UB-92

NATIONAL UNIFORM BILLING DATA ELEMENT SPECIFICATIONS AS DEVELOPED BY THE NATIONAL UNIFORM BILLING COMMITTEE

AS OF AUGUST 24, 2004

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL01	1	Provider Name/Address/Telephone	8/23/93	8/23/93	
FL01	2	Provider Name/Address/Telephone	11/9/94	4/1/95	
FL01	3	Provider Name/Address/Telephone	11/9/94	4/1/95	
FL02	1	Unlabeled Fields	1/8/93	10/16/03	
FL02	2	Unlabeled Fields	3/31/92	10/1/93	
FL03	1	Patient Control Number	1/8/93	1/8/93	
FL04	1	Type of Bill	5/21/82-2	5/21/82	
FL04	2	Type of Bill	2/18/98	2/18/98	
FL04	3	Type of Bill	2/13/01	10/1/01	
FL04	3.1	Type of Bill	2/13/01	10/1/01	
FL04	4	Type of Bill	1/8/93-2	10/1/93	
FL04	5	Type of Bill	2/16/00	10/1/00	
FL04	6	Type of Bill	2/13/01	10/1/01	
FL04	7	Type of Bill	2/16/00, 3/25/00,4/19/00	7/1/00, 8/1/00	
FL05	1	Federal Tax Number	1/8/93	1/8/93	
FL06	1	Statement Covers Period	10/27/83	10/27/83	
FL07	1	Covered Days	1/8/93	1/8/93	
FL08	1	Non-covered Days	1/8/93	1/8/93	
FL09	1	Coinsurance Days	8/23/93	10/1/93	
FL10	1	Lifetime Reserve Days	1/8/93	1/8/93	
FL11	-	Unlabeled - See FL02			
FL12	1	Patient Name	8/10/83	8/10/83	
FL13	1	Patient Address	8/23/93	8/23/93	
FL14	1	Patient Birthdate	8/10/83	8/10/83	
FL15	1	Patient Sex	8/10/83	8/10/83	
FL16	1	Patient Marital Status	11/14/03	4/1/04	
FL17	1	Admission Date	1/8/93	1/8/93	
FL18	1	Admission Hour	8/7/02	10/16/03	
FL19	1	Type of Admission/Visit	8/7/01	1/1/02	
FL19	2	Type of Admission/Visit	8/7/01	1/1/02	
FL20	1	Source of Admission	1/8/93	1/8/93	
FL20	2	Source of Admission	7/18/90	1/1/91	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL20	3	Source of Admission	2/16/00	10/1/00	
FL21	1	Discharge Hour	8/7/02	10/16/03	
FL22	1	Patient Status	8/26/98	4/1/99	
FL22	2	Patient Status	5/9/02	5/9/02	
FL22	3	Patient Status	12/16/02	10/16/03	
FL22	4	Patient Status	8/7/02	4/1/03	
FL23	1	Medical/Health Record Number	11/5/91	10/1/93	
FL24	1	Condition Codes (FL24-FL30)	1/8/93	10/1/93	
FL24	2	Condition Codes (FL24-FL30)	1/8/93	1/8/93	
FL24	3	Condition Codes (FL24-FL30)	5/15/96	10/1/96	
FL24	4	Condition Codes (FL24-FL30)	10/25/00	4/1/01	
FL24	4.1	Condition Codes (FL24-FL30)	3/31/92-2	10/1/92	
FL24	5	Condition Codes (FL24-FL30)	10/15/03	4/1/04	
FL24	6	Condition Codes (FL24-FL30)	2/25/04	10/1/04	
FL24	7	Condition Codes (FL24-FL30)	8/24/04	4/1/05	X
FL24	8	Condition Codes (FL24-FL30)	5/9/03	10/1/02	
FL24	8.1	Condition Codes (FL24-FL30)	8/6/03	1/1/04	
FL24	8.2	Condition Codes (FL24-FL30)	7/21/04	1/1/05	X
FL24	9	Condition Codes (FL24-FL30)	5/9/02	10/1/02	
FL24	10	Condition Codes (FL24-FL30)	5/19/00	10/16/03	
FL31	-	Unlabeled - See FL02			
FL32	1	Occurrence Codes (FL32-FL36)	8/23/93	10/1/93	
FL32	2	Occurrence Codes (FL32-FL35)	8/23/93	10/1/93	
FL32	3	Occurrence Codes (FL32-FL35)	8/7/02	10/1/02	
FL32	4	Occurrence Codes (FL32-FL35)	7/18/01	2/1/02	
FL32	5	Occurrence Codes (FL32-FL35)	11/5/97	10/1/97	
FL32	6	Occurrence Codes (FL32-FL35)	10/1/89	10/1/89	
FL32	7	Occurrence Codes (FL32-FL35)	8/23/93	10/16/03	
FL32	8	Occurrence Codes (FL32-FL35)	5/8/03	10/16/03	
FL32	9	Occurrence Codes (FL32-FL35)	11/10/93	10/16/03	
FL36	1	Occurrence Span Codes	8/23/93	10/1/93	
FL36	2	Occurrence Span Codes	8/11/98	4/1/99	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL I	EFFECTIVE DATE	NEW PAGE 8/24/04
FL36	3	Occurrence Span Codes	5/8/03	10/16/03	
FL37	1	ICN/DCN (FL37 A,B,C)	1/8/93	10/1/93	
FL38	1	Responsible Party Name/Address	8/23/93	8/23/93	
FL39	1	Value Codes (FL39-FL41)	1/8/93	10/1/93	
FL39	2	Value Codes (FL39-FL41)	8/23/93	10/1/93	
FL39	3	Value Codes (FL39-FL41)	8/23/93	10/1/93	
FL39	4	Value Codes (FL39-FL41)	9/17/03	10/1/03	
FL39	4.1	Value Codes (FL39-FL41)	9/17/03	10/1/03	
FL39	5	Value Codes (FL39-FL41)	3/19/02	10/1/02	
