCS Code 6: 1238-1251 44q- HCPCS Code 17: 1821-1834 44g- HCPCS Code 7: 1291-1304 44r- HCPCS Code 18: 1874-1887 44h- HCPCS Code 8: 1344-1357 44s- HCPCS Code 19: 1927-1940 44i- HCPCS Code 9: 1397-1410 44t- HCPCS Code 20: 1980-1993 44j- HCPCS Code 10: 1450-1463 44u- HCPCS Code 21: 2033-2046 44k- HCPCS Code 11: 1503-1516 44v- HCPCS Code 22: 2086-2099
NUBC Reference	UB-04, Form Locator 44 (Lines 1-22)
Purpose	To identify procedures and ancillary services performed in the outpatient setting.

Field 44a-44v	HCPCS Codes (by Revenue Code)
Field Edit Criteria:	
Error Code: 044a - 156a thru 044v - 156v	**Error report message:** HCPCS Modifier Code Invalid **Reason:** The modifier code is not a valid HCPCS modifier code, or is not in the correct format. **User Response:** Correct the HCPCS Modifier Code.
Error Code: 044a - 159a thru 044v - 159v	**Error report message:** HCPCS Code Invalid **Reason:** The code is not a valid HCPCS Level I - CPT-4 or HCPCS Level II code, or is not in the correct format. **User Response:** Correct the HCPCS Code or remove decimal if present.
Relational Edit Criteria:	
Error Code: 044a - 330a thru 044v - 330v	**Error report message:** Age Invalid for HCPCS Code **Reason:** A HCPCS 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 HCPCS Code, Birth Date and/or From Date.
Error Code: 044a - 358a thru 044v - 358v	**Error report message:** Sex Code Invalid for HCPCS Code **Reason:** A HCPCS Code exists on the record that is not valid for this patient's sex. **User Response:** Correct the HCPCS Code and/or Sex Code.
Error Code: 044a - 359a thru 044v - 359v	**Error Report Message:** Revenue Code, Charges, Service Date, HCPCS Code Mismatch *(This will appear on the detail Revenue Code Report)* **Reason:** The record is missing a Revenue Code, Charge, Service Date or HCPCS Code. **User Response:** Correct the record so that each Charge has a Revenue Code, Service Date and when necessary a HCPCS Code.
Error Code: 044a - 364 thru 044v - 364 Effective 2024 Q1	**Error Report Message:** No Revenue Code and HCPCS Code in the Specified Ranges **Reason:** Outpatient claim must have at least one revenue line item with a Revenue Code and a HCPCS Code in the specified ranges. **User Response:** Review Revenue Codes and HCPCS Codes and make corrections. Resubmit without the claim or delete the claim if it does not meet the submission criteria.

Field 45a-45v	Service Date (by Revenue Code)	
Description	The date (MMDDYY) the outpatient service was provided.	
Procedure	Enter the date that the corresponding outpatient service was provided.	
Field Size & Type	22 fields, 6 characters each; Numeric; Right-justified	
Record Location	45a- Service Date 1: 987-992	45l- Service Date 12: 1570-1575
	45b- Service Date 2: 1040-1045	45m- Service Date 13: 1623-1628
	45c- Service Date 3: 1093-1098	45n- Service Date 14: 1676-1681
	45d- Service Date 4: 1146-1151	45o- Service Date 15: 1729-1734
	45e- Service Date 5: 1199-1204	45p- Service Date 16: 1782-1787
	45f- Service Date 6: 1252-1257	45q- Service Date 17: 1835-1840
	45g- Service Date 7: 1305-1310	45r- Service Date 18: 1888-1893
	45h- Service Date 8: 1358-1363	45s- Service Date 19: 1941-1946
	45i- Service Date 9: 1411-1416	45t- Service Date 20: 1994-1999
	45j- Service Date 10: 1464-1469	45u- Service Date 21: 2047-2052
	45k- Service Date 11: 1517-1522	45v- Service Date 22: 2100-2105
NUBC Reference	UB-04, Form Locator 45 (Lines 1-22)	
Purpose	To identify the date the outpatient service was provided to the patient.	
Relational Edit Criteria:		
Error Code: 045a - 357a thru 045v - 357v	**Error Report Message:** Service Date Invalid	
	Reason: The Service Date must be a valid date and fall between the From and Through Dates.	
	User Response: Correct the Service Date, Through Date and/or From Date.	
Error Code: 045a - 359a thru 045v - 359v	**Error Report Message:** Revenue Code, Charges, Service Date, HCPCS Code Mismatch *(This will appear on the detail Revenue Code Report)*	
	Reason: The record is missing a Revenue Code, Charge, Service Date or HCPCS Code.	
	User Response: Correct the record so that each Charge has a Revenue Code, Service Date and when necessary a HCPCS Code.	

