

UB92 Version 5.0
Record 30 - THIRD PARTY PAYER DATA

Record Type: 30 Record Name: THIRD PARTY PAYER DATA 3/01

Record is: Required for every submission.

See Appendix 1 for RT 30 format notes.

- May follow RT 20 or 30
- May be followed by RT 30, 31, 32, 34 or 40

Field Number	Positions From To	Field Picture	Field Justify	Field Length	Field Req.	Field Name, Description & Edits
01	01 02	XX	L	02	R	Record Type '30' – Identifies type of record
02	03 04	99	R	02	R	Sequence Number – Sequential number from 01 to 99 assigned to individual record type code to indicate the sequence of the physical record within the record type.
03	05 24	X(20)	L	20	R	Patient Control Number – Unique alphanumeric number assigned by the provider to facilitate retrieval of individual financial records and posting of payment.
04	25 25	X		01	R	Source of Payment Code - Code indicating source of payment associated with this payer record. A - Self Pay B - Worker's Compensation C - Medicare D - Medicaid E - Other Federal Program F - Commercial G - MSBCBS (includes FEP) H - CHAMPUS I - HMO K - Central Certification L - Self Administered M - Family or Friends N - Managed Care - Non HMO T - Title V V - Veteran Administration Plan Z - Other
05	26 30	9(5)	R	05	R	Payer Identification Number – Identifier designating the payer organization from which the provider might expect some payment. The first 30 is the primary payer. The second 30 is the secondary payer. The third 30 is the tertiary payer. For Blue Cross Blue Shield Subscribers, use the Plan Code from the Subscriber's ID Card preceded by two zeros. For all other payer organizations use the payer's NAIC code. If NAIC code is unknown, enter 99999.
06	31 34	X(4)	L	04	O	Payer Claim Office ID – A number assigned by the payer used to identify the specific location; the payer designated to receive this claim. Not required by MSBCBS.