

Institutional Claim (UB-04) Field Descriptions

Following are Kaiser Foundation Health Plan of Washington's ("Kaiser Permanente") clean claim requirements for the institutional claims form. The electronic descriptions provided here are intended only as a guide for discussions between business staff and technical staff. For the actual current programming descriptions please refer to EDI (electronic transaction) Implementation Guides from the [Washington Publishing Company \(WPC\)](#).

| CMS Form Locator Field | Information Description | Electronic Location Description | Electronic Segment Example | Electronic Segment Information |
|------------------------|---|---|--|--|
| FL 1 | PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER | Loop 2010AA: NM103, N301, N302, N401, N402, N403 | NM1*85*2* ABC Hospital *****XX*1234567890 ~, N3* 123 Main Street ~, N4* Kansas City *MO*64108~ | X12 transaction segment type is NM1. NM101=85 (billing provider), NM102=2 and means organization, NM103='ABC Hospital' (name of billing provider) , NM108=XX (qualifier for NPI), NM109= 1234567890 (NPI number). N3 segment type is for street address. N301='123 Main Street' . N4 segment is for city, state, and ZIP code. N401= Kansas City, N402=MO, N403=64108 |
| FL 2 | PAY TO NAME, ADDRESS AND TELEPHONE NUMBER, IF DIFFERENT FROM FL 1 | Loop 2010AB Pay-to Address Name: NM103 (no name, only type 2) and Address Loop 2010AB: N301, N302 and Loop 2010AB: N401, N402, N403 | NM1*87*2~, N3* 123 MAIN STREET ~, N4* KANSAS CITY *MO*64108~ | X12 transaction segment type is NM1. NM101=87 (pay to provider), NM102=2 (non person entity type), N301=123 Main Street (pay to street name), N401=Kansas City (pay to city name), N402=MO (pay to state abbrev), N403=64108 (pay to ZIP code) |
| FL 3 | PATIENT CONTROL NUMBER | | | |

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|------------------------|--|--|---|---|
| FL 4 | TYPE OF BILL | Loop 2300 Claim Information: CLM05 | CLM*12345656*500** *11:A:1*Y*A*Y*I~ | X12 transaction segment type is CLM. CLM01=12345645 (patient claim number), CLM02=500 (total claim charge amount \$500.00), CLM05=11:A:1 (11 is the facility type code, the : = component separator, A=Uniform Billing Claim Form Bill Type , = component separator, 1=Claim Frequency Code) |
| FL 5 | FED. TAX NO. | Loop 2010BC Payer Name: REF02 | REF*TJ*435261708~ | X12 transaction segment type is REF. REF01=TJ (qualifier means Federal taxpayers ID), REF02=435261708 (federal tax number) |
| FL 6 | STATEMENT COVERS PERIOD: from-through dates, 6-digit (MM/DD/YY) or 8-digit (MM/DD/CCYY) format | Loop 2300: DTP – Statement Dates | DTP*434*RD8*20041 209- 20041214~ | X12 transaction segment type is DTP. DTP01=434 (date time qualifier, qualifier 434 means 'statement date', DTP02=RD8 (date range), DTP03=20041209-20041214 (statement from and to date) |
| FL 8 | PATIENT NAME | Loop 2010CA Patient Name: NM103, NM104, NM105 | NM1*QC*1*DOE*SAL LY*J~ | X12 transaction segment type is NM1. NM101=QC (entity identifier code QC means patient), NM102=1 (1 means it is a person and not an organization), NM103=DOE (patient last name), NM104=SALLY (patient first name), NM105=J (patient middle initial) |
| FL 9 | PATIENT ADDRESS: ZIP code required | Loop 2010CA: N3 - Patient Address: N301, N302 and N4 - PATIENT CITY, STATE, ZIP CODE: N401, N402, N043 | N3*123 MAIN STREET~, N4*KANSAS CITY*MO*64108~ | X12 transaction segment types are N3 & N4. N301=123 MAIN STREET (pay to street name), N401=KANSAS CITY (pay to city name), N402=MO (pay to state abbrev), N403=64108 (pay to ZIP code) |
| FL 10 | BIRTHDATE: patient's date of birth in 8-digit (MM/DD/CCYY) format | Loop 2010CA DMG - Patient Demographic Information: DMG02 | DMG*D8*19690815* M~ | X12 transaction segment type is DMG. DMG01=D8 (single date qualifier), DMG02=19690815 (patient's birth date), DMG03=M (patient gender) |

