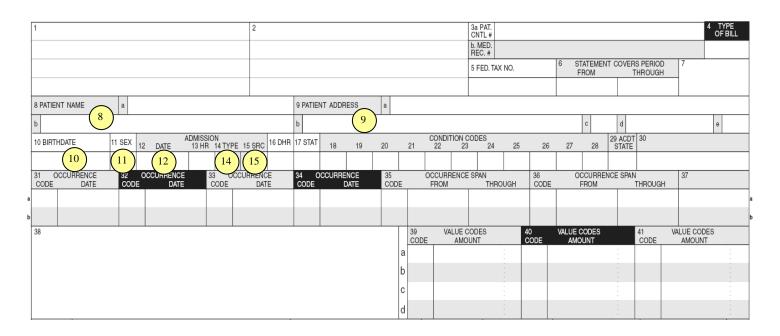


#	FIELD NAME	FIELD INSTRUCTIONS
1	Provider Name, Address, and Telephone Number	Enter the provider's name and mailing address and telephone number.
2	Pay-to Name, Address, and Secondary ID Fields	Enter the Pay-to Name and Address.
3a	Patient Control Number	Enter your account number for the patient. The patient's account number will be listed as the "Own Reference Number" on the remittance advice.
3b	Medical Record Number	Enter the patient's medical or health record number.
4	Type of Bill	Indicate the Medicaid bill type.
5	Federal Tax Identification Number	Enter the facility's Federal Tax Identification Number.
6	Statement Covers Period	Enter the beginning and end dates covered by this bill. The date format is MM-DD-YYYY.



#	FIELD NAME	FIELD INSTRUCTIONS					
8	Patient Name	Enter the patient's last name, first name middle initial.					
9	Patient Address	Enter the patient's mailing address, including street number and name or post office box number or RFD, city name, state name and ZIP code.					
10	Patient Birth Date	Enter the patient's birth date in "MMDDYYYY" format. If birth date is unknown, indicate zeros for all eight digits.					
11	Patient Sex	Enter the sex of the patient: M – male F – female U – unknown					
12	Admission/Start of Care Date	Enter the actual admission date of the patient.					
14	Admission Type	Enter the code indicating the priority of this inpatient admission.					
15	Source of Referral for Admission or Visit	Enter the appropriate code indicating the referral source.					

1					2								3a PAT. CNTL#							4 (TYPE OF BILL
													b. MED. REC. #								
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8 PATIENT NAME	a					9 PATIE	NT ADD	RESS	a												
b						b											С	d			е
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 1	4 TYPE	15 SRC 16 DHR	17 STAT	18	19	20		21	ONDITION (CODES 3 24	25	26	27	28	29 ACD STATE	Т 30		
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31 OCCURRENCE CODE DATE	32 COD	OCCURRENCE E DATE		OCCL	JRRENCE DATE	34 CODE	OCCURR	ENCE DATE	35 CO	DE		COURRENCE ROM	SPAN THROU	GH	36 CODE		CCURREN FROM		N THROUGH	37	
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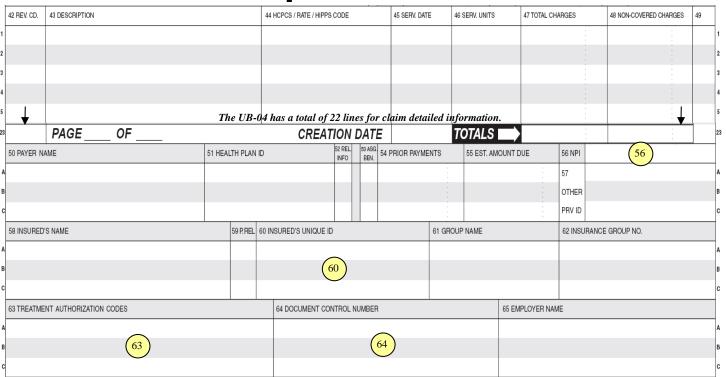
#	FIELD NAME	FIELD INSTRUCTIONS
17	Patient Discharge Status	Enter the patient's status as of the "through" date of the billing period.
18–28	Condition Codes	If applicable, enter the condition code(s).
29	Accident State	Required when the services reported on this claim are related to an auto accident and the accident occurred in a country or location that has a state, province, or sub-country code name in X12 code source 22.
31–34 A - B	Occurrence Codes and Dates	Enter the corresponding code, if applicable to this claim that identifies conditions that apply to this billing period. Codes must have 2 digits and must be entered in alpha-numeric sequence. Dates must be six digits and numeric. One entry without the other will generate an edit code.
35–36 A - B	Occurrence Span Codes and Dates	A code and the related dates that identify an event that relates to the payment of the claim.

42	REV. CD.	43 DESCRIPTION		44 HCPCS / RATE / HIPPS	CODE			45 SERV. DATE	46	SERV. UNITS	47 TOTAL C	HARGES		48 NON-COVERED CHARGES	49	7
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50	PAYER NA	ME	51 HEALTH PLAN II	D	52 REL. INFO	53 ASG BEN.	54 PI	RIOR PAYME	NTS	55 EST. AM	OUNT DUE	56 NPI				
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58	B INSURED'S	S NAME	59 P. REL 6	60 INSURED'S UNIQUE ID					61 GROUP	NAME		62 INSU	RANCE	GROUP NO.		
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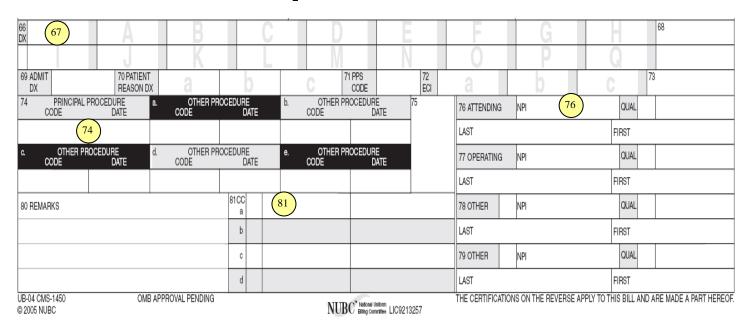
#	FIELD NAME	FIELD INSTRUCTIONS
42	Revenue Code	Enter the appropriate revenue codes. Consult your NUBC UB-04 Data Specifications Manual for a complete listing. Revenue codes should be entered in ascending order with the exception of revenue code 0001 (total charges) which must always be the last entry.
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.

42 REV.	CD. 43 DESCRIPTION		44 HCPCS / RATE / HIPPS CO	DDE		45 SERV. DATE	46 9	SERV. UNITS	47 TOTAL CH	IARGES	48 N	ON-COVERED CHARGES	49	7
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58 INS	SURED'S NAME	59 P. REL 6	0 INSURED'S UNIQUE ID				61 GROUP	NAME		62 INSUF	RANCE GRO	UP NO.		
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#	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.



#	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.			



#	FIELD NAME	FIELD INSTRUCTIONS
67 A - Q	Principal Diagnosis Code	Enter the ICD Diagnosis Code including the fourth and fifth digits where applicable.
		If applicable, enter the principal procedure code and date. It is required on inpatient claims when a procedure was performed.
		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. B3322D00000X (Underlined code is sample taxonomy code)