



**Claim Form Billing Instructions**  
**UB-04 Claim Form**

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8 PATIENT NAME	9 PATIENT ADDRESS	10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT	45 REV. CD.	46 DESCRIPTION	47 HPOS / RATE / HIPS CODE	48 SERV. DATE	49 SERV. UNITS	50 ALL CHARGES	51 NON-COVERED CHARGES	52						
50 PAYER NAME	51 HEALTH PLAN ID	52 P.R. INFO	53 AGG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	58 INSURED'S NAME	59 P.R. INFO	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68	69	70	71	72	73	74	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

SAMPLE

Field Number	Required Field?	Description and Instructions
1	Required	<b>Billing Provider Name, Address &amp; Telephone Number:</b> Enter the billing name, street address, city, state, zip code and telephone number of the billing provider submitting the claim. <i>Note: this should be the facility address.</i>
2	Required	<b>Pay To Name and Address:</b> Enter the name, street address, city, state, and zip code where the provider submitting the claims intends payment to be sent.
3a	Required	<b>Patient Control Number:</b> Enter the patient's unique alphanumeric control number assigned to the patient by the provider.
3b	Situational	<b>Medical Record Number:</b> Enter the number assigned to the patient's medical health record by the provider.
4	Required	<b>Type of Bill:</b> Enter the appropriate 3-character alphanumeric code that indicates the specific type of bill, such as inpatient, outpatient, late charges, etc.
5	Required	<b>Federal Tax Number:</b> Enter the provider's Federal Tax Identification number.
6	Required	<b>Statement Covers Period (From/Through):</b> Enter the beginning and ending service dates of the period included on the bill using a six-digit date format (MMDDYY). For example: 010108.
7	Required	<b>DRG:</b> Enter the DRG based on software for inpatient claims when required under contract grouper with a payer. <i>Note: Presbyterian requires the DRG to be entered in this field.</i>
8a	Required	<b>Patient Identifier:</b> Enter the patient's member number as shown on their Presbyterian ID Card.
8b	Required	<b>Patient Name:</b> Enter the patient's last name, first name, and middle initial as shown on their Presbyterian ID card.
9a-e	Required	<b>Patient Address:</b> Enter the patient's complete mailing address (fields 9a – 9e), including street address (9a), city (9b), state (9c), zip code (9d) and country code (9e) if applicable to the claim.
10	Required	<b>Patient Date of Birth:</b> Enter the patient's date of birth using an eight-digit date format (MMDDYYYY). For example: 06271968.
11	Required	<b>Patient Sex:</b> Enter the patient's gender using an "F" for female, "M" for male.
12	Situational	<b>Admission Date:</b> Enter the start date for this episode of care using a six-digit format (MMDDYY). For inpatient services, this is the date of admission. For other (Home Health) services, it is the date the episode of care began. <i>Note: This is required on all inpatient claims.</i>
13	Situational	<b>Admission Hour:</b> Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted.
14	Required	<b>Priority (Type) of Visit:</b> Enter the appropriate code indicating the priority of this admission/visit.
15	Required	<b>Point of Origin for Admission of Visit:</b> Enter the appropriate code indicating the point of patient origin for this admission or visit.
16	Situational*	<b>Discharge Hour:</b> Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. <i>*Note: Required on all final inpatient claims.</i>
17	Required	<b>Patient Discharge Status:</b> Enter the appropriate two-digit code indicating the patient's discharge status. <i>Note: Required on all inpatient, observation, or emergency room care claims.</i>
18-28	Situational	<b>Condition Codes:</b> Enter the appropriate two-digit condition code or codes if applicable to the patient's condition
29	Situational	<b>Accident State:</b> Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.
30	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
31-34	Situational	<b>Occurrence Codes/Dates:</b> Enter the appropriate two-digit occurrence codes and associated dates using a six-digit format (MMDDYY), if there is an occurrence code appropriate to the patient's condition.
35-36	Situational	<b>Occurrence Span Codes/Dates (From/Through):</b> Enter the appropriate two-digit occurrence span codes and related from/through dates using a six-digit format (MMDDYY) that identifies an event that relates to the payment of the claim. These codes identify occurrences that happened over a span of time.
37	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
38	Required	<b>Responsible Party Name and Address (Claim Addressee):</b> Enter the name, address, city, state and zip code of the party responsible for the bill.
39-41	Situational	<b>Value Codes and Amount:</b> Enter the appropriate two-digit value code and value if there is a value code and value appropriate for this claim.
42	Required	<b>Revenue Code:</b> Enter the applicable 4-character Revenue Code for the services rendered.
43	Required	<b>Revenue Description:</b> Enter the standard abbreviated description of the related revenue code categories included on this bill.
44	Situational	<b>HCPCS/Rates/HIPPS Code:</b> Enter the applicable HCPCS (CPT)/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates. Also report HCPCS modifiers when a modifier clarifies or improves the reporting accuracy. ? <b>Accommodation Rates:</b> Required when a room & board revenue code is reported. ? <b>HCPCS/CPT &amp; HIPPS Rate Codes:</b> Required for outpatient claims when an appropriate HCPCS/CPT code exists for this service line item. ? <b>HCPCS Modifiers:</b> Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code.

