

1										2										3a PAT. CNTL. #		4 TYPE OF BILL										
																				b. MED. REC. #												
																				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH		7								
8 PATIENT NAME										9 PATIENT ADDRESS																						
b										b										c		d		e								
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28		29 ACDT STATE		30															
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM THROUGH		36 CODE		OCCURRENCE SPAN FROM THROUGH		37														
38										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT												
a																																
b																																
c																																
d																																
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																		
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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																
A																57																
B																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												
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66 DX	67		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	68			
69 ADMIT DX	70 PATIENT REASON DX		a.	b.	c.	71 PPS CODE	72 EQ	73	74	75	76 ATTENDING NPI	QUAL	77 OPERATING NPI	QUAL	78 OTHER NPI	QUAL	79 OTHER NPI	QUAL	80	81	82	83	84	85	86	87	88	89	90			
74	PRINCIPAL PROCEDURE DATE		a.	OTHER PROCEDURE DATE	b.	OTHER PROCEDURE DATE	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
c.	OTHER PROCEDURE DATE		d.	OTHER PROCEDURE DATE	e.	OTHER PROCEDURE DATE	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
80 REMARKS	81CC	a	b	c	d	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

R	Required	O	Optional
RA	Required if applicable	NR	Not required

	Field No.	Field Name	Instructions	IP	OP
R	01	Billing provider name, address and telephone number (phone # and fax # desirable)	The name and service location of the provider submitting the bill. Enter information in this format: Line 1: Provider Name Line 2: Street Address Line 3: City, State, ZIP code. (Use standard state abbreviation and valid ZIP code). Line 4: Telephone; Fax; Country Code	R	R
NR	02	Pay-to name and address	Enter the address that the provider submitting the bill intends payment to be sent <u>if different than FL 01</u> . Line 1: Pay-to Name Line 2: Street Address or Post Office Box Line 3: City, State, and 5-digit Zip Code Line 4: NOT USED. Reserved for Assignment by the NUBC	NR	NR
O	03a	Patient control number	Enter patient's unique (alphanumeric) number assigned by provider to retrieve individual accounts. Left-justify up to 24 characters.	O	O
NR	03b	Medical/health record number	Enter the number assigned to the patient's medical/health record by the provider. Left-justify up to 24 characters.	NR	NR
R	04*	Type of bill	Enter the 4-digit code to indicate the specific type of bill (e.g., hospital inpatient, outpatient, replacements, voids, etc.). The first digit is a leading zero, The next 2 digits indicate the type of bill, The fourth digit indicates the frequency of the bill. Type of bill must be consistent with services rendered.	R	R
R	05	Federal tax number	Enter the number assigned to the provider by the federal government for tax reporting purposes. Left-justify up to 10 characters (include hyphen).	R	R
R	06	Statement covers period	Enter the beginning and ending service dates of the entire period covered in the claim in MMDDYY format. For services provided on a single day, enter the date of service as both the "from" and "through" date.	R	R
NR	07	Unlabeled field	Reserved for Assignment by the NUBC.	NR	NR
R	08a	Patient name – identifier	The patient identifier as assigned by the payer. Report if number is different from the subscriber/insured's ID.	R	R
R	08b	Patient name	Enter patient's last name, first name, and middle initial.	R	R
R	09a–e	Patient address	Enter patient's complete mailing address including street number and name or P.O. box or RFD; city; state; ZIP code.	R	R
R	10	Patient birth date	Enter patient's date of birth in MMDDYYYY format.	R	R
R	11	Patient sex	Enter M for male or F for female.	R	R
R	12	Admission/start of care date	Enter the date of admission for inpatient services; for other services enter the date the episode of care began. Enter in MMDDYY format.	R	R

* Specific codes required (refer to UB-04 manual)