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. When HCPCS codes are reported, the unit is defined by the HCPCS definition. Where the unit is not defined by the HCPCS code, 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	46a- Service Unit 1: 993-999	46l- Service Unit 12: 1576-1582
	46b- Service Unit 2: 1046-1052	46m- Service Unit 13: 1629-1635
	46c- Service Unit 3: 1099-1105	46n- Service Unit 14: 1682-1688
	46d- Service Unit 4: 1152-1158	46o- Service Unit 15: 1735-1741
	46e- Service Unit 5: 1205-1211	46p- Service Unit 16: 1788-1794
	46f- Service Unit 6: 1258-1264	46q- Service Unit 17: 1841-1847
	46g- Service Unit 7: 1311-1317	46r- Service Unit 18: 1894-1900
	46h- Service Unit 8: 1364-1370	46s- Service Unit 19: 1947-1953
	46i- Service Unit 9: 1417-1423	46t- Service Unit 20: 2000-2006
	46j- Service Unit 10: 1470-1476	46u- Service Unit 21: 2053-2059
	46k- Service Unit 11: 1523-1529	46v- Service Unit 22: 2106-2112
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	47l- Total Charge 12: 1583-1592
	47b- Total Charge 2: 1053-1062	47m- Total Charge 13: 1636-1645
	47c- Total Charge 3: 1006-1115	47n- Total Charge 14: 1689-1698
	47d- Total Charge 4: 1159-1168	47o- Total Charge 15: 1742-1751
	47e- Total Charge 5: 1212-1221	47p- Total Charge 16: 1795-1804
	47f- Total Charge 6: 1265-1274	47q- Total Charge 17: 1848-1857
	47g- Total Charge 7: 1318-1327	47r- Total Charge 18: 1901-1910
	47h- Total Charge 8: 1371-1380	47s- Total Charge 19: 1954-1963
	47i- Total Charge 9: 1424-1433	47t- Total Charge 20: 2007-2016
	47j- Total Charge 10: 1477-1486	47u- Total Charge 21: 2060-2069
	47k- Total Charge 11: 1530-1539	47v- Total Charge 22: 2113-2122
NUBC Reference	UB-04, Form Locator 47	
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 - 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.	
Error Code: 047a - 359a thru 047v - 359v	**Error Report Message:** Revenue Code, Charges, Service Date, HCPCS Code Mismatch *(This will appear on the detail Revenue Code Report)* **Reason:** The record is missing a Revenue Code, Charge, Service Date or HCPCS Code. **User Response:** Correct the record so that each Charge has a Revenue Code, Service Date and when necessary a HCPCS Code.	

