| Table | UB-04 Form Locator (FL) | Variable Name |
|---|---|---|
| Encounter | 12 | ADM_DATE |
| Encounter | 69 | ADM_DIAG |
| Encounter | 13 | ADM_HR |
| Encounter | 14 | ADM_TYPE |
| Encounter | 18-28 | COND_CODE |
| Revenue | 44 | CPT_HCPCS |
| Condition | 67A-Q | DIAG_CODE |
| Condition | 66 | DIAG_CODE_SYS_NAME |
| Condition | 67A-Q | DIAG_TYPE |

| | | |
|---|---|---|
| Encounter | N/A | DIS_DATE |
| Encounter | 17 | DISC_DISP_CODE |
| Encounter | 16 | DISC_HOUR |
| Encounter | N/A | ENCOUNTER_ID |
| Revenue | 44 | HCPCS_MOD_1, 2,3,4 |
| Encounter | 51 | HLTH_PLAN_ID_NUM_1, 2, 3 |

| | | |
|---|---|---|
| Patient | 81 | MARITAL_STATUS |
| Encounter | N/A | NHSN_ORGID |
| Encounter | 50 | PAYER_ID_PRIMARY, SECONDARY, TERTIARY |

| Encounter | 15 | POINT_ORIGIN_CODE |
|---|---|---|
| Condition | 67pos 8 | PRESENT_ON_ADM |
| | 74 | PROC_CODE |
| Procedure | N/A | PROC_CODE_ORDER |
| Procedure | 66 | PROC_CODE_SYSTEM_NAME |
| | 74 | PROC_START_DATE |
| Patient | 09a | PT_ADDRESS |
| Patient | 09b | PT_ADDRESS_CITY |
| Patient | 09c | PT_ADDRESS_STATE |
| Patient | 09d | PT_ADDRESS_ZIP |
| Encounter | 15 | POINT_ORIGIN_CODE |

| | | |
|---|---|---|
| Encounter | 3a | PT_CONTROL_NUM |
| Patient | 10 | PT_DOB |
| Patient | 81 | PT_ETHNICITY |
| Patient | 3b | PT_MRN |
| Patient | 8a | PT_NAME_FIRST |
| Patient | 8b | PT_NAME_LAST |
| Patient | | PT_NAME_MIDDLE |
| Patient | 81 | PT_RACE |
| Patient | 11 | **PT_SEX** |
| Patient | | PT_SSN |
| Revenue | 42 | REV_CODE |
| Revenue | 45 | REV_SER_DATE |
| Encounter | 6 | STMT_FROM_DATE |

| | | |
|---|---|---|
| Encounter | 6 | STMT_THRU_DATE |
| Encounter | 4 | TYPE_BILL |

| Field Name |
|---|
| Admit Date (MMDDYY) |
| Admitting Diagnosis Codes |
| Admit Hour |
| Admit Type |
| Condition Codes |
| HCPCS/RATES/HIPPS CODE |
| Diagnosis Code |
| Diagnosis and Procedure Code Qualifier |
| Diagnosis Type |

| | |
|---|---|
| Patient's Discharge Date | |
| Patient's Discharge Status (Disposition) Code | |
| Discharge Hour | |
| Encounter Identificiation | |
| CPT (Level I HCPCS) and Level II HCPCS Modifiers | |
| Health Plan Identification Number | |

| Patient's Marital Status |
| --- |
| |
| NHSN Facility ID |
| Payer identification |
| |

| |
|---|
| Point of Orgin Code |
| Present on Admission |
| Procedure Code |
| Procedure Code Order |
| Procedure Code Qualifier |
| Procedure Start Date |
| Patient's Mailing Address |
| Patient's City |
| Patient's State |
| Patient's Zipcode |

| |
|---|
| Patient's Control Number |
| Patient's Date of Birth |
| Patient's Ethnicity |
| Patient's Medical Record Number |
| Patient's First Name |
| Patient's Last Name |
| Patient's Middle Name |
| Patient's Race |
| Patient's Sex |
| Patient's Social Security Number |
| Revenue Code 1-23 |
| Revenue Service Date |
| Statement From Date |

| Statement Through Date |
| --- |
| Type of Bill |

**Instructions for Data Collection**

Enter the date that the patient was admitted for inpatient care using a six-digit format (MMDDYY).