R	Required	O	Optional
RA	Required if applicable	NR	Not required

	Field No.	Field Name	Instructions	IP	OP
RA	13	Admission hour	Enter the hour of admission or start of care in military time using 2 numeric characters.	R	NR
RA	14*	Priority (type) of visit	Enter the 1-digit code indicating the priority of this admission/visit.	R	NR
RA	15*	Source of referral for admission or visit	Enter the 1-digit code indicating the source of referral for this admission or visit.	R	NR
RA	16	Discharge hour	Enter the hour of discharge from inpatient care in military time using 2 numeric characters.	R	NR
RA	17*	Patient discharge status	Enter the code indicating the disposition or discharge status of the patient on the ending service date of the period covered on this bill, as reported in FL6. Note: Completion of this field is not required on rural health clinic (RHC) and federally qualified health center (FQHC) claims.	R	NR
RA	18–28*	Condition codes	Used to identify conditions or events relating to this bill that may affect processing.	R	NR
NR	29	Accident state	Enter the 2-digit state abbreviation indicating where the accident occurred.	NR	NR
NR	30	Unlabeled	Reserved for assignment by the NUBC.	NR	NR
RA	31–34*	Occurrence codes and dates	Enter the code and associated date noting a significant event relating to the claim that may affect payer processing.	RA	RA
NR	35–36*	Occurrence span codes and dates	A code and the related dates that identify an event relating to the payment of the claim.	NR	NR
NR	37	Unlabeled	Reserved for future use by NUBC.	NR	NR
R	38	Responsible Party Name and Address	Enter the name and address of the party responsible for the bill. Left-justify and enter up to 5 lines of information.	R	R
RA	39–41*	Value Code/Amount	If required by Medica contract, enter value code 01 and the semi-private room rate for the facility.	RA	NR
R	42*	Revenue Code	Enter the appropriate numeric code to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if applicable. Revenue code 0001 must be the final entry on all bills.	R	R
R	43*	Revenue Description	Enter the narrative description of the related room and board and/or ancillary categories shown in field 42. The 23rd line contains an incrementing page number and total pages for the claim on each page, creation date of the claim on each page and a claim total for covered and non-covered charges on the final claim page only indicated with a Revenue Code of "0001".	R	R

* Specific codes required (refer to UB-04 manual)

R	Required	O	Optional
RA	Required if applicable	NR	Not required

	Field No.	Field Name	Instructions	IP	OP
RA	44	HCPCS/Rate/HCPCS Code	Enter the accommodation rate for room and board on inpatient claims, or the appropriate CPT®/HCPCS code for the outpatient ancillary service being reported. Important: Refer to your Medica contract to determine whether a CPT/HCPCS code is required for adjudication of the claim. For example, outpatient surgeries being paid under a grouper or other codes (e.g., labs, therapies) carved out for specific rates.	RA	RA
RA	45	Service Date	Enter the date on which the indicated service was performed—Use MMDDYY format. The date must be entered on outpatient series claims where the “from” and “through” dates are not the same (e.g., for physical, occupational and speech therapies).	NR	RA
R	46	Service Units	Enter the total number of accommodation days, ancillary units of service or visits as appropriate.	R	R
R	47	Total Charges	Enter the total charge related to the revenue code subcategory listed in field 42. Indicate the total charge of the claim on the last line with corresponding 0001 revenue code.	R	R
NR	48	Non-Covered Charges	Enter the total charge related to the revenue code subcategory listed in field 42. Indicate the total charge of the claim on the last line with corresponding 0001 revenue code.	NR	NR
NR	49	Unlabeled	Reserved for future use by the NUBC.	NR	NR
R	50*	Payer Name	Enter all payers in order of their liability, from whom some payment may be received for this claim. Enter the appropriate source of payment alpha code for each.	R	R
NR	51	Health Plan ID	New field. Not being used by Medica at this time.	NR	NR
R	52*	Release of Information	Enter the appropriate code indicating whether there is a signed statement from the member on file permitting the provider to release data to other organizations to adjudicate the claim.	R	R
R	53*	Assignment of Benefits	Enter the appropriate code indicating whether there is a signed form on file authorizing Medica to pay the provider directly for services.	R	R
RA	54	Prior Payments	Enter the amount, in dollars and cents, received toward payment of this bill prior to billing Medica.	RA	RA
O	55	Estimated Amount Due	In dollars and cents, enter the estimated amount due from Medica after prior payments are subtracted.	O	O
RA	56	National Provider ID	Enter the 10-digit National Provider Identifier.	RA	RA
RA	57	Other Provider ID	Enter the correct 7-digit provider number as assigned by Medica for the type of services provided.	RA	RA
R	58	Insured's Name	Enter the name of the individual in whose name the Medica coverage is carried.	R	R

