UB-04 Completion: Inpatient Services Billing Example

Page updated: August 2020

The example in this section is to help providers bill inpatient services on the *UB-04* claim. Refer to the *UB-04 Completion: Inpatient Services* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual. Hospitals reimbursed according to the diagnosis-related groups (DRG) reimbursement method should also refer to the *Diagnosis-Related Groups (DRG): Inpatient Services* section in this manual.

Billing Tips:

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Surgical Pediatric Patient

Figure 1. Three-day stay for a surgical pediatric patient.

This is a sample only. Please adapt to your billing situation.

In this case, a 6-year-old boy is admitted on October 1, 2015, with a broken tibia and fibula. The boy is admitted to the hospital through the emergency room and an operation is performed. After the surgery, the boy enters the recovery room and is later admitted to the pediatric ward. He is released from the hospital on October 4.

Enter the two-digit facility type code "11" (hospital – inpatient) and one-character claim frequency code "1" as "111" in the *Type of Bill* field (Box 4).

Enter the date of admission, October 1, as 100115 in the *Admission Date* field (Box 12). Enter the 7 p.m. hour of admission in military terms (19) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14), enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The total length of stay is entered in the *Statement Covers Period* field (Box 6). Enter the dates (100115 and 100415) in six-digit format. The day of admission is entered as the "From" date and the day of discharge is entered as the "Through" date. Enter the hour of discharge in military time (11) in the *Discharge Hour* field (Box 16) and the type of discharge (to home, transferred, etc.) in the Status field (Box 17). In this case, the "01" indicates the boy was "discharged to home."

The patient's Medicare status is shown in the *Condition Codes* field (Boxes 18 thru 24). Condition Code "YO" indicates the recipient is under 65 and does not have Medicare coverage.

Enter the appropriate revenue codes and descriptors in the *Revenue Code* and *Description* fields (Boxes 42 and 43). All ancillary services are listed. Ancillary services are not separately reimbursable for all hospitals. Units of service are not required for ancillary services.

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42) to designate the total charge line.

Enter the *Treatment Authorization Request* (TAR) control number in the *Treatment Authorization Codes* field (Box 63). In this case, TAR approval is required for the boy's entire stay.

Enter an appropriate ICD-10-CM diagnosis code in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Note: Hospitals reimbursed according to the DRG payment method are encouraged to enter all applicable diagnosis codes (up to 18 on a paper claim) in the *Diagnosis Codes* fields (Boxes 67 through 67Q) so the claim will reimburse at the appropriate level.

