

UB-92

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

AS OF JULY 20, 2005

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One North Franklin
Chicago, Illinois 60606

**UB-92 NATIONAL UNIFORM DATA ELEMENT SPECIFICATIONS
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FORM LOCATOR NUMBER	PAGE NUMBER	DATA ELEMENT DESCRIPTION	APPROVAL DATE	EFFECTIVE DATE	NEW PAGE 7/20/05
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	6/15/05	4/1/06	X
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	7/20/05	4/1/06	X

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FL20	3	Source of Admission	6/15/05	4/1/06	X
FL21	1	Discharge Hour	8/7/02	10/16/03	
FL22	1	Patient Status	8/26/98	4/1/99	
FL22	2	Patient Status	2/23/05	10/1/05	
FL22	3	Patient Status	12/16/02	10/16/03	
FL22	4	Patient Status	5/12/05	1/1/06	
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)	6/15/05	4/1/06	X
FL24	6	Condition Codes (FL24-FL30)	2/25/04	10/1/04	
FL24	7	Condition Codes (FL24-FL30)	8/24/04	4/1/05	
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	
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	11	Condition Codes (FL24-FL30)	7/14/04	1/1/05	
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	

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FL36	2	Occurrence Span Codes	8/11/98	4/1/99	
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	
FL39	10.1	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	
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	
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	

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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	

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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	
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	

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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	
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	CERT.-SSN-HIC.-ID 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	

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FL78	-	Unlabeled - See FL02			
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	

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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	CERT.-SSN-HIC.-ID 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)	6/15/05	4/1/06	X
FL24	6	Condition Codes (FL24-FL30)	2/25/04	10/1/04	
FL24	7	Condition Codes (FL24-FL30)	8/24/04	4/1/05	
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	
FL24	9	Condition Codes (FL24-FL30)	5/9/02	10/1/02	
FL24	10	Condition Codes (FL24-FL30)	5/19/00	10/16/03	
FL24	11	Condition Codes (FL24-FL30)	7/14/04	1/1/05	
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	

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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	

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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	2/23/05	10/1/05	
FL22	3	Patient Status	12/16/02	10/16/03	
FL22	4	Patient Status	5/12/05	1/1/06	
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	

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FL01	3	Provider Name/Address/Telephone	11/9/94	4/1/95	
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	

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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		
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	

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FL42	52	Revenue Code	5/9/02	4/1/03	
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	7/20/05	4/1/06	X
FL20	3	Source of Admission	6/15/05	4/1/06	X
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	2/23/05	10/1/05	
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	6/15/05	4/1/06	X
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	

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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	
FL39	10.1	Value Codes (FL39-FL41)	2/25/03, 3/26/03	10/16/03	
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	

Code Structure:

Type of Facility - 1st Digit

- 1 Hospital
- 2(a) Skilled Nursing
- 3 Home Health⁺
- 4 Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christian Science)
- 5 Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly referred to as Christian Science) To be DISCONTINUED Effective 10/1/05
- 6 Intermediate Care
- 7 Clinic*
- 8 Special Facility*
- 9 Reserved for National Assignment

Bill Classification (Except Clinics and Special Facilities) - 2nd Digit

- 1 Inpatient (Including Medicare Part A)
 - 2 Inpatient (Medicare Part B only)
 - 3 Outpatient
 - 4(a) **Laboratory Services Provided to Non-patients**
 - 5 Intermediate Care - Level I**
 - 6 Intermediate Care - Level II**
 - 7 Subacute Inpatient (Revenue Code 19X required when this bill type is used, however 19X may be used with other types of bills.) To be DISCONTINUED Effective 10/1/05
 - 8 Swing Beds
 - 9 Reserved for National Assignment
- (a) Bill Type 24X to be DISCONTINUED Effective 10/1/05

Bill Classification (Clinics Only) - 2nd Digit

- 1 Rural Health
- 2 Hospital Based or Independent Renal Dialysis Center
- 3 Free Standing
- 4 Outpatient Rehabilitation Facility (ORF)
- 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- 6 Community Mental Health Center
- 7-8 Reserved for National Assignment
- 9 Other