FL39	6	Value Codes (FL39-FL41)	5/15/96	10/1/96	
FL39	7	Value Codes (FL39-FL41)	8/23/93	8/23/93	
FL39	8	Value Codes (FL39-FL41)	6/18/03	10/16/03	
FL39	9	Value Codes (FL39-FL41)	5/8/03, 6/18/03	10/16/03	
FL39	9.1	Value Codes (FL39-FL41)	11/15/02	10/16/03	
FL39	10	Value Codes (FL39-FL41)	6/16/04	1/1/05	X
FL39	10.1	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	X
FL39	11	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	
FL39	12	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	
FL39	13	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	
FL39	14	Value Codes (FL39-FL41)	7/21/04	1/1/05	X
FL42	1	Revenue Code	11/8/84-2	4/1/85	
FL42	2	Revenue Code	5/9/02	10/16/03	
FL42	2.1	Revenue Code	1/8/93	12/12/83	
FL42	3	Revenue Code	7/18/89	10/1/89	
FL42	4	Revenue Code	7/18/89	10/1/89	
FL42	5	Revenue Code	7/18/89	10/1/89	
FL42	6	Revenue Code	11/14/03	4/1/04	
FL42	6.1	Revenue Code	8/6/96	1/1/97	
FL42	7	Revenue Code	11/8/95	4/1/96	
FL42	8	Revenue Code	12/12/83	12/12/83	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL42	9	Revenue Code	2/18/99	10/1/99	
FL42	10	Revenue Code	11/20/89	4/1/90	
FL42	11	Revenue Code	11/9/01	7/1/91	
FL42	12	Revenue Code	3/5/91	7/1/91	
FL42	13	Revenue Code	5/21/82	5/21/82	
FL42	14	Revenue Code	7/14/87	10/1/87	
FL42	15	Revenue Code	11/14/03	10/1/04	
FL42	16	Revenue Code	7/18/89	10/1/89	
FL42	17	Revenue Code	5/9/02	5/9/02	
FL42	18	Revenue Code	11/5/91-2	4/1/92	
FL42	19	Revenue Code	12/9/86	4/1/87	
FL42	20	Revenue Code	11/5/97	4/1/98	
FL42	21	Revenue Code	8/13/99	4/1/00	
FL42	21.1	Revenue Code	11/8/95	4/1/96	
FL42	22	Revenue Code	2/22/94	10/1/94	
FL42	23	Revenue Code	8/23/93	8/23/93	
FL42	24	Revenue Code	8/13/99	4/1/00	
FL42	25	Revenue Code	10/3/89	4/1/90	
FL42	26	Revenue Code	7/15/91	10/1/91	
FL42	27	Revenue Code	7/15/91	10/1/91	
FL42	28	Revenue Code	10/2/02	4/1/03	
FL42	29	Revenue Code	5/8/98	10/1/98	
FL42	30	Revenue Code	11/14/03	10/1/04	
FL42	31	Revenue Code	3/19/90	4/1/90	
FL42	32	Revenue Code	10/2/02	4/1/03	
FL42	33	Revenue Code	5/9/02	4/1/03	
FL42	34	Revenue Code	2/15/02	10/1/02	
FL42	35	Revenue Code	7/18/89	10/1/89	
FL42	36	Revenue Code	11/8/84	4/1/85	
FL42	37	Revenue Code	11/5/91	4/1/92	
FL42	38	Revenue Code	11/7/96	4/1/97	
FL42	39	Revenue Code	8/6/96	10/1/96	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL42	40	Revenue Code	7/19/88	10/1/88	
FL42	41	Revenue Code	8/16/00	10/1/00	
FL42	42	Revenue Code	12/9/86	12/9/86	
FL42	43	Revenue Code	12/12/83	12/12/83	
FL42	44	Revenue Code	8/10/83	8/10/83	
FL42	45	Revenue Code	11/10/93	4/1/94	
FL42	46	Revenue Code	5/8/03	10/16/03	
FL42	47	Revenue Code	5/8/03	10/16/03	
FL42	48	Revenue Code	12/20/00	4/1/01	
FL42	49	Revenue Code	11/9/99	10/1/00	
FL42	50	Revenue Code	11/9/99	10/1/00	
FL42	51	Revenue Code	5/8/03	10/16/03	
FL42	52	Revenue Code	5/9/02	4/1/03	
FL43	1	Revenue Description	1/8/93	1/8/93	
FL44	1	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	2	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	3	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	4	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	5	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	6	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	7	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	8	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	9	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	10	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	11	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL45	1	Service Date	5/8/98-2	7/1/98	
FL46	1	Units of Service	1/8/93	1/8/93	
FL47	1	Total Charges (by Revenue Code)	11/8/95	4/1/96	
FL48	1	Non-Covered Charges	1/8/93	1/8/93	
FL49	-	Unlabeled - See FL02			
FL50	1	Payer Identification	8/23/93	10/1/93	
FL50	2	Payer Identification	8/11/98	7/1/98	

