

Attachment Q: List of UB-04 Data Elements

| FL | Description |
|-------|--|
| FL01 | [Billing Provider Name] |
| FL01 | [Billing Provider Street 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 |
| FL14 | Priority (Type) of |

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| | |
|------|--|
| | Admission or Visit |
| FL15 | Point of Origin for 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 Name/Address |

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| | |
|------|--|
| 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 - Primary |
| FL50 | Payer Identification - Secondary |
| FL50 | Payer Identification - Tertiary |
| FL51 | Health Plan ID |

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| | |
|------|------------------------------------|
| FL51 | Health Plan ID |
| FL51 | Health Plan ID |
| FL52 | Release of Information - Primary |
| FL52 | Release of Information - 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 - Tertiary |
| FL56 | NPI – Billing Provider |
| FL57 | Other Provider ID |
| FL57 | Other Provider ID |
| FL57 | Other Provider ID |
| FL58 | Insured's Name - Primary |
| FL58 | Insured's Name - Secondary |
| FL58 | Insured's Name -Tertiary |
| FL59 | Patient's Relationship - Primary |
| FL59 | Patient's Relationship - Secondary |
| FL59 | Patient's Relationship - Tertiary |
| FL60 | Insured's Unique ID- Primary |
| FL60 | Insured's Unique ID - Secondary |

Attachment Q: List of UB-04 Data Elements

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|-------|---|
| 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 |
| FL62 | Insurance Group No. - Tertiary |
| 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) |
| 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 POA Indicator |

Attachment Q: List of UB-04 Data Elements

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|-------|---|
| FL67D | Other Diagnosis and POA Indicator |
| FL67E | Other Diagnosis and POA Indicator |
| FL67F | Other Diagnosis and POA Indicator |
| FL67G | Other Diagnosis and POA Indicator |
| FL67H | Other Diagnosis and POA Indicator |
| FL67I | Other Diagnosis and 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 Code |
| FL70a | Patient Reason for Visit Code |
| FL70b | Patient Reason for Visit Code |
| FL70c | Patient Reason for Visit Code |
| FL71 | Prospective Payment System (PPS) Code |
| FL72a | External Cause of Injury Code and POA Indicator |
| FL72b | External Cause of Injury Code and POA Indicator |
| FL72c | External Cause of Injury Code and POA |

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|-------|-----------------------------------|
| FL73 | Unlabeled |
| FL74 | Principal Procedure 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 |
| FL75 | Unlabeled |
| FL75 | Unlabeled |
| 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 |
| FL80 | Remarks |
| FL80 | Remarks |
| 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 |

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