

**Tips for Completing the UB04 (CMS-1450) Claim Form
FAILURE TO PROVIDE VALID INFORMATION MATCHING THE
INSURED'S ID CARD COULD RESULT IN A REJECTION OF YOUR
CLAIM.**

| Field | Field description | Field type | Instructions |
|--------------|--|-------------------|--|
| 1 | Facility name, Address, Telephone Number, and Country Code | Required | This field contains the complete Servicing address (the address where the services are being performed/rendered) and telephone and/or fax number. This must be a street address. Please enter this to match the name and address submitted to Beacon Health Options on your credentialing documents. |
| 2 | Pay-to Name and Address | Conditional | This field contains the address to which payment should be sent if different from the information in Field 1. Please be sure this matches what you submitted on your credentialing documents. |
| 3a | Patient Control Number | Conditional | Complete this field with the patient account number assigned by the provider that allows for the retrieval of individual patient financial records. If completed, this number will be included on the Provider's Summary Voucher. |
| 3b | Medical / Health Record Number | Conditional | In this field, report the patient's medical record number as assigned by the provider. |
| 4 | Type of Bill | Required | This field is for reporting the type of bill for the purposes of third-party processing of the claim such as inpatient or outpatient. The first digit is a leading zero. The second digit is the type of facility. The third digit classifies the type of care being billed. The fourth digit indicates the sequence of the bill for a specific episode of care. |
| 5 | Federal Tax Number | Required | Enter the number assigned by the federal government for tax reporting purposes. This may be either the Tax Identification Number (TIN) or the Employer Identification Number (EIN). |
| 6 | Statement Covers Period "From" and "Through" | Required | Use this field to report the beginning and end dates of service for the period reflected on the claim in MMDDYY format. |
| 7 | Reserved for Assignment by the NUBC | Not Required | N/A |

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| Field | Field description | Field type | Instructions |
|-------|---|-------------|---|
| 8a | Patient Identifier | Conditional | This field is for the patient's identification number. Only required if the patient's ID on their identification card is different than the subscriber's. |
| 8b | Patient Name | Required | This field is for the patient's last, middle initial, and first name. |
| 9a | Patient Address | Required | This field is for entering the patient's street address. Please comply with US Postal service guidelines for all addresses. |
| 9b | (unlabeled field) | Required | This field is for entering the patient's city. |
| 9c | (unlabeled field) | Required | This field is for entering the patient's state code as defined by the US Postal Service. |
| 9d | (unlabeled field) | Required | This field is for entering the patient's ZIP code. |
| 9e | (unlabeled field) | Required | This field is for entering the patient's Country Code. |
| 10 | Patient Birth date | Required | This field includes the patient's complete date of birth using the eight-digit format (MMDDCCYY). |
| 11 | Sex | Required | Use this field to identify the sex of the patient. |
| 12 | Admission Date / Start of Care Date | Required | Enter the date care begins. For inpatient care, it is the date of admission. For all other services, it is the date care is initiated. |
| 13 | Admission Hour | Conditional | Required for some accounts including all Medicaid claims. Enter the hour in which the patient is admitted for inpatient or outpatient care. NOTE: Enter using Military Standard Time (00 – 23) in top-of-the-hour times only. |
| 14 | Priority (Type) of Admission/Visit | Conditional | Required for some accounts including all Medicaid claims. Enter the appropriate code for the priority of the admission or visit. See valid codes at the end of this section. |
| 15 | Source of Referral for Admission or Visit | Conditional | Required for some accounts including all Medicaid claims. This field contains a code that identifies the point of patient origin for this admission or visit. See valid codes at the end of this section. |

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| Field | Field description | Field type | Instructions |
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| 16 | Discharge Hour | Conditional | Required for some accounts including all Medicaid claims. This field is used for reporting the hour the patient is discharged from inpatient care. NOTE: Enter using Military Standard Time (00 – 23) in top-of-the-hour times only. |
| 17 | Patient Discharge Status | Conditional | Required for some accounts including all Medicare and Medicaid claims. Use this field to report the status of the patient upon discharge – required for institutional claims. See valid codes at the end of this section. |
| 18 – 28 | Condition Codes | Conditional | Use these fields to report conditions or events related to the bill that may affect the processing of it. |
| 29 | Accident State | Conditional | When appropriate, assign the two-digit abbreviation of the state in which an accident occurred. |
| 30 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 31 – 34 | Occurrence Codes and Dates | Conditional | The occurrence code and the date fields associated with it define a significant event associated with the bill that affects processing by the payer (e.g., accident, employment related, etc.). |
| 35 – 36 | Occurrence Span Codes and Dates | Conditional | This field is for reporting the beginning and end dates of the specific event related to the bill. |
| 37 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 38 | Responsible Party Name and Address | Required | This field is for reporting the name and address of the person responsible for the bill. |
| 39 - 41 | Value Codes and Amounts | Conditional | These fields contain the codes and related dollar amounts to identify the monetary data for processing claims. This field is qualified by all payers. |

