







# UB-04 Completion Guide

## Hospital Services

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
42	43	44	45	46			
<i>The UB-04 has a total of 22 lines for claim detailed information.</i>							
PAGE ____ OF ____		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						56 NPI	
						57 OTHER	
						58 INSURED'S NAME	
						59 P.REL.	
						60 INSURED'S UNIQUE ID	
						61 GROUP NAME	
						62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		

#	FIELD NAME	FIELD INSTRUCTIONS
42	Revenue Code	Enter the appropriate revenue codes. <b>Consult your NUBC UB-04 Data Specifications Manual for a complete listing.</b> Revenue codes should be entered in ascending order with the <u>exception of revenue code 0001 (total charges) which must always be the last entry.</u>
43	Revenue Description	Enter a narrative description of the related revenue categories. Abbreviations may be used.
44	HCPCS/Accommodation Rates/HIPPS Rate Codes	Required for outpatient claims when an appropriate HCPCS code exists for this service line item.
45	Service Date/Creation Date	Service Date - Required on outpatient claims. Creation Date – Required for Line 23. Enter the date the bill was created or prepared for submission. Creation Date on Line 23 should be reported on all pages of the UB-04.
46	Service Units	Enter number of days or units of service when appropriate for a revenue code.

# UB-04 Completion Guide

## Hospital Services

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1					47	48	1	
2							2	
3							3	
4							4	
5	<i>The UB-04 has a total of 22 lines for claim detailed information.</i>							5
23	PAGE ____ OF ____		CREATION DATE		TOTALS		23	
50 PAYER NAME		51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A							57	
B	50				54		OTHER	
C							PRV ID	
58 INSURED'S NAME		59 P.REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A								
B								
C								
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME			
A								
B								
C								

#	FIELD NAME	FIELD INSTRUCTIONS
47	Total Charges	Sum the total charges, lines 1 - 22. Enter total charges on line 23 of final page as revenue code 0001.
48	Non-Covered Charges	If applicable, enter the amount of the non-covered services.
50	Payer Identification	Enter the 3-character carrier code of the name of the health plan that the provider might expect some payment for the bill. If Medicaid is the only payer, enter "619" in Field 50 A.
54	Prior Payments - Payer	Enter the amount received from the primary payer on the appropriate line when Medicaid is secondary or tertiary. Report all primary insurance payments.

# UB-04 Completion Guide

## Hospital Services

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1							1	
2							2	
3							3	
4							4	
5	<i>The UB-04 has a total of 22 lines for claim detailed information.</i>							5
23	PAGE ____ OF ____		CREATION DATE		TOTALS		23	
50 PAYER NAME		51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">56</span>	
A							57	
B							OTHER	
C							PRV ID	
58 INSURED'S NAME		59 PREL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A			<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">60</span>					
B								
C								
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
A	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">63</span>		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">64</span>					
B								
C								

#	FIELD NAME	FIELD INSTRUCTIONS
56	National Provider Identifier	Enter provider's 10-digit NPI.
60 A - C	Insured's Unique Identification	Enter the patient's 10-digit Medicaid number on the same lettered line (A, B, or C) that corresponds to the line on which Medicaid payer information was shown in Fields 50 –51.
63	Treatment Authorization Code	If applicable, enter the assigned authorization number.
64 A - C	Document Control Number (DCN)	Enter the claim control number (CCN) of the paid Medicaid claim when submitting a replacement or void claim to Medicaid.

# UB-04 Completion Guide

## Hospital Services

68 DX	67	A	B	C	D	E	F	G	H	68		
		J	K	L	M	N	O	P	Q			
69 ADMIT DX		70 PATIENT REASON DX	a	b	c	71 PPS CODE		72 ECI	a	b	c	73
74	PRINCIPAL PROCEDURE CODE DATE	a.	OTHER PROCEDURE CODE DATE	b.	OTHER PROCEDURE CODE DATE	75	76 ATTENDING	NPI	76	QUAL		
	74						LAST		FIRST			
	c.	OTHER PROCEDURE CODE DATE	d.	OTHER PROCEDURE CODE DATE	e.	OTHER PROCEDURE CODE DATE	77 OPERATING	NPI	QUAL			
							LAST		FIRST			
80 REMARKS			81CC a	81			78 OTHER	NPI	QUAL			
			b				LAST		FIRST			
			c				79 OTHER	NPI	QUAL			
			d				LAST		FIRST			

UB-04 CMS-1450  
© 2005 NUBC

OMB APPROVAL PENDING

NUBC<sup>®</sup> National Uniform  
Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

#	FIELD NAME	FIELD INSTRUCTIONS
67 A - Q	Principal Diagnosis Code	Enter the ICD Diagnosis Code including the fourth and fifth digits where applicable.
74	Principal Procedure Code and Date	If applicable, enter the principal procedure code and date. It is required on inpatient claims when a procedure was performed.
74 A - E	Other Procedure Codes and Dates	If applicable, enter any other procedure codes and dates. They are required on inpatient claim when additional procedures must be reported.
76	Attending Physician ID	Enter the Attending Physician's National Provider Identifier (NPI).
81	Taxonomy Code	Enter Qualifying code "B3" for Taxonomy code and enter 10-character Taxonomy code. ex. B3 <u>322D00000X</u> (Underlined code is sample taxonomy code)