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|------------------------|---------------------------------|--|-----------------------------------|---|
| FL 11 | SEX: sex of patient | Loop 2010CA DMG - Patient Demographic Information: DMG03 | DMG*D8*19690815*M~ | X12 transaction segment type is DMG. DMG01=D8 (single date qualifier), DMG02=19690815 (patient's birth date), DMG03=M (patient gender) |
| FL 12 | ADMISSION: inpatient admit date | Loop 2300 DTP - Admission Date/Hour: DTP03 (date and hour) | DTP*435*DT* 200410131242 ~ | X12 transaction segment type is DTP. DTP01=435 (qualifier that indicates admission date), DTP02=DT (indicates the following field will be in a date and time format), DTP03= 200410131242 (the date Oct 13 2004 and the time is 12:42) |
| FL 13 | HR: hour admitted | Loop 2300 DTP - Admission Date/Hour: DTP03 (date and hour) | DTP*435*DT*2004101 31242 ~ | X12 transaction segment type is DTP. DTP01=435(qualifier that indicates admission date), DTP02=DT (indicates the following field will be in a date and time format), DTP03=200410131242 (the date Oct 13 2004 and the time is 12:42) |
| FL 14 | TYPE: type of admission | Loop 2300 CL1 - Institutional Claim Code: CL101 | CL1*1*7*30~ | X12 transaction segment type is CL1. CL101 is 1 (admission type code) is code source 231 for list of types |
| FL 15 | SRC: source of admission | Loop 2300 CL1 - Institutional Claim Code: CL102 | CL1*1*7*30~ | X12 transaction segment type is CL1. CL102 is 7 (admission source code), uses code source 230 for list of codes |
| FL 16 | DHR: discharge hour | Loop 2300 DTP - Discharge Hour: DTP03 | DTP*096*TM* 1130 ~ | X12 transaction segment type is DTP (for date). DTP01=096 (means it is a discharge date), DTP02=TM (means it is time field), DTP03= 1130 (eleven thirty) |
| FL 17 | STAT: patient status | Loop 2300 CL1 - Institutional Claim Code: CL103 | CL1*1*7* 30 ~ | X12 transaction segment type is CL1. CL103 is 30 (Patient status code), uses code source 239 for list of codes |

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| FL 18-28 | CONDITION CODES: conditions which may affect processing | Loop 2300 HI - Condition Information: H101 - H112 | HI* BG :17* BG :67~ | X12 transaction segment type is HI. HI01-1= BG (means it is a condition HI type), : (is a field separator), HI01-2= 17 (is the industry code from a specific industry list), HI02-1 = BG, HI02-2 = 67 |
| FL 32 | AUTO ACCIDENTS, PERSONAL INJURIES, AND EMPLOYMENT-RELATED INJURIES | Loop 2300 HI - Condition Information: H101-2 - H112-2 (component field 2) | HI* BG :17* BG :67~ | X12 transaction segment type is HI. HI01-1=BG (means it is a condition HI type), : (is a field separator), HI01-2=24 (is the industry code from a specific industry list), HI02-1= BG , HI02-2= 67 |
| FL 31-34 | OCCURRENCE CODES: events related to billing period, including dates | Loop 2300 HI - Occurrence Information: H101-2 - H112-2 (component field 2) for code and H101-4 - H112-4 (component field 4) for date | HI* BH :42: D8 : 20051208 * BH :D8:20051203~ | X12 transaction segment type is HI. HI01-1= BH (means it is an Occurrence HI type), : (is a field separator), HI01-2= 42 (is the industry code from a specific industry list). HI01-3= D8 (means single date), : =(field separator), HI01-4= 20051208 . HI02-1= BH (means it is an Occurrence HI type), : (is a field separator), HI02-2=42 (is the industry code from a specific industry list). HI02-3 =D8 (means single date), : = (field separator), HI02-4=20051203 |
| FL 35-36 | OCCURRENCE SPAN: code and dates related to billing period | Loop 2300 HI - Occurrence Information: H101-2 - H112-2 (component field 2) | HI* BI :70: RD8 : 19981202-19981212 ~ | X12 transaction segment type is HI. HI01-1= BI (means it is an Occurrence Span HI type), : (is a field separator), HI01-2= 70 (is the industry code from a specific industry list). HI01-3= RD8 (means single date), : = (field separator), HI01-4= 19981202-19981212 |
| FL 37 | DRG | Loop 2300 Original Reference Number (ICN/DCN) REF02=F8 (Original Reference Number), REF03 | REF* F8 * 1234636854 ~ | X12 transaction segment type is REF. REF01= F8 (Original Reference Number Qualifier), REF02= 1234636854 (Claim Original Reference Number) |