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| Field | Field description | Field type | Instructions |
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| 42 | Revenue code | Required | Use this field to report the appropriate <i>HIPAA</i> compliant numeric code corresponding to each narrative description or standard abbreviation that identifies a specific accommodation and/or ancillary service. |
| 43 | Revenue Description | Optional | This field contains a narrative description or standard abbreviation for each revenue code category reported on this claim. . |
| 44 | HCPCS / Rate / HIPPS Code | Conditional | This field is used to report the appropriate HCPCS codes for ancillary services, the accommodation rate for bills for inpatient services, and the Health Insurance Prospective Payment System rate codes for specific patient groups that are the basis for payment under a prospective payment system. |
| 45 | Service Date | Required | Indicates the date the service was rendered using the six-digit format (MMDDYY). |
| 46 | Service Units | Required | In this field, units such as pints of blood used, miles traveled and the number of inpatient days are reported. |
| 47 | Total Charges | Required | This field reports the total charges – covered and non-covered – related to the current billing period. |
| 48 | Non-Covered Charges | Conditional | This field indicates charges that are non-covered charges by the payer as related to the revenue code. |
| 49 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 50a, b, c | Payer Name | Conditional | If more than one payer is responsible for this claim, enter the name(s) of primary, secondary and tertiary payers as applicable. Provider should list multiple payers in priority sequence according to the priority the provider expects to receive payment from these payers. |
| 51a, b, c | Health Plan Identification Number | Not Required | This field includes the identification number of the health insurance plan that covers the patient and from which payment is expected. |

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| Field | Field description | Field type | Instructions |
|-----------|---|--------------|--|
| 52a, b, c | Release of Information Certification Indicator | Required | Enter the appropriate code denoting whether the provider has on file a signed statement from the patient or the patient's legal representative to release information. Refer to Attachment B for valid codes. |
| 53a, b, c | Assignment of Benefits Certification Indicator | Conditional | Not required for Beacon contracted providers. Enter the appropriate code to indicate whether the provider has a signed form authorizing the third party insurer to pay the provider directly for the service rendered. |
| 54a, b, c | Prior Payments | Conditional | Enter any prior payment amounts the facility has received toward payment of this bill for the payer indicated in Field 50 lines a, b, c. |
| 55a, b, c | Estimated Amount Due | Not required | Enter the estimated amount due from the payer indicated in Field 50 lines a, b, c. |
| 56 | National Provider Identifier – Billing Provider | Conditional | Required for some accounts including any Medicare and Medicaid plans. This field is for reporting the unique provider identifier assigned to the provider. |
| 57 | Other Provider Identifier – Billing Provider | Not Required | The unique provider identifier assigned by the health plan is reported in this field. |
| 58a, b, c | Insured's Name (last, first name, middle initial) | Required | The name of the individual who carries the insurance benefit is reported in this field. Enter the last name, first name and middle initial. THIS MUST MATCH THE NAME ON THE MEMBER'S IDENTIFICATION CARD |
| 59a, b, c | Patient's Relationship to Insured | Required | Enter the applicable code that indicates the relationship of the patient to the insured. |
| 60a, b, c | Insured's Unique Identification | Required | This is the unique number the health plan assigns to the insured individual. THIS MUST MATCH THE ID ON THE MEMBER'S IDENTIFICATION CARD. |
| 61a, b, c | Group Name | Preferred | Enter the group or plan name of the primary, secondary and tertiary payer through which the coverage is provided to the member. |

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| Field | Field description | Field type | Instructions |
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| 62a, b, c | Insurance Group Number | Conditional | Enter the plan or group number for the primary, secondary and tertiary payer through which the coverage is provided to the member. |
| 63a, b, c | Treatment <i>Authorization</i> Codes | Conditional | Enter the <i>authorization</i> number assigned by the payer indicated in Field 50, if known. This indicates the treatment has been preauthorized. |
| 64a, b, c | Document Control Number | Not Required from the Provider | This number is assigned by the health plan to the bill for their internal control. Also used to indicate the DCN on any claim adjustment being requested. |
| 65a, b, c | Employer Name (of the Insured) | Conditional | Enter the name of primary employer that provides the coverage for the insured indicated in Field 58. |
| 66 | <i>Diagnosis</i> and Procedure Code Qualifier (<i>ICD</i> Version Indicator) | Required | This qualifier is used to indicate the version of <i>ICD-9-CM</i> being used. A "9" is required in this field for the <i>UB-04</i> . A "10" should be used when <i>ICD-10</i> . |
| 67 | Principal <i>Diagnosis</i> Code | Required | Enter the valid <i>ICD-10</i> diagnosis to the highest level of specificity for services rendered. |
| 67 a - q | Other <i>Diagnosis</i> Codes / Present on Admission Indicator (POA) | Conditional | This field is for reporting all <i>diagnosis codes</i> in addition to the principal <i>diagnosis</i> that coexist, develop after admission, or impact the treatment of the patient or the length of stay. The <i>ICD-10</i> completed to its fullest character must be used. The present on admission (POA) indicator applies to <i>diagnosis codes</i> (e.g., principal, secondary and E codes) for inpatient claims to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting. It is the eighth digit attached to the corresponding <i>diagnosis code</i> . |
| 68 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 69 | Admitting <i>Diagnosis</i> | Required | Enter a valid <i>ICD-10-CM diagnosis code</i> to its highest level of specificity for services rendered that describes the <i>diagnosis</i> of the patient at the time of admission. |