Field Number	Required Field?	Description and Instructions
45	Required	<b>Service Date:</b> Enter the applicable date using a six-digit format (MMDDYY) for the service line item if the claim was for outpatient services, SNF\PPS assessment date, or needed to report the creation date for line 23.
46	Required	<b>Service Units:</b> Enter the number of units provided for the service line item.
47	Required	<b>Total Charges:</b> Enter the total charges using Revenue Code 0001. Total charges include both covered and non-covered services.
48	Situational	<b>Non-covered Charges:</b> Enter any non-covered charges as it pertains to the related Revenue Code.
49	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
50a	Required	<b>Payer Name:</b> Enter the health plan that the provider might expect some payment from for the claim.
50b-c	Situational	<b>Payer Name:</b> Enter the health plan that the provider might expect secondary or tertiary payments from for the claim.
51a	Required	<b>Health Plan Identification Number:</b> Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable.
51b-c	Situational	<b>Health Plan Identification Number:</b> Enter a secondary (51b) or tertiary (51c) health plan, if applicable.
52	Required	<b>Release of Notification:</b> Enter a "Y" or "I". A "Y" to indicate if the provider has a signed statement on file from the patient or patient's legal representative allowing the provider to release information to the carrier or an "I" to indicate Informed Consent to release information has been received when a signed statement is not on file.
53	Required	<b>Assignment of Benefits:</b> Enter a "Y" or "N" to indicate if the provider has a signed statement on file from the patient or patient's legal representative assigning payment to the provider for the primary payer (53a). Enter a secondary payer (53b) or tertiary payer (53c) if applicable.
54	Situational	<b>Prior Payments:</b> Enter the amount of payment the provider has received (to date) from the payer.
55	Situational	<b>Estimated Amount Due:</b> Enter the amount estimated by the provider to be due from the payer.
56	Required	<b>National Provider Identifier (NPI):</b> Enter the Billing Provider's 10 digit NPI number. <i>Note: Claims submitted without this number will be returned to the provider.</i>
57	Not Required	<b>Other Provider Identifier:</b> Enter the unique identification number assigned by the health plan to the provider submitting the claim.
58	Required	<b>Insured's Name:</b> Enter the name of the individual (primary-58a) under whose name the insurance is carried. Enter the other insured's name when other payers are known to be involved (58b and 58c).
59	Required	<b>Patient's Relationship to Insured:</b> Enter the appropriate two-digit code (59a) to describe the patient's relationship to the insured. If applicable, enter the appropriate two-digit code (59b and 59c) to describe the patient's relationship to the insured when other payers are involved.
60	Required	<b>Insured's Unique Identifier:</b> Enter the insured's identification number (60a) as shown on their Presbyterian ID Card. If applicable, enter the other insured's identification number (60b and 60c) when other payers are known to be involved.
61	Required	<b>Insured's Group Name:</b> Enter insured's employer group name (61a). If applicable, enter other insured's employer group names (61b and 61c) when other payers are known to be involved.
62	Required	<b>Insured's Group Number:</b> Enter insured's employer group number (62a). If applicable, enter other insured's employer group numbers (62b and 62c) when other payers are known to be involved.
63	Situational	<b>Treatment Authorization Codes:</b> Enter the pre-authorization for treatment code assigned by the primary payer (63a). If applicable, enter the pre-authorization for treatment code assigned by the secondary and tertiary payer (63b and 63c). <i>Note: "Pre-authorizations" are known as "Benefit Certifications" with Presbyterian.</i>
64	Situational	<b>Document Control Number (DCN):</b> Enter the control number assigned to the original bill by the health Plan if this is a void or replacement bill to a previously adjudicated claim (64a-64c).
65	Situational	<b>Employer Name:</b> Enter when the employer of the insured is known to potentially be involved in paying claims.
66	Required	<b>Diagnosis and Procedure Code Qualifier:</b> Enter the required value of "9". Note: "0" (zero) is allowed if ICD-10 is named as an allowable code set under HIPAA.
67	Required	<b>Principal Diagnosis code and Present on Admission Indicator:</b> Enter the principal diagnosis code (to the highest specificity) for the patient's condition.
67a-q	Situational	<b>Other Diagnosis Codes:</b> Enter additional diagnosis codes (to the highest specificity) if more than one diagnosis applies to the claim.
68	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
69	Required	<b>Admitting Diagnosis:</b> Enter the diagnosis (to the highest specificity) for the patient's condition upon an inpatient admission.
70	Situational	<b>Patient's Reason for Visit:</b> Enter the appropriate reason for visit code only for bill types 013X, 085X, 045X, 0516, 0526 or 0762 (observation room).
71	Situational	<b>Prospective Payment System (PPS) code:</b> Enter the DRG based on software for inpatient claims when required under contract grouper with a payer.
72	Situational	<b>External Cause of Injury (ECI) Code:</b> Enter the appropriate external cause of injury code or codes (to the highest specificity) when injury, poisoning or adverse affect is the cause of seeking medical care.
73	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
74	Required	<b>Principal Procedure Code and Date:</b> Enter the principal procedure code and date using a six-digit format (MMDDYY) if the patient has undergone an inpatient procedure. <i>Note: This is required on inpatient claims.</i>