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|------------------------|---|--|---|---|
| FL 39-41 | VALUE CODES: value codes and amounts | Loop 2300 HI - Value Information: H101-2-H112-2 (value code), H101-5-H112-5 (value amount) | HI* BE:08::1740 *BE:A7::940~ | X12 transaction segment type is HI. HI01-1= BE (means it is 'value'), : is the field separator, HI01-2= 08 (value code), HI01-3 & HI01-4 (not used and represented with an :), HI01-5= 1740 (money amount \$17.40) |
| FL 42 line 1-22 | REV.CD.: enter the appropriate 3 digit revenue code | Loop 2400 - SV2 (product/service ID from code source 132) | SV2* 0300 *HC:80019*73.42*UN*1~ | X12 transaction segment type is SV2. SV201= 0300 (is the revenue code), SV202- 1=HC (product service qualifier), SV202- 2=80019 (procedure code), SV203 =73.42 (line item charge amount \$73.42), SV204=UN (measurement type), SV205=1 (quantity of measurement) |
| FL 42 line 23 | CREATION DATE: bill creation date and total billed | Header BHT - Beginning of Hierarchical Transaction: BHT04 | BHT* 0019*00*0123*20040618*0932 *CH~ | X12 transaction segment type is BHT. BHT01= 0019 (means information source), BHT02= 00 (it can be either 00 for original or 18 for reissue), BHT03= 0123 (transaction identifier), BHT04= 20040618 (date the transaction was created), BHT05= 0932 (time the transaction was created), BHT06= CH (could be CH for chargeable type of transaction or RP for a reporting type of transaction) |
| FL 44 | HCPCS/RATE/HIPPS CODE: room and board | Loop 2400 SV2 – Service Line Information: SV201 | SV2* 120**802 *DA*2~ | X12 transaction segment type is SV2. SV201= 120 (revenue code), SV202 (nothing entered), SV203= 802 (line charge amount \$8.02), SV204= DA (unit of measurement is days), SV205= 2 (number of days) |
| FL 45 | SERV.DATE: service dates | Loop 2400 DTP - Service Date: DTP02=472, DTP03=D8, DTP03 | DTP* 472*D8*20060108 ~ | X12 transaction segment type is DTP. DTP01= 472 (qualifier for service date), DTP02= D8 (means single date), DTP= 20060108 (service date is Jan 8 th , 2006) |

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|------------------------|---|---|--|---|
| FL 46 | SERV. UNITS: service units | Loop 2400 SV2 - Institutional Service Line: SV205 | SV2*0300*HC:80019*73.42*UN*1~ | X12 transaction segment type is SV2. SV201=0300 (is the revenue code), SV202- 1=HC (product service qualifier), SV202- 2=80019 (procedure code), SV203 =73.42 (line item charge amount \$73.42), SV204=UN (measurement type), SV205= 1 (quantity of measurement) |
| FL 47 | TOTAL CHARGES | Loop 2300 CLM - Claim Information: CLM02 | CLM*12345656*500** *11:A:1*Y*A*Y*I~ | X12 transaction segment type is CLM. CLM01=12345645 (patient claim number), CLM02=500 (total claim charge amount \$500.00) , CLM05=11:A:1(11 is the facility type code, the : =component separator, A=Uniform Billing Claim Form Bill Type, : =component separator, 1=Claim Frequency Code |
| FL 50 a,b,c | PAYER NAME: primary, secondary and tertiary | Loop 2010BB NM1 - Payer Name: NM103 and Loop 2000B Subscriber Hierarchical Level: SBR01 (P- primary, S=secondary, T=tertiary) | NM1*PR*2*ABC INSURANCE CO****PI*11122333 ~ and SBR*P**GRP01020102 *****CI~ | X12 transaction segment type is NM1. NM101 = PR (qualifier for payer), NM102 =2 (means it is an organization entity type), NM103=AB C INSURANCE CO (payer name) , NM104, NM105, NM106, NM107 (not used '*' there instead), NM108 =PI (qualifier means payor identification), NM109=11122333 (means payer identifier) X12 transaction segment type is SBR. SBR01=P (could be P primary, S for secondary or T for tertiary), SBR02 not used, SBR03=GRP01020102, SBR09=CI (means Commercial Insurance Co and there are several codes to pick from in the guide) |
| FL 54 a,b,c | PRIOR PAYMENTS: payments made by payer in FL 50 - must contain a dollar or zero | Loop 2320 AMT – Payer Prior Payment: AMT02 | AMT*C4*150~ | X12 transaction segment type is AMT. AMT01=C4 (prior payment – actual), AMT02=150 (other payer patient paid amount \$150.00) |