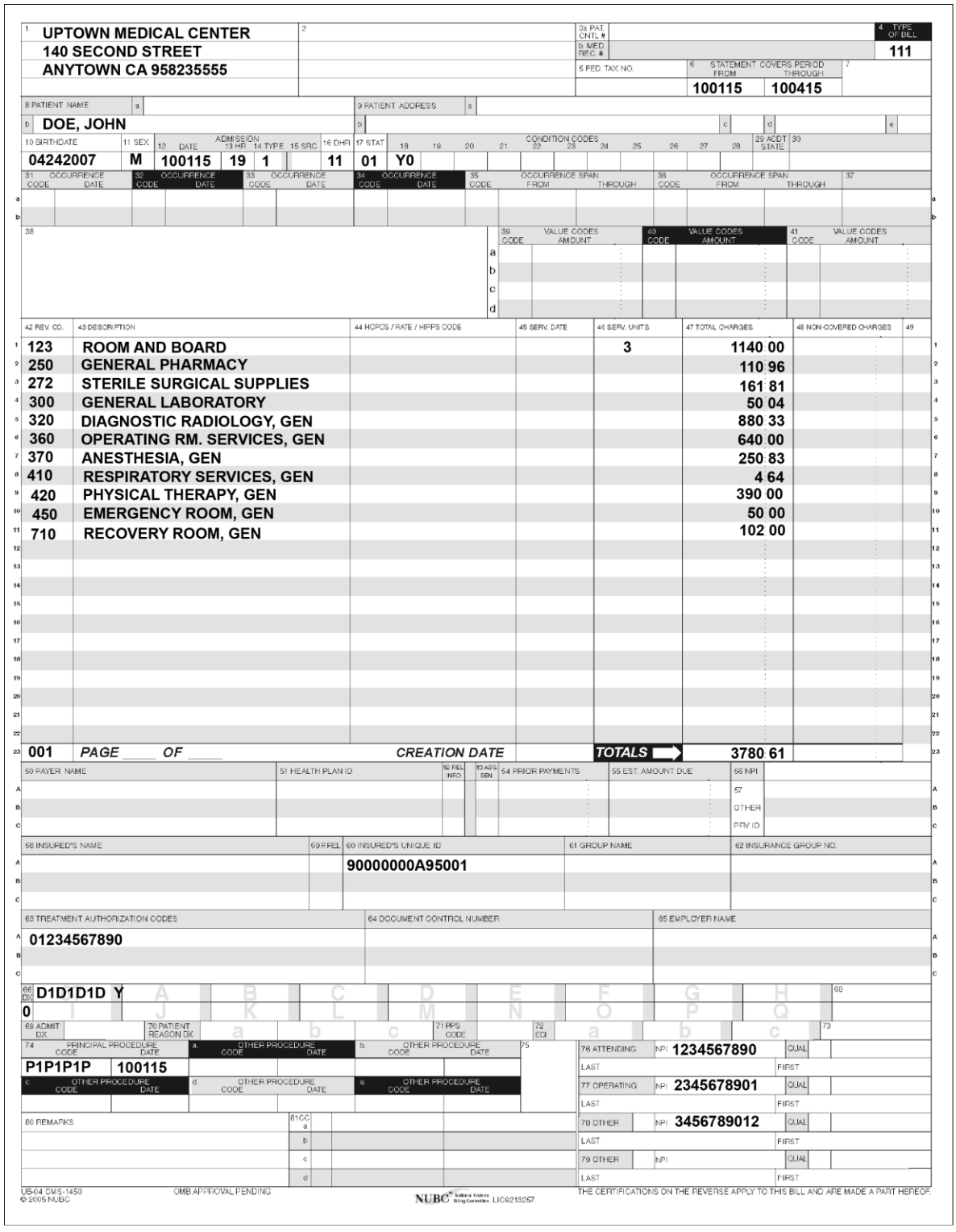
Hospitals also, must enter a present on admission (POA) indicator, if required, in the shaded area to the right of each diagnosis code. In this example, the primary diagnosis code would require a "Y" (yes) indicator because the leg fractures were present on admission.

Enter the principal ICD-10-PCS code in the *Principal Procedure* field (Box 74). The date the procedure was performed, October 1, 2015, is entered as 100115 adjacent to the procedure.

Note: Hospitals reimbursed under the DRG payment method are encouraged to enter all applicable procedure codes (up to six on a paper claim) in the *Principal/Other Procedure* fields (Boxes 74 through 74E) so the claim will reimburse at the appropriate level.

Enter the attending physician's NPI in the *Attending* field (Box 76). Enter the operating physician's NPI in the *Operating* field (Box 77). Enter the admitting physician's NPI in the *Other* field (Box 78).

Figure 1*: *Three-Day Stay for a Surgical Pediatric Patient



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 100115 THROUGH 100415

8 PATIENT NAME: b DOE, JOHN

10 BIRTHDATE: 04242007 | 11 SEX: M | 12 ADMISSION DATE: 100115 | 13 HR: 19 | 14 TYPE: 1 | 15 SRC: | 16 DHR: 11 | 17 STAT: 01 | 18 CONDITION CODES: Y0