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| Field | Field description | Field type | Instructions |
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| 70 a – c | Patient's Reason for <i>Visit</i> | Conditional | The <i>ICD-10-CM</i> codes that report the reason for the patient's outpatient <i>visit</i> is reported here. |
| 71 | Prospective Payment System (PPS) Code | Not required | This code identifies the DRG based on the grouper software and is required only when the provider is under contract with a health plan using DRG codes. |
| 72 | External Cause of Injury (ECI) Code | Not Required | In the case of external causes of injuries, poisonings, or adverse effects, the appropriate <i>ICD-10-CM diagnosis code</i> is reported in this field. |
| 73 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 74 | Principal Procedure Code and Date | Conditional | N/A exception – if the member resides in the state of Maine, the ICD 10 procedure code is required on inpatient claims. |
| 74 a – e | Other Procedure Codes and Dates | Conditional | N/A exception – if the member resides in the state of Maine, the ICD 10 procedure code is required on inpatient claims. |
| 75 | Reserved for Assignment by the NUBC | Not Required | N/A |
| 76 | Attending Provider Names and Identifiers | Required | This field is for reporting the name and identifier of the provider with the responsibility for the care provided on the claim. |
| 77 | Operating Physician Name and Identifiers | Conditional | Report the name and identification number of the physician responsible for performing surgical procedure in this field. |
| 78 – 79 | Other Provider Names and Identifiers | Conditional | This field is used for reporting the names and identification numbers of individuals that correspond to the provider type category. |
| 80 | Remarks | Not Required | This field is used to report additional information necessary to process the claim. |
| 81 a – d | Code – Code | Conditional | This field is used to report codes that overflow other fields and for externally maintained codes NUBC has approved for the institutional data set. Taxonomy codes should be reported in these fields using a qualifier of B3. |

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UB04 (CMS-1450) REFERENCE MATERIAL¹

Type of Bill Codes (Field 4)

This is a three-digit code; each digit is defined below.

| | |
|-----------------------------------|--|
| First Digit – Leading Zero | |
| 0XXX | |

| Second Digit – Type of Facility | Description of Second Digit |
|---------------------------------------|--|
| 01XX | Hospital |
| 02XX | Skilled Nursing |
| 03XX | Home Health Facility |
| 04XX | Religious Non-medical Health Care Institutions (RNHCI) – Hospital Inpatient |
| 05XX | Reserved for National Assignment by the NUBC |
| 06XX | Intermediate Care (not used for Medicare) |
| 07XX | Clinic (Requires Special Reporting for the Third Digit) |
| 08XX | Special Facility or ASC Surgery (Requires Special Reporting for the Third Digit) |
| 09XX | Reserved for National Assignment by the NUBC |

| Third Digit – Bill Classification | Description of Third Digit Except for Clinics and Special Facilities |
|---|---|
| 0X1X | Inpatient (Including Medicare Part A) |
| 0X2X | Inpatient (Medicare Part B Only) (Includes HHA <i>Visits</i> Under a Part B Plan of Treatment) |
| 0X3X | Outpatient (Includes HHA <i>Visits</i> Under a Part A Plan of Treatment Including DME Under Part A) |
| 0X4X | Laboratory Services Provided to Non-Patients, or Home Health Not Under a Plan of Treatment |
| 0X5X | Intermediate Care Level 1 |
| 0X6X | Intermediate Care Level II |
| 0X7X | Reserved for National Assignment by NUBC |
| 0X8X | Swing Beds |
| 0X9X | Reserved for National Assignment by NUBC |

| Third Digit – Bill Classification | Description of Third Digit Classification for Clinics Only |
|---|---|
| 0X1X | Rural Health Clinic |

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| | |
|------|--|
| 0X2X | Clinic – Hospital Based or Independent Renal Dialysis Center |
| 0X3X | Freestanding |
| 0X4X | ORF |
| 0X5X | CORF |
| 0X6X | CMHC |
| 0X7X | Federally Qualified Health Center (FQHC) (effective April 1, 2010) |
| 0X8X | Reserved for National Assignment by NUBC |
| 0X9X | Other |

| Third Digit – Bill Classification | Description of Third Digit Classification for Special Facility Only |
|---|--|
| 0X1X | Hospice (Non-hospital based) |
| 0X2X | Hospice (Hospital based) |
| 0X3X | Ambulatory Surgery Center |
| 0X4X | Freestanding Birthing Center |
| 0X5X | Critical Access Hospital |
| 0X6X | Residential Facility (Not used for Medicare) |
| 0X7X | Reserved for National Assignment by NUBC |
| 0X8X | Reserved for National Assignment by NUBC |
| 0X9X | Special Facility - Other (Not used for Medicare) |

| Fourth Digit – Frequency of the Bill | Description of Fourth Digit Frequency of the Bill |
|--|---|
| 0XX0 | Nonpayment / Zero Claim |
| 0XX1 | Admit through Discharge Claim |
| 0XX2 | Interim – First Claim |
| 0XX3 | Interim – Continuing Claim (Not valid for Medicare PPS Claims) |
| 0XX4 | Interim – Last Claim (Not valid for Medicare Inpatient Hospital PPS Claims) |
| 0XX5 | Late Charges Only Claim |
| 0XX6 | Reserved for National Assignment by NUBC |
| 0XX7 | Replacement of Prior Claim |
| 0XX8 | Void / Cancel of a Prior Claim |
| 0XX9 | Final Claim for a Home Health PPS Episode |