Enter the approriate diagnosis code(s) that describes the patient's admitting condition for this encounter.

Enter the appropriate two-digit admission time referring to the hour during which the patient was admitted for inpatient care.

Enter the appropriate two-digit type of visit priority code for the admission/visit.

Enter the appropriate two-digit condition code or to describe any of the conditions or events that apply to the billing period if applicable to the patient's condition.

Enter the applicable HCPCS (CPT)/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates.

Enter the approriate diagnosis code(s) to describe any health condition(s) identified/treated/observed during this encounter.

Enter the required value of "9" or only for the special conditions enter a "0". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA.

Identify the diagnois using the following diagnosis types:
**Admitting Diagnosis** - the condition identified by the physician at the time of the patient's admission requiring hospitalization.
**Other Diagnoses -** other condition(s) coexist or develop(s) subsequently during the patient's treatment.
**Patient's Reason for Visit** - the condition the patient reports as the reason for their visit.
**Principal Diagnosis** - the condition established after study to be chiefly responsible for this encounter.
**Reason for Visit** - (up to three (3) diagnoses)
May enter up to 23 total diagnosis codes.

| |
|---|
| Not include on UB04 form |
| Enter the appropriate two-digit code indicating the patient's discharge status. |
| Enter the appropriate two-digit admission time referring to the hour during which the patient was admitted for inpatient care. |

Unique identifier for each patient encounter, assigned by NHSN.

| |
|---|
| Up to four modifiers, two characters each. Various CPT (Level I HCPCS) and Level II HCPCS codes may require the use of modifiers to improve the accuracy of coding. Hospitals should not report a separate HCPCS (five-digit code) instead of the modifier. When appropriate, report a modifier based on the CPT (Level I HCPCS) and Level II HCPCS. |
| Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable. |

Enter the marital status of the patient at the time of admission.

The NHSN-assigned facility ID when enrolled in NHSN.

Enter the health plan that the provider might expect some payment from for the claim - Primary, Secondary, Tertiary

| |
|---|
| Enter the code indicating the source of the referral for this admission or visit |
| Enter the diagnosis code of the condition that was present when the patient was admitted. |

Enter the procedure code(s) to describe any  procedure(s) performed during this encounter.

| |
|---|
| Enter the number that corresponds to the procedure to indicate the order in which the procedure was preformed. |
| Enter the required value of "9" or only for the special conditions enter a "0". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA. |
| Enter the date that the procedure was performed. |
| Required. The patient's mailing address, including street number and name, post office box number or RFD. |
| Required. The patient's city. |
| Required. The patient's State. |
| Required. The patient's  ZIP Code. |

| |
|---|
| Enter the patient's unique alphanumeric control number assigned to the patient by the facility. This number is unique for every encounter. |
| Required. The patient's month, day, and year of birth (MMDDCCYY) of patient. If full birth date is unknown, indicate zeros for all eight digits. |
| Patient's Ethnicity |
| The number assigned to the patient's medical/health record by the provider (not FL3a). |
| Required. The patient's first name. |
| Required. The patient's last name. |
| Required. The patient's middle name. |
| Patient's Race. |
| Required. The patient's sex as recorded at admission, outpatient service, or start of care. |
| |
| Enter the applicable Revenue Code for the services rendered |
| Enter the applicable 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. |
| The beginning service dates of the period included on the bill included on the bill using a six-digit date format (MMDDYY). |

The ending service dates of the period included on the bill included on the bill using a six-digit date format (MMDDYY).