FORM LOCATOR	PAGE	DATA ELEMENT	APPROVAL E	FFECTIVE	NEW PAGE
NUMBER	NUMBER	DESCRIPTION	DATE	DATE	8/24/04
FL50	3	Payer Identification	8/11/98	7/1/98	
FL50	4	Payer Identification	8/11/98	7/1/98	
FL50	5	Payer Identification	8/11/98	7/1/98	
FL50	6	Payer Identification	8/11/98	7/1/98	
FL51	1	Provider Number	1/8/93	10/1/93	
FL52	1	Release of Information	1/8/93	1/8/93	
FL53	1	Assignment of Benefits	1/8/93	1/8/93	
FL54	1	Prior Payments	5/15/96	10/1/96	
FL55	1	Estimated Amount Due	8/23/93	8/23/93	
FL56	-	Unlabeled - see FL02			
FL57	-	Unlabeled - see FL02			
FL58	1	Insured's Name	1/8/93	1/8/93	
FL58	2	Insured's Name	3/27/83-2	3/27/83	
FL59	1	Patient's Relationship	8/7/02	10/16/03	
FL59	2	Patient's Relationship	8/7/02	10/16/03	
FL59	3	Patient's Relationship	8/7/02	10/16/03	
FL60	1	CERTSSN-HICID No.	1/8/93	1/8/93	
FL61	1	Insurance Group Name	1/8/93	1/8/93	
FL62	1	Insurance Group Number	1/8/93	1/8/93	
FL63	1	Treatment Authorization Code	1/8/93	1/8/93	
FL64	1	Employment Status Code	8/23/93	10/1/93	
FL64	2	Employment Status Code	11/14/03	4/1/04	
FL65	1	Employer Name	8/23/93	10/1/93	
FL66	1	Employer Location	8/23/93	8/23/93	
FL67	1	Principal Diagnosis Code	8/23/93	10/1/93	
FL67	2	Principal Diagnosis Code	1/8/93	1/8/93	
FL68	1	Other Diagnoses (FL68-FL75)	3/19/02	3/19/02	
FL76	1	Admitting Diagnosis/Patient's Reason for Visit	8/13/99	4/1/00	
FL76	2	Admitting Diagnosis/Patient's Reason for Visit	8/13/99	4/1/00	
FL77	1	External Cause of Injury Code	3/31/92	10/1/92	
FL78	-	Unlabeled - See FL02			