Field 47w	Total Charges
Description Revised January 2011	The total charges for the claim.
Procedure	See *Appendix A* 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 Revised January 2011	To assure that the individual charges are complete for the entire claim.
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 - 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 charge. **User Response:** Correct the total charge (in 47w) and/or individual charges.
Error Code: 047w - 355	**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.
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	48a- Non-covered Chrg. 1: 1010-1019	48l- Non-covered Chrg. 12: 1593-1602
	48b- Non-covered Chrg. 2: 1063-1072	48m- Non-covered Chrg. 13: 1646-1655
	48c- Non-covered Chrg. 3: 1116-1125	48n- Non-covered Chrg. 14: 1699-1708
	48d- Non-covered Chrg. 4: 1169-1178	48o- Non-covered Chrg. 15: 1752-1761
	48e- Non-covered Chrg. 5: 1222-1231	48p- Non-covered Chrg. 16: 1805-1814
	48f- Non-covered Chrg. 6: 1275-1284	48q- Non-covered Chrg. 17: 1858-1867
	48g- Non-covered Chrg. 7: 1328-1337	48r- Non-covered Chrg. 18: 1911-1920
	48h- Non-covered Chrg. 8: 1381-1390	48s- Non-covered Chrg. 19: 1964-1973
	48i- Non-covered Chrg. 9: 1434-1443	48t- Non-covered Chrg. 20: 2017-2026
	48j- Non-covered Chrg. 10: 1487-1496	48u- Non-covered Chrg. 21: 2070-2079
	48k- Non-covered Chrg. 11: 1540-1549	48v- Non-covered Chrg. 22: 2123-2132
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 *Appendix A* 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	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. 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.** **Payer Type:** 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) Use the following values to assign a two-digit Payer Type: <table><tr><td colspan="2"><u>First Digit</u> (Type of Payer)</td><td colspan="2"><u>Second Digit</u> (Type of Product)</td></tr><tr><td>Uninsured</td><td>0</td><td>Self-Pay or Charity/Indigent Care</td><td>0</td></tr><tr><td>Medicare</td><td>1</td><td>Exclusive Provider Organization (PPO)</td><td>1</td></tr><tr><td>Medicaid</td><td>2</td><td>Preferred Provider Organization (PPO)</td><td>2</td></tr><tr><td>Blue Cross</td><td>3</td><td>Point of Service (POS)</td><td>3</td></tr><tr><td>Commercial Insurer</td><td>4</td><td>Fee for Service</td><td>4</td></tr><tr><td>Other Government</td><td>8</td><td>Health Maintenance Organization (HMO)</td><td>5</td></tr><tr><td>Unknown/Not Listed</td><td>9</td><td>Workers' Compensation</td><td>7</td></tr><tr><td></td><td></td><td>Automobile</td><td>8</td></tr><tr><td></td><td></td><td>Unknown/Not Listed</td><td>9</td></tr></table> *(Unknown/Not Listed codes will be monitored for excessive use)* Code Unknown Payers as 99. Code Self-Pay or Charity/Indigent Care as 00. Code companies providing coverage under an Automobile Policy as 48. Code companies providing coverage under Workers' Compensation as 47. Code patients receiving care at a State Psychiatric Facility as 89. Code all Federal/State/County-Funded Programs except TriCare such as Black Lung, Postal Workers, Inmates, Veterans, etc. as 89. Employer-Funded Plans should use the code of the insurance company administering the plan.

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	<u>Payer Name:</u> 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.
Field Size & Type	3 fields, 25 characters each (two-digit Payer Type and 23 character Payer Name); Alphanumeric; Left-justified
Record Location	50a- Payer Type: 2167-2168 Payer Name: 2169-2191 50b- Payer Type: 2403-2404 Payer Name: 2405-2427 50c- Payer Type: 2639-2640 Payer Name: 2641-2663
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., Commercial vs. Medicare, HMO vs. Fee for Service, etc.).*
Field Edit Criteria:	
Error Code: 050a-1 - 134 Revised February 2008	**Error Report Message:** Primary Payer Type Invalid **Reason:** The two-digit Primary Payer Type is blank or does not contain a valid code. **User Response:** Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to *Appendix C*.
Relational Edit Criteria:	
Error Code: 050a-1 - 334 Revised February 2008	**Error Report Message:** Primary Payer Type and Primary Payer ID/Health Plan ID Mismatch **Reason:** The two-digit Primary Payer Type and the Primary Payer ID/Health Plan ID (NAIC Code, Field 051a) are mismatched. **User Response:** Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to *Appendix C*.
Error Code: 050a-1 - 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 50a-50c	Payer Type and Name
Facility-Level Edit Criteria:	
Error Code: 050a - 911	**Error Report Message:** Number of Unknown Primary Payer Types Exceeds Acceptable Limits **Reason:** The number of Unknown/99 two-digit Primary Payer Types for your facility exceeds the acceptable limit. **User Response:** Review all records containing Unknown/99 two-digit Primary Payer Types, identify the correct codes and resubmit your data.