This four-digit alphanumeric code gives three specific pieces of information after a leading zero. CMS will ignore the leading zero. CMS will continue to process three specific pieces of information. The second digit identifies the type of facility. The third classifies the type of care. The fourth indicates the sequence of this bill in this particular episode of care. It is referred to as a "frequency" code.

| Values | Format | Length |
| --- | --- | --- |
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| 00-23 | AN | 2 |
| 1= Emergency<br>2= Urgent<br>3= Elective<br>4= Newborn<br>5= Trauma<br>6-8 Reserved<br>9= information not available | AN | 1 |
| Two-digit codes from the NUBC's Official UB-04 Data Specifications Manual | AN | 2 |
| Five-digit code from the current AMA CPT code list | AN | 5 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| 0=ICD10<br>9=ICD9 | N | 1 |
| ADM_DIAG = Admitting Diagnosis<br>DIAG = Other Diagnoses<br>PT_REASON = Patient's Reason for Visit<br>PRIN_ DIAG = Principal Diagnosis<br>REASON_VISIT = Reason for Visit | AN | 8 |

| | | |
|---|---|---|
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Standard Values are:<br>01= Discharged to home<br>02= Transf. to short-term hospital<br>03= Discharged to SNF<br>04= Discharged to custodial care or ICF<br>05= Discharged to Designated Cancer Center or Children's Hospital<br>06= Discharged to Home under care of organized home health service<br>07= Left against medical advice<br>08= Reserved<br>09= Admitted as Inpatient to Hospital<br>10-19= Reserved<br>20= Expired<br>21= Discharged to Court/Law Enforcement<br>22-29= Reserved<br>30= Still Patient<br>31-39= Reserved<br>40= Expired at Home<br>41= Expired in a Medical Facility<br>42= Expired Place Unknown<br>43= discharged to a federal health care facility<br>44-49= Reserved<br>50= Hospice-home<br>51= Hospice-medical facility<br>52-60= Reserved<br>61= Discharged to swing bed (SNF)<br>62= Discharged to IRF (rehab)<br>63= Discharged to a Medicare certified long term care hospital<br>64= Discharged to a nursing facility certified under Medicaid but not under Medicare<br>65= Discharged to Psychiatric Hospital<br>66= Discharged to a critical access hospital<br>67-68= Reserved<br>69= Discharged to Designated Disaster Alternative Care Site<br>70= Discharged to another type of health care institution not defined elsewhere<br>73-80= Reserved<br>81= Discharged to home  with a Planned Readmission<br>82= Transf. to short-term hospital with a Planned Readmission<br>83= Discharged to SNF with a Planned Readmission<br>84= Discharged to custodial care or ICF with a Planned Readmission<br>85= Discharged to Designated Cancer Center or Children's Hospital with a Planned Readmission<br>86= Discharged to Home under care of organized home health service with a Planned Readmission<br>87= Discharged to Court/Law Enforcement with a Planned Readmission<br>88= discharged to a federal health care facility with a Planned Readmission<br>89= Discharged to swing bed (SNF) with a Planned Readmission<br>90= Discharged to IRF (rehab) with a Planned Readmission<br>91= Discharged to a Medicare certified long term care hospital with a Planned Readmission<br>92= Discharged to a nursing facility certified under Medicaid but not under Medicare with a Planned Readmission | AN | 2 |
| 00-23 | AN | 2 |
| As assigned by NHSN | AN | ???? |
| CPT (Level I HCPCS) and Level II HCPCS Modifiers based on the current  AMA publication. | AN | 2 |
| Report the national health plan identifier when one is established; otherwise report the "number" Medicare has assigned. | AN | 15 |

