

## UB04 Data Record Format

Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
1	Filler	-	A-N	25	1	25
2	Patient Control Number	3A		25	26	50
3	Medical/Health Record Number	3B	A-N	25	51	75
4	Type of bill	4	A-N	4	76	79
5	Federal Tax Sub ID Number	5	A-N	4	80	83
6	Federal Tax Number	5	A-N	10	84	93
7	Statement Covers Period - From MMDDYYYY	6	N	8	94	101
8	Statement Covers Period - Through MMDDYYYY	6	N	8	102	109
9	Patient's Address - City	9B	A-N	30	110	139
10	Patient's Address - State	9C	A-N	2	140	141
11	Patient's Address - Zip Code	9D	A-N	9	142	150
12	Patient's Address - Country Code	9E	A-N	4	151	154
13	Patient's Date of Birth - MMDDYYYY	10	N	8	155	162
14	Patient's Sex	11	A-N	1	163	163
15	Admission Date - MMDDYYYY	12	N	8	164	171
16	Admission Hour	13	A-N	2	172	173
17	Type of Admission/Visit	14	A-N	2	174	175
18	<b>Point of Origin/Visit</b>	15	A-N	2	176	177
19	Patient Discharge Status	17	A-N	2	178	179
20	Do Not Resuscitate Flag	-	A-N	1	180	180
21	Accident State	29	A-N	2	181	182
22	Accident Code	-	A-N	2	183	184
23	Accident Date - MMDDYYYY	-	N	8	185	192
24	Revenue Code (1)	42	A-N	4	193	196
25	Revenue Code (2)	42	A-N	4	197	200
26	Revenue Code (3)	42	A-N	4	201	204
27	Revenue Code (4)	42	A-N	4	205	208
28	Revenue Code (5)	42	A-N	4	209	212
29	Revenue Code (6)	42	A-N	4	213	216
30	Revenue Code (7)	42	A-N	4	217	220
31	Revenue Code (8)	42	A-N	4	221	224
32	Revenue Code (9)	42	A-N	4	225	228
33	Revenue Code (10)	42	A-N	4	229	232
34	Revenue Code (11)	42	A-N	4	233	236
35	Revenue Code (12)	42	A-N	4	237	240
36	Revenue Code (13)	42	A-N	4	241	244
37	Revenue Code (14)	42	A-N	4	245	248

## UB-04 Data Record Format

Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
38	Revenue Code (15)	42	A-N	4	249	252
39	Revenue Code (16)	42	A-N	4	253	256
40	Revenue Code (17)	42	A-N	4	257	260
41	Revenue Code (18)	42	A-N	4	261	264
42	Revenue Code (19)	42	A-N	4	265	268
43	Revenue Code (20)	42	A-N	4	269	272
44	Revenue Code (21)	42	A-N	4	273	276
45	Revenue Code (22)	42	A-N	4	277	280
46	Revenue Code (23)	42	A-N	4	281	284
47	HCPCS/Rates/HIPPS Rate Codes (1)	44	A-N	14	285	298
48	HCPCS/Rates/HIPPS Rate Codes (2)	44	A-N	14	299	312
49	HCPCS/Rates/HIPPS Rate Codes (3)	44	A-N	14	313	326
50	HCPCS/Rates/HIPPS Rate Codes (4)	44	A-N	14	327	340
51	HCPCS/Rates/HIPPS Rate Codes (5)	44	A-N	14	341	354
52	HCPCS/Rates/HIPPS Rate Codes (6)	44	A-N	14	355	368
53	HCPCS/Rates/HIPPS Rate Codes (7)	44	A-N	14	369	382
54	HCPCS/Rates/HIPPS Rate Codes (8)	44	A-N	14	383	396
55	HCPCS/Rates/HIPPS Rate Codes (9)	44	A-N	14	397	410
56	HCPCS/Rates/HIPPS Rate Codes (10)	44	A-N	14	411	424
57	HCPCS/Rates/HIPPS Rate Codes (11)	44	A-N	14	425	438
58	HCPCS/Rates/HIPPS Rate Codes (12)	44	A-N	14	439	452
59	HCPCS/Rates/HIPPS Rate Codes (13)	44	A-N	14	453	466
60	HCPCS/Rates/HIPPS Rate Codes (14)	44	A-N	14	467	480
61	HCPCS/Rates/HIPPS Rate Codes (15)	44	A-N	14	481	494
62	HCPCS/Rates/HIPPS Rate Codes (16)	44	A-N	14	495	508
63	HCPCS/Rates/HIPPS Rate Codes (17)	44	A-N	14	509	522
64	HCPCS/Rates/HIPPS Rate Codes (18)	44	A-N	14	523	536
65	HCPCS/Rates/HIPPS Rate Codes (19)	44	A-N	14	537	550
66	HCPCS/Rates/HIPPS Rate Codes (20)	44	A-N	14	551	564
67	HCPCS/Rates/HIPPS Rate Codes (21)	44	A-N	14	565	578
68	HCPCS/Rates/HIPPS Rate Codes (22)	44	A-N	14	579	592
69	HCPCS/Rates/HIPPS Rate Codes (23)	44	A-N	14	593	606
70	Service Dates (1) – MMDDYYYY	45	N	8	607	614
71	Service Dates (2) – MMDDYYYY	45	N	8	615	622
72	Service Dates (3) – MMDDYYYY	45	N	8	623	630
73	Service Dates (4) – MMDDYYYY	45	N	8	631	638
74	Service Dates (5) – MMDDYYYY	45	N	8	639	646