Field 51a-51c	Payer ID/Health Plan ID
Description Revised September 2014	The number used to identify the payer or health plan.
Procedure	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 *Appendix C* for a list of the <u>most common</u> Primary Payers and corresponding Payer ID/Health Plan IDs (NAIC Codes). Blank fill this field if the Primary Payer is not listed in *Appendix C* and you do not know the correct NAIC Code. Please note that valid NAIC Codes, not found in *Appendix C*, from licensed insurance carriers in both Pennsylvania as well as the surrounding states will be accepted. When an insurer is providing contractual Medicare or Medicaid managed care services use the NAIC Code for that specific company. 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. **The following seven-digit codes should be used to identify the unique Primary Payers listed below:**

Self-Pay or Charity/Indigent Care	1111111	Federal/State/County funded programs except Medicare and Medicaid	6666666
Behavioral Health Care	2222222		
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 *(e.g., Commercial vs. Medicare, HMO vs. Fee for Service, etc.)*.
Field Edit Criteria:	
Error Code: 051a - 135	**Error Report Message:** Primary Payer ID/Health Plan ID of Primary Payer Invalid **Reason:** The Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) is invalid. **User Response:** See *Appendix C* 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.

Field 51a-51c	Payer ID/Health Plan ID
Relational Edit Criteria:	
Error Code: 051a - 334	**Error Report Message:** Primary Payer Type and Primary Payer ID/Health Plan ID Mismatch **Reason:** The two-digit Primary Payer Type and the Primary Payer ID/Health Plan ID (NAIC Code) are mismatched. **User Response:** Correct the two-digit Primary Payer Type and/or Primary Payer ID/Health Plan ID (NAIC Code). Please refer to *Appendix C*.
Facility-Level Edit Criteria:	
Error Code: 051a - 912	**Error Report Message:** Number of Blank Primary Payer ID/Health Plan IDs (NAIC Codes) Exceeds Acceptable Limit **Reason:** The number of blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) for your facility exceeds the acceptable limit. **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.
Error Code: 051a - 914	**Error Report Message** Number of Blank Primary Payer ID/Health Plan IDs (NAIC Codes) Approaching Unacceptable Limit. **Reason:** The number of blank Primary Payer ID/Health Plan ID of Primary Payer (NAIC Code) for your facility approaching unacceptable limit. **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.

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	The coding for the field is defined by the NUBC. The following is a list of valid entries: **Code** **Definition** 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	The coding for the field is defined by the NUBC. The following is a list of valid entries: **Code** **Definition** 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 *(estimated responsibility less prior payments)*.
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:		
	Code	**Title**	**Code**	**Title**

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
	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	**Authorization** Required when an authorization code assigned by the payer or Utilization Management Organization (UMO) is required to be reported on the claim. **Referral Number** Required when a referral number is assigned by the payer or Utilization Management Organization (UMO) AND a referral is involved. **Notes** A=Authorization Code B=Referral Number C=Secondary Payer Authorization Code
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: **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, 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 - 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.
Error Code: 67-1 - 315	**Error Report Message:** Duplicate Diagnosis Codes *(When a duplicate diagnosis is encountered, all submitted Diagnosis Codes are shown on the Error Correction Report for your information)* **Reason:** Duplicate Diagnosis Code. **User Response:** Correct or delete the duplicate(s) *(a Principal Diagnosis Code is required)*
Error code: 67-1 - 316 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: 67-1 - 332	**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 Birth Date, From Date and/or Diagnosis Code.