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	123	ROOM AND BOARD			3	1140 00	
2	250	GENERAL PHARMACY				110 96	
3	272	STERILE SURGICAL SUPPLIES				161 81	
4	300	GENERAL LABORATORY				50 04	
5	320	DIAGNOSTIC RADIOLOGY, GEN				880 33	
6	360	OPERATING RM. SERVICES, GEN				640 00	
7	370	ANESTHESIA, GEN				250 83	
8	410	RESPIRATORY SERVICES, GEN				4 64	
9	420	PHYSICAL THERAPY, GEN				390 00	
10	450	EMERGENCY ROOM, GEN				50 00	
11	710	RECOVERY ROOM, GEN				102 00	
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	3780 61	

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D Y 0

74 PRINCIPAL PROCEDURE CODE / DATE: P1P1P1P 100115

76 ATTENDING NPI: 1234567890

77 OPERATING NPI: 2345678901

78 OTHER NPI: 3456789012

UB-04 CMS-1450 © 2005 NUBC | OMB APPROVAL PENDING | NUBC National Uniform Billing Committee LIC9213257 | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Patient Transferred Between Acute/Administrative Care in Same DRG Hospital

The following examples provide instruction for billing for inpatient services when transferring a patient between acute level of care and administrative level of care in the same diagnosis-related groups (DRG) hospital.

The following are samples only. Please adapt to your billing situation.

Figure 2. Three-day stay for acute care of a patient.

In this case, a 26-year-old patient is admitted to the hospital June 1, 2016, through June 4, 2016. Then he is transferred to administrative level of care within the same DRG hospital.

Enter “111” in the *Type of Bill* field (Box 4).

Enter the date of admission, June 1, as “060116” in the *Admission Date* field (Box 12).

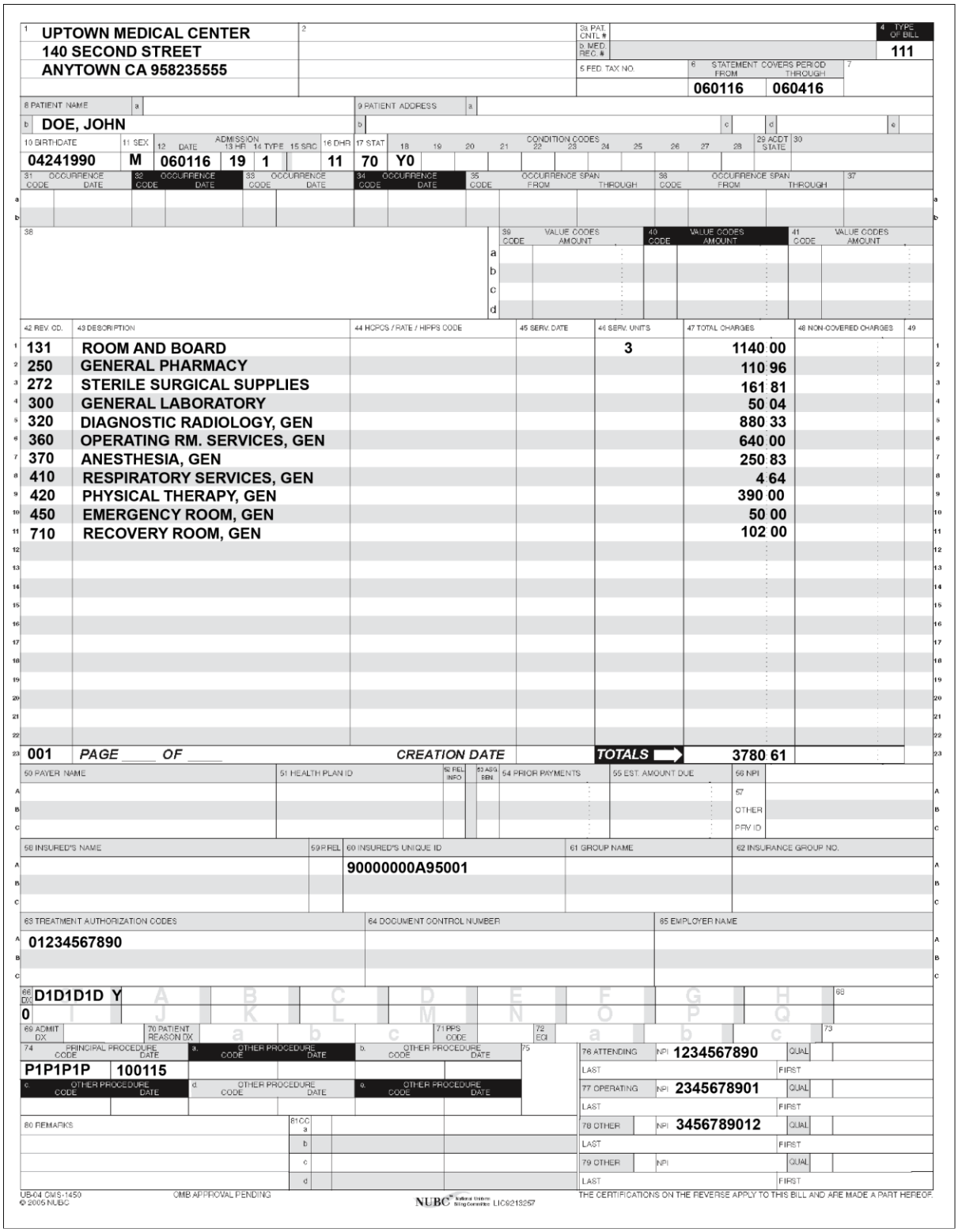
Enter discharge status code “70” in the *Status* field (Box 17).

