Field Requirements for CMS-1450 Claims Forms (UB94)
For Driscoll Children's Health Plan

Field	Description	Required/Optional	Remarks
1	Billing Provider Information NOTE: This is the physical address of the location where services were provided. This is not a Post Office Box address.	Required	Four-lines of information: Name Address City/State/Zip Phone: 123-123-1234
2	Pay-To Provider Information NOTE: A PO Box is acceptable in this space.	Situational	Required if the **pay-to provider address** is different than the billing provider.
3a	Patient Control Number	Optional	Enter your patient account number, if provided this number will be returned on the EOB/EOP.
3b	Medical/Health Record Number	Optional	May be used for the patient's medical record number. This field is not reported back on the EOB/EOP.
4	Bill Type	Required	Use NUBC taxonomy tables for acceptable values NOTE: This field plays a role in the adjudication of the claim. An incorrect value in this field could result in an incorrect payment.
5	Federal Tax ID	Required	Enter number WITHOUT hyphen: NNNNNNNNN NOTE: Forms are scanned into electronic files; a hyphen may result in payment inaccuracy or rejection of your claim.
6	Statement Covers From and Thru Dates FORMAT: **MMDDYY** without dashes, slashes or spaces.	Required	Outpatient = enter the first and last dates of services billed on this claim. Inpatient = enter admit and discharge date for this admission. If interim billing is being performed, enter the first and last dates of the services that are being billed on the form.
7	Unassigned	Not Used	
8a	Patient ID#	Required	Enter patient's DCHP ID#: **STAR**: 9 numeric characters **CHIP**: 9 alpha-numeric characters with alpha

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Field	Description	Required/Optional	Remarks
			character appearing in the lead position.
8b	Patient Name	Required	Patient name: Last, First Middle Sample: SMITH, MARY JO
9a	Patient Address	Required	Patient's street address
9b	Patient City	Required	Patient's city
9c	Patient State	Required	Patient's state – 2-digit USPO abbreviation required
9d	Patient Zip Code	Required	Patient's zip code – 5 digits are required. 9-digit is optional. If 9-digit is used DO NOT use a hyphen.
9e	Patient County Code	Optional	If used, must use codes provided by American National Standards Institute in ISO3166
10	Date of Birth	Required	Enter date: MMDDYYYY without hyphens, slashes or spaces
11	Sex	Required	M = male F = female U = unknown
12	Admission or Start of Care Date	Required on both inpatient and outpatient claims	Enter date: MMDDYY without hyphens, slashes or spaces
13	Admission Hour	Required	Use NUBC taxonomy tables for acceptable values: 00 through 23 to define the hour
14	Admission Type	Required on Inpatient Optional on Outpatient	1 = emergency 2 = urgent 3 = elective 4 = newborn 5 = trauma 9 = information not available
15	Admission Source	Required	Use NUBC taxonomy tables for acceptable values
16	Discharge Hour	Required on inpatient where bill type end is a 1, 2, 3, or 4. Optional on outpatient	Use NUBC taxonomy tables for acceptable values: 00 through 23 to define the hour
17	Discharge Status	Required on inpatient Not Used on outpatient	Use NUBC taxonomy tables for acceptable values
18-28	Condition Codes	Situational, but required where the condition code	Use NUBC taxonomy tables for acceptable values

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Field	Description	Required/Optional	Remarks
		applies to the bill	
29	Accident State	Situational, but required where applicable. Always required when E-level ICD9 codes are used.	Use the 2-digit STATE abbreviation to designate the State in which the accident occurred.
30	Unassigned	Not Used	
31 a & b through 34 a & b	Occurrence Code and Date	Situational, but required where the occurrence code applies to the bill	Use NUBC taxonomy tables for acceptable values
35 a & b through 36 a & b	Occurrence Span Code and Dates	Situational, but required where the occurrence code and span dates apply to the bill	Use NUBC taxonomy tables for acceptable values
37	Unassigned	Not Used	
38	Responsible Party Name and Address	Not Used	Providers may complete this field, but it will not be used for claims processing and this information will not be reported back. If used: Name Address City/State/Zip If a 9-digit zip is used, it must be formatted as nnnnn-nnnn with hyphen displayed.
39a,b,c,d through 41a,b,c,d	Value Codes and Amounts	Situational, but required where the occurrence code and span dates apply to the bill	Use NUBC taxonomy tables for acceptable values
42	Revenue Code	Required on both inpatient and outpatient claims	Use NUBC taxonomy tables for acceptable values
43	Description	Required on paper claims	Use the Standard Abbreviation as determined by NUBC UB04 specifications
44	HCPCS Code or Rate	REQUIRED as shown to the right	Inpatient: Rev Codes 0100 through 0219 and the 100X series must show the unit room rate. Outpatient: Revenue Codes 0450 through 0459 must be HCPCS coded with the applicable level of care describing the visit. 99281 – Level 1 99282 – Level 2