Field 67-2	Principal Diagnosis Code Present on Admission (POA) Indicator
Description	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	1 character field; Alphanumeric; Left-justified
Record Location	2898
NUBC Reference	UB-04, Form Locator 67 (shaded area)
Note	This field is not currently edited.

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.
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 - 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.
Error Code: 67a1 - 315 thru 67q1 - 315	**Error report message:** Duplicate Diagnosis Codes *(When a duplicate diagnosis code is encountered, all submitted Diagnosis Codes are shown on the Error Correction Report for your information)* **Reason:** Duplicate Diagnosis Code. **User Response:** Correct or delete the duplicate(s) (*a Principle Diagnosis Code is required*).

Field 67a1-67q1	Other Diagnosis Codes
	Relational Edit Criteria:
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 - 332a thru 67q1 - 332q	**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 Birth Date, From Date and/or Diagnosis Code.

Field 67a2-67q2	Other Diagnosis Code Present on Admission (POA) Indicator	
Description	**Inpatient reporting only.**	
Procedure	Blank fill.	
Field Size & Type	1 character field; Alphanumeric; Left-justified	
Record Location	67a2- POA Indicator 1: 2906	67j2- POA Indicator 10: 2978
	67b2- POA Indicator 2: 2914	67k2- POA Indicator 11: 2986
	67c2- POA Indicator 3: 2922	67l2- POA Indicator 12: 2994
	67d2- POA Indicator 4: 2930	67m2- POA Indicator 13: 3002
	67e2- POA Indicator 5: 2938	67n2- POA Indicator 14: 3010
	67f2- POA Indicator 6: 2946	67o2- POA Indicator 15: 3018
	67g2- POA Indicator 7: 2954	67p2- POA Indicator 16: 3026
	67h2- POA Indicator 8: 2962	67q2- POA Indicator 17: 3034
	67i2- POA Indicator 9: 2970	
NUBC Reference	UB-04, Form Locator 67a-q (shaded area)	
Note	This field is not currently edited.	

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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	7 character field; Alphanumeric; Left-justified
Record Location	3052-3058
NUBC Reference	UB-04, Form Locator 69
Note	This field is currently not edited.

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 Revision effective 2015 Q4	The ICD-10-CM diagnosis code describing the patient's stated reason for seeking care. This may be a condition representing patient distress, an injury, a poisoning, or a reason or condition (not an illness or injury). Report the first diagnosis code describing the patient's primary reason for seeking care in subfield a. There are two other diagnosis code subfields to report additional reasons for the patient's visit for care. 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 digit is unnecessary because it is implied.
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
Purpose	To identify the patient's primary reason for the visit.
Field Edit Criteria:	
Error Code: 070a – 145a thru 070c – 145c Revision effective 2015 Q4	**Error report message:** Patient Reason for Visit Invalid **Reason**: The code is not a valid ICD-10-CM Diagnosis Code or is in an incorrect format. **User Response:** Correct the Patient Reason for Visit or remove decimal if present.
Relational Edit Criteria:	
Error Code: 070a – 352a thru 070c – 352c Revised February 2008	**Error report message:** Sex Code Invalid for Patient Reason for Visit **Reason:** A diagnosis code was entered in the Patient Reason for Visit field that is not valid for the patient's sex. **User Response:** Correct the Diagnosis Code(s) and/or Sex Code.
Error Code: 070a – 353a thru 070c – 353c Revised February 2008	**Error report message:** Age Invalid for Patient Reason for Visit **Reason:** A diagnosis code was entered in the Patient Reason for Visit field that is valid for a specific age range, but the age of the patient is not in that range. **User Response:** Correct the Birth Date, From Date, and/or Patient Reason for Visit.
Error Code: 070a - 354 thru 070c - 354	**Error report message:** Duplicate Patient Reason for Visit *(When a duplicate patient reason for visit is encountered, all submitted Patient Reason for Visit Codes are shown on the Error Correction Report for your information)* **Reason:** Duplicate Patient Reason for Visit **User Response:** Correct or delete the duplicate(s).