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LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL E DATE	FFECTIVE DATE	PAGE 8/24/04
FL79	1	Procedure Coding Method Used	11/14/03	4/1/04	
FL80	1	Principal Procedure Code and Date	1/8/93	10/1/93	
FL81	1	Other Procedures (FL81A-E)	1/8/93	10/1/93	
FL82	1	Attending Physician ID	11/5/91	1/1/92	
FL82	2	Attending Physician ID	1/8/93	1/8/93	
FL83	1	Other Physician ID (FL83 A, B)	7/15/91-2	1/1/92	
FL83	2	Other Physician ID (FL83 A, B)	7/15/91	1/1/92	
FL84	1	Remarks	1/8/93	10/1/93	
FL84	2	Remarks	10/27/83	10/27/83	
FL84	3	Remarks (Addendum)	10/27/83	10/27/83	
FL84	4	Remarks (Addendum)	10/27/83	10/27/83	
FL84	5	Remarks (Addendum)	10/27/83	10/27/83	
FL85	1	Provider Rep. Signature	5/21/82	5/21/82	
FL86	1	Date Bill Submitted	1/8/93	1/8/93	
ZZ1	1	UB-92 Print Specifications	4/15/93	10/1/93	
ZZ1	2	UB-92 Print Specifications	4/15/93	10/1/93	
ZZ2	1	UB-92 Form	2/23/93	10/1/93	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL17	1	Admission Date	1/8/93	1/8/93	
FL18	1	Admission Hour	8/7/02	10/16/03	
FL76	1	Admitting Diagnosis/Patient's Reason for Visit	8/13/99	4/1/00	
FL76	2	Admitting Diagnosis/Patient's Reason for Visit	8/13/99	4/1/00	
FL53	1	Assignment of Benefits	1/8/93	1/8/93	
FL82	1	Attending Physician ID	11/5/91	1/1/92	
FL82	2	Attending Physician ID	1/8/93	1/8/93	
FL60	1	CERTSSN-HICID No.	1/8/93	1/8/93	
FL09	1	Coinsurance Days	8/23/93	10/1/93	
FL24	1	Condition Codes (FL24-FL30)	1/8/93	10/1/93	
FL24	2	Condition Codes (FL24-FL30)	1/8/93	1/8/93	
FL24	3	Condition Codes (FL24-FL30)	5/15/96	10/1/96	
FL24	4	Condition Codes (FL24-FL30)	10/25/00	4/1/01	
FL24	4.1	Condition Codes (FL24-FL30)	3/31/92-2	10/1/92	
FL24	5	Condition Codes (FL24-FL30)	10/15/03	4/1/04	
FL24	6	Condition Codes (FL24-FL30)	2/25/04	10/1/04	
FL24	7	Condition Codes (FL24-FL30)	8/24/04	4/1/05	X
FL24	8	Condition Codes (FL24-FL30)	5/9/02	10/1/02	
FL24	8.1	Condition Codes (FL24-FL30)	8/6/03	1/1/04	
FL24	8.2	Condition Codes (FL24-FL30)	7/21/04	1/1/05	X
FL24	9	Condition Codes (FL24-FL30)	5/9/02	10/1/02	
FL24	10	Condition Codes (FL24-FL30)	5/19/00	10/16/03	
FL07	1	Covered Days	1/8/93	1/8/93	
FL86	1	Date Bill Submitted	1/8/93	1/8/93	
FL21	1	Discharge Hour	8/7/02	10/16/03	
FL64	1	Employment Status Code	11/4/03	4/1/04	
FL64	2	Employment Status Code	10/27/83	10/27/83	
FL66	1	Employer Location	8/23/93	8/23/93	
FL65	1	Employer Name	8/23/93	10/1/93	
FL55	1	Estimated Amount Due	8/23/93	8/23/93	
FL77	1	External Cause of Injury Code	3/31/92	10/1/92	