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Field	Description	Required/Optional	Remarks
			99283 – Level 3 99284 – Level 4 99285 – Level 5 See **Appendix A** below for a list of all UB Rev Codes that must be HCPCS-coded on the Outpatient UB04 form.
45	Service Date	Inpatient: Do not Use Outpatient: Required	MMDDYY
46	Service Units	REQUIRED as shown to the right	Inpatient: Rev Codes 0100 through 0219 and the 100X series must show the number of days billed for each accommodation. Outpatient: UB Rev Code 0762 requires number of hours not to exceed 23. Other codes may be populated at provider's discretion.
47	Total Charges	Required	
48	Non-Covered Charges	Situational, this information is required if some of the charges shown in field 47 are not covered or if some dates of services reflected in the charges in field 47 have been denied by DCHP utilization management.	Inpatient Claims: The charges represented in field 47 that fall on dates of service that were denied by utilization management, must be reflected in this column.
49	Unassigned	Not Used	
50	Payer Name	Required	Use multiple lines (a,b,c) if there is more than one payer. DCHP will always be the payer of last resort. Providers must bill other insurance and reflect the payment and denial on the bill send to DCHP.
51	Health Plan ID	Not required for STAR or CHIP claims	NOTE: This field may become mandatory once health plans are assigned their own National Plan Identifier.
52	Release of Information	Required	Y = Yes N = No
53	Benefits Assigned	Required	Y = Yes

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Field	Description	Required/Optional	Remarks
			All CHIP and STAR claims must indicate YES.
54	Prior Payments	Situational	Enter any dollar amount paid by the payer on this claim
55	Estimated Amount Due	Not Required	
56	NPI	Required	The 10-digit NPI number of the BILLING PROVIDER identified in field 1 on the UB04
57	Other Billing Provider	Not Required	
58	Insured Name	Required	Name of the insured person for the insurance shown in field 50. For STAR and CHIP this will always be the PATIENT.
59	Insured Relationship to Patient	Required	Use NUBC taxonomy tables for acceptable values For STAR and CHIP this will always = 18
60	Insured's Unique ID	Required	Insurance ID# assigned by the health plan of payer to the insured person CHIP: 9-character numbers starting with a alpha character and followed by 8 numeric characters STAR: 9-numeric characters
61	Group Name	Required for other insurance Not Required for STAR and CHIP	Enter the name of group, which is will usually be the employer through which the insurance is received. For STAR and CHIP, this field can be left blank or can be populated with "DCHP".
62	Insurance Group Number	Required for other insurance Not Required for STAR and CHIP	Enter the group ID# assigned by the applicable payer. For STAR and CHIP this field can be left blank.
63	Treatment Authorization Codes	Situational	If prior authorization code was given for the services represented in the claim, enter than number in this space.
64	Document Control Number	Situational	If re-submitting a claim that was previously adjudicated,