The total length of stay is entered in the *Statement Covers Period* field (Box 6). Enter “060116” as the “From” date and “060416” as the “Through” date.

Enter the appropriate revenue codes and descriptor in the *Revenue Code* and *Description* fields (Boxes 42 and 43). All ancillary services are listed. Ancillary services are not separately reimbursable for all hospitals. Units of service are not required for ancillary services.

Enter the TAR control number in the *Treatment Authorization Codes* field (Box 63) if applicable. In this case, admission TAR is required.

Figure 2: Three-Day Stay for Acute Care of a Patient



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 060116 THROUGH 060416

8 PATIENT NAME: DOE, JOHN

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
04241990	M	060116	19	1		11	70	Y0		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
131	ROOM AND BOARD			3	1140 00	
250	GENERAL PHARMACY				110 96	
272	STERILE SURGICAL SUPPLIES				161 81	
300	GENERAL LABORATORY				50 04	
320	DIAGNOSTIC RADIOLOGY, GEN				880 33	
360	OPERATING RM. SERVICES, GEN				640 00	
370	ANESTHESIA, GEN				250 83	
410	RESPIRATORY SERVICES, GEN				4 64	
420	PHYSICAL THERAPY, GEN				390 00	
450	EMERGENCY ROOM, GEN				50 00	
710	RECOVERY ROOM, GEN				102 00	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	3780 61	

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID

58 INSURED'S NAME | 59 P REL | 60 INSURED'S UNIQUE ID: 90000000A95001 | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES: 01234567890 | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: D1D1D1D Y | 67: 0 | 68

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE: P1P1P1P 100115 | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE | 75

76 ATTENDING NPI 1234567890 QUAL LAST FIRST
77 OPERATING NPI 2345678901 QUAL LAST FIRST
78 OTHER NPI 3456789012 QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS | 81 CC a b c d

UB-04 CMS-1450 © 2005 NUBC | OMB APPROVAL PENDING | NUBC National Uniform Billing Committee LIC9213257 | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 3. Four-day stay for administrative care of a patient.

In this case, the patient is in administrative level of care on June 4, 2016, and is awaiting placement to a nursing facility. Then he is transferred back to an acute level of care on June 8, 2016, in the same DRG hospital.

Enter “111” in the *Type of Bill* field (Box 4).

Enter the date of admission, June 4, as “060416” in the *Admission Date* field (Box 12).