- 3 HMO Referral
Inpatient: The patient was admitted to this facility upon the recommendation of a health maintenance organization physician.
Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by a health maintenance physician.
- 4 Transfer from a Hospital (Different Facility*)
Inpatient: The patient was admitted to this facility as a hospital transfer from a **different** acute care facility where he or she was an inpatient.
Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) a **different** acute care facility.
- *For Transfers from Hospital Inpatient in the Same Facility, see Code D.**
- 5 Transfer from a Skilled Nursing Facility
Inpatient: The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) the skilled nursing facility where he or she is an inpatient.
- 6 Transfer from Another Health Care Facility
Inpatient: The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility. This includes transfers from nursing homes, long term care facilities and skilled nursing facility patients that are at a non-skilled level of care.
Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) another health care facility where he or she is an inpatient.
- 7 Emergency Room
Inpatient: The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.
Outpatient: The patient received services in this facility's emergency department.
- 8 Court/Law Enforcement
Inpatient: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
Outpatient: The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services

9	Information Not Available	<u>Inpatient</u> : The means by which the patient was admitted to this hospital is not known. <u>Outpatient</u> : For Medicare outpatient bills this is not a valid code.
A	Transfer From a Critical Access Hospital	<u>Inpatient</u> : The patient was admitted to this facility as a transfer from a Critical Access Hospital where he or she was an inpatient. <u>Outpatient</u> : The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) the Critical Access Hospital where he or she was an inpatient.
B	Transfer From Another Home Health Agency	The patient was admitted to this home health agency as a transfer from another home health agency.
C	Readmission to Same Home Health Agency	The patient was readmitted to this home health agency within the existing 60-day payment. (For use with Medicare bill type 32A.)
D	Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Payer	The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.
E-Z		Reserved for national assignment

Code Structure (for Newborn):

1	Normal Delivery	A baby delivered without complications.
2	Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status.
3	Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
4	Extramural Birth	A newborn born in a non-sterile environment.
5-8		Reserved for national assignment
9		Information not available.

42	Continuing Care Not Related to Inpatient Admission	Continuing care plan is not related to the condition or diagnosis for which the individual received inpatient hospital services.
43	Continuing Care Not Provided Within Prescribed Postdischarge Window	Continuing care plan was related to the inpatient admission but the prescribed care was not provided within the postdischarge window.
44	Inpatient Admission Changed to Outpatient	For use on outpatient claims only, when the physician ordered inpatient services, but upon internal utilization review performed before the claim was originally submitted, the hospital determined that the services did not meet its inpatient criteria.
45		Reserved for national assignment

CHAMPUS Information

C	46	Non-Availability Statement on File	A nonavailability statement must be issued for each CHAMPUS claim for nonemergency inpatient care when the CHAMPUS beneficiary resides within the catchment area (usually a 40-mile radius) of a Uniformed Services Hospital.
	47		Reserved for CHAMPUS
C	48	Psychiatric Residential Treatment Centers for Children and Adolescents (RTCs)	Code to identify claims submitted by a "CHAMPUS - authorized" psychiatric Residential Treatment Center (RTC) for Children and Adolescents.
	49	Product Replacement within Product Lifecycle	Replacement of a product earlier than the anticipated lifecycle due to an indication that the product is not functioning properly.
	50	Product Replacement for Known Recall of a Product	Manufacturer or FDA has identified the product for recall and therefore replacement.
	51-54		Reserved for national assignment

SNF Information

MC	55	SNF Bed Not Available	Code indicates the patient's SNF admission was delayed more than 30 days after hospital discharge because an SNF bed was not available.
MC	56	Medical Appropriateness	Code indicates the patient's SNF admission was delayed more than 30 days after hospital discharge because his condition made it inappropriate to begin active care within that period.
M	57	SNF Readmission	Code indicates the patient was previously receiving Medicare covered SNF care within 30 days of this readmission.