| | | |
|---|---|---|
| A= Common Law<br>B= Registered Domestic Partner<br>C= Not Applicable<br>D= Divorced<br>I= Single<br>K= Unknown<br>M= Married<br>R= Unreported<br>S= Separated<br>U= Unmarried (Single or Divorced or Widowed)<br>W= Widowed | AN | 1 |
| must be >= 10000<br>must be <= 99999 | N | 5 |
| 09= Self-pay<br>10= Central certification<br>11= Other non-federal programs<br>12= Preferred provided organization (PPO)<br>13= Point of Service (POS)<br>14= Exclusive provider organization (EPO)<br>15= Indemnity insurance<br>16= Health maintenance organization (HMO) Medicare risk<br>AM= Automobile medical<br>BL= Blue cross/Blue shield<br>CH= Champus<br>CI= Commercial Insurance Co.<br>DS= Disability<br>HM= Health Maintenance Organization<br>LI= Liability<br>LM= Liability medical<br>MA= Medicare Part A<br>MB= Medicare Part B<br>MC= Medicaid<br>OF= Other Federal Programs<br>TV= Title V<br>VA= Veteran Administration Plan<br>WC= Workers' Compensation Health Claim<br>ZZ= Mutually defined, unknown | AN | 23 |

| | | |
|---|---|---|
| 1= Non-health care facility point of origin<br>2= Clinic or Physician's Office<br>3= Reserved for assignment<br>4= Transfer from hospital<br>5= Transfer from SNF<br>6= Transfer from another Health Care facility<br>7= Reserved for assignment by NUBC<br>8= Court/law enforcement<br>9= Info not available<br>A= Reserved<br>B= Transfer from another home health agency<br><br>D= Transfer from 1 distinct unit of hosp. to another distinct unit of the same hosp. resulting in a separate claim<br>E= Transfer from an ASC<br>F= Transfer from a Hospice Facility<br>G-Z= Reserved<br>Codes for Newborn<br>1-4= Reserved<br>5= Born inside this hospital<br>6= Born outside this hospital<br>7-9= Reserved | AN | 1 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory);<br>Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only); | AN | 8 |
| 1,2,3..... | | |
| 0=ICD10<br>9=ICD9 | AN | 1 |
| Valid range: Month= 1-12; Day= 1-31<br>Valid Range = YYYY = survey year to survey year minus 1<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | | |
| As patient reports | AN | 40 |
| As patient reports | AN | 30 |
| 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 | AN | 2 |
| 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) | AN | 9 |

| | | |
|---|---|---|
| Assigned by facility | AN | 24/50 |
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include four-digit year | N | 8 |
| Hispanic or Latino<br>Not Hispanic or Not Latino<br>Decline to respond<br>Unknown | | |
| Assigned by facility | | |
| As reported by patient | AN | 19 |
| As reported by patient | AN | 29 |
| As reported by patient | | |
| 1002-5 = American Indian or Alaska Native<br>2028-9 = Asian<br>2054-5 = Black or African American<br>2118-8 = Middle Eastern or North African<br>2076-8 = Native Hawaiian or Other Pacific Islander<br>2106-3 = White<br>DEC = Decline to respond<br>UNK = Unknown | AN | 6 |
| <mark>F = Female<br>M = Male</mark> | <mark>AN</mark> | <mark>1</mark> |
| As reported by patient | N | 12 |
| Four-digit codes from the NUBC's Official UB-04 Data Specifications Manual | N | 4 |
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |

| | | |
|---|---|---|
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Inpatient:<br>011x= Hospital Inpatient<br>012x= Hospital Inpatient (Medicare Part B)<br><br>Ambulatory:<br>013x= Hospital Outpatient<br>014x= Hospital Laboratory Services for non-patients<br>083x= Ambulatory Surgery Center<br>085x= Critical Access Hospital | AN | 4 |

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| Table | UB-04 Form Locator (FL) | Variable Name |
|---|---|---|
| Encounter | 12 | ADM_DATE |
| Encounter | 69 | ADM_DIAG |
| Encounter | 13 | ADM_HR |
| Encounter | 14 | ADM_TYPE |
| Encounter | 18-28 | COND_CODE |
| Revenue | 44 | CPT_HCPCS |
| Condition | 67A-Q | DIAG_CODE |
| Condition | 66 | DIAG_CODE_SYS_NAME |
| Condition | 67A-Q | DIAG_TYPE |

| | | |
|---|---|---|
| Encounter | N/A | DIS_DATE |
| Encounter | 17 | DISC_DISP_CODE |
| Encounter | 16 | DISC_HOUR |
| Encounter | N/A | ENCOUNTER_ID |
| Revenue | 44 | HCPCS_MOD_1, 2,3,4 |
| Encounter | 51 | HLTH_PLAN_ID_NUM_1, 2, 3 |

| | | |
|---|---|---|
| Patient | 81 | MARITAL_STATUS |
| Encounter | N/A | NHSN_ORGID |
| Encounter | 50 | PAYER_ID_PRIMARY, SECONDARY, TERTIARY |

| | | |
|---|---|---|
| Encounter | 15 | POINT_ORIGIN_CODE |
| Condition | 67pos 8 | PRESENT_ON_ADM |
| | 74 | PROC_CODE |
| Procedure | N/A | PROC_CODE_ORDER |
| Procedure | 66 | PROC_CODE_SYSTEM_NAME |
| | 74 | PROC_START_DATE |
| Patient | 09a | PT_ADDRESS |
| Patient | 09b | PT_ADDRESS_CITY |
| Patient | 09c | PT_ADDRESS_STATE |
| Patient | 09d | PT_ADDRESS_ZIP |

| | | |
|---|---|---|
| Encounter | 3a | PT_CONTROL_NUM |
| Patient | 10 | PT_DOB |
| Patient | 81 | PT_ETHNICITY |
| Patient | 3b | PT_MRN |
| Patient | 8a | PT_NAME_FIRST |
| Patient | 8b | PT_NAME_LAST |
| Patient | | PT_NAME_MIDDLE |
| Patient | 81 | PT_RACE |
| Patient | 11 | **PT_SEXATBIRTH** |
| Patient | | PT_SSN |
| Revenue | 42 | REV_CODE |
| Revenue | 45 | REV_SER_DATE |
| Encounter | 6 | STMT_FROM_DATE |

| | | |
|---|---|---|
| Encounter | 6 | STMT_THRU_DATE |
| Encounter | 4 | TYPE_BILL |

| Field Name |
|---|
| Admit Date (MMDDYY) |
| Admitting Diagnosis Codes |
| Admit Hour |
| Admit Type |
| Condition Codes |
| HCPCS/RATES/HIPPS CODE |
| Diagnosis Code |
| Diagnosis and Procedure Code Qualifier |
| Diagnosis Type |

| | |
|---|---|
| Patient's Discharge Date | |
| Patient's Discharge Status (Disposition) Code | |
| Discharge Hour | |
| Encounter Identificiation | |
| CPT (Level I HCPCS) and Level II HCPCS Modifiers | |
| Health Plan Identification Number | |

| Patient's Marital Status |
| --- |
| |
| NHSN Facility ID |
| Payer identification |
| |

| |
|---|
| Point of Orgin Code |
| Present on Admission |
| Procedure Code |
| Procedure Code Order |
| Procedure Code Qualifier |
| Procedure Start Date |
| Patient's Mailing Address |
| Patient's City |
| Patient's State |
| Patient's Zipcode |

| |
|---|
| Patient's Control Number |
| Patient's Date of Birth |
| Patient's Ethnicity |
| Patient's Medical Record Number |
| Patient's First Name |
| Patient's Last Name |
| Patient's Middle Name |
| Patient's Race |
| **Patient's Sex Assigned at Birth** |
| Patient's Social Security Number |
| Revenue Code 1-23 |
| Revenue Service Date |
| Statement From Date |

| Statement Through Date |
| --- |
| Type of Bill |

**Instructions for Data Collection**

Enter the date that the patient was admitted for inpatient care using a six-digit format (MMDDYY).