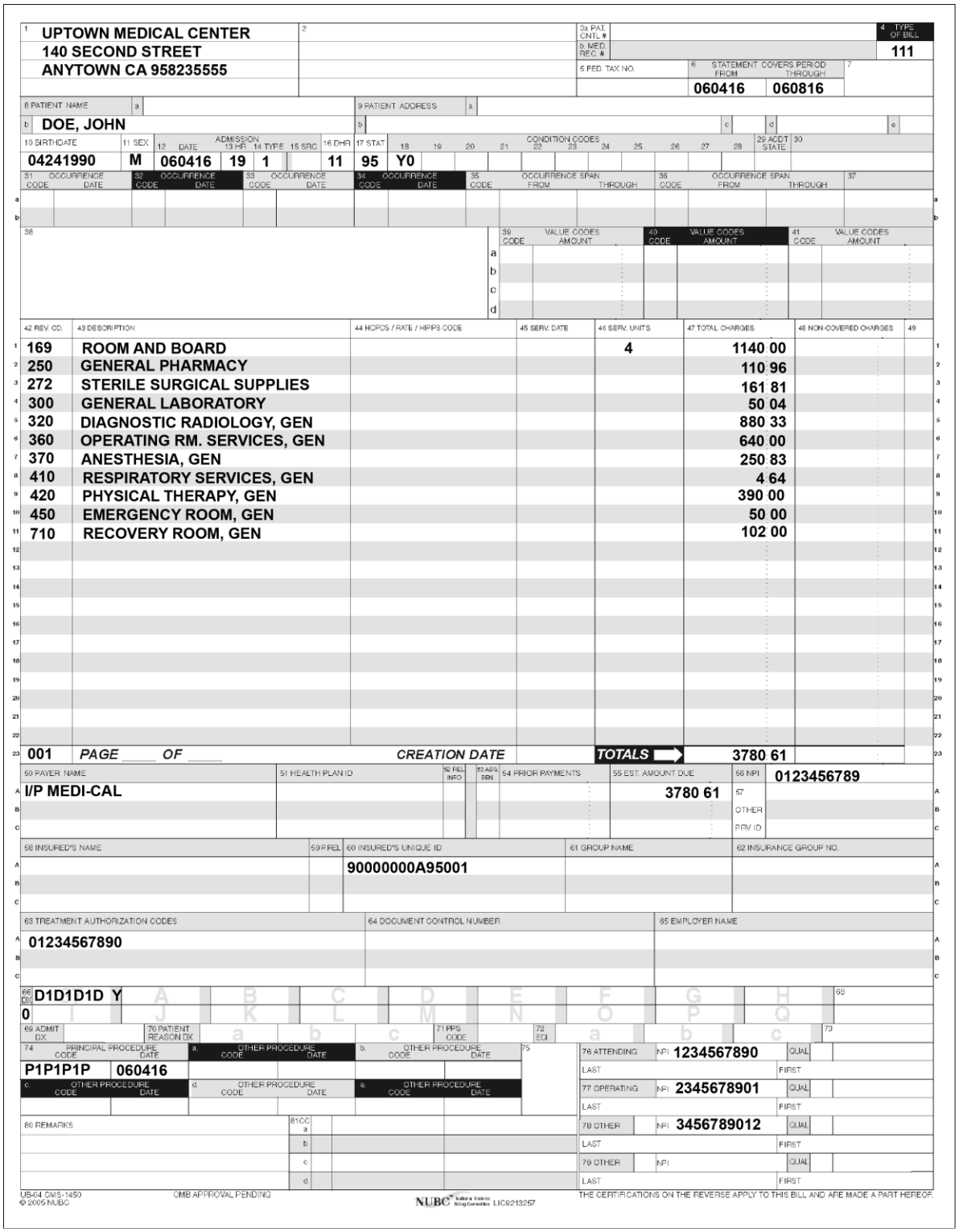
Enter discharge status code “95” in the *Status* field (Box 17).

The total length of stay is entered in the *Statement Covers Period* field (Box 6). Enter “060416” as the “From” date and “060816” as the “Through” date.

Enter the appropriate revenue codes and descriptor in the *Revenue Code* and *Description* fields (Boxes 42 and 43). All ancillary services are listed. Ancillary services are not separately reimbursable for all hospitals. Units of service are not required for ancillary services. Please note that all ancillary services are reimbursable under administrative days.