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FORM LOCATOR	PAGE	DATA ELEMENT	APPROVAL	EFFECTIVE	NEW PAGE
NUMBER			DATE	DATE	8/24/04
FL05	1	Federal Tax Number	1/8/93	1/8/93	
FL44	1	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	2	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	3	HCPCS/Rates/HIPPS Rate Codes	5/8/98	7/1/98	
FL44	4	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	5	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	6	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	7	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	8	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	9	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	10	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL44	11	HCPCS Modifiers (Appendix B)	2/18/99	10/1/98	
FL37	1	ICN/DCN (FL37 A,B,C)	1/8/93	10/1/93	
FL62	1	Insurance Group Number	1/8/93	1/8/93	
FL61	1	Insurance Group Name	1/8/93	1/8/93	
FL58	1	Insured's Name	1/8/93	1/8/93	
FL58	2	Insured's Name	3/27/83-2	3/27/83	
FL10	1	Lifetime Reserve Days	1/8/93	1/8/93	
FL23	1	Medical/Health Record Number	11/5/91	10/1/93	
FL48	1	Non-covered Charges	1/8/93	1/8/93	
FL08	1	Non-covered Days	1/8/93	1/8/93	
FL32	1	Occurrence Codes (FL32-FL36)	8/23/93	10/1/93	
FL32	2	Occurrence Codes (FL32-FL35)	8/23/93	10/1/93	
FL32	3	Occurrence Codes (FL32-FL35)	8/7/02	10/1/02	
FL32	4	Occurrence Codes (FL32-FL35)	7/18/01	1/1/02	
FL32	5	Occurrence Codes (FL32-FL35)	11/5/97	10/1/97	
FL32	6	Occurrence Codes (FL32-FL35)	10/1/89-2	10/1/89	
FL32	7	Occurrence Codes (FL32-FL35)	8/23/93	10/16/03	
FL32	8	Occurrence Codes (FL32-FL35)	5/8/03	10/16/03	
FL32	9	Occurrence Codes (FL32-FL35)	11/10/93	10/16/03	
FL36	1	Occurrence Span Codes	8/23/93	8/23/93	
FL36	2	Occurrence Span Codes	8/11/98	4/1/99	
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FL36	3	Occurrence Span Codes	5/8/03	10/16/03	
FL68	1	Other Diagnoses (FL68-FL75)	3/19/02	3/19/02	
FL83	1	Other Physician ID (FL83 A, B)	7/15/91-2	1/1/92	
FL83	2	Other Physician ID (FL83 A, B)	7/15/91	1/1/92	
FL81	1	Other Procedures (FL81A-E)	1/8/93	10/1/93	
FL13	1	Patient Address	8/23/93	8/23/93	
FL14	1	Patient Birthdate	8/10/83	8/10/83	
FL03	1	Patient Control Number	1/8/93	1/8/93	
FL16	1	Patient Marital Status	11/14/03	4/1/04	
FL12	1	Patient Name	8/10/83	8/10/83	
FL15	1	Patient Sex	8/10/83	8/10/83	
FL22	1	Patient Status	8/26/98	4/1/99	
FL22	2	Patient Status	5/9/02	5/9/02	
FL22	3	Patient Status	12/16/02	10/16/03	
FL22	4	Patient Status	8/7/02	4/1/03	
FL59	1	Patient's Relationship	8/7/02	10/16/03	
FL59	2	Patient's Relationship	8/7/02	10/16/03	
FL59	3	Patient's Relationship	8/7/02	10/16/03	
FL50	1	Payer Identification	8/23/93	10/1/93	
FL50	2	Payer Identification	8/11/98	7/1/98	
FL50	3	Payer Identification	8/11/98	7/1/98	
FL50	4	Payer Identification	8/11/98	7/1/98	
FL50	5	Payer Identification	8/11/98	7/1/98	
FL50	6	Payer Identification	8/11/98	7/1/98	
FL67	1	Principal Diagnosis Code	8/23/93	10/1/93	
FL67	2	Principal Diagnosis Code	1/8/93	1/8/93	
FL80	1	Principal Procedure Code and Date	1/8/93	10/1/93	
FL54	1	Prior Payments	5/15/96	10/1/96	
FL79	1	Procedure Coding Method Used	11/14/03	4/1/04	
FL01	1	Provider Name/Address/Telephone	8/23/93	8/23/93	
FL01	2	Provider Name/Address/Telephone	11/9/94	4/1/95	
FL01	3	Provider Name/Address/Telephone	11/9/94	4/1/95	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL I DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL51	1	Provider Number	1/8/93	10/1/93	
FL85	1	Provider Rep. Signature	5/21/82	5/21/82	
FL52	1	Release of Information	1/8/93	1/8/93	
FL84	1	Remarks	1/8/93	10/1/93	
FL84	2	Remarks	10/27/83	10/27/83	
FL84	3	Remarks (Addendum)	10/27/83	10/27/83	
FL84	4	Remarks (Addendum)	10/27/83	10/27/83	
FL84	5	Remarks (Addendum)	10/27/83	10/27/83	
FL38	1	Responsible Party Name/Address	8/23/93	8/23/93	
FL42	1	Revenue Code	11/8/84-2	4/1/85	
FL42	2	Revenue Code	5/9/02	10/16/03	
FL42	2.1	Revenue Code	1/8/93	12/12/83	
FL42	3	Revenue Code	7/18/89	10/1/89	
FL42	4	Revenue Code	7/18/89	10/1/89	
FL42	5	Revenue Code	7/18/89	10/1/89	
FL42	6	Revenue Code	11/14/03	4/1/04	
FL42	6.1	Revenue Code	8/6/96	1/1/97	
FL42	7	Revenue Code	8/10/83	8/10/83	
FL42	8	Revenue Code	12/12/83	12/12/83	
FL42	9	Revenue Code	2/18/99	10/1/99	
FL42	10	Revenue Code	11/20/89	4/1/90	
FL42	11	Revenue Code	11/9/01	7/1/91	
FL42	12	Revenue Code	3/5/91	7/1/91	
FL42	13	Revenue Code	5/21/82	5/21/82	
FL42	14	Revenue Code	7/14/87	10/1/87	
FL42	15	Revenue Code	11/14/03	10/1/04	
FL42	16	Revenue Code	7/18/89	10/1/89	
FL42	17	Revenue Code	5/9/02	5/9/02	
FL42	18	Revenue Code	11/5/91-2	4/1/92	
FL42	19	Revenue Code	12/9/86	4/1/87	
FL42	20	Revenue Code	4/1/98	11/5/97	
FL42	21	Revenue Code	8/13/99	4/1/00	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL I DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL42	21.1	Revenue Code	11/8/95	4/1/96	
FL42	22	Revenue Code	2/22/94	10/1/94	
FL42	23	Revenue Code	8/23/93	8/23/93	
FL42	24	Revenue Code	8/13/99	4/1/00	
FL42	25	Revenue Code	10/3/89	4/1/90	
FL42	26	Revenue Code	7/15/91	10/1/91	
FL42	27	Revenue Code	7/15/91	10/1/91	
FL42	28	Revenue Code	10/2/02		
FL42	29	Revenue Code	5/8/98	10/1/98	
FL42	30	Revenue Code	11/14/03	10/1/04	
FL42	31	Revenue Code	3/19/90	4/1/90	
FL42	32	Revenue Code	10/2/02	4/1/03	
FL42	33	Revenue Code	5/9/02	4/1/03	
FL42	34	Revenue Code	2/15/02	10/1/02	
FL42	35	Revenue Code	7/18/89	10/1/89	
FL42	36	Revenue Code	11/8/84	4/1/85	
FL42	37	Revenue Code	11/5/91	4/1/92	
FL42	38	Revenue Code	11/7/96	4/1/97	
FL42	39	Revenue Code	8/6/96	10/1/96	
FL42	40	Revenue Code	7/19/88	10/1/88	
FL42	41	Revenue Code	8/16/00	10/1/00	
FL42	42	Revenue Code	12/9/86	12/9/86	
FL42	43	Revenue Code	12/12/83	12/12/83	
FL42	44	Revenue Code	8/10/83	8/10/83	
FL42	45	Revenue Code	11/10/93	4/1/94	
FL42	46	Revenue Code	5/8/03	10/16/03	
FL42	47	Revenue Code	5/8/03	10/16/03	
FL42	48	Revenue Code	12/20/00	4/1/01	
FL42	49	Revenue Code	11/9/99	10/1/00	
FL42	50	Revenue Code	11/9/99	10/1/00	
FL42	51	Revenue Code	5/8/03	10/16/03	
FL42	52	Revenue Code	5/9/02	4/1/03	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL43	1	Revenue Description	1/8/93	1/8/93	
FL45	1	Service Date	5/8/98-2	7/1/98	
FL20	1	Source of Admission	1/8/93	1/8/93	
FL20	2	Source of Admission	7/18/90	1/1/91	
FL20	3	Source of Admission	2/16/00	10/1/00	
FL06	1	Statement Covers Period	10/27/83	10/27/83	
FL47	1	Total Charges (by Revenue Code)	11/8/95	4/1/96	
FL63	1	Treatment Authorization	1/8/93	1/8/93	
FL19	1	Type of Admission/Visit	8/7/01	1/1/02	
FL19	2	Type of Admission/Visit	8/7/01	1/1/02	
FL04	1	Type of Bill	5/21/82-2	5/21/82	
FL04	2	Type of Bill	2/18/98	2/18/98	
FL04	3	Type of Bill	2/13/01	10/1/01	
FL04	3.1	Type of Bill	2/13/01	10/1/01	
FL04	4	Type of Bill	1/8/93-2	10/1/93	
FL04	5	Type of Bill	12/6/99	10/1/00	
FL04	6	Type of Bill	2/13/01	10/1/00	
FL04	7	Type of Bill	2/16/00, 3/25/00,4/19/00	7/1/00, 8/1/00	
ZZ1	1	UB-92 Print Specifications	4/15/93	10/1/93	
ZZ1	2	UB-92 Print Specifications	4/15/93	10/1/93	
ZZ2	1	UB-92 Form	2/23/93	10/1/93	
FL46	1	Units of Service	1/8/93	1/8/93	
FL11	-	Unlabeled - See FL02			
FL31	-	Unlabeled - See FL02			
FL49	-	Unlabeled - See FL02			
FL78	-	Unlabeled - See FL02			
FL56	-	Unlabeled - see FL02			
FL57	-	Unlabeled - see FL02			
FL02	1	Unlabeled Fields	1/8/93	10/16/03	
FL02	2	Unlabeled Fields	3/31/92	10/1/93	
FL39	1	Value Codes (FL39-FL41)	1/8/93	10/1/93	
FL39	2	Value Codes (FL39-FL41)	8/23/93	10/1/93	