Enter the approriate diagnosis code(s) that describes the patient's admitting condition for this encounter.

Enter the appropriate two-digit admission time referring to the hour during which the patient was admitted for inpatient care.

Enter the appropriate two-digit type of visit priority code for the admission/visit.

Enter the appropriate two-digit condition code or to describe any of the conditions or events that apply to the billing period if applicable to the patient's condition.

Enter the applicable HCPCS (CPT)/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates.

Enter the approriate diagnosis code(s) to describe any health condition(s) identified/treated/observed during this encounter.

Enter the required value of "9" or only for the special conditions enter a "0". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA.

Identify the diagnois using the following diagnosis types:
**Admitting Diagnosis** - the condition identified by the physician at the time of the patient's admission requiring hospitalization.
**Other Diagnoses -** other condition(s) coexist or develop(s) subsequently during the patient's treatment.
**Patient's Reason for Visit** - the condition the patient reports as the reason for their visit.
**Principal Diagnosis** - the condition established after study to be chiefly responsible for this encounter.
**Reason for Visit** - (up to three (3) diagnoses)
May enter up to 23 total diagnosis codes.

| Not include on UB04 form |
| --- |
| Enter the appropriate two-digit code indicating the patient's discharge status. |
| Enter the appropriate two-digit admission time referring to the hour during which the patient was admitted for inpatient care. |

Unique identifier for each patient encounter, assigned by NHSN.

| Up to four modifiers, two characters each. Various CPT (Level I HCPCS) and Level II HCPCS codes may require the use of modifiers to improve the accuracy of coding. Hospitals should not report a separate HCPCS (five-digit code) instead of the modifier. When appropriate, report a modifier based on the CPT (Level I HCPCS) and Level II HCPCS. |
| --- |
| Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable. |

Enter the marital status of the patient at the time of admission.

The NHSN-assigned facility ID when enrolled in NHSN.

Enter the health plan that the provider might expect some payment from for the claim - Primary, Secondary, Tertiary

| |
|---|
| Enter the code indicating the source of the referral for this admission or visit |
| Enter the diagnosis code of the condition that was present when the patient was admitted. |

Enter the procedure code(s) to describe any  procedure(s) performed during this encounter.

| |
|---|
| Enter the number that corresponds to the procedure to indicate the order in which the procedure was preformed. |
| Enter the required value of "9" or only for the special conditions enter a "0". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA. |
| Enter the date that the procedure was performed. |
| Required. The patient's mailing address, including street number and name, post office box number or RFD. |
| Required. The patient's city. |
| Required. The patient's State. |
| Required. The patient's  ZIP Code. |

| |
|---|
| Enter the patient's unique alphanumeric control number assigned to the patient by the facility. This number is unique for every encounter. |
| Required. The patient's month, day, and year of birth (MMDDCCYY) of patient. If full birth date is unknown, indicate zeros for all eight digits. |
| Patient's Ethnicity |
| The number assigned to the patient's medical/health record by the provider (not FL3a). |
| Required. The patient's first name. |
| Required. The patient's last name. |
| Required. The patient's middle name. |
| Patient's Race. |
| Required. The patient's sex as recorded at admission, outpatient service, or start of care. |
| |
| Enter the applicable Revenue Code for the services rendered |
| Enter the applicable 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. |
| The beginning service dates of the period included on the bill included on the bill using a six-digit date format (MMDDYY). |

The ending service dates of the period included on the bill included on the bill using a six-digit date format (MMDDYY).

