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_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 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 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 2= Urgent 3= Elective 4= Newborn 5= Trauma 6-8 Reserved 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 9=ICD9	N	1
ADM_DIAG = Admitting Diagnosis DIAG = Other Diagnoses PT_REASON = Patient's Reason for Visit PRIN_ DIAG = Principal Diagnosis REASON_VISIT = Reason for Visit	AN	8

Valid range: Month= 1-12; 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 For Year: include two-digit year	N	6
Standard Values are: 01= Discharged to home 02= Transf. to short-term hospital 03= Discharged to SNF 04= Discharged to custodial care or ICF 05= Discharged to Designated Cancer Center or Children's Hospital 06= Discharged to Home under care of organized home health service 07= Left against medical advice 08= Reserved 09= Admitted as Inpatient to Hospital 10-19= Reserved 20= Expired 21= Discharged to Court/Law Enforcement 22-29= Reserved 30= Still Patient 31-39= Reserved 40= Expired at Home 41= Expired in a Medical Facility 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	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 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	AN	1
must be >= 10000 must be <= 99999	N	5
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	AN	23

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	AN	1
ICD-9/10 Valid Code List (Inpatient or Ambulatory)	AN	8
ICD-9/10 Valid Code List (Inpatient or Ambulatory); Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only);	AN	8
1,2,3.....		
0=ICD10 9=ICD9	AN	1
Valid range: Month= 1-12; Day= 1-31 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 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 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 For Year: include four-digit year	N	8
Hispanic or Latino Not Hispanic or Not Latino Decline to respond 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 2028-9 = Asian 2054-5 = Black or African American 2118-8 = Middle Eastern or North African 2076-8 = Native Hawaiian or Other Pacific Islander 2106-3 = White DEC = Decline to respond UNK = Unknown	AN	6
F = Female M = Male	AN	1
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. 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 For Year: include two-digit year	N	6
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 For Year: include two-digit year	N	6

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 For Year: include two-digit year	N	6
Inpatient: 011x= Hospital Inpatient 012x= Hospital Inpatient (Medicare Part B) Ambulatory: 013x= Hospital Outpatient 014x= Hospital Laboratory Services for non-patients 083x= Ambulatory Surgery Center 085x= Critical Access Hospital	AN	4

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 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 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 2= Urgent 3= Elective 4= Newborn 5= Trauma 6-8 Reserved 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 9=ICD9	N	1
ADM_DIAG = Admitting Diagnosis DIAG = Other Diagnoses PT_REASON = Patient's Reason for Visit PRIN_ DIAG = Principal Diagnosis REASON_VISIT = Reason for Visit	AN	8

Valid range: Month= 1-12; 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 For Year: include two-digit year	N	6
Standard Values are: 01= Discharged to home 02= Transf. to short-term hospital 03= Discharged to SNF 04= Discharged to custodial care or ICF 05= Discharged to Designated Cancer Center or Children's Hospital 06= Discharged to Home under care of organized home health service 07= Left against medical advice 08= Reserved 09= Admitted as Inpatient to Hospital 10-19= Reserved 20= Expired 21= Discharged to Court/Law Enforcement 22-29= Reserved 30= Still Patient 31-39= Reserved 40= Expired at Home 41= Expired in a Medical Facility 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	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 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	AN	1
must be >= 10000 must be <= 99999	N	5
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	AN	23

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	AN	1
ICD-9/10 Valid Code List (Inpatient or Ambulatory)	AN	8
ICD-9/10 Valid Code List (Inpatient or Ambulatory); Level I HCPCS codes which are also referred to as CPT codes (Ambulatory Only);	AN	8
1,2,3.....		
0=ICD10 9=ICD9	AN	1
Valid range: Month= 1-12; Day= 1-31 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 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 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 For Year: include four-digit year	N	8
Hispanic or Latino Not Hispanic or Not Latino Decline to respond 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 2028-9 = Asian 2054-5 = Black or African American 2118-8 = Middle Eastern or North African 2076-8 = Native Hawaiian or Other Pacific Islander 2106-3 = White DEC = Decline to respond UNK = Unknown	AN	6
F = Female M = Male 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. 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 For Year: include two-digit year	N	6
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 For Year: include two-digit year	N	6

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 For Year: include two-digit year	N	6
Inpatient: 011x= Hospital Inpatient 012x= Hospital Inpatient (Medicare Part B) Ambulatory: 013x= Hospital Outpatient 014x= Hospital Laboratory Services for non-patients 083x= Ambulatory Surgery Center 085x= Critical Access Hospital	AN	4