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|------------------------|---|---|---|--|
| FL 56 | NPI: pay to provider NPI | Loop 2010AA – Billing Provider – NM109 | NM1*87*2*ELLIS HOSPITAL ****XX*45 609312~ | X12 transaction segment type is NM1. NM101=87 (qualifier means pay-to provider), NM102=2 (entity type 2 means organization), NM103=ELLIS HOSPITAL (the pay to provider name), NM104, NM105, NM106, NM107 are not used, NM108=XX (means the following field will be an NPI #), NM109=45609312 (NPI # of the pay to provider) |
| FL 57 a,b,c | OTHER, PRV ID: other provider IDs such as provider legacy identifiers. Must at least include taxonomy code to identify type of service. | 2310C Other Provider Name – NM109 and Other Provider Secondary Identifier – REF02 | NM1*73*1*DOE*JOHN *A***XX*201749586~ and REF*1G*12345~ | X12 transaction segment type is NM1. NM101=73 (qualifier means other physician), NM102=1 (means person), NM103=DOE (other providers last name), NM104=JOHN (other providers first name), NM105=A (other providers middle initial), NM106, NM107 not used, NM108=XX (means the following field will be an NPI #), NM109=201749586 (NPI # of the pay to provider) X12 transaction segment type is REF. REF01=1G (means provider UPIN number), REF02=12345 (other providers secondary identifier) |

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|------------------------|---|--|--|--|
| FL 58 a,b,c | INSURED'S NAME: required if other insurance – Medicare secondary payer | Loop 2010BA NM103, NM104, NM105, NM107 | NM1*IL*1*DOE*JOHN *T**JR*MI*123456~ | X12 transaction segment type is NM1. NM101=IL (means this is insured or subscriber), NM102=1 (means person), NM103=DOE (subscriber's last name), NM104=JOHN (subscriber's first name), NM105=T (subscriber's middle name), NM106 not used, NM107=JR (subscriber's name suffix), NM108=MI (qualifier for subscribers type of ID following, it could be MI for member ID#, ZZ for mutually defined), NM109= 1234456 (subscriber primary identifier) |
| FL 59 a,b,c | P. REL.: patient's relationship to insured - required if FL 58 is populated | Loop 2000C - PAT - Patient Information: PAT01 | PAT*19~ | X12 transaction segment type is PAT. PAT01=19 (relational code is 19 for child, there are several other choices) |
| FL 60 a,b,c | INSURED'S UNIQUE ID: Kaiser Permanente member ID number | Loop 2010BA NM1 - Subscriber Name: NM101="IL", NM109 | NM1*IL*1*DOE*JOHN *T**JR*MI*123456~ | X12 transaction segment type is NM1. NM101=IL (means this is insured or subscriber), NM102=1 (means person), NM103=DOE (subscriber's last name), NM104=JOHN (subscriber's first name), NM105=T (subscriber's middle name), NM106 not used, NM107=JR (subscriber's name suffix), NM108=MI (qualifier for subscribers type of ID following, it could be MI for member ID#, ZZ for mutually defined), NM109= 1234456 (subscriber primary identifier) |

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| FL 61 a,b,c | GROUP NAME: Kaiser Permanente - required if FL 58 is populated | Loop 2000B Subscriber Information: SBR03 | SBR*P**GRP0102010 2*****CI~ | X12 transaction segment type is SBR. SBR01=P (could be P primary, S for secondary or T for tertiary), SBR02 not used, SBR03=GRP01020102 , SBR09=CI (means Commercial Insurance Co and there are several codes to pick from in the guide) |
| FL 62 a,b,c | INSURANCE GROUP NO.: insurance group number - required if FL 58 is populated | Loop 2320 Other Subscriber Information: SBR03 | SBR*S*01*GR00786* *MC***OF~ | X12 transaction segment type is SBR. SBR01=P (could be P primary, S for secondary, or T for tertiary), SBR02=01 (individual relationship code 01 means spouse and there are several others in the guide), SBR03=GR00786 , SBR09=CI (means Commercial Insurance Co and there are several codes to pick from in the guide) |
| FL 63 | TREATMENT AUTHORIZATION CODE | | 15LZ15LZ11DSHHBMHB | |
| FL 66-67 a-q | DX: principal diagnosis code and other diagnosis codes to highest level of specificity and appropriate Present On Admission (POA) indicator for inpatient claims. See POA Q&A | Loop 2300 Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information: H101-2 | HI*BK:9976~ | X12 transaction segment type is HI. HI01-1=BK (principal diagnosis), : (is the field separator), HI01-2=9976 (UB-92 reference) |