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		Required only for a claim re-submission	enter the Internal Control Number shown on the DCHP Explanation of Payment (EOP) form.
65	Employer Name	Required for other insurance Not Required for STAR and CHIP	Enter the name of the employer who provides the insurance to the person shown in field 58
66	Diagnosis Code Qualifier	Required	Should always = 9 to indicate ICD9 code.
For all codes entered in field 67 through 74 decimals are assumed and should not be stated.			
67	Principal or Present on Admission Code	Required	Inpatient: Enter the principal diagnosis as defined by CMS Outpatient: Enter the diagnosis code that describes the reason for the visit
67 A-Q	Other Diagnosis Codes	Situational	Enter all other final diagnosis codes applicable to the visit or addressed in the visit or that explain why the services being billed were performed.
69	Admit Diagnosis	Inpatient: Required Outpatient: Not Required	Enter the applicable ICD9 codes representing the reason for admission
70	Patient's Reason for Visit	Inpatient: Not Used Outpatient: Required for Emergency Room, not required otherwise	Enter the applicable ICD9 codes.
71	PPS Code	REQUIRED for DRG-based hospitals, otherwise this field in not required.	Enter the applicable DRG code determined by the provider that applies to this claim.
72	External Cause of Injury Code	Situational	Enter the applicable E-level ICD9 code if the treatment was related to an accident
73	Unassigned	Not Used	
74	Principal Procedure	Situational	Input the ICD9 surgical procedure code and the date of the surgery applicable to the treatment represented on the claim
74 a-e	Other Procedure	Situational	Input the ICD9 surgical procedure code and the date of the surgery applicable to the treatment represented on the claim
75	Unassigned	Not Used	

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Field	Description	Required/Optional	Remarks
76	Attending Provider Name and Identifiers NOTE: There are 4 distinct fields within this box. Each field must be completed as shown in the far right column.	Required	**NPI** Attending provider's NPI number **QUAL** Enter the qualifier of 1D followed by Attending Provider's TPI # **LAST** Last name of Attending Provider **FIRST** First name of Attending Provider
77	Operating Provider Name and Identifiers NOTE: There are 4 distinct fields within this box. Each field must be completed, if applicable, as shown in the far right column.	Situational	**NPI** Operating provider's NPI number **QUAL** Enter the qualifier of 1D followed by Operating Provider's TPI # **LAST** Last name of Operating Provider **FIRST** First name of Operating Provider
78	Other Provider Name and Identifiers NOTE: There are 4 distinct fields within this box. Each field must be completed, if applicable, as shown in the far right column.	Situational – if applicable use this field for REFERRING PROVIDER	**NPI** Referring provider's NPI number **QUAL** Enter the qualifier of 1D followed by Referring Provider's TPI # **LAST** Last name of Referring Provider **FIRST** First name of Referring Provider
79	Other Provider Name and Identifiers	Situational	**NPI** Other provider's NPI number

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Field	Description	Required/Optional	Remarks
	NOTE: There are 4 distinct fields within this box. Each field must be completed. If applicable, as shown in the far right column.		**QUAL** Enter the qualifier of 1D followed by Other Provider's TPI # **LAST** Last name of Other Provider **FIRST** First name of Other Provider
80	Remarks Field	Situational	Used when in the judgment of the provider, the information is needed to substantiate the medical treatment and it is not supported elsewhere within the claim data set.
81	Code-Code Field	Situational	Used in accordance with the NUBC taxonomy set forth in the NUBC UB04 specifications manual and published by the American Hospital Association.

Change Log:

Date	Version	Changes
5-17-07jc	1.0	Initial DRAFT version, posted on website but also used internally to vet requirements.
5-27-07jc	1.1	Updated as discussed internally. Most critical changes were to the following fields 44 and 46. In addition, Appendix A was added at the end of this document.

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APPENDIX A: UB Rev Code That Required HCPCS Coding for all Outpatient Bill Types

(Revenue Codes not applicable to an outpatient claim or that do not require HCPCS coding on an outpatient claims are omitted from the following list)

Disclaimer: Inclusion in the following does not imply that the Revenue Code is a covered service. Please refer to applicable Medicaid regulations and to the UB04 Manual published by the American Hospital Association for details.

CODES	CODES	CODES	CODES	CODES	CODES
029X	035X	045X	056X	077X	098X
030X	040X	046X	057X	090X	210X
031X	041X	047X	061X	091X	
032X	042X	048X	073X	092X	
033X	043X	054X	074X	096X	
034X	044X	055X	075X	097X	

All providers that use the UB04 form are strongly encouraged to subscribe the UB04 Manual published by the American Hospital Association. To the fullest extent possible, Driscoll Children's Health Plan uses these specifications in processing claims.

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