

UB04 INPATIENT: SITUATIONAL FIELDS

FIELD	DESCRIPTION
18-28	CONDITION CODES - This field is required if applicable. The condition codes indicate any conditions/events relating to this bill that may affect processing. This field is required if applicable.
31-34	OCCURRENCE CODE AND DATES - This field is required if applicable. The occurrence code indicates a significant event relating to this bill that may affect processing. This field is required if applicable.
35-36	OCCURRENCE SPAN - This field is required if applicable. The occurrence span code identifies an event that relates to the payment of the claim. This field is required if applicable.
38	The name and address of the party responsible for the bill. This field is required if applicable.
39-41	VALUE CODES AND AMOUNTS The Value Code refers to a code to relate amounts or values to identify data elements necessary to process the claim as qualified by the payer organization.
43	DESCRIPTION Please fill in the standard abbreviated description of the related revenue code included on this bill. The NDC Code is required in this field when billing for injectables, drugs and family planning pharmaceuticals.
44	HCPCS/RATE/HIPPS CODE - This field is required if applicable. HCPCS or Healthcare Common Procedure Coding. The accommodation rate for inpatient bills. HIPPS or Health Insurance Prospective Payment System.
48	NON-COVERED CHARGES - This field is required if applicable. This field reflects the non-covered charges for the destination payer as it pertains to the related revenue code.
51 A-C	HEALTH PLAN ID - This field is required if applicable. This is the alphanumeric identifier used by the health plan to identify itself.
54	PRIOR PAYMENTS - This field is required if applicable. This field should reflect any payment from the health plan for this bill.
55	EST. AMOUNT DUE This field should reflect the estimate how much is due from the payer (estimate less prior payments).
57	OTHER / PRV ID The Provider Medicare ID is required when billing for services rendered to a DualChoice Member or if reimbursement is based on Medicare rates.
61-62	GROUP NAME/ INSURANCE GROUP NUMBER This is the group/plan name through which the insurance is provided to the insured along with the control number/code assigned by the carrier to identify the group under which the individual is covered.
63	TREATMENT AUTHORIZATION CODES An indicator that designates the treatment indicated on this bill has been authorized by the payer.
65	EMPLOYER NAME - The name of the insured's employer.
67 A-Q	OTHER DIAGNOSIS CODE - This field is required when applicable Other conditions that coexist or develop during the patient's treatment.
70	PATIENT REASON DX - This field is required when applicable Is this an unscheduled outpatient visit? If so, please fill in the ICD code that reflects the patient's reason for visit at the time of outpatient registration.
71	PPS CODE - This field is required when applicable. Fill in the Prospective Payment System code for the applicable claim type.
72 A-C	ECI - This field is required when applicable Was the cause for treatment due to injury or poisoning? If so please enter the ECI which is the External Cause of Injury. This is indicated by an ICD code.
74 A-E	PRINCIPAL PROCEDURE - This field is required when applicable This field should indicate the ICD code that identifies the inpatient principal procedure performed at the claim level during the period.
77-79	OPERATING/OTHER - This field is required for surgery This field should be filled with the individual who has primary responsibility for performing the surgical procedure(s). Utilize fields 78-79 for other provider names and identifiers.
80	REMARKS - This field is required when applicable This area may be used to capture any additional information needed to adjudicate the claim.