

Database Table	Database Variable	UB-04 Form Locator
Patient_PII	PATIENT_PCN	FL 03a
Patient_PII	PATIENT_MRN	FL 03b
Encounter	TYPE_BILL	FL 04 loc1
Encounter	ENCOUNTER_START_DATETIME	FL 06 loc1
Encounter	ENCOUNTER_END_DATETIME	FL 06 loc2
Patient_PII	PATIENT_NAME_FIRST	FL 08b
Patient_PII	PATIENT_ADDRESS_1	FL 09a
Patient_PII	PATIENT_ADDRESS_CITY	FL 09b
Patient_PII	PATIENT_ADDRESS_STATE	FL 09c
Patient_PII	PATIENT_ADDRESS_ZIP	FL 09d
Patient_PII	PATIENT_COUNTRY	FL 09e
Patient_PII	PATIENT_DOB	FL 10
Patient Array	PATIENT_SEX	FL 11
Encounter	ADMIT_DATETIME	FL 12
Encounter	ADMIT_DATETIME	FL 13

Encounter	ADMIT_TYPE	FL 14
Encounter	POINT_ORIGIN_CODE	FL 15
N/A	N/A	FL 16

Encounter	DS_DISP_CODE	FL 17
RevenueCode	REVENUE_CODE	FL 42 Line1 - Line(x)
RevenueCode	REV_PDS	FL 44 Line1 - Line(x)
RevenueCode	HCPCS_MOD1	FL 44 Line1 - Line(x)
RevenueCode	HCPCS_MOD2	FL 44 Line1 - Line(x)
RevenueCode	HCPCS_MOD3	FL 44 Line1 - Line(x)
RevenueCode	HCPCS_MOD4	FL 44 Line1 - Line(x)
RevenueCode	REVENUE_START_DATETIM E	FL 45

RevenueCode	REV_UNT	FL 46 Line1 - Line(x)
RevenueCode	REV_CNT	FL 46 Line1 - Line(x)
Encounter	REV_TOT	FL 47 Line 23
RevenueCode	REV_CHG	FL 47 Line1 - Line(x)
RevenueCode	REV_NCC	FL 48 Line1 - Line(x)
Payer_PII	PAYER_NAME	FL 50 Line 1
Payer_PII	PAYER_NAME	FL 50 Line 2
Payer_PII	PAYER_NAME	FL 50 Line 3
Provider	NPI	FL 56
Payer	RELATION	FL 59 Line 1
Payer	RELATION	FL 59 Line 2
Payer	RELATION	FL 59 Line 3

N/A	N/A	FL 60
Condition	CONDITION_CODESYS_NAME	FL 66
Condition	DX_CHAPTER	FL 67
Condition	CONDITION_CODE	FL 67 pos 1-7
Condition	ORIGINAL_POA	FL 67 pos8
Condition	CONDITION_CODE	FL 67A-Q
Condition	CONDITION_CODE	FL 69
Condition	CONDITION_CODE	FL 70a
Condition	DRG	FL 71
Condition	CONDITION_CODE	FL 72 pos 1-7
Condition	ORIGINAL_POA	FL 72 pos8
Procedure	PROCEDURE_CODE	FL 74
Procedure	PROCEDURE_CODE	FL 74
Procedure	PROCEDURE_START_DATETIME	FL 74
Procedure	PROCEDURE_START_DATETIME	FL 74
N/A	N/A	FL 74
Provider	NPI	FL 76
Provider	NPI	FL 77
Patient Array	PATIENT_ETHNICITY	FL 81
Patient Array	PATIENT_RACE	FL 81

Patient Array	MARITAL_STATUS	FL 81
Payer	PAYER_CODE	FL 81
Payer	PAYER_CODE	FL 81
Payer	PAYER_CODE	FL 81
Payer	PAYER_CODE	FL 81
Payer	PAYER_CODE	FL 81
Payer	PAYER_CODE	FL 81 x12 only
Patient_PII	PATIENT_SSN	X12 only
Encounter	TOTALICU_FLAG	

Encounter	TOTALICU_LOS	
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Label	Variable Type	Length
Patient Control Number	CHAR	50
Patient Medical Record Number	CHAR	50
Type of Bill	CHAR	4
Beginning Service Date	NUM	8
Ending Service Date	NUM	8
Patient First Name	CHAR	35
Patient Street Address Line 1	CHAR	55
Patient City	CHAR	30
Patient State	CHAR	2
Patient ZIP Code (Edited)	CHAR	15
Patient Country	CHAR	3
Patient Date of Birth	NUM	8
Patient Sex	CHAR	1
Date of Admission	NUM	8
Admission Hour from UB-04	CHAR	16

Type of Admission	NUM	2
Point of Origin	CHAR	257
Discharge Hour from UB-04	CHAR	16