Field 71	Prospective Payment System (PPS) Code
Description	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	4 character field; Numeric; Right-justified (all positions fully coded)
Record Location	3080-3083
NUBC Reference	UB-04, Form Locator 71
Note	This field is currently not edited.

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).

Field 72a-72c	External Cause of Injury (ECI) Code
Procedure Revision effective 2015 Q4	For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. 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. 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).

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.*

*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 required; for those injury and poisoning codes (Chapter 19) that do include an external cause, an additional external cause of morbidity code (Chapter 20) is not required.

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.
Facility-Level Edit Criteria:	
Error Code: 072a -920 thru 072c - 920 Effective 2015 Q4	Discontinued.

Field 72a1-72c1	External Cause of Injury (ECI) Code Present on Admission (POA) Indicator
Description	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	3 fields, 1 character each; Alphanumeric; Left-justified
Record Location	72a1- Present on Admission Indicator (ECI) 1: 3091 72b1- Present on Admission Indicator (ECI) 2: 3099 72c1- Present on Admission Indicator (ECI) 3: 3107
NUBC Reference	UB-04, Form Locator 72 (shaded area)
Note	This field is not currently edited.

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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	7 character field; Alphanumeric; Left-justified
Record Location	3117-3123
NUBC Reference	UB-04, Form Locator 74 (code portion)
Note	This field is currently not edited.

Field 74-2	Principal Procedure Date
Description	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	6 character field; Numeric; Right-justified
Record Location	3124-3129
NUBC Reference	UB-04, Form Locator 74 (date portion)
Note	This field is currently not edited.

Field 74a1-74e1	Other Procedure Codes
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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)
Note	This field is currently not edited.

Field 74a2-74e2	Other Procedure Dates
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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)
Note	This field is currently not edited.

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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	11 character field; Alphanumeric; Left-justified
Record Location	3211-3221
NUBC Reference	UB-04, Form Locator 76 (NPI portion)
Note	This field is currently not edited.

Field 76b	Attending Provider - Secondary Identifier Qualifier
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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	**Inpatient reporting only.**
Procedure	Blank fill.
Field Size & Type	9 character field; Alphanumeric; Left-justified
Record Location	3224-3232
NUBC Reference	UB-04, Form Locator 76
Note	This field is currently not edited.

Field 76d	Attending Provider - Last Name
Description	**Inpatient reporting only.**
Procedure	Blank fill.
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	**Inpatient reporting only.**
Procedure	Blank fill.
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 Revised February 2016	The identification number of the individual with the primary responsibility for performing the surgical procedure(s). When the service was not performed by a physician, please include the provider responsible for the service or the provider who ordered it.
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 or blank. **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.

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	The coding for this field is defined by the NUBC. This field must be blank or 0B. **Qualifier** **Definition** 0B State License Number
Field Size & Type	2 character field; Alphanumeric; 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 Revised February 2008	To identify Ambulatory/Outpatient services performed by a specific physician.
Field Edit Criteria:	
Error Code: 077c - 116 Revised February 2016	Discontinued.

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	The coding for this field is defined by the NUBC. The following is a list of valid entries:
	Qualifier **Definition** 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	The coding for this field is defined by the NUBC. The following is the only valid entry for this field: **Qualifier**　　**Definition** 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
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 Revised September 2009	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	This field is currently not edited.

Field 121d1b - 121d10b	Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)
Description Revised September 2009	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 Revised September 2009	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 Revised September 2009	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	**Error Report Message:** Number of Claims for Your Facility is Unusually High or Low
	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.
	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.

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 Charge, zero fill;
    - 48w, Non-covered Charge (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 Codes
    - 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
		Romania	RO
Madagascar	MG	Russian Federation	RU
Malawi	MW	Rwanda	RW
Malaysia	MY	Saint Barthelemy	BL
Maldives	MV	Saint Helena, Ascension And Tristan da Cunha	SH
Mali	ML		
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
Togo	TG

Country	Code
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