

Neighborhood Requirements for the UB-04 Institutional Claim Form

Field Number:	Field Heading:	Required <i>or</i> Optional Information?
1	Provider Name, Address, and Phone	Required
2	Pay-to Name & Address	Optional
3a	Patient Control #	Optional
3b	Medical Record #	Optional
4	Type of Bill	Required
5	Federal Tax Number	Required
6	Statement Covers Period (From-Through)	Required
7	Not Used	N/A
8a	Patient ID Number	Required
8b	Patient's Name	Required
9a-e	Patient's Address	Required
10	Patient's Birth Date	Required
11	Patient's Sex	Required
12	Admission Date	Required, if applicable
13	Admission Hour	Required, if applicable
14	Type of Admission	Required
15	Source of Admission	Required
16	Discharge Hour	Required, if applicable
17	Patient Status	Required
18-28	Condition Codes	Optional
29	Accident State	Optional
30	Not Used	N/A
31-34	Occurrence Codes and Dates	Optional
35-36	Occurrence Span Codes and Dates	Required, if applicable
37	Not Used	N/A
38	Responsible Party Name and Address	Required, if applicable
39-41	Value Codes and Amounts	Required, if applicable
42	Revenue Code	Required
43	Revenue Code Description	Optional

44	HCPCS/Rate/HIPPS Code	Required, if applicable
45	Service Date	Required
46	Units of Service	Required
47	Total Charges	Required
48	Non-covered charges	Required, if applicable
49	Not Used	N/A
n/a	Creation Date	Required
n/a	Totals	Required
50a	Payer Name	Required
51a	Health Plan ID	Required
52a	Release of Information Certification Indicator	Required
53a	Assignment of Benefits Certification Indicator	Required
54a-c	Prior Payments	Optional
55a-c	Estimated Amount Due	Optional
56	National Provider ID (NPI)	Required
57a-c	Other Provider ID	Optional
58a	Insured's Name	Required
59a	Patient's Relationship to Insured	Required
60a	Insured's Unique ID	Required
61a-c	Insurance Group Name	Optional
62a-c	Insurance Group #	Optional
63a-c	Treatment Authorization Code	Optional
64a-c	Document Control # (DCN)	Optional
65a-c	Employer Name	Optional
66	Diagnosis and Procedure Code Qualifier (DX)	Required
67	Principal Diagnosis Code & POA Indicator	Required
67a-q	Other Diagnosis Codes & POA Indicators	Required, if applicable
68	Not used	N/A
69	Admitting Diagnosis	Required, if applicable
70a-c	Patient Reason for Visit	Required, if applicable
71	Prospective Payment System (PPS) Code	Optional
72a-c	External Cause of Injury (ECI) Code	Optional
73	Not used	N/A
74	Principal Procedure Code and Date	Required, if applicable
74a-e	Other Procedure Codes and Dates	Required, if applicable
75	Not used	N/A
76	Attending NPI #, Qual. Identifier, Last/First Name	Required, if applicable

77	Operating NPI #, Qual. Identifier, Last/First Name	Required, if applicable
78-79	Other NPI #, Qual. Identifier, Last/First Name	Required, if applicable
80	Remarks	Optional
81a-d	Code-Code (CC) field	Optional