Units for Revenue Code 1 - Units for Revenue Code (x)	CHAR	2
Unit Count for Revenue Code 1 - Unit Count for Revenue Code (x)	NUM	8
Sum of Revenue Charges	NUM	8
Charges for Revenue Code 1 - Charges for Revenue Code (x)	NUM	8
Non-Covered Charges for Revenue Code 1 - Non-Covered Charges for Revenue Code (x)	NUM	8
Name of Expected Payer #1	CHAR	60
Name of Expected Payer #2	CHAR	35
Name of Expected Payer #3	CHAR	35
NPI of Billing Provider	CHAR	12
Relationship to Insured #1	CHAR	2
Relationship to Insured #2	CHAR	2
Relationship to Insured #3	CHAR	2

Patient's Primary Insurance ID Number	CHAR	30
Flag for version of ICD	CHAR	2
Diagnosis Chapter #01- Diagnosis Chapter #25	CHAR	2
Diagnosis code #01	CHAR	8
Present on Admission Flag_DX01 - Present on Admission Flag_DX25	CHAR	2
Diagnosis code #02- Diagnosis code #25	CHAR	8
Admitting Diagnosis	CHAR	8
Patient Reason for Visit UB1 - Patient Reason for Visit UB3	CHAR	8
Diagnosis Related Group	CHAR	5
Ecode #01- Ecode #12	CHAR	8
Present on Admission Flag_EC01 - Present on Admission Flag_EC12	CHAR	2
Procedure #01	CHAR	8
Procedure #02 - Procedure #25	CHAR	8
Date of Procedure #01	NUM	8
Date of Procedure #02 - Date of Procedure #25	NUM	8
Procedure Chapter #01- Procedure Chapter #25	CHAR	2
NPI for Attending Physician	CHAR	12
NPI for Operating Physician	CHAR	12
Patient Ethnicity	CHAR	35
Patient Race	CHAR	12

Patient Marital Status	CHAR	8
Expected Source of Payment2	CHAR	2
Expected Source of Payment3	CHAR	2
Typology for Expected Payer #1	CHAR	6
Typology for Expected Payer #2	CHAR	6
Typology for Expected Payer #3	CHAR	6
Expected Source of Payment1	CHAR	2
Patient Social Security Number	CHAR	12
Flag for all ICU(CCU, NICU, and Adult ICU) Revenue Codes	NUM	2

Length of Stay in the ICU, CCU or NICU for each record	NUM	3
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Valid Values
<p>Inpatient: 011x= Hospital Inpatient 012x= Hospital Inpatient (Medicare Part B)</p> <p>Ambulatory: 013x= Hospital Outpatient 014x= Hospital Laboratory Services for non-patients 083x= Ambulatory Surgery Center 085x= Critical Access Hospital</p>
<p>For Inpatient: Valid Range = Any date</p> <p>For Outpatient: Valid Range = Any date between and including 1/1/ 2013 and 12/31/2013</p>
<p>For Inpatient: Valid Range= 2013;</p> <p>For Outpatient: Valid Range = Any date on or after 1/1/2013</p>
<p>Valid range: AL;AK; AZ; AR; CA; CO; CT; DE; DC; FL; GA; HI; ID; IL; IN; IA; KS; KY; LA; ME; MD; MA; MI; MN; MS; MO; MT; NE; NV; NH; NJ; NM; NY; NC; ND; OH; OK; OR; PA; RI; SC; SD; TN; TX; UT; VT; VA; WA; WV; WI; WY</p>
<p>Valid range of first 5 digits = valid zip code listed in database purchased from http://www.zip-codes.com/zip (using the latest monthly update)</p>
<p>SAS Date Format: MMDDYY10. Valid range: Month= 01-12; Day= 1-31 Valid month/day ranges: For Month 04, 06, 09, and 11, Day = 01-30 For Month 01, 03, 05, 07, 08, 10, and 12, Day = 01-31 For Month 02, Day = 01-28 or 29</p>
<p>M = Male F = Female</p>
<p>Valid range: Month= 01-12; Day= 01-31 Valid Range = YYYY = survey year to survey year minus 1 Valid month/day ranges: For Month 04, 06, 09, and 11, Day = 01-30 For Month 01, 03, 05, 07, 08, 10, and 12, Day = 01-31 For Month 02, Day = 01-28 or 29</p>
<p>Record as given</p>

1= Emergency
2= Urgent
3= Elective
4= Newborn
5= Trauma
6-8 Reserved
9= information not available

1= Non-health care facility point of origin
2= Clinic or Physician's Office
3= Reserved for assignment
4= Transfer from hospital
5= Transfer from SNF
6= Transfer from another Health Care facility
7= Reserved for assignment by NUBC
8= Court/law enforcement
9= Info not available
A= Reserved
B= Transfer from another home health agency

D= Transfer from 1 distinct unit of hosp. to another distinct unit of the same hosp.
resulting in a separate claim
E= Transfer from an ASC
F= Transfer from a Hospice Facility
G-Z= Reserved
Codes for Newborn
1-4= Reserved
5= Born inside this hospital
6= Born outside this hospital
7-9= Reserved

