

UB04 Field List and Rejection Reason - Reference Operations Update OPSFS070124

Claim Form Field #	Field Name	Field Submissions: Required (R) / Conditional (C) / Not Required (N)	Billing Standard Resource Guidelines:			Reject Reason	Resources:
			CMS Required (C)	DMAS Required (D)	X12 Guidelines (X)		
1	Billing Provider Name	R	C	D	X	Missing or invalid billing provider information	CMS Billing : https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c01.pdf
1	Billing Provider Street Address	R	C	D	X	Missing or invalid billing provider information	
1	Billing Provider City, State, 9 Digit Zip Code	R	C	D	X	Missing or invalid billing provider information	DMAS : https://www.dmas.virginia.gov/for-providers/
2	Pay To Provider Name / Address	N					
3a	Patient Control Number	R	C	D	X	Missing patient control number	X12: ASC X12N/0005010X223: 5010 Standards for EDI Technical Report Institutional Claims - Access our website here for a copy.
3b	Medical / Health Record Number	N					
4	Type of Bill	R	C	D	X	Missing or invalid type of bill	
5	Provider Federal Tax ID	R	C		X	Missing / invalid Federal Tax Id or Federal Tax ID not on file	
6	Statement Covers Period	R	C	D	X	Missing or invalid date of service	
7	Reserved	N					
8	<i>Patient Information</i>	N					
8a	Patient Identifier	N					
8b	Patient Name	R	C	D	X	Missing Patient Name	
9	<i>Patient Information</i>	N					
9a	Patient Street Address	R	C			Missing Patient Address	
9b	Patient City	R	C			Missing Patient Address	
9c	Patient State	R	C			Missing Patient Address	
9d	Patient Zip Code	R	C			Missing Zip Code Submission	
9e	Patient Country Code	N					
10	Birthdate	R	C	D	X	Missing or invalid DOB	
11	Sex	R	C	D	X	Missing or invalid gender	
12	Admission Date	C	C			Missing or invalid admission date	
13	Patient Admission Hour	C	C			Missing admission hour	
14	Patient Priority (Type) of Visit	C	C			Missing or invalid patient priority	
15	Point of Origin for Visit	C	C			Missing or invalid point of origin for visit	
16	Patient Discharge Hour	C		D	X	N/A	
17	Patient Discharge Status	R	C	D	X	Missing patient discharge status	
18	Condition Codes	C	C			Invalid condition code	
19	Condition Codes	C	C			Invalid condition code	
20	Condition Codes	C	C			Invalid condition code	
21	Condition Codes	C	C			Invalid condition code	
22	Condition Codes	C	C			Invalid condition code	
23	Condition Codes	C	C			Invalid condition code	
24	Condition Codes	C	C			Invalid condition code	
25	Condition Codes	C	C			Invalid condition code	
26	Condition Codes	C	C			Invalid condition code	
27	Condition Codes	C	C			Invalid condition code	
28	Condition Codes	C	C			Invalid condition code	
29	Accident State	N					
30	Reserved	N					
31	Occurrence Code / Date	C	C			Invalid occurrence code	
32	Occurrence Code / Date	C	C			Invalid occurrence code	
33	Occurrence Code / Date	C	C			Invalid occurrence code	
34	Occurrence Code / Date	C	C			Invalid occurrence code	
35	Occurrence Span Codes and Dates	C	C			Invalid occurrence code	
36	Occurrence Span Codes and Dates	C	C			Invalid occurrence code	
37	Future Use	N					
38	Responsible Party Name / Address	N					
39a	Value Code and Amount	C	C			Invalid value code	
39b	Value Code and Amount	C	C			Invalid value code	
39c	Value Code and Amount	C	C			Invalid value code	
39d	Value Code and Amount	C	C			Invalid value code	
40a	Value Code and Amount	C	C			Invalid value code	
40b	Value Code and Amount	C	C			Invalid value code	
40c	Value Code and Amount	C	C			Invalid value code	
40d	Value Code and Amount	C	C			Invalid value code	
41a	Value Code and Amount	C	C			Invalid value code	
41b	Value Code and Amount	C	C			Invalid value code	
41c	Value Code and Amount	C	C			Invalid value code	
41d	Value Code and Amount	C	C			Invalid value code	
42	Revenue Code	R	C	D	X	Missing/Invalid Revenue Code	
43	Description	C		D	X	Missing/Invalid NDC/UOM/QTY	
44	<i>HCPCS Code</i>	N					
44.1	<i>HCPCS</i>	C			X	Missing/Invalid CPT/HCPCS Code	
44.2	<i>Modifier</i>	C	C		X	Invalid Modifier	
44.3	<i>HCPCS Rate</i>	C	C		X	N/A	
45	Service Date	C	C	D	X	Missing or invalid date of service	
46	Service Units	R	C	D	X	Missing days or units	
47	Total Charges	R	C	D	X	Missing or invalid charges	
48	Non-Covered Charges	N					
49	Future Use	N					
50	Payer Name	Header Line					
50a	Primary Payer Name	R	C	D	X	Missing payer name	
50b	Secondary Payer Name	C			X	N/A	
50c	Tertiary Payer Name	C			X	N/A	
51	Payer Health Plan ID						
51a	Primary Payer Health Plan ID	R	C		X	Missing Primary payer Health Plan ID	
51b	Secondary Payer Health Plan ID	C			X	N/A	
51c	Tertiary Payer Health Plan ID	C			X	N/A	
52	Release of Information Certification	Header Line					
52a	Primary Release of Info Certification	R	C		X	Missing Primary Release of Info Certification	
52b	Secondary Release of Info Certification	C	C		X	N/A	
52c	Tertiary Release of Info Certification	C	C		X	N/A	
53	Assignment of Benefits Indicator	Header Line					
53a	Primary Assignment of Benefits Indicator	R		D	X	Missing Primary Assignment of Benefits Indicator	
53b	Secondary Assignment of Benefits Indicator	C		D	X	N/A	
53c	Tertiary Assignment of Benefits Indicator	C		D	X	N/A	
54	Prior Payments	Header Line					
54a	Primary Prior Payments	C		D	X	N/A	
54b	Secondary Prior Payments	C		D	X	N/A	
54c	Tertiary Prior Payments	C		D	X	N/A	
55	Estimated Amount Due	Header Line					