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| | for additional information. | | | |
| FL 69 | ADMIT DX: admitting diagnosis | Loop 2300 Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information: H102-2 | HI*BJ: 99762 ~ | X12 transaction segment type is HI. HI02-1=BJ (admitting diagnosis), : (is the field separator), HI02-2= 99762 (UB-92 reference) |
| FL 74 | PRINCIPAL PROCEDURE: principal procedure code and date | Loop 2300 HI - Principal Procedure Information: H101-2 | HI*BP: 92795 :D8:20051119~ | X12 transaction segment type is HI. HI01-1=BP (this could be BP or BR), : (is the field separator), HI01-2= 92795 (principal procedure code) |
| FL 74 a-e | OTHER PROCEDURE: other procedure codes and dates | Loop 2300 HI - Other Procedure Information: H101-2 | HI*BQ:92795:D8:20051117~ | X12 transaction segment type is HI. HI01-1=BQ (this could be BO or BQ), : (is the field separator), HI01-2= 92795 (procedure code) |
| CMS Form Locator Field | Information Description | Electronic Location Description | Electronic Segment Example | Electronic Segment Information |
| FL 76 | ATTENDING: attending physician last and first name, NPI. Include other identifier with qualifier code as applicable. | Loop 2310A Attending Provider: NM103, NM104, NM109 | NM1*71*1* JONES*JOHN****XX*1234567891 ~ and REF*1G*12345~ | X12 transaction segment type is NM1. NM101=71 (means it is an attending physician), NM102=1 (means it is a person), NM103=JONES (attending physician's last name) , NM104=JOHN (attending physician's first name) , NM105, NM106, NM107 are not used, NM108=XX (qualifier that says the next field will be an NPI number), NM109= 1234567891 (attending physician's NPI number) X12 transaction segment type is REF. REF01=1G (means provider UPIN number), REF02= 12345 (other providers secondary identifier) |

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| FL 77-79 | OPERATING, OTHER: other physician name(s), NPI(s). Include other identifier with qualifier code if procedure is performed | Loop 2310B Operating Physician Name: NM103, NM104, NM109, REF02 and Loop 2310C Other Provider Name: NM103, NM104, NM105, NM109, REF02 | Loop 2320B: NM1*72*1*MEYERS*J ANE***XX*1234567 891~ REF*1G*12345~ Loop 2310C: NM1*73*1*DOE*JOHN *A***XX*1234567891 ~ REF*1G*12345~ | X12 transaction segment type is NM1. NM101=72 (means it is an operating physician), NM102=1 (means it is a person), NM103=MEYERS (operating physician's last name), NM104=JANE (operating physician first name) , NM105, NM106, NM107 are not used, NM108=XX (qualifier that says the next field will be an NPI number), NM109= 1234567891 (operating physician's NPI number) X12 transaction segment type is REF. REF01=1G (means provider UPIN number), REF02= 12345 (other providers secondary identifier) X12 transaction segment type is NM1. NM101=73 (means it is another physician), NM102=1 (means it is a person), NM103=MEYERS (other physician's last name), NM104=JANE (other physician's first name) , NM105, NM106, NM107 are not used, NM108=XX (qualifier that says the next field will be an NPI number), NM109=1234567891 (other physician's NPI number) X12 transaction segment type is REF. REF01=1G (means provider UPIN number), REF02= 12345 (other provider's secondary ID) |
| FL 80 | REMARKS: must | Loop 2300 - NTE - | NTE*ADD*COB-Z~ | X12 transaction segment type is NTE. |

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| | contain COBZ or COB=Z if primary insurance has paid zero | Claim Note: NTE-1='ADD', NTE02='COB-Z' or information about the \$0.00 payment contained on the paper EOB. | | NTE01=ADD (means additional information), NTE02=COB-Z (COB-Z is the additional information, this is a free form text area, anything could have been typed here) |
| FL 81 a-d | BILLING PROVIDER: Additional NPI information such as overflow NPI or Taxonomy Codes | Loop 2000A Billing/Pay-To Provider Specialty Information: PRV01, PRV03 | PRV* BI *ZZ* 203BA0200N ~ | X12 transaction segment type is PRV. PRV01= BI (this can be BI for billing or PT for pay-to), PRV02=ZZ (mutually defined), PRV03= 203BA0200N (provider taxonomy code) |