Record as given

42= Expired Place Unknown
 43= discharged to a federal health care facility
 44-49= Reserved
 50= Hospice-home
 51= Hospice-medical facility
 52-60= Reserved
 61= Discharged to swing bed (SNF)
 62= Discharged to IRF (rehab)
 63= Discharged to a Medicare certified long term care hospital
 64= Discharged to a nursing facility certified under Medicaid but not under Medicare
 65= Discharged to Psychiatric Hospital
 66= Discharged to a critical access hospital
 67-68= Reserved
 69= Discharged to Designated Disaster Alternative Care Site
 70= Discharged to another type of health care institution not defined elsewhere
 73-80= Reserved
 81= Discharged to home with a Planned Readmission
 82= Transf. to short-term hospital with a Planned Readmission
 83= Discharged to SNF with a Planned Readmission
 84= Discharged to custodial care or ICF with a Planned Readmission
 85= Discharged to Designated Cancer Center or Children's Hospital with a Planned Readmission
 86= Discharged to Home under care of organized home health service with a Planned Readmission
 87= Discharged to Court/Law Enforcement with a Planned Readmission
 88= discharged to a federal health care facility with a Planned Readmission
 89= Discharged to swing bed (SNF) with a Planned Readmission
 90= Discharged to IRF (rehab) with a Planned Readmission
 91= Discharged to a Medicare certified long term care hospital with a Planned Readmission
 92= Discharged to a nursing facility certified under Medicaid but not under Medicare with a Planned Readmission
 93= Discharged to Psychiatric Hospital with a Planned Readmission
 94= Discharged to a critical access hospital with a Planned Readmission
 95= Discharged to another type of health care institution not defined elsewhere with a Planned Readmission
 96-99= Reserved

Valid Range= valid HCPCS/HIPPS codes for data year

Valid dates: Any date on or after 1/1/2013.
 Valid range: Month= 01-12; Day= 01-31
 Valid month/day ranges:
 For Month 04, 06, 09, and 11, Day = 01-30
 For Month 01, 03, 05, 07, 08, 10, and 12,
 Day = 01-31
 For Month 02, Day = 01-28 or 29

Valid Range= "DA" and "UN"
Valid Range up to 99999 and must be numeric
Valid Range: Amount >= \$0
Valid Range: Amount >= \$0
Valid Range: Positive or Negative Dollar amount.
Valid range= 01= Spouse 18= Self 19= Child 20= Employee 21= Unknown 39= Organ Donor 40= Cadaver Donor 53= Life Partner G8= Other relationship
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9= ICD 9 0= ICD 10
Valid range=Y, N, U, W, 1
ICD-9/10 Valid Code List
ICD-9/10 Valid Code List
Valid range= 1-9999
ICD-9/10 Valid Code List
Valid range=Y, N, U, W, 1
ICD-9/10 Valid Code List (Inpatient or Ambulatory); Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only);
ICD-9/10 Valid Code List (Inpatient or Ambulatory); Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only);
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A= Common Law
B= Registered Domestic Partner
C= Not Applicable
D= Divorced
I= Single
K= Unknown
M= Married
R= Unreported
S= Separated
U= Unmarried (Single or Divorced or Widowed)
W= Widowed

Valid range= 09-15;16;AM, BL, CH, CI, DS, HM, LI,LM, MA,MB, MC, OF, TV, VA,WC, ZZ

Valid range= 09-15;16;AM, BL, CH, CI, DS, HM, LI,LM, MA,MB, MC, OF, TV, VA,WC, ZZ

09= Self-pay
10= Central certification
11= Other non-federal programs
12= Preferred provided organization (PPO)
13= Point of Service (POS)
14= Exclusive provider organization (EPO)
15= Indemnity insurance
16= Health maintenance organization (HMO) Medicare risk
AM= Automobile medical
BL= Blue cross/Blue shield
CH= Champus
CI= Commercial Insurance Co.
DS= Disability
HM= Health Maintenance Organization
LI= Liability
LM= Liability medical
MA= Medicare Part A
MB= Medicare Part B
MC= Medicaid
OF= Other Federal Programs
TV= Title V
VA= Veteran Administration Plan
WC= Workers' Compensation Health Claim
ZZ= Mutually defined, unknown

1=Yes
2=No

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06/30/2026

Public reporting burden of this collection of information is estimated to average 5 minutes per response, incl

Adding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data

a needed, and completing and reviewing the collection of information. An agency may not conduct or spons

or, and a person is not required to respond to a collection of information unless it displays a currently valid C

OMB control number. Send comments regarding this burden estimate or any other aspect of this collection o

of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600

Clifton Road NE, MS H21-8 Atlanta, Georgia 30333; ATTN: PRA (0920-0666)