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Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
75	Service Date (6) – MMDDYYYY	45	N	8	647	654
76	Service Date (7) – MMDDYYYY	45	N	8	655	662
77	Service Date (8) – MMDDYYYY	45	N	8	663	670
78	Service Date (9) – MMDDYYYY	45	N	8	671	678
79	Service Date (10) – MMDDYYYY	45	N	8	679	686
80	Service Date (11) – MMDDYYYY	45	N	8	687	694
81	Service Date (12) – MMDDYYYY	45	N	8	695	702
82	Service Date (13) – MMDDYYYY	45	N	8	703	710
83	Service Date (14) – MMDDYYYY	45	N	8	711	718
84	Service Date (15) – MMDDYYYY	45	N	8	719	726
85	Service Date (16) – MMDDYYYY	45	N	8	727	734
86	Service Date (17) – MMDDYYYY	45	N	8	735	742
87	Service Date (18) – MMDDYYYY	45	N	8	743	750
88	Service Date (19) – MMDDYYYY	45	N	8	751	758
89	Service Date (20) – MMDDYYYY	45	N	8	759	766
90	Service Date (21) – MMDDYYYY	45	N	8	767	774
91	Service Date (22) – MMDDYYYY	45	N	8	775	782
92	Service Date (23) – MMDDYYYY	45	N	8	783	790
93	Creation Date – MMDDYYYY	45	N	8	791	798
94	Unit(s) of Service (1)	46	N	7	799	805
95	Unit(s) of Service (2)	46	N	7	806	812
96	Unit(s) of Service (3)	46	N	7	813	819
97	Unit(s) of Service (4)	46	N	7	820	826
98	Unit(s) of Service (5)	46	N	7	827	833
99	Unit(s) of Service (6)	46	N	7	834	840
100	Unit(s) of Service (7)	46	N	7	841	847
101	Unit(s) of Service (8)	46	N	7	848	854
102	Unit(s) of Service (9)	46	N	7	855	861
103	Unit(s) of Service (10)	46	N	7	862	868
104	Unit(s) of Service (11)	46	N	7	869	875
105	Unit(s) of Service (12)	46	N	7	876	882
106	Unit(s) of Service (13)	46	N	7	883	889
107	Unit(s) of Service (14)	46	N	7	890	896
108	Unit(s) of Service (15)	46	N	7	897	903
109	Unit(s) of Service (16)	46	N	7	904	910
110	Unit(s) of Service (17)	46	N	7	911	917
111	Unit(s) of Service (18)	46	N	7	918	924

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<b>Field No.</b>	<b>Field Description</b>	<b>Form Locator</b>	<b>P C* Format</b>	<b>Field Length</b>	<b>Position From</b>	<b>Position Thru</b>
112	Unit(s) of Service (19)	46	N	7	925	931
113	Unit(s) of Service (20)	46	N	7	932	938
114	Unit(s) of Service (21)	46	N	7	939	945
115	Unit(s) of Service (22)	46	N	7	946	952
116	Unit(s) of Service (23)	46	N	7	953	959
117	Total Charges (by Revenue Code) (1)	47	N	10	960	969
118	Total Charges (by Revenue Code) (2)	47	N	10	970	979
119	Total Charges (by Revenue Code) (3)	47	N	10	980	989
120	Total Charges (by Revenue Code) (4)	47	N	10	990	999
121	Total Charges (by Revenue Code) (5)	47	N	10	1000	1009
122	Total Charges (by Revenue Code) (6)	47	N	10	1010	1019
123	Total Charges (by Revenue Code) (7)	47	N	10	1020	1029
124	Total Charges (by Revenue Code) (8)	47	N	10	1030	1039
125	Total Charges (by Revenue Code) (9)	47	N	10	1040	1049
126	Total Charges (by Revenue Code) (10)	47	N	10	1050	1059
127	Total Charges (by Revenue Code) (11)	47	N	10	1060	1069
128	Total Charges (by Revenue Code) (12)	47	N	10	1070	1079
129	Total Charges (by Revenue Code) (13)	47	N	10	1080	1089
130	Total Charges (by Revenue Code) (14)	47	N	10	1090	1099
131	Total Charges (by Revenue Code) (15)	47	N	10	1100	1109
132	Total Charges (by Revenue Code) (16)	47	N	10	1110	1119
133	Total Charges (by Revenue Code) (17)	47	N	10	1120	1129
134	Total Charges (by Revenue Code) (18)	47	N	10	1130	1139
135	Total Charges (by Revenue Code) (19)	47	N	10	1140	1149
136	Total Charges (by Revenue Code) (20)	47	N	10	1150	1159
137	Total Charges (by Revenue Code) (21)	47	N	10	1160	1169
138	Total Charges (by Revenue Code) (22)	47	N	10	1170	1179
139	Total Charges (by Revenue Code) (23)	47	N	10	1180	1189
140	Total of Total Charges	-	N	10	1190	1199
141	Non-Covered Charges (by Revenue Code) (1)	48	N	10	1200	1209
142	Non-Covered Charges (by Revenue Code) (2)	48	N	10	1210	1219
143	Non-Covered Charges (by Revenue Code) (3)	48	N	10	1220	1229
144	Non-Covered Charges (by Revenue Code) (4)	48	N	10	1230	1239
145	Non-Covered Charges (by Revenue Code) (5)	48	N	10	1240	1249
146	Non-Covered Charges (by Revenue Code) (6)	48	N	10	1250	1259
147	Non-Covered Charges (by Revenue Code) (7)	48	N	10	1260	1269
148	Non-Covered Charges (by Revenue Code) (8)	48	N	10	1270	1279

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Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
149	Non-Covered Charges (by Revenue Code) (9)	48	N	10	1280	1289
150	Non-Covered Charges (by Revenue Code) (10)	48	N	10	1290	1299
151	Non-Covered Charges (by Revenue Code) (11)	48	N	10	1300	1309
152	Non-Covered Charges (by Revenue Code) (12)	48	N	10	1310	1319
153	Non-Covered Charges (by Revenue Code) (13)	48	N	10	1320	1329
154	Non-Covered Charges (by Revenue Code) (14)	48	N	10	1330	1339
155	Non-Covered Charges (by Revenue Code) (15)	48	N	10	1340	1349
156	Non-Covered Charges (by Revenue Code) (16)	48	N	10	1350	1359
157	Non-Covered Charges (by Revenue Code) (17)	48	N	10	1360	1369
158	Non-Covered Charges (by Revenue Code) (18)	48	N	10	1370	1379
159	Non-Covered Charges (by Revenue Code) (19)	48	N	10	1380	1389
160	Non-Covered Charges (by Revenue Code) (20)	48	N	10	1390	1399
161	Non-Covered Charges (by Revenue Code) (21)	48	N	10	1400	1409
162	Non-Covered Charges (by Revenue Code) (22)	48	N	10	1410	1419
163	Non-Covered Charges (by Revenue Code) (23)	48	N	10	1420	1429
164	Total of Non-Covered Charges	-	N	10	1430	1439
165	Payer Classification Code – Primary	50A	A-N	4	1440	1443
166	Payer Classification Code – Secondary	50B	A-N	4	1444	1447
167	Payer Classification Code – Tertiary	50C	A-N	4	1448	1451
168	Health Plan ID – Primary	51A	A-N	15	1452	1466
169	Health Plan ID – Secondary	51B	A-N	15	1467	1481
170	Health Plan ID – Tertiary	51C	A-N	15	1482	1496
171	National Provider ID (NPI)	56	A-N	15	1497	1511
172	Patient’s Relationship to Insured – Primary	59A	A-N	2	1512	1513
173	Patient’s Relationship to Insured – Secondary	59B	A-N	2	1514	1515
174	Patient’s Relationship to Insured – Tertiary	59C	A-N	2	1516	1517
175	Insured’s Unique ID Number – Primary	60A	A-N	20	1518	1537
176	Insured’s Unique ID Number – Secondary	60B	A-N	20	1538	1557
177	Insured’s Unique ID Number – Tertiary	60C	A-N	20	1558	1577
178	Insurance Group Number – Primary	62A	A-N	17	1578	1594
179	Insurance Group Number – Secondary	62B	A-N	17	1595	1611
180	Insurance Group Number – Tertiary	62C	A-N	17	1612	1628
181	Name of Primary Insured’s Employer	65A	A-N	25	1629	1653
182	DX and PX Version Qualifier	66	A-N	2	1654	1655
183	Principal Diagnosis Code	67	A-N	7	1656	1662
184	Present On Admission Code (POA) for Principle Diagnosis	67	A-N	1	1663	1663
185	Other Diagnosis 1	67A	A-N	7	1664	1670

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Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
186	Other Diagnosis1 POA	67A	A-N	1	1671	1671
187	Other Diagnosis2	67B	A-N	7	1672	1678
188	Other Diagnosis2 POA	67B	A-N	1	1679	1679
189	Other Diagnosis3	67C	A-N	7	1680	1686
190	Other Diagnosis3 POA	67C	A-N	1	1687	1687
191	Other Diagnosis4	67D	A-N	7	1688	1694
192	Other Diagnosis4 POA	67D	A-N	1	1695	1695
193	Other Diagnosis5	67E	A-N	7	1696	1702
194	Other Diagnosis5 POA	67E	A-N	1	1703	1703
195	Other Diagnosis6	67F	A-N	7	1704	1710
196	Other Diagnosis6 POA	67F	A-N	1	1711	1711
197	Other Diagnosis7	67G	A-N	7	1712	1718
198	Other Diagnosis7 POA	67G	A-N	1	1719	1719
199	Other Diagnosis8	67H	A-N	7	1720	1726
200	Other Diagnosis8 POA	67H	A-N	1	1727	1727
201	Other Diagnosis9	67I	A-N	7	1728	1734
202	Other Diagnosis9 POA	67I	A-N	1	1735	1735
203	Other Diagnosis10	67J	A-N	7	1736	1742
204	Other Diagnosis10 POA	67J	A-N	1	1743	1743
205	Other Diagnosis11	67K	A-N	7	1744	1750
206	Other Diagnosis11 POA	67K	A-N	1	1751	1751
207	Other Diagnosis12	67L	A-N	7	1752	1758
208	Other Diagnosis12 POA	67L	A-N	1	1759	1759
209	Other Diagnosis13	67M	A-N	7	1760	1766
210	Other Diagnosis13 POA	67M	A-N	1	1767	1767
211	Other Diagnosis14	67N	A-N	7	1768	1774
212	Other Diagnosis14 POA	67N	A-N	1	1775	1775
213	Other Diagnosis15	67O	A-N	7	1776	1782
214	Other Diagnosis15 POA	67O	A-N	1	1783	1783
215	Other Diagnosis16	67P	A-N	7	1784	1790
216	Other Diagnosis16 POA	67P	A-N	1	1791	1791
217	Other Diagnosis17	67Q	A-N	7	1792	1798
218	Other Diagnosis17 POA	67Q	A-N	1	1799	1799
219	Admitting Diagnosis Code	69	A-N	7	1800	1806
220	Patient's Reason for Visit Code	70A	A-N	7	1807	1813
221	Patient's Reason for Visit Code	70B	A-N	7	1814	1820
222	Patient's Reason for Visit Code	70C	A-N	7	1821	1827

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Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
223	Prospective Payment System Code (PPS)	71	A-N	4	1828	1831
224	External Cause of Injury Code1	72A	A-N	7	1832	1838
225	E-Code1 Present On Admission	-	A-N	1	1839	1839
226	External Cause of Injury Code2	72B	A-N	7	1840	1846
227	E-Code2 Present On Admission	-	A-N	1	1847	1847
228	External Cause of Injury Code3	72C	A-N	7	1848	1854
229	E-Code3 Present On Admission	-	A-N	1	1855	1855
230	Principal Procedure Code	74	A-N	7	1856	1862
231	Principal Procedure Date	74	N	8	1863	1870
232	Other Procedure Code	74A	A-N	7	1871	1877
233	Other Procedure Date MMDDYYYY	74A	N	8	1878	1885
234	Other Procedure Code	74B	A-N	7	1886	1892
235	Other Procedure Date MMDDYYYY	74B	N	8	1893	1900
236	Other Procedure Code	74C	A-N	7	1901	1907
237	Other Procedure Date MMDDYYYY	74C	N	8	1908	1915
238	Other Procedure Code	74D	A-N	7	1916	1922
239	Other Procedure Date MMDDYYYY	74D	N	8	1923	1930
240	Other Procedure Code	74E	A-N	7	1931	1937
241	Other Procedure Date MMDDYYYY	74E	N	8	1938	1945
242	Attending Physician – Profession Code	-	A-N	2	1946	1947
243	Attending Physician – TN License Number	76	A-N	10	1948	1957
244	Attending Physician – UPIN/NPI	76	A-N	13	1958	1970
245	Operating Physician – Profession Code	-	A-N	2	1971	1972
246	Operating Physician – TN License Number	77	A-N	10	1973	1982
247	Operating Physician – UPIN/NPI	77	A-N	13	1983	1995
248	Other Provider ID1 – Profession Code	78	A-N	2	1996	1997
249	Other Provider ID1 – TN License Number	78	A-N	10	1998	2007
250	Other Provider ID1 – UPIN/NPI	78	A-N	13	2008	2020
251	Other Provider ID2 – Profession Code	79	A-N	2	2021	2022
252	Other Provider ID2 – TN License Number	79	A-N	10	2023	2032
253	Other Provider ID2 – UPIN/NPI	79	A-N	13	2033	2045
254	<b>Joint Annual Report ID Number</b>	57	A-N	12	2046	2057
255	Patient’s Social Security Number	-	A-N	10	2058	2067
256	Patient’s Race/Ethnicity	-	A-N	2	2068	2069
257	Type of Emergency Department Visit	-	A-N	1	2070	2070
258	Outcome of Emergency Department Visit	-	N	1	2071	2071
259	Encryption Key	-	A-N	40	2072	2011
260	Vendor Generated Flags	-	A-N	23	2112	2134
261	State Generated Flags	-	A-N	137	2135	2271
262	Admitted From ED Flag	-	A-N	1	2272	2272

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Field No.	Field Description	Form Locator	P C* Format	Field Length	Position From	Position Thru
263	Wrong Procedure/Patient/Site Code	-	A-N	2	2273	2274
264	Patient Initials First Name	-	A-N	2	2275	2276
264	Patient's Initials Last Name	-	A-N	4	2277	2280
265	Primary Insured Initials – First Name	-	A-N	2	2281	2282
265	Primary Insured Initials – Last Name	-	A-N	4	2283	2286
266	Secondary Insured Initials – First Name	-	A-N	2	2287	2288
266	Secondary Insured Initials – Last Name	-	A-N	4	2289	2292
267	Tertiary Insured Initials – First Name	-	A-N	2	2293	2294
267	Tertiary Insured Initials – Last Name	-	A-N	4	2295	2298
268	Patient's Address – Street	9A	A-N	40	2299	2338
269	Patient's Name – First	8A	A-N	20	2339	2358
270	Patient's Name – Last	8B	A-N	30	2359	2388
271	Primary Insured's Name – First	58A	A-N	20	2389	2408
272	Primary Insured's Name – Last	58B	A-N	30	2409	2438
273	Secondary Insured's Name – First	58B	A-N	20	2439	2458
274	Secondary Insured's Name – Last	58B	A-N	30	2459	2488
275	Tertiary Insured's Name – First	58C	A-N	20	2489	2508
276	Tertiary Insured's Name – Last	58C	A-N	30	2509	2538

**\*PC Format**

A-N = Alpha Numeric

N = Numeric