* Specific codes required (refer to UB-04 manual)

R	Required	O	Optional
RA	Required if applicable	NR	Not required

	Field No.	Field Name	Instructions	IP	OP
R	59*	Patient's Relationship to Insured	Enter the 2-digit code indicating the relationship of the patient to the insured.	R	R
R	60	Insured's Unique Identifier	Enter and left-justify the insured's 16-digit ID number assigned by Medica.	R	R
RA	61	Insured's Group Name	Enter only if group coverage applies.	RA	RA
RA	62	Insured's Group Number	Enter and left-justify the 5-digit or 6-digit policy number if group coverage applies.	RA	RA
RA	63	Treatment Authorization Code	Used to indicate that a payer has authorized treatment.	RA	RA
O	64	Document Control Number	Enter the number assigned to the original claim by Medica when submitting an adjusted claim. Left-justify up to 26 alphanumeric characters.	O	O
NR	65	Employer Name	Not used by Medica.	NR	NR
NR	66	Dx and Procedure Code Qualifier	Not used by Medica.	NR	NR
R	67	Principal Dx Code and Present on Admission Indicator	Enter the complete ICD-9-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.	NR	R
RA	67A-Q	Other Dx Codes	Enter the complete ICD-9-CM diagnosis codes for up to 17 additional conditions.	RA	RA
NR	68	Unlabeled	Reserved for Assignment by the NUBC.	NR	NR
R	69	Admitting Diagnosis	The ICD-9-CM diagnosis code that describes the patient's diagnosis or reason for visit at the time of inpatient admission.	R	NR
RA	70a-c	Patient's Reason for Visit	Patient's reason for visit at the time of outpatient registration.	NR	R
NR	71	Prospective Payment System Code	Not used by Medica.	NR	NR
RA	72	External Cause of Injury Code	Enter the complete ICD-9-CM code for the external cause of injury, poisoning or adverse effect. Note: Per the "ICD-9-CM Official Guidelines for Coding and Reporting," E-codes should only be assigned to the initial treatment of an injury, poisoning, or adverse effect of drugs. A late effect E-code may be used for subsequent visits when a late effect of the initial injury or poisoning is being treated. For further information regarding E-codes please refer to the "ICD-9-CM Official Guidelines for Coding and Reporting," which may be accessed at www.cdc.gov/nchs .	RA	R

* Specific codes required (refer to UB-04 manual)

R	Required	O	Optional
RA	Required if applicable	NR	Not required

	Field No.	Field Name	Instructions	IP	OP
NR	73	Unlabeled	Reserved for Assignment by the NUBC.	NR	NR
RA	74	Principal Procedure Code/Date	The ICD-9-CM code for the principal procedure and date performed.	RA	NR
RA	74A-E	Other Procedure Code/Date	The ICD-9-CM procedure codes and dates for up to 5 additional procedures.	RA	NR
NR	75	Unlabeled	Reserved for Assignment by the NUBC.	NR	NR
R	76	Attending Provider Name and Identifiers	Enter the 10-digit NPI, 7-digit Medica-assigned provider (or UPIN) number and name of the attending or referring provider.	R	R
RA	77	Operating Physician Name and Identifiers	Used to enter the operating physician's ID. Required if there is a surgical procedure code listed on the claim.	RA	RA
RA	78-79	Other Provider Names and Identifiers	Used to enter the other physician, assisting physician, referring physician or ordering provider ID.	RA	RA
RA	80	Remarks	Enter any special notations that may be helpful in adjudicating the claim. Remarks must be typewritten. (Note: If NPI is required, a taxonomy code is required.)	RA	RA
RA	81a-e	Code – Code Field	Enter additional codes relating to another Form Locator overflow. Taxonomy Codes.	RA	RA