¹ Ingenix® Uniform Billing Editor, March, 2015

Sex Codes (Field 11)

| Code | Definition |
|------|------------|
| M | Male |
| F | Female |
| U | Unknown |

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Type of Admission Codes (Field 14)

| Code | Definition |
|-------------|----------------------------------|
| 1 | <i>Emergency</i> |
| 2 | <i>Urgent</i> |
| 3 | Elective |
| 4 | Newborn |
| 5 | Trauma |
| 6 – 8 | Reserved for National Assignment |
| 9 | Information Not Available |

Source of Admission Codes Except Newborns (Field 15)

| Code | Definition |
|-------------|--|
| 1 | Nonhealthcare Facility Point of Origin |
| 2 | Clinic or Physician's Office |
| 3 | Reserved for assignment by the NUBC |
| 4 | Transfer From a Hospital (Different Facility) |
| 5 | Transfer from a Skilled Nursing Facility or Intermediate Care Facility or Assisted Living Facility |
| 6 | Transfer from Another Health Care Facility |
| 7 | Reserved for assignment by the NUBC |
| 8 | Court/Law Enforcement |
| 9 | Information Not Available |
| A | Reserved for assignment by the NUBC |
| B | Reserved for assignment by the NUBC |
| C | Reserved for assignment by the NUBC |
| D | Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer |
| E | Transfer from Ambulatory Surgery Center |
| F | Transfer from Hospice Facility |
| G – Z | Reserved for National Assignment |

Additional Source of Admission Codes for Newborns (Field 15)

| Code | Definition |
|-------------|----------------------------------|
| 1 – 4 | Discontinued |
| 5 | Born Inside this Hospital |
| 6 | Born Outside this Hospital |
| 7 – 9 | Reserved for National Assignment |

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Patient Status (Field 17)

| Code | Definition |
|---------|---|
| 01 | Discharged to Home or Self-Care (Routine Discharge) |
| 02 | Discharged / Transferred to a Short-Term General Hospital for Inpatient Care |
| 03 | Discharged / Transferred to a SNF with Medicare Certification in Anticipation of Skilled Care |
| 04 | Discharged / Transferred to a Facility That Provides Custodial or Supportive Care |
| 05 | Discharged / Transferred to a Designated Cancer Center or Children's Hospital |
| 06 | Discharged / Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care |
| 07 | Left Against Medical Advice or Discontinued Care |
| 08 | Reserved for Assignment by the NUBC |
| 09 | Admitted as an Inpatient to This Hospital |
| 10 – 19 | Reserved for Assignment by the NUBC |
| 20 | Expired |
| 21 | Discharged / Transferred to Court / Law Enforcement |
| 22 - 29 | Reserved for Assignment by the NUBC |
| 30 | Still a Patient |
| 31-39 | Reserved for Assignment by the NUBC |
| 40 | Expired at Home |
| 41 | Expired in a Medical Facility such as a Hospital, SNF, ICF or Free-Standing Hospice |
| 42 | Expired, Place Unknown |
| 43 | Discharged / Transferred to a Federal Health Care Facility |
| 44 – 49 | Reserved for Assignment by the NUBC |
| 50 | Discharged to Hospice, Home |
| 51 | Discharged to Hospice, Medical Facility (Certified) Providing Hospice <i>Level of Care</i> |
| 52 – 60 | Reserved for Assignment by the NUBC |
| 61 | Discharged / Transferred Within This Institution to a Hospital-Based Medicare Approved Swing Bed |
| 62 | Discharged / Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital |
| 63 | Discharged / Transferred to a Medicare Certified Long Term Care Hospital (LTCH) |
| 64 | Discharged / Transferred to a Nursing Facility Certified Under Medicaid but Not Certified Under Medicare |
| 65 | Discharged / Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital |
| 66 | Discharges / Transfers to a Critical Access Hospital |
| 67 – 69 | Reserved for Assignment by the NUBC |
| 70 | Discharged / Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List |
| 71 – 80 | Reserved for Assignment by the NUBC |
| 81 | Discharge to Home or Self-Care with a Planned Acute Care hospital Inpatient Readmission |

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| Code | Definition |
|-------------|---|
| 82 | Discharged / Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care hospital Inpatient Readmission |
| 83 | Discharged /Transferred to a Skilled Nursing Facility with Medicare Certification with a Planned Acute Care hospital Inpatient Readmission |
| 84 | Discharged /Transferred to a Facility that Provides Custodial of Supportive Care with a Planned Acute Care hospital Inpatient Readmission |
| 85 | Discharged /Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care hospital Inpatient Readmission |
| 86 | Discharged /Transferred to Home Under Care of Organized Home Health Service Organization with a Planned Acute Care hospital Inpatient Readmission |
| 87 | Discharged /Transferred to Court / Law Enforcement with a Planned Acute Care hospital Inpatient Readmission |
| 88 | Discharged /Transferred to a Federal Health Care Facility with a Planned Acute Care hospital Inpatient Readmission |
| 89 | Discharged /Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care hospital Inpatient Readmission |
| 90 | Discharged /Transferred to an Inpatient Rehabilitation Facility Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care hospital Inpatient Readmission |
| 91 | Discharged /Transferred to a Medicare Certified Long-term Care Hospital with a Planned Acute Care hospital Inpatient Readmission |
| 92 | Discharged /Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare with a Planned Acute Care hospital Inpatient Readmission |
| 93 | Discharged /Transferred to a Psychiatric Hospital or Psychiatric Distinct Part unit of a Hospital with a Planned Acute Care hospital Inpatient Readmission |
| 94 | Discharged /Transferred to a Critical Access Hospital with a Planned Acute Care hospital Inpatient Readmission |
| 95 | Discharged /Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care hospital Inpatient Readmission |