Field Number	Required Field?	Description and Instructions
74a-e	Required	<b>Other Principal Procedure Code and Date:</b> Enter the other procedure codes and dates using a six-digit format (MMDDYY) if the patient has undergone additional inpatient procedures.
75	Not Used	<b>Reserved for National Use:</b> Leave this box blank.
76	Required	<b>Attending Provider Name and Identifiers:</b> Enter the attending provider's NPI number, identification qualifier, identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.
77	Situational	<b>Operating Provider Name and Identifiers:</b> Enter the operating provider's NPI number, identification qualifier, identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.
78-79	Situational	<b>Other Provider Name and Identifiers:</b> Enter any other provider's NPI number, Identification qualifier, identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.
80	Situational	<b>Remarks:</b> Enter any information that the provider deems appropriate to share that is not supported elsewhere.
81CC a	Required	<b>Code-Code Field:</b> Enter the Billing Provider's Taxonomy Code with the code qualifier of B3.
81CC b-d	Situational	<b>Code-Code Field:</b> Report any additional codes related to a Form Locator or to report externally maintained codes approved by the National Uniform Billing Committee (NUBC) for inclusion in the institutional data set.
Line 23	Required	The 23rd line contains an incrementing page and total number of 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 using Revenue Code 0001.

## HELPFUL NOTES

Please remember to submit your claims to Presbyterian Health Plan electronically. The submission of a paper UB-04 should be an exception. Contact the Presbyterian Provider Services e-Business Coordinator or your Provider Services Coordinator, if you have questions regarding the submission of claims electronically.

## HELPFUL RESOURCES

1. Presbyterian Health Plan / Presbyterian Insurance Company Inc. Provider Page:  
<http://www.phs.org/healthplan/providers/index.shtml>
2. National Uniform Billing Committee (NUBC) for the UB-04 Official Data Specifications Manual:  
[www.nubc.org](http://www.nubc.org)
3. Center for Medicare & Medicaid Services (CMS) site for the National Provider Identifier Standard (NPI): <http://www.cms.hhs.gov/NationalProvIdentStand>
4. Presbyterian Health Plan's contracted clearinghouse list:  
<http://www.phs.org/phs/healthplans/providers/ProviderResources/clearinghouse/index.htm>