55a	Primary Estimated Amount Due	C		D	X	N/A
55b	Secondary Estimated Amount Due	C		D	X	N/A
55c	Tertiary Estimated Amount Due	C		D	X	N/A
56	NPI Number-Billing Provider	R	C		X	Missing or invalid billing provider information
57a	Primary Provider Legacy Id	C		D	X	N/A
57b	Secondary Provider Legacy Id	C		D	X	N/A
57c	Tertiary Provider Legacy Id	C		D	X	N/A
58	Insured's Name	R	C	D	X	Missing insured's information
58a	Insured's Name-Primary Plan	R	C	D	X	Missing insured's name - primary plan
58b	Insured's Name-Secondary Plan	C		D	X	N/A
58c	Insured's Name-Tertiary Plan	C		D	X	N/A
59	Patient's Relationship to Insured	N				
59a	Patient's Relationship to Insured-Primary	R	C	D	X	Missing patient's relationship to insured - primary
59b	Patient's Relationship to Insured-Secondary	C	C		X	N/A
59c	Patient's Relationship to Insured-Tertiary	C	C		X	N/A
60	Insureds Unique Identifier	Header Line				
60a	Insureds Unique Identifier-Primary Plan	R	C	D	X	Missing insureds unique identifier - primary
60b	Insureds Unique Identifier-Secondary Plan	C	C		X	N/A
60c	Insureds Unique Identifier-Tertiary Plan	C	C		X	N/A
61	Group Name	Header Line				
61a	Group Name-Primary Plan	C			X	N/A
61b	Group Name-Secondary Plan	C			X	N/A
61c	Group Name-Tertiary Plan	C			X	N/A
62	Insurance Group Number	Header Line				
62a	Insurance Group Number-Primary Plan	C			X	N/A
62b	Insurance Group Number-Secondary Plan	C			X	N/A
62c	Insurance Group Number-Tertiary Plan	C			X	N/A
63	Treatment Authorization Code	Header Line				
63a	Treatment Authorization Code-Primary	C			X	Invalid treatment authorization code
63b	Treatment Authorization Code-Secondary	C			X	N/A
63c	Treatment Authorization Code-Tertiary	C			X	N/A
64	Document Control Number	Header Line				
64a	Document Control Number-Primary	C			X	Missing Document Control Number
64b	Document Control Number-Secondary	N			X	
64c	Document Control Number-Tertiary	N				
65	Employer Name	Header Line				
65a	Employer Name-Primary	C	C		X	N/A
65b	Employer Name-Secondary	C	C		X	N/A
65c	Employer Name-Tertiary	C	C		X	N/A
66	Diagnosis/Procedure Code Qualifier	R	C	D	X	Missing diagnosis/procedure code qualifier
67	Principal Diagnosis Code/Other Diagnosis Codes (A-Q)	R	C	D	X	Missing or invalid diagnosis code or nature of illness or injury
68	Reserved	N				
69	Admitting Diagnosis Code	C	C	D	X	Missing or invalid admitting diagnosis code
70	Patient Reason Diagnosis Code	C			X	N/A
70a	Patient Reason Diagnosis Code	C			X	N/A
70b	Patient Reason Diagnosis Code	C			X	N/A
70c	Patient Reason Diagnosis Code	C			X	N/A
71	Prospective Payment System (PPS) Code	C		C	X	N/A
72	External Cause of Injury Code	N				
72a	External Cause of Injury Code	C		D	X	N/A
72b	External Cause of Injury Code	C		D	X	N/A
72c	External Cause of Injury Code	C		D	X	N/A
73	Reserved	N				
74	Principal Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
74a	Other Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
74b	Other Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
74c	Other Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
74d	Other Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
74e	Other Procedure Code / Date	C		D	X	Missing/Invalid CPT/HCPCS Code
75	Reserved	N				Missing/Invalid CPT/HCPCS Code
76	Attending Provider Name, NPI and qualifier	C	C		X	Taxonomy
77	Operating Provider Name, NPI and qualifier	C			X	N/A
78	Other Provider NPI and Secondary Qualifier	C			X	N/A
79	Other Provider NPI and Secondary Qualifier	C			X	N/A
80	Remarks	N				
81	Health Care Taxonomy Code	Header Line				
81a	Code Field - Primary	R	C	D	X	Missing/Invalid Taxonomy Code
81b	Code Field - Secondary	C	C	D	X	Invalid Taxonomy Code
81c	Code Field - Tertiary	N				
81d	Code Field	N				
	Service Lines				X	Service lines exceeds maximum allowance.