Attachment L: List of UB-04 Data Elements

FL	Description
FL01	
	[Billing Provider Name]
FL01	[Billing Provider Street
FI 04	Address]
FL01	[Billing Provider City,
	State, Zip]
FL01	[Billing Provider
	Telephone, Fax, Country
	Code]
FL02	[Billing Provider's
	Designated Pay-to
	Name]
FL02	[Billing Provider's
	Designated Pay-to
	Address]
FL02	[Billing Provider's
	Designated Pay-to City,
	State]
FL02	[Billing Provider's
	Designated Pay-to ID]
FL03a	Patient Control Number
FL03b	Medical/Health Record
	Number
FL04	Type of Bill
FL05	Federal Tax Number
FL05	Federal Tax Number
FL06	Statement Covers Period
	- From/Through
FL07	Unlabeled
FL07	Unlabeled
FL08	Patient Name/ID
FL08	Patient Name
FL09	Patient Address - Street
FL09	Patient Address - City
FL09	Patient Address - State
FL09	Patient Address - ZIP
FL09	Patient Address -
	Country Code
FL10	Patient Birthdate
FL11	Patient Sex
FL12	Admission/Start of Care
	Date
FL13	Admission Hour
	- 101111001011 11001

TI 14	D-:
FL14	Priority (Type) of
DI 45	Admission or Visit
FL15	Point of Origin for
EL 4C	Admission or Visit
FL16	Discharge Hour
FL17	Patient Discharge Status
FL18	Condition Code
FL19	Condition Code
FL20	Condition Code
FL21	Condition Code
FL22	Condition Code
FL23	Condition Code
FL24	Condition Code
FL25	Condition Code
FL26	Condition Code
FL27	Condition Code
FL28	Condition Code
FL29	Accident State
FL30	Unlabeled
FL30	Unlabeled
FL31	Occurrence Code/Date
FL31	Occurrence Code/Date
FL32	Occurrence Code/Date
FL32	Occurrence Code/Date
FL33	Occurrence Code/Date
FL33	Occurrence Code/Date
FL34	Occurrence Code/Date
FL34	Occurrence Code/Date
FL35	Occurrence Span
	Code/From/Through
FL35	Occurrence Span
	Code/From/Through
FL36	Occurrence Span
	Code/From/Through
FL36	Occurrence Span
	Code/From/Through
FL37	Unlabeled
FL37	Unlabeled
FL38	Responsible Party
	Name/Address
FL38	Responsible Party
	Name/Address
FL38	Responsible Party
	Name/Address
FL38	Responsible Party

	NT /A 11
EL 20	Name/Address
FL38	Responsible Party
	Name/Address
FL39	Value Code
FL39	Value Code Amount
FL39	Value Code
FL39	Value Code Amount
FL39	Value Code
FL39	Value Code Amount
FL39	Value Code
FL39	Value Code Amount
FL40	Value Code
FL40	Value Code Amount
FL40	Value Code
FL40	Value Code Amount
FL40	Value Code
FL40	Value Code Amount
FL40	Value Code
FL40	Value Code Amount
FL41	Value Code
FL41	Value Code Amount
FL41	Value Code
FL41	Value Code Amount
FL41	Value Code
FL41	Value Code Amount
FL41	Value Code
FL41	Value Code Amount
FL42	Revenue Codes
FL43	Revenue Code
	Description/IDE
	Number/Medicaid Drug
	rebate
FL44	HCPCS/Accommodation
	Rates/HIPPS Rate Codes
FL45	Service Dates
FL46	Service Units
FL47	Total Charges
FL48	Non-Covered Charges
FL49	Unlabeled
FL50	Payer Identification -
1 100	Primary
FL50	Payer Identification -
1 100	Secondary
FL50	Payer Identification -
1 100	Tertiary
	1 Citiui y

FL51	Health Plan ID
FL51	Health Plan ID
FL51	Health Plan ID
FL52	Release of Information -
1 1 1 2 2	Primary
FL52	Release of Information -
1232	Secondary
FL52	Release of Information -
	Tertiary
FL53	Assignment of Benefits -
	Primary
FL53	Assignment of Benefits -
	Secondary
FL53	Assignment of Benefits -
	Tertiary
FL54	Prior Payments -
	Primary
FL54	Prior Payments -
	Secondary
FL54	Prior Payments -
	Tertiary
FL55	Estimated Amount Due -
	Primary
FL55	Estimated Amount Due -
	Secondary
FL55	Estimated Amount Due -
TI EC	Tertiary
FL56	NPI – Billing Provider
FL57	Other Provider ID
FL57	Other Provider ID
FL57	Other Provider ID
FL58	Insured's Name -
ET 50	Primary
FL58	Insured's Name -
ELEO	Secondary  Income dia Name Toutions
FL58	Insured's Name -Tertiary
FL59	Patient's Relationship -
ELEO	Primary  Dationt's Polationship
FL59	Patient's Relationship -
FL59	Secondary  Dationt's Polationship
LF23	Patient's Relationship -
FL60	Tertiary Insured's Unique ID-
LTOO	Primary
FL60	Insured's Unique ID -
1,T00	moureu's omque iD -

Secondary FL60 Insured's Unique ID - Tertiary FL61 Insurance Group Name - Primary FL61 Insurance Group Name - Secondary FL61 Insurance Group Name - Tertiary FL62 Insurance Group No Primary FL62 Insurance Group No Secondary FL63 Treatment Authorization Codes - Primary FL63 Treatment Authorization Code - Secondary FL63 Treatment Authorization Code - Tertiary FL64 Document Control Number (DCN) FL64 Document Control Number (DCN) FL65 Employer Name (of the insured) - Primary FL65 Employer Name (of the insured) - Secondary FL66 Diagnosis and Procedure Code Qualifier (ICD Version Indicator) FL67 Principal Diagnosis Code and Present on Admission (POA) Indicator FL67B Other Diagnosis and POA Indicator FL67C Other Diagnosis and POA Indicator FL67C Other Diagnosis and POA Indicator		
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FL64 Document Control Number (DCN)  FL64 Document Control Number (DCN)  FL65 Employer Name (of the insured) - Primary  FL65 Employer Name (of the insured) - Secondary  FL65 Employer Name (of the insured) - Tertiary  FL66 Diagnosis and Procedure Code Qualifier (ICD Version Indicator)  FL67 Principal Diagnosis Code and Present on Admission (POA) Indicator  FL67A Other Diagnosis and POA Indicator  FL67B Other Diagnosis and POA Indicator  FL67C Other Diagnosis and	FL64	
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insured) - Primary  FL65		Number (DCN)
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Code and Present on Admission (POA) Indicator  FL67A Other Diagnosis and POA Indicator  FL67B Other Diagnosis and POA Indicator  FL67C Other Diagnosis and		Version Indicator)
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FL67C Other Diagnosis and	FL67B	_
		POA Indicator
POA Indicator	FL67C	<u> </u>
		POA Indicator

FL67D	Other Diagnosis and POA Indicator
DI CZD	
FL67E	Other Diagnosis and POA Indicator
FL67F	Other Diagnosis and
	POA Indicator
FL67G	Other Diagnosis and
I Lov G	POA Indicator
FL67H	
FL0/II	Other Diagnosis and POA Indicator
EI C7I	
FL67I	Other Diagnosis and
ET 051	POA Indicator
FL67J	Other Diagnosis and
_	POA Indicator
FL67K	Other Diagnosis and
	POA Indicator
FL67L	Other Diagnosis and
	POA Indicator
FL67M	Other Diagnosis and
	POA Indicator
FL67N	Other Diagnosis and
	POA Indicator
FL67O	Other Diagnosis and
	POA Indicator
FL67P	Other Diagnosis and
	POA Indicator
FL67Q	Other Diagnosis and
	POA Indicator
FL68	Unlabeled
FL68	Unlabeled
L69	Admitting Diagnosis
200	Code
FL70a	Patient Reason for Visit
12,00	Code
FL70b	Patient Reason for Visit
111/00	Code
FL70c	Patient Reason for Visit
FL70C	Prospective Payment
L.P.	System (PPS) Code
FL72a	External Cause of Injury
rL/2d	Code and POA Indicator
FL72b	External Cause of Injury
	Code and POA Indicator
FL72c	External Cause of Injury
12,20	Code and POA
FL73	Unlabeled
I LI/J	Omabeica

FI 74	D ID I
FL74	Principal Procedure
DI 54	Code/Date
FL74a	Other Procedure
	Code/Date
FL74b	Other Procedure
	Code/Date
FL74c	Other Procedure
	Code/Date
FL74d	Other Procedure
	Code/Date
FL74e	Other Procedure
	Code/Date
FL75	Unlabeled
FL76	Attending Provider -
	NPI/QUAL/ID
FL76	Attending Provider –
	Last/First
FL77	Operating Physician -
	NPI/QUAL/ID
FL77	Operating Physician -
	Last/First
FL78	Other Provider -
	QUAL/NPI/QUAL/ID
FL78	Other Provider -
	Last/First
FL79	Other Provider -
	QUAL/NPI/QUAL/ID
FL79	Other Provider -
	Last/First
FL80	Remarks
FL81	Code-Code -
	QUAL/CODE/VALUE
FL81	Code-Code -
	QUAL/CODE/VALUE
FL81	Code-Code -
	QUAL/CODE/VALUE
FL81	Code-Code -
	QUAL/CODE/VALUE
L	i =