Release of Information Indicator Codes (Field 52)

| Code | Definition |
|-------------|---|
| I | Informed consent to release medical information for conditions or diagnoses regulated by federal statutes |
| Y | Yes, provider has a signed statement permitting release of medical billing data related to a claim |

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**Member's Relationship to the Insured Codes for UB04 Only (Field 59, 837I,
version 5010)**

| Code | Definition |
|-------------|--------------------|
| 01 | Spouse |
| 18 | Self |
| 19 | Child |
| 20 | Employee |
| 21 | Unknown |
| 39 | Organ Donor |
| 40 | Cadaver Donor |
| 53 | Life Partner |
| G8 | Other Relationship |

Valid Taxonomy Codes

| | |
|------------|--|
| 100000000X | BH & SOCSERV PROVIDERS |
| 101YA0400X | BH & SOCIAL SERVICE, COUNSELOR, ADDICTION (SUBSTAN |
| 101YM0800X | BH & SOCIAL SERVICE, COUNSELOR, MH |
| 101YP1600X | BH & SOCIAL SERVICE, COUNSELOR, PASTORAL |
| 101YP2500X | BH & SOCIAL SERVICE, COUNSELOR, PROFESSIONAL |
| 101YS0200X | BH & SOCIAL SERVICE, COUNSELOR, SCHOOL |
| 101Y00000X | BH & SOCIAL SERVICE, COUNSELOR |
| 103GC0700X | BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST, CLINICAL |
| 103G00000X | BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST |
| 103TA0400X | BH & SOCIAL SERVICE, PSYCHOLOGIST, ADDICTION (SUBS |
| 103TA0700X | BH & SOCIAL SERVICE, PSYCHOLOGIST, ADULT DEVELOPME |
| 103TB0200X | BH & SOCIAL SERVICE, PSYCHOLOGIST, BEHAVIORAL |
| 103TC0700X | BH & SOCIAL SERVICE, PSYCHOLOGIST, CLINICAL |
| 103TC1900X | BH & SOCIAL SERVICE, PSYCHOLOGIST, COUNSELING |
| 103TC2200X | BH & SOCIAL SERVICE, PSYCHOLOGIST, CHILD, YOUTH & |
| 103TE1000X | BH & SOCIAL SERVICE, PSYCHOLOGIST, EDUCATIONAL |
| 103TE1100X | BH & SOCIAL SERVICE, PSYCHOLOGIST, EXERCISE & SPOR |
| 103TF0000X | BH & SOCIAL SERVICE, PSYCHOLOGIST, FAMILY |
| 103TF0200X | BH & SOCIAL SERVICE, PSYCHOLOGIST, FORENSIC |
| 103TH0100X | BH & SOCIAL SERVICE, PSYCHOLOGIST, HEALTH |
| 103TM1700X | BH & SOCIAL SERVICE, PSYCHOLOGIST, MEN & MASCULINI |
| 103TM1800X | BH & SOCIAL SERVICE, PSYCHOLOGIST, MENTAL RETARDAT |
| 103TP0814X | BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOANALYSIS |
| 103TP2700X | BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY |
| 103TP2701X | BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY, |
| 103TR0400X | BH & SOCIAL SERVICE, PSYCHOLOGIST, REHABILITATION |
| 103TS0200X | BH & SOCIAL SERVICE, PSYCHOLOGIST, SCHOOL |
| 103TW0100X | BH & SOCIAL SERVICE, PSYCHOLOGIST, WOMEN |
| 103T00000X | BH & SOCIAL SERVICE, PSYCHOLOGIST |
| 1041C0700X | BH & SOCIAL SERVICE, SOCIAL WORKER, CLINICAL |
| 1041S0200X | BH & SOCIAL SERVICE, SOCIAL WORKER, SCHOOL |
| 104100000X | BH & SOCIAL SERVICE, SOCIAL WORKER |