FORM LOCATOR NUMBER		DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 8/24/04
FL39	3	Value Codes (FL39-FL41)	8/23/93	10/1/93	
FL39	4	Value Codes (FL39-FL41)	9/17/03	10/1/03	
FL39	4.1	Value Codes (FL39-FL41)	9/17/03	10/1/03	
FL39	5	Value Codes (FL39-FL41)	3/19/02	10/1/02	
FL39	6	Value Codes (FL39-FL41)	5/15/96	10/1/96	
FL39	7	Value Codes (FL39-FL41)	8/23/93	8/23/93	
FL39	8	Value Codes (FL39-FL41)	6/18/03	10/16/03	
FL39	9	Value Codes (FL39-FL41)	5/8/03, 6/18/03	10/16/03	
FL39	9.1	Value Codes (FL39-FL41)	11/15/02	10/16/03	
FL39	10	Value Codes (FL39-FL41)	6/16/04	1/1/05	X
FL39	10.1	Value Codes (FL39-FL41)	2/25/03, 3/26/03		X
FL39	11	Value Codes (FL39-FL41)	2/25/03, 3/26/03		
FL39	12	Value Codes (FL39-FL41)	2/25/03, 3/26/03		
FL39	13	Value Codes (FL39-FL41)	2/25/03, 3/26/03		
FL39	14	Value Codes (FL39-FL41)	7/21/04	1/1/05	X