Enter the TAR control number in the *Treatment Authorization Codes* field (Box 63). In this case, daily TAR is required.

Figure 3: Four-Day Stay for Administrative Care of a Patient



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 060416 THROUGH 060816

8 PATIENT NAME: DOE, JOHN

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
04241990	M	060416	19	1		11	95	Y0		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
169	ROOM AND BOARD			4	1140 00	
250	GENERAL PHARMACY				110 96	
272	STERILE SURGICAL SUPPLIES				161 81	
300	GENERAL LABORATORY				50 04	
320	DIAGNOSTIC RADIOLOGY, GEN				880 33	
360	OPERATING RM. SERVICES, GEN				640 00	
370	ANESTHESIA, GEN				250 83	
410	RESPIRATORY SERVICES, GEN				4 64	
420	PHYSICAL THERAPY, GEN				390 00	
450	EMERGENCY ROOM, GEN				50 00	
710	RECOVERY ROOM, GEN				102 00	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	3780 61	

50 PAYER NAME: I/P MEDI-CAL
55 EST. AMOUNT DUE: 3780 61
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D Y
0

74 PRINCIPAL PROCEDURE CODE DATE: P1P1P1P 060416

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901
78 OTHER NPI: 3456789012

UB-04 CMS-1450 © 2005 NUBC — OMB APPROVAL PENDING — NUBC LIC9213257 — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 4. Sixty-two-day stay for acute care of a patient.

In this case, the patient's condition worsens as he is awaiting placement. He is transferred back to an acute level of care on June 8, 2016 in the same DRG hospital. He is then released from the hospital on August 9, 2016.

Enter "111" in the *Type of Bill* field (Box 4).

Enter the date of admission, June 8, as "060816" in the *Admission Date* field (Box 12).

Enter discharge status code "01" in the *Status* field (Box 17).

The total length of stay is entered in the *Statement Covers Period* field (Box 6). Enter "060816" as the "From" date and "080916" as the "Through" date.

Enter the appropriate revenue codes and descriptor in the *Revenue Code* and *Description* fields (Boxes 42 and 43). All ancillary services are listed. Ancillary services are not separately reimbursable for all hospitals. Units of service are not required for ancillary services.

Enter the TAR control number in the *Treatment Authorization Codes* field (Box 63). In this case, an admission TAR is required because the provider is required to submit an admission TAR for each acute admission into a DRG hospital, if applicable.

Page updated: January 2021

Figure 4: Sixty-Two-Day Stay for Acute Care of a Patient

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD FROM: 060816 THROUGH: 080916

8 PATIENT NAME: b DOE, JOHN

10 BIRTHDATE: 04241990 | 11 SEX: M | 12 ADMISSION DATE: 060816 | 13 HR: 19 | 14 TYPE: 1 | 16 DHR: 11 | 17 STAT: 01 | 18 CONDITION CODES: Y0

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
121	ROOM AND BOARD			62	1140 00	
250	GENERAL PHARMACY				110 96	
272	STERILE SURGICAL SUPPLIES				161 81	
300	GENERAL LABORATORY				50 04	
320	DIAGNOSTIC RADIOLOGY, GEN				880 33	
360	OPERATING RM. SERVICES, GEN				640 00	
370	ANESTHESIA, GEN				250 83	
410	RESPIRATORY SERVICES, GEN				4 64	
420	PHYSICAL THERAPY, GEN				390 00	
450	EMERGENCY ROOM, GEN				50 00	
710	RECOVERY ROOM, GEN				102 00	
001	PAGE ___ OF ___	CREATION DATE		TOTALS	3780 61	

50 PAYER NAME: A I/P MEDI-CAL | 55 EST. AMOUNT DUE: 3780 61 | 56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D Y
0

74 PRINCIPAL PROCEDURE CODE: P1P1P1P DATE: 060816

76 ATTENDING NPI: 1234567890

77 OPERATING NPI: 2345678901

78 OTHER NPