



THE WAY **we care** MAKES ALL THE DIFFERENCE...

Required Fields – UB-04 – Institutional Claims

UB-04 FL #	Description of Information Required
1	Provider Name, address and telephone number
2	Pay to Name, address, and telephone number
3a	Patient Control Number provider's internal patient account number--used as a reference for claims tracers
4	Type of Bill – <i>indicates where the services were rendered</i>
5	Federal Tax Number (<i>NN-NNNNNNN format—as on file with IRS and MHP</i>)
6	Statement Covers Period – From /Through – <i>for use when interim billing or for several dates of service. "From" date is used to determine timely filing.</i>
8	Patient's Name <i>as it appears on MHP ID card</i>
9	Patient's address
10	Patient's date of birth
11	Patient's sex
12	Admission date
13	Hour of admission (<i>Mandatory for observation charges</i>)
14	Admission type
15	Admission source
16	Hour of discharge (<i>Mandatory for observation charges</i>)
17	Discharge status
18-28	Condition codes
31-34	Occurrence code/date
39-41	Value codes/Amount
42	Revenue Code – Medicare-determined codes for the area of the facility generating the charges
43	Description—enter a brief description of the services rendered including type of sx, radiological exam, etc.
44	HCPCS/Rate/HIPPC code—CPT 4 or HCPCS code corresponding to the services rendered (<i>not required for inpatient claims</i>)
45	Service date
46	Service units— <i>separate detail line for each date of service</i>
47	Total charges
48	Non-covered services
50 a	Payer Name—Primary, Secondary, and Tertiary, as appropriate
51 a	Health Plan ID—Primary, Secondary, and Tertiary, as appropriate
56	NPI
57 a-c	Other Provider ID
58a	Insured's name— <i>name of the subscriber. May be the same as patient.</i>
59	Relation of the insured to the patient.
60	Member ID number



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61	Group name-- <i>as it appears on member's ID card</i>
62	Group number-- <i>as it appears on member's ID card</i>
63	Treatment authorization codes—referral or prior auth number
65	Employer name—could differ from box 61
67	Principal diagnosis code—ICD-9-CM code to ultimate specificity.
67a-q	Other diagnoses codes—ICD-9-CM codes, to ultimate specificity, applicable to the patient (co-morbidity, etc.)
71	DRG—(<i>inpatient claims only</i>)
72a-c	External cause of injury (ECI) code— <i>if applicable</i>
74	Principal procedure—CPT code and date of service
74a-e	Other procedure codes and date of service
76	Attending physician—NPI/Legacy qualifier and legacy number Last name/first name
77	Operating physician—NPI/Legacy qualifier and legacy number Last name/first name
78	Other—NPI /Legacy qualifier and legacy number Last name/first name
79	Other—NPI /Legacy qualifier and legacy number Last name/first name