

Uniform Billing Editor

*The Ultimate Guide to Accurate
Facility Claim Submission*

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2525 Lake Park Boulevard
Salt Lake City, UT 84120

FL 1 Billing Provider Name, Address and Telephone Number

This field contains the name and service location of the provider submitting the bill. The address must be a street address. Report post office boxes and lockboxes in FL 2.

Field Characteristics

	UB-04	837I: 4010	837I: 5010
Loop (837I only)		2010AA	2010AA
Field or data element number and name	1 Billing Provider name, address, and telephone number	Billing provider	Billing Provider
Status	Required	Required	Required
Provider name	Line 1	NM102=2 , NM103	NM101=85 Entity identifier code NM102=2 Entity type qualifier NM103 Organizational name
Provider address	Line 2	N301, N302	N301, N302
Provider city	Line 3	N401	N401
Provider state	Line 3	N402	N402
Provider ZIP code	Line 3	N403	N403
Provider country code	Line 4	N404	N404 Country code N407 Country subdivision (See billing tips.)
Provider telephone/fax number	Line 4	PER04 (See billing tip.)	PER04 (See billing tips.)
Provider secondary identification		REF02 (See billing tip.)	REF02 (See billing tips.)
Length provider name	25 AN	35 AN	60AN
Length provider address	25 AN	55 AN each	Each line 55 AN
Length provider city	12 AN	30 AN	30 AN
Length provider state	2 A	2 A	2 A
Length provider ZIP code	9 AN	15 AN	15 AN
Length provider country code	2 AN	3 AN	3 AN Country code 3 AN Country subdivision

A=alphabetic character

N=numeric character

AN=alphanumeric character

FLs 31–34 Occurrence Codes and Dates

The occurrence code and associated date fields define a significant event relating to this bill that may affect payer processing..

	UB-04	837I: 4010	837I: 5010
Loop (837I only)		2300	2300
Field or data element number and name	#31-34 Occurrence codes and dates	HI01-1=BH Occurrence codes and dates	(Qualifier) HI01-1=BH Occurrence code and date
Occurrence code		HI01-2	HI01-2
Date qualifier		HI01-3=D8	HI01-3=D8
Date		HI01-4	HI01-4
Status	Situational	Situational	Situational
Length qualifier		3 AN	3 AN
Length occurrence code	2 AN	30 AN	30 AN
Length date qualifier		3 AN	3 AN
Length date	6 N	35 AN	35 AN
Format date	MMDDYY	CCYYMMDD	CCYYMMDD
Repeatable	(See billing tips.)	(See billing tips.)	(See billing tips.)

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FLs 31–34 Occurrence Codes and Dates

- ◆ All formats: These fields are required if any occurrence code is applicable to a claim. Report in alphanumeric sequence.
- ◆ UB-04: Report occurrence codes in the following order: FLs 31a, 32a, 33a, 34a, 31b, 32b, 33b, and 34b. If additional codes need to be reported and there are no occurrence span codes to report, then the additional codes may be reported in 35a, 36a, 35b, 36b with the date in the “From” field. When these fields have been exhausted, enter A2 and the occurrence code and date in [FL 81](#).
- ◆ 837I, versions 4010 and 5010: Sequence of qualifier HI01=BH, HI01-2=occurrence code, date qualifier=D8, and HI01-4=date may be repeated 11 additional times for a total of 12 occurrence codes in a segment. The segment may be repeated allowing 24 occurrence codes for a claim. Increase the data elements number by one for each repeated entry. For example, the second occurrence code would be in HI02-2 with HI02-1=BH, date qualifier in HI02-3 and the date in HI02-4. The 12th occurrence code would be in HI12-2 with HI12-1=BG, date qualifier in HI12-3 and date in HI12-4.
- ◆ The occurrence codes that can be reported in this field are 01–69 and A0–L9.
- ◆ The date associated with an occurrence code must fall within the statement covers period ([FL 6](#)) for all occurrence codes with the following stipulations: the date with occurrence code 41 must be before or on the admission date reported, and the date with occurrence codes 01–05, 11, 20, 23, 27–31, 34–39, and 44–46 must not be after the through date the statement covers.
- ◆ The following is an example of occurrence code use: A Medicare beneficiary was hospitalized from January 1, 2010, to January 10, 2010. His Medicare Part A benefits

FL 50 Payer Name

This field contains the name of each health plan from which the provider might expect some payment for the bill.

	UB-04	837I: 4010	837I: 5010
Loop (837I only)		2010BC Payer name (See billing tips.)	2010BB
Field or data element number and name	#50 Payer identification-name #51Health plan		Payer name
Current payer		NM101=PR, NM102=2, NM103	NM101=PR NM102=2 NM103 Payer name
Payer ID		NM108, NM109 (See billing tips.)	NM108 (See billing tips.) NM109
Payer secondary ID number		REF01, REF02 (See billing tips.)	REF01 (See billing tips.) REF02
Primary payer name	Line A		
Secondary payer	Line B		
Tertiary payer	Line C		
Status	Required	Required	Required
Length payer name	23 AN	35 AN	60 AN
Length payer ID number	15 AN	80 AN	80 AN
Repeatable	Lines A, B, C once per claim	Up to 10 times	Once per claim

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- ◆ 837I, versions 4010 and 5010: Since electronic transaction are billed in sequential order, the current health plan organization to whom the claim is being submitted is identified as the “receiver” in loop 1000B. The receiver’s name is in NM103 with NM101=40 and NM102=2. The receiver’s EDI identification number is placed in NM109 with NM108=46. NM 109 can accommodate up to 80 AN. Additional payer information is in 2010BC in version 4010 and in loop 2010BB in version 5010.
- ◆ 837I, versions 4010 and 5010: Enter one of the following values on NM108:
 - PI Payer identification
 - XV National plan ID