

# UB-04 claim form and instructions



The Office of Management and Budget and the National Uniform Billing Committee have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form accommodates the National Provider Identifier (NPI) and has incorporated other important changes. Sample UB-04 forms for inpatient and outpatient claims can be found on pages 3 and 4.

## The UB-04 claim form and NPI

The UB-04 claim form includes several fields that accommodate the use of your NPI. Although the form accommodates the NPI, you may continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPIs and submitted them to us, you must report them on the UB-04 claim form.

If you have any questions regarding the UB-04 claim form, the NPI application process, or reporting your NPI to us, please call your Network Coordinator or contact Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE).

## UB-04 data field requirements

Field location UB-04	Description	Inpatient	Outpatient
1	Provider Name and Address	Required	Required
2	Pay-To Name and Address	Situational	Situational
3a	Patient Control Number	Required	Required
3b	Medical Record Number	Situational	Situational
4	Type of Bill	Required	Required
5	Federal Tax Number	Required	Required
6	Statement Covers Period	Required	Required
7	Future Use	N/A	N/A
8a	Patient ID	Situational	Situational
8b	Patient Name	Required	Required
9	Patient Address	Required	Required
10	Patient Birthdate	Required	Required
11	Patient Sex	Required	Required
12	Admission Date	Required	Required, if applicable
13	Admission Hour	Required	Required, if applicable
14	Type of Admission/Visit	Required	Required
15	Source of Admission	Required	Required
16	Discharge Hour	Required	N/A
17	Patient Discharge Status	Required	Required
18-28	Condition Codes	Required, if applicable	Required, if applicable
29	Accident State	Situational	Situational
30	Future Use	N/A	N/A
31-34	Occurrence Codes and Dates	Required, if applicable	Required, if applicable
35-36	Occurrence Span Codes and Dates	Required, if applicable	Required, if applicable
37	Future Use	N/A	N/A
38	Responsible Party Name and Address	Required, if applicable	Required, if applicable
39-41	Value Codes and Amounts	Required, if applicable	Required, if applicable
42	Revenue Code	Required	Required
43	Revenue Code Description	Required	Required
	NDC Code	Required, if applicable	Required, if applicable

Field location UB-04	Description	Inpatient	Outpatient
44	HCP/CS/Rates	Required, if applicable	Required, if applicable
45	Service Date	N/A	Required
46	Units of Service	Required	Required
47	Total Charges (By Rev. Code)	Required	Required
48	Non-Covered Charges	Required, if applicable	Required, if applicable
49	Future Use	N/A	N/A
50	Payer Identification (Name)	Required	Required
51	Health Plan Identification Number	Situational	Situational
52	Release of Info Certification	Required	Required
53	Assignment of Benefit Certification	Required	Required
54	Prior Payments	Required, if applicable	Required, if applicable
55	Estimated Amount Due	Required	Required
56	NPI	Required	Required
57	Other Provider IDs	Optional	Optional
58	Insured's Name	Required	Required
59	Patient's Relation to the Insured	Required	Required
60	Insured's Unique ID	Required	Required
61	Insured Group Name	Situational	Situational
62	Insured Group Number	Situational	Situational
63	Treatment Authorization Codes	Required, if applicable	Required, if applicable
64	Document Control Number	Situational	Situational
65	Employer Name	Situational	Situational
66	Diagnosis/Procedure Code Qualifier	Required, if applicable	Required, if applicable
67	Principal Diagnosis Code/Other Diagnosis Codes	Required	Required
68	Future Use	N/A	N/A
69	Admitting Diagnosis Code	Required	Required, if applicable
70	Patient's Reason for Visit Code	Situational	Situational
71	PPS Code	Situational	Situational
72	External Cause of Injury Code	Situational	Situational
73	Future Use	N/A	N/A
74	Principal Procedure Code/Date	Required, if applicable	Required, if applicable
75	Future Use	N/A	N/A
76	Attending Name/ID-Qualifier 1G	Required	Required
77	Operating ID	Situational	Situational
78-79	Other ID	Situational	Situational
80	Remarks	Situational	Situational
81	Code-Code Field/Qualifiers		
	*0-A0	N/A	N/A
	*A1-A4	Situational	Situational
	*A5-AB	N/A	N/A
	AC - Attachment Control number	Situational	Situational
	AD-B0	N/A	N/A
	*B1-B2	Situational	Situational
	*B3	Required	Required

# INPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL. # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0111	
5 FED. TAX NO. 221234567				6 STATEMENT COVERS PERIOD FROM 11 03 06 THROUGH 11 04 06		7 RESERVED	
8 PATIENT NAME a Doe, John		a Patient ID if different from Sub		9 PATIENT ADDRESS a 1234 Main Street		c PA d 19111 Country code if other than USA	
10 BIRTH DATE 03 20 1971		11 SEX M		12 DATE OF ADMISSION 11 03 06		13 HR 08	
14 TYPE 3		15 SRC 3		16 DHR 12		17 STAT 01	
18-21 CONDITION CODES 22-25							
26-28 IDENTIFYING EVENTS PA RESERVED							
29 ACCT STATE 30 RESERVED							
31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37 OCCURRENCE DATE							
38 Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing FUTURE USE							
38 John Doe 1234 Main Street Philadelphia, PA 19111				39 CODE VALUE CODES AMOUNT a A1 952.00		40 CODE VALUE CODES AMOUNT b Value Codes and amounts required when necessary to process claim	
41 CODE VALUE CODES AMOUNT c				42 RE V. CD. 43 DESCRIPTION 44 HCPCS / RATE / HPCS CODE 45 SE RV. DATE 46 SE RV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49			
0129 Semi-Private 200.00				2 400.00 0.00 Future Use			
0250 Pharmacy 1				1 50.00 0.00			
0360 OR Services				100.00 0.00			
PAGE 1 OF 1				CREATION DATE		TOTALS 550.00 0.00	
50 PAYER NAME Independence Blue Cross		51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		52 REL. INFO Y		53 ASS. BEN. Y	
54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider		55 EST. AMOUNT DUE Amount estimated to be due		56 NPI 222222222		57 OTHER PRV ID 1234567890	
58 INSURED'S NAME Doe, John		59 P. REL. 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.	
62 INSURANCE GROUP NO. 1234		63 TREATMENT AUTHORIZATION CODES 02468		64 DOCUMENT CONTR. OL NUMBER 491234		65 EMPLOYER NAME Watch Repair, Inc.	
66 DX 3910		67 Use A through Q to report "Other Diagnosis" if applicable				68 Reserved	
69 ADMIT DX 4280		70 PATIENT REASON DX May be used to report reason for visit		71 ICD-9 DRG		72 ICD-10 May be used to report external cause of injury	
73 Reserved		74 PRINCIPAL PROCEDURE CODE 3749		75 OTHER PROCEDURE CODE 11 03 06		76 ATTENDING NPI 222222222	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL 16 1234569822	
80 REMARKS		81 CC a B3 282N00000X		b Secondary		c Tertiary	
82		83		84		85	

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

3

Red = Required

Black = Situational/Required, if applicable/Reserved

Independence  
Blue Cross

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# OUTPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL. # 1234 b. MED. REC. # 98765	4 TYPE OF BILL 0131
5 FE D. TAX NO. 221234567			6 STATEMENT FROM 11 03 06	COVERS PERIOD THRU 11 04 06	7 RESERVED

8 PATIENT NAME a Patient ID if different from Sub b Doe, John	9 PATIENT ADDRESS a 1234 Main Street b Philadelphia c PA d 19111	Country code if other than USA
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10 BIRTH DATE 03 20 1971	11 SEX M	12 DATE 11 03 06	ADMISSION 13 HR 08	14 TYPE 3	15 SRC 3	16 DHR 12	17 STAT 01	18-21 CONDITION CODES 22-25	26-28 IDENTIFYING EVENTS 29-30	PA	RESERVED
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31 OCCURRENCE DATE COD E	32 OCCURRENCE DATE CODE	33 OCCURRENCE DATE CODE	34 OCCURRENCE DATE COD E	35 OCCURRENCE DATE CODE	36 OCCURRENCE DATE COD E	37 OCCURRENCE DATE CODE	38 OCCURRENCE DATE CODE	39 VALUE CODES AMOUNT A1 952.00	40 VALUE CODES AMOUNT CODE	41 VALUE CODES AMOUNT CODE	FUTURE USE
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38 Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing

John Doe  
1234 Main Street  
Philadelphia, PA 19111

Value Codes and amounts required when necessary to process claim

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0310	Laboratory N400093723106	88173	11 03 06	1	100.00	0.00	Future Use
0402	Ultrasound	76942	11 04 06	1	100.00	0.00	
0360	OR Services	3749	11 04 06	1	100.00	0.00	
<b>TOTALS</b>					<b>300.00</b>	<b>0.00</b>	

50 PAYER NAME Independence Blue Cross	51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory	52 REL. INFO. Y	53 ASS. BEN. Y	54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider	55 EST. AMOUNT DUE Amount estimated to be due	56 NPI 222222222	57 OTHER PR V ID 1234567890	58 TERTIARY PAYER Secondary
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58 INSURED'S NAME Doe, John	59 P. REL. 18	60 INSURED'S UNIQUE ID ABC1234567800	61 GROUP NAME Watch Repair, Inc.	62 INSURANCE GROUP NO. 1234
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63 TREATMENT AUTHORIZATION CODES 02468	64 DOCUMENT CONTR OL NUMBER 491234	65 EMPLOYER NAME Watch Repair, Inc.
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66 DX 9	3910	Use A through Q to report "Other Diagnosis" if applicable	68 Reserved
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69 ADMIT DX 4280	70 PATIENT REASON DX May be used to report reason for visit	71 PPS CODE DRG	72 EC I May be used to report external cause of injury	73 Reserved
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74 PRINCIPAL PROCEDURE DATE 3749	75 OTHER PROCEDURE DATE 11 04 06	76 ATTENDING NPI 222222222	77 OPER ATING NPI Smith	78 OTHER NPI David	79 OTHER NPI	80 REMARKS May be used to report additional information.
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UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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