EFFECTIVE: APRIL 1, 2005 8/24/04

Renal	Dial	lvsis	Setting
Ittiui	Dia		Dettilis

Kchai D	larysis C	etting	
M	70	Self-Administered EPO	Code indicates the billing is for a home dialysis patient who self-administers EPO.
M	71	Full Care in Unit	Code indicates the billing is for a patient who received staff-assisted dialysis services in a hospital or renal dialysis facility.
M	72	Self Care in Unit	Code indicates the billing is for a patient who managed his own dialysis services without staff assistance in a hospital or renal dialysis facility.
M	73	Self Care Training	Code indicates the billing is for special dialysis services where a patient and his helper (if necessary) were learning to perform dialysis.
M	74	Home	Code indicates the billing is for a patient who received dialysis services at home, but where code 75 below does not apply.
M	75	Home - 100 Percent Reimbursement	Code indicates the billing is for a patient who received dialysis services at home, using a dialysis machine that was purchased by Medicare under the 100 percent program.
M	76	Back-up in Facility Dialysis	Code indicates the billing is for a home dialysis patient who received back-up.
МВНС	77	Provider Accepts or is Obligated/Required due to a Contractual Arrangement or Law to Accept Payment by a Primary Payer as Payment in Full.	Code indicates you have accepted or are obligated/required due to a contractual arrangement or law to accept payment as payment in full. Therefore no payment is due. (If Medicare, prepare the bill as a no payment bill See HIM 10, §§ 469-472, and 475.)
M	78	New Coverage Not Implemented by HMO	Billing is for a Medicare newly covered service for which the HMO does not pay. (Note: For outpatient bills Condition Code 04 should be omitted).
M	79	CORF Services Provided Offsite	Enter this code to indicate that physical therapy, occupational therapy, or speech pathology services were provided offsite.
	80	Home Dialysis - Nursing Facility	Home dialysis furnished in a SNF or nursing facility.
	81-99		Reserved for national assignment.

