

**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

**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
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.

**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
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.

**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
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.

**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
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.

**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
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 Code</i>	Required	Enter the valid <i>ICD-10</i> diagnosis to the highest level of specificity for services rendered.
67 a - q	Other <i>Diagnosis Codes</i> / 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.

**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
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.

**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.**

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

**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.**

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

**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.**

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

**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.**

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

**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.**

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

**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.**

**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

**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.**

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

**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.**

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

**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.**

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

**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.**

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