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| | |
|------------|--|
| 106H00000X | BH & SOCIAL SERVICE, MARRIAGE & FAMILY THERAPIST |
| 160000000X | NURSING SERVICE |
| 163WA0400X | NURSING SERVICE, RN, ADDICTION (SUBSTANCE USE DISO |
| 163WA2000X | NURSING SERVICE, RN, ADMINISTRATOR |
| 163WC0200X | NURSING SERVICE, RN, CRITICAL CARE MEDICINE |
| 163WC0400X | NURSING SERVICE, RN, CASE MANAGEMENT |
| 163WC1400X | NURSING SERVICE, RN, COLLEGE HEALTH |
| 163WC1500X | NURSING SERVICE, RN, COMMUNITY HEALTH |
| 163WC1600X | NURSING SERVICE, RN, CONTINUING EDUCATION/STAFF DE |
| 163WC2100X | NURSING SERVICE, RN, CONTINENCE CARE |
| 163WC3500X | NURSING SERVICE, RN, CARDIAC REHABILITATION |
| 163WD0400X | NURSING SERVICE, RN, DIABETES EDUCATOR |
| 163WD1100X | NURSING SERVICE, RN, DIALYSIS, PERITONEAL |
| 163WE0003X | NURSING SERVICE, RN, EMERGENCY |
| 163WE0900X | NURSING SERVICE, RN, ENTEROSTOMAL THERAPY |
| 163WF0300X | NURSING SERVICE, RN, FLIGHT |
| 163WG0000X | NURSING SERVICE, RN, GENERAL PRACTICE |
| 163WG0100X | NURSING SERVICE, RN, GASTROENTEROLOGY |
| 163WG0600X | NURSING SERVICE, RN, GERONTOLOGY |
| 163WH0200X | NURSING SERVICE, RN, HOME HEALTH |
| 163WH0500X | NURSING SERVICE, RN, HEMODIALYSIS |
| 163WH1000X | NURSING SERVICE, RN, HOSPICE |
| 163WI0500X | NURSING SERVICE, RN, INFUSION THERAPY |
| 163WI0600X | NURSING SERVICE, RN, INFECTION CONTROL |
| 163WL0100X | NURSING SERVICE, RN, LACTATION CONSULTANT |
| 163WM0102X | NURSING SERVICE, RN, MATERNAL NEWBORN |
| 163WM0705X | NURSING SERVICE, RN, MEDICAL-SURGICAL |
| 163WM1400X | NURSING SERVICE, RN, NURSE MASSAGE THERAPIST (NMT) |
| 163WN0002X | NURSING SERVICE, RN, NEONATAL INTENSIVE CARE |
| 163WN0003X | NURSING SERVICE, RN, NEONATAL, LOW-RISK |
| 163WN0300X | NURSING SERVICE, RN, NEPHROLOGY |
| 163WN0800X | NURSING SERVICE, RN, NEUROSCIENCE |
| 163WN1003X | NURSING SERVICE, RN, NUTRITION SUPPORT |
| 163WP0000X | NURSING SERVICE, RN, PAIN MANAGEMENT |
| 163WP0200X | NURSING SERVICE, RN, PEDIATRICS |
| 163WP0218X | NURSING SERVICE, RN, PEDIATRIC ONCOLOGY |
| 163WP0807X | NURSING SERVICE, RN, PSYCH/MH, CHILD & ADOLESCENT |
| 163WP0808X | NURSING SERVICE, RN, PSYCH/MH |
| 163WP0809X | NURSING SERVICE, RN, PSYCH/MH, ADULT |
| 163WP1700X | NURSING SERVICE, RN, PERINATAL |
| 163WP2201X | NURSING SERVICE, RN, AMB CARE |
| 163WR0400X | NURSING SERVICE, RN, REHABILITATION |
| 163WR1000X | NURSING SERVICE, RN, REPRODUCTIVE ENDOCRINOLOGY/IN |
| 163WS0121X | NURSING SERVICE, RN, PLASTIC SURGERY |
| 163WS0200X | NURSING SERVICE, RN, SCHOOL |
| 163WU0100X | NURSING SERVICE, RN, UROLOGY |
| 163WW0000X | NURSING SERVICE, RN, WOUND CARE |
| 163WW0101X | NURSING SERVICE, RN, WOMEN'S HC, AMB |
| 163WX0002X | NURSING SERVICE, RN, OBSTETRIC, HIGH-RISK |