FORM LOCATORS 24-30

EFFECTIVE: JANUARY 1, 2005

7/21/	04
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M	B0	Medicare Coordinated Care Demonstration Claim	Patient is participant in the Medicare Coordinated Care Demonstration.
M	B1	Beneficiary is Ineligible for Demonstration Program	Full definition pending. (Effective 10/1/01)
M	B2	Critical Access Hospital Ambulance Attestation	Attestation by Critical Access Hospital that it meets the criteria for exemption from the ambulance fee schedule.
	В3	Pregnancy Indicator	Indicates patient is pregnant. Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. Effective 10/16/03
	B4	Admission Unrelated to Discharge on Same Day	Report code when a patient is discharged/transferred from an acute care PPS hospital and is readmitted to the same acute care PPS hospital on the same day for symptoms unrelated to, and/or not for evaluation and management of, the prior stay's medical condition.
	B5-BZ		Reserved for national assignment

EFFECTIVE: JANUARY 1, 2005 6/16/04

FORM LOCATORS 39-41

	A0	Special ZIP Code Reporting	Five digit ZIP Code of the location from which the beneficiary is initially placed on board the ambulance.
MDB	A1	Deductible Payer A	The amount assumed by the provider to be applied to the patient's policy/program deductible amount involving the indicated payer. (Note: Medicare blood deductibles should be reported under Value Code 6.)
MDB	A2	Coinsurance Payer A	The amount assumed by the provider to be applied toward the patient's coinsurance amount involving the indicated payer. (Note: For Medicare, use this code only for reporting Part B coinsurance amounts. For Part A coinsurance amounts use Value Codes 8-11.)
	A3	Estimated Responsibility Payer A	The amount estimated by the provider to be paid by the indicated payer.
	A4	Covered Self-Administrable Drugs - Emergency	The amount included in covered charges for self-administrable drugs administered to the patient in an emergency situation (e.g., diabetic coma). For use with Revenue Code 0637.
	A5	Covered Self-Administrable Drugs - Not Self- Administrable in Form and Situation Furnished to Patient	The amount included in covered charges for self-administrable drugs administered to the patient because the drug was not self-administrable in the form and situation in which it was furnished to the patient. For use with Revenue Code 0637.
	A6	Covered Self-Administrable Drugs - Diagnostic Study and Other	The amount included in covered charges for self-administrable drugs administered to the patient because the drug was necessary for diagnostic study or other reason (e.g., the drug is specifically covered by the payer). For use with Revenue Code 0637.
	A7	Co-payment Payer A	The amount assumed by the provider to be applied toward the patient's coinsurance amount involving the indicated payer.
	A8	Patient Weight	Weight of patient in kilograms. Report this data only when the health plan has a predefined change in reimbursement that is affected by weight. For newborns, use Value Code 54.
	A9	Patient Height	Description: Height of patient in centimeters. Report this data only when the health plan has a predefined change in reimbursement that is affected by height.

EFFECTIVE: OCTOBER 16, 2003 2/25/03, 3/26/03 (New Page 8/24/04)

FORM LOCATORS 39-41

AA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer A	The amount of regulatory surcharges, assessments, allowances or health care related taxes pertaining to the indicated payer.
AB	Other Assessments or Allowances (e.g., Medical Education) Payer A	The amount of other assessments or allowances (e.g., medical education) pertaining to the indicated payer.
AC-AZ		Reserved for national assignment

EFFECTIVE: JANUARY 1, 2005 7/21/04

FORM LOCATORS 39-41

GA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer F	The amount of regulatory surcharges, assessments, allowances or health care related taxes pertaining to the indicated payer.
GB	Other Assessments or Allowances (e.g., Medical Education) Payer F	The amount of other assessments or allowances (e.g., medical education) pertaining to the indicated payer.
GC-GZ		Reserved for national assignment
H0-OZ		Reserved for national assignment
P0		Reserved for national assignment. FOR PUBLIC HEALTH DATA REPORTING ONLY
P1	Do not Resuscitate Order (DNR)	FOR PUBLIC HEALTH DATA REPORTING ONLY. Code indicates that a Do not Resuscitate order was written at the time of or within the first 24 hours of the patient's admission to the hospital and is clearly documented in the patient's medical record.
P2-PZ		Reserved for national assignment. FOR PUBLIC HEALTH DATA REPORTING ONLY
Q0-WZ		Reserved for national assignment
X0-ZZ		Reserved for national assignment.