Uniform Billing Editor

The Ultimate Guide to Accurate Facility Claim Submission

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INGENIX®

Contents

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	UB-92	837i
Loop (837I only)			2010AA
Field or data element number and name	1 Billing Provider name, address, and telephone number	1 Unlabeled field	Billing provider
Status	Required	Required	Required
Provider name	Line 1	Line a	NM102=2 , NM103
Provider address	Line 2	Line b	N301, N302
Provider city	Line 3	Line c	N401
Provider state	Line 3	Line c	N402
Provider ZIP code	Line 3	Line c	N403
Provider country code	Line 4	Line d	N404
Provider telephone/fax number	Line 4	Line d	PER04 (see billing tip)
Provider secondary identification			REF02 (see billing tip)
Length provider name	25 AN	25 AN	35 AN
Length provider address	25 AN	25 AN	55 AN each
Length provider city	12 AN	25 AN	30 AN
Length provider state	2 A	Included in city line	2 A
Length provider ZIP code	9 AN	Included in city line	15 AN
Length provider country code	2 AN	2 AN	3 AN
Length provider telephone/fax number	10 AN	10 AN each	80 AN
Provider secondary identification			30 AN

A=alphabetic character   N=numeric character   AN=alphanumeric character

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❖ **FL Coding Structure**   ◆ **Billing Tip**   ■ **Coding Tip**   ➤ **New or Changed Information**

October 2008

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	UB-92	837i
Loop (837I only)			2300
Field or data element number and name	#31-34 Occurrence codes and dates	#32-35 Occurrence codes and dates	HI01-1=BH Occurrence codes and dates
Occurrence code			HI01-2
Date qualifier			HI01-3=D8
Date			HI01-4
Status	Situational	Situational	Situational
Length qualifier			3 AN
Length occurrence code	2 AN	2 AN	30 AN
Length date qualifier			3 AN
Length date	6 N	6 N	35 AN
Format date	MMDDYY	MMDDYY	CCYYMMDD
Repeatable	(see billing tips)	(see billing tips)	(see billing tips)

A=alphabetic character   N=numeric character   AN=alphanumeric character

◆ Both 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: 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. 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. An occurrence code can appear only once on a claim.

◆ 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, 2007, to January 10, 2007. His Medicare Part A

FL 50 Payer Name

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

	UB-04	UB-92	837i
Loop (837I only)			2010BC Payer name (see billing tip)
Field or data element number and name	#50 Payer identification-name	#50 Payer identification-name and number	
#51Health plan			
Current payer			NM101=PR, NM102=2, NM103
Payer ID			NM108, NM109 (see billing tip)
Payer secondary ID number			REF01, REF02 (see billing tip)
Primary payer name	Line A	Line A	
Secondary payer	Line B	Line B	
Tertiary payer	Line C	Line C	
Status	Required	Required	Required
Length payer name	23 AN	25 AN	35 AN
Length payer ID number	15 AN		80 AN
Repeatable	Lines A, B, C once per claim	Lines A, B, C once per claim	Up to 10 times

A=alphabetic character   N=numeric character   AN=alphanumeric character

◆ 837i: 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 as in the table above.

◆ 837i: Enter one of the following values on NM108:

PI   Payer identification

XV   National plan ID

Value XV will be required when the national plan ID has been mandated for use. Until that point either value is acceptable.

◆ 837i: Enter one of the following values in REF01:

2U   Payer identification number

FY   Claim office number

NF   National Association of Insurance Commissioners (NAIC) code

TJ   Federal taxpayer's identification number