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| 163WX0003X | NURSING SERVICE, RN, OBSTETRIC, INPATIENT |
| 163WX0106X | NURSING SERVICE, RN, OCCUPATIONAL HEALTH |
| 163WX0200X | NURSING SERVICE, RN, ONCOLOGY |
| 163WX0601X | NURSING SERVICE, RN, OTORHINOLARYNGOLOGY & HEAD-NE |
| 163WX0800X | NURSING SERVICE, RN, ORTHOPEDIC |
| 163WX1100X | NURSING SERVICE, RN, OPHTHALMIC |
| 163WX1500X | NURSING SERVICE, RN, OSTOMY CARE |
| 163W00000X | NURSING SERVICE, RN |
| 164W00000X | NURSING SERVICE, LICENSED PRACTICAL NURSE |
| 164X00000X | NURSING SERVICE, LICENSED VOCATIONAL NURSE |
| 167G00000X | NURSING SERVICE, LICENSED PSYCHIATRIC TECHNICIAN |
| 190000000X | GROUP |
| 193200000X | GROUP, MULTI-SPECIALTY |
| 193400000X | GROUP, SINGLE SPECIALTY |
| 207LA0401X | PHYSICIAN, ANESTHESIOLOGY, ADDICTION MEDICINE |
| 207LC0200X | PHYSICIAN, ANESTHESIOLOGY, CRITICAL CARE MEDICINE |
| 207PE0004X | PHYSICIAN, EMERGENCY MEDICINE, EMERGENCY MEDICAL S |
| 207PP0204X | PHYSICIAN, EMERGENCY MEDICINE, PEDIATRIC EMERGENCY |
| 207P00000X | PHYSICIAN, EMERGENCY MEDICINE |
| 207QA0401X | PHYSICIAN, FAMILY PRACTICE, ADDICTION MEDICINE |
| 207RA0401X | PHYSICIAN, INTERNAL MEDICINE, ADDICTION MEDICINE |
| 2080P0006X | PHYSICIAN, PEDIATRICS, DEVELOPMENTAL BEHAVIORAL |
| 2084A0401X | PHYSICIAN, PSYCH & NEUR, ADDICTION MEDICINE |
| 2084F0202X | PHYSICIAN, PSYCH & NEUR, FORENSIC PSYCHIATRY |
| 2084N0600X | PHYSICIAN, PSYCH & NEUR, CLINICAL NEUROPHYSIOLOGY |
| 2084P0005X | PHYSICIAN, PSYCH & NEUR, NEURODEVELOPMENTAL DISABI |
| 2084P0800X | PHYSICIAN, PSYCH & NEUR, PSYCHIATRY |
| 2084P0802X | PHYSICIAN, PSYCH & NEUR, ADDICTION PSYCHIATRY |
| 2084P0804X | PHYSICIAN, PSYCH & NEUR, CHILD & ADOLESCENT PSYCHI |
| 2084P0805X | PHYSICIAN, PSYCH & NEUR, GERIATRIC PSYCHIATRY |
| 220000000X | RESP, REHAB, & REST SERVICE PROVIDERS |
| 221700000X | RESP, REHAB, & REST SERVICE, ART THERAPIST |
| 225A00000X | RESP, REHAB, & REST SERVICE, MUSIC THERAPIST |
| 225400000X | RESP, REHAB, & REST SERVICE, REHABILITATION PRACTI |
| 225600000X | RESP, REHAB, & REST SERVICE, DANCE THERAPIST |
| 225800000X | RESP, REHAB, & REST SERVICE, RECREATION THERAPIST |
| 226300000X | RESP, REHAB, & REST SERVICE, KINESIOTHERAPIST |
| 250000000X | AGENCIES |
| 251B00000X | AGENCIES, CASE MANAGEMENT |
| 251C00000X | AGENCIES, DAY TRAINING, DEVELOPMENTALLY DISABLED S |
| 251E00000X | AGENCIES, HOME HEALTH |
| 251F00000X | AGENCIES, HOME INFUSION |
| 251G00000X | AGENCIES, HOSPICE CARE, COMMUNITY BASED |
| 251J00000X | AGENCIES, NURSING CARE |
| 251K00000X | AGENCIES, PUBLIC HEALTH OR WELFARE |
| 260000000X | AMB HC FACILITIES |
| 261QA1903X | AMB HC FACILITIES, CLINIC/CENTER, AMB SURGICAL |
| 261QC0050X | AMB HC FACILITIES, CLINIC/CENTER, CRITICAL ACCESS |
| 261QC1500X | AMB HC FACILITIES, CLINIC/CENTER, COMMUNITY HEALTH |

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| 261QC1800X | AMB HC FACILITIES, CLINIC/CENTER, CORPORATE HEALTH |
| 261QD1600X | AMB HC FACILITIES, CLINIC/CENTER, DEVELOPMENTAL DI |
| 261QE0002X | AMB HC FACILITIES, CLINIC/CENTER, EMERGENCY CARE |
| 261QF0400X | AMB HC FACILITIES, CLINIC/CENTER, FEDERALLY QUALIF |
| 261QH0100X | AMB HC FACILITIES, CLINIC/CENTER, HEALTH |
| 261QM0801X | AMB HC FACILITIES, CLINIC/CENTER, MH (INCLUDING CO |
| 261QM0850X | AMB HC FACILITIES, CLINIC/CENTER, ADULT MH |
| 261QM0855X | AMB HC FACILITIES, CLINIC/CENTER, ADOLESCENT AND C |
| 261QM1300X | AMB HC FACILITIES, CLINIC/CENTER, MULTI-SPECIALTY |
| 261QM2800X | AMB HC FACILITIES, CLINIC/CENTER, METHADONE CLINIC |
| 261QP0904X | AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, F |
| 261QP0905X | AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, S |
| 261QR0400X | AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION |
| 261QR0401X | AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION, |
| 261QR0405X | AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION, |
| 261QR1300X | AMB HC FACILITIES, CLINIC/CENTER, RURAL HEALTH |
| 261Q00000X | AMB HC FACILITIES, CLINIC/CENTER |
| 270000000X | HOSPITAL UNITS |
| 273R00000X | HOSPITAL UNITS, PSYCHIATRIC UNIT |
| 273Y00000X | HOSPITAL UNITS, REHABILITATION UNIT |
| 276400000X | HOSPITAL UNITS, REHABILITATION, SUBSTANCE USE DISO |
| 280000000X | HOSPITALS |
| 282NC0060X | HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CRITICAL A |
| 282NC2000X | HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CHILDREN |
| 282NR1301X | HOSPITALS, GENERAL ACUTE CARE HOSPITAL, RURAL |
| 282NW0100X | HOSPITALS, GENERAL ACUTE CARE HOSPITAL, WOMEN |
| 282N00000X | HOSPITALS, GENERAL ACUTE CARE HOSPITAL |
| 283Q00000X | HOSPITALS, PSYCHIATRIC HOSPITAL |
| 283XC2000X | HOSPITALS, REHABILITATION HOSPITAL, CHILDREN |
| 283X00000X | HOSPITALS, REHABILITATION HOSPITAL |
| 284300000X | HOSPITALS, SPECIAL HOSPITAL |
| 290000000X | LABORATORIES |
| 291U00000X | LABORATORIES, CLINICAL MEDICAL LABORATORY |
| 293D00000X | LABORATORIES, PHYSIOLOGICAL LABORATORY |
| 310000000X | NURS & CUST CARE FACILITIES |
| 3104A0625X | NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL |
| 3104A0630X | NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL |
| 310400000X | NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL |
| 310500000X | NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC |
| 311ZA0620X | NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI |
| 311Z00000X | NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI |
| 311500000X | NURS & CUST CARE FACILITIES, ALZHEIMER CENTER (DEM |
| 313M00000X | NURS & CUST CARE FACILITIES, NURSING FACILITY/INTE |
| 3140N1450X | NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL |
| 314000000X | NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL |
| 315D00000X | NURS & CUST CARE FACILITIES, HOSPICE, INPATIENT |
| 315P00000X | NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC |
| 320000000X | RTC FACILITIES |
| 320800000X | RTC FACILITIES, COMMUNITY BASED RTC FACILITY, MENT |

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| 320900000X | RTC FACILITIES, COMMUNITY BASED RESIDENTIAL TREATM |
| 322D00000X | RTC FACILITIES, RTC FACILITY, EMOTIONALLY DISTURBE |
| 323P00000X | RTC FACILITIES, PSYCHIATRIC RTC FACILITY |
| 3245S0500X | RTC FACILITIES, SA REHABILITATION FACILITY, SA TRE |
| 324500000X | RTC FACILITIES, SA REHABILITATION FACILITY |
| 326000000X | RTC FACILITIES, RTC FACILITY, MENTAL RETARDATION A |
| 330000000X | SUPPLIERS |
| 340000000X | TRANSPORTATION SERVICES |
| 3416A0800X | TRANSPORTATION SERVICES, AMBULANCE, AIR TRANSPORT |
| 3416L0300X | TRANSPORTATION SERVICES, AMBULANCE, LAND TRANSPORT |
| 3416S0300X | TRANSPORTATION SERVICES, AMBULANCE, WATER TRANSPOR |
| 341600000X | TRANSPORTATION SERVICES, AMBULANCE |
| 343800000X | TRANSPORTATION SERVICES, SECURED MEDICAL TRANSPORT |
| 343900000X | TRANSPORTATION SERVICES, NON-EMERGENCY MEDICAL TRA |
| 344600000X | TRANSPORTATION SERVICES, TAXI |
| 347B00000X | TRANSPORTATION SERVICES, BUS |
| 347C00000X | TRANSPORTATION SERVICES, PRIVATE VEHICLE |
| 347D00000X | TRANSPORTATION SERVICES, TRAIN |
| 347E00000X | TRANSPORTATION SERVICES, TRANSPORTATION BROKER |
| 360000000X | PA & APN PROVIDERS |
| 363AM0700X | PA & APN PROVIDERS, PA, MEDICAL |
| 363A00000X | PA & APN PROVIDERS, PA |
| 363LA2100X | PA & APN PROVIDERS, APN, ACUTE CARE |
| 363LC1500X | PA & APN PROVIDERS, APN, COMMUNITY HEALTH |
| 363LP0808X | PA & APN PROVIDERS, APN, PSYCH/MH |
| 363L00000X | PA & APN PROVIDERS, APN |
| 364SA2200X | PA & APN PROVIDERS, CLIN NURSE SPEC, ADULT HEALTH |
| 364SC1501X | PA & APN PROVIDERS, CLIN NURSE SPEC, COMMUNITY HEA |
| 364SP0807X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI |
| 364SP0808X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH |
| 364SP0809X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, ADU |
| 364SP0810X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI |
| 364SP0811X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHR |
| 364SP0812X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, COM |
| 364SP0813X | PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, GER |
| 364SR0400X | PA & APN PROVIDERS, CLIN NURSE SPEC, REHABILITATIO |
| 364S00000X | PA & APN PROVIDERS, CLIN NURSE SPEC |
| 367500000X | PA & APN PROVIDERS, NURSE ANESTHETIST, CERTIFIED R |
| 380000000X | RESPIRE CARE FACILITY |
| 385HR2050X | RESPIRE CARE FACILITY, RESPITE CARE, RESPITE CARE |
| 385HR2055X | RESPIRE CARE FACILITY, RESPITE CARE, RESPITE CARE, |
| 385HR2060X | RESPIRE CARE FACILITY, RESPITE CARE, RESPITE CARE, |
| 385HR2065X | RESPIRE CARE FACILITY, RESPITE CARE, RESPITE CARE, |
| 385H00000X | RESPIRE CARE FACILITY, RESPITE CARE |