This four-digit alphanumeric code gives three specific pieces of information after a leading zero. CMS will ignore the leading zero. CMS will continue to process three specific pieces of information. The second digit identifies the type of facility. The third classifies the type of care. The fourth indicates the sequence of this bill in this particular episode of care. It is referred to as a "frequency" code.

| Values | Format | Length |
|---|---|---|
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| 00-23 | AN | 2 |
| 1= Emergency<br>2= Urgent<br>3= Elective<br>4= Newborn<br>5= Trauma<br>6-8 Reserved<br>9= information not available | AN | 1 |
| Two-digit codes from the NUBC's Official UB-04 Data Specifications Manual | AN | 2 |
| Five-digit code from the current AMA CPT code list | AN | 5 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| 0=ICD10<br>9=ICD9 | N | 1 |
| ADM_DIAG = Admitting Diagnosis<br>DIAG = Other Diagnoses<br>PT_REASON = Patient's Reason for Visit<br>PRIN_ DIAG = Principal Diagnosis<br>REASON_VISIT = Reason for Visit | AN | 8 |

| | | |
|---|---|---|
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Standard Values are:<br>01= Discharged to home<br>02= Transf. to short-term hospital<br>03= Discharged to SNF<br>04= Discharged to custodial care or ICF<br>05= Discharged to Designated Cancer Center or Children's Hospital<br>06= Discharged to Home under care of organized home health service<br>07= Left against medical advice<br>08= Reserved<br>09= Admitted as Inpatient to Hospital<br>10-19= Reserved<br>20= Expired<br>21= Discharged to Court/Law Enforcement<br>22-29= Reserved<br>30= Still Patient<br>31-39= Reserved<br>40= Expired at Home<br>41= Expired in a Medical Facility<br>42= Expired Place Unknown<br>43= discharged to a federal health care facility<br>44-49= Reserved<br>50= Hospice-home<br>51= Hospice-medical facility<br>52-60= Reserved<br>61= Discharged to swing bed (SNF)<br>62= Discharged to IRF (rehab)<br>63= Discharged to a Medicare certified long term care hospital<br>64= Discharged to a nursing facility certified under Medicaid but not under Medicare<br>65= Discharged to Psychiatric Hospital<br>66= Discharged to a critical access hospital<br>67-68= Reserved<br>69= Discharged to Designated Disaster Alternative Care Site<br>70= Discharged to another type of health care institution not defined elsewhere<br>73-80= Reserved<br>81= Discharged to home with a Planned Readmission<br>82= Transf. to short-term hospital with a Planned Readmission<br>83= Discharged to SNF with a Planned Readmission<br>84= Discharged to custodial care or ICF with a Planned Readmission<br>85= Discharged to Designated Cancer Center or Children's Hospital with a Planned Readmission<br>86= Discharged to Home under care of organized home health service with a Planned Readmission<br>87= Discharged to Court/Law Enforcement with a Planned Readmission<br>88= discharged to a federal health care facility with a Planned Readmission<br>89= Discharged to swing bed (SNF) with a Planned Readmission<br>90= Discharged to IRF (rehab) with a Planned Readmission<br>91= Discharged to a Medicare certified long term care hospital with a Planned Readmission<br>92= Discharged to a nursing facility certified under Medicaid but not under Medicare with a Planned Readmission | AN | 2 |
| 00-23 | AN | 2 |
| As assigned by NHSN | AN | ???? |
| CPT (Level I HCPCS) and Level II HCPCS Modifiers based on the current AMA publication. | AN | 2 |
| Report the national health plan identifier when one is established; otherwise report the "number" Medicare has assigned. | AN | 15 |

| | | |
|---|---|---|
| A= Common Law<br>B= Registered Domestic Partner<br>C= Not Applicable<br>D= Divorced<br>I= Single<br>K= Unknown<br>M= Married<br>R= Unreported<br>S= Separated<br>U= Unmarried (Single or Divorced or Widowed)<br>W= Widowed | AN | 1 |
| must be >= 10000<br>must be <= 99999 | N | 5 |
| 09= Self-pay<br>10= Central certification<br>11= Other non-federal programs<br>12= Preferred provided organization (PPO)<br>13= Point of Service (POS)<br>14= Exclusive provider organization (EPO)<br>15= Indemnity insurance<br>16= Health maintenance organization (HMO) Medicare risk<br>AM= Automobile medical<br>BL= Blue cross/Blue shield<br>CH= Champus<br>CI= Commercial Insurance Co.<br>DS= Disability<br>HM= Health Maintenance Organization<br>LI= Liability<br>LM= Liability medical<br>MA= Medicare Part A<br>MB= Medicare Part B<br>MC= Medicaid<br>OF= Other Federal Programs<br>TV= Title V<br>VA= Veteran Administration Plan<br>WC= Workers' Compensation Health Claim<br>ZZ= Mutually defined, unknown | AN | 23 |

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|---|---|---|
| 1= Non-health care facility point of origin<br>2= Clinic or Physician's Office<br>3= Reserved for assignment<br>4= Transfer from hospital<br>5= Transfer from SNF<br>6= Transfer from another Health Care facility<br>7= Reserved for assignment by  NUBC<br>8= Court/law enforcement<br>9= Info not available<br>A= Reserved<br>B= Transfer from another home health agency<br><br>D= Transfer from 1 distinct unit of hosp. to another distinct unit of the same hosp. resulting in a separate claim<br>E= Transfer from an ASC<br>F= Transfer from a Hospice Facility<br>G-Z= Reserved<br>Codes for Newborn<br>1-4= Reserved<br>5= Born inside this hospital<br>6= Born outside this hospital<br>7-9= Reserved | AN | 1 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory) | AN | 8 |
| ICD-9/10 Valid Code List (Inpatient or Ambulatory);<br>Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only); | AN | 8 |
| 1,2,3..... | | |
| 0=ICD10<br>9=ICD9 | AN | 1 |
| Valid range: Month= 1-12; Day= 1-31<br>Valid Range = YYYY = survey year to survey year minus 1<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | | |
| As patient reports | AN | 40 |
| As patient reports | AN | 30 |
| 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 | AN | 2 |
| 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) | AN | 9 |

| | | |
|---|---|---|
| Assigned by facility | AN | 24/50 |
| Valid range: Month= 1-12; Day= 1-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include four-digit year | N | 8 |
| Hispanic or Latino<br>Not Hispanic or Not Latino<br>Decline to respond<br>Unknown | | |
| Assigned by facility | | |
| As reported by patient | AN | 19 |
| As reported by patient | AN | 29 |
| As reported by patient | | |
| 1002-5 = American Indian or Alaska Native<br>2028-9 = Asian<br>2054-5 = Black or African American<br>2118-8 = Middle Eastern or North African<br>2076-8 = Native Hawaiian or Other Pacific Islander<br>2106-3 = White<br>DEC = Decline to respond<br>UNK = Unknown | AN | 6 |
| **F = Female<br>M = Male<br>UNK = Unknown** | AN | 3 |
| As reported by patient | N | 12 |
| Four-digit codes from the NUBC's Official UB-04 Data Specifications Manual | N | 4 |
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |

| | | |
|---|---|---|
| Valid dates:  Any date on or after 1/1/2013.<br>Valid range: Month= 01-12; Day= 01-31<br>Valid month/day ranges:<br>For Month 04, 06, 09, and 11, Day = 01-30<br>For Month 01, 03, 05, 07, 08, 10, and 12,<br>Day = 01-31<br>For Month 02, Day = 01-28 or 29<br>For Year: include two-digit year | N | 6 |
| Inpatient:<br>011x= Hospital Inpatient<br>012x= Hospital Inpatient (Medicare Part B)<br><br>Ambulatory:<br>013x= Hospital Outpatient<br>014x= Hospital Laboratory Services for non-patients<br>083x= Ambulatory Surgery Center<br>085x= Critical Access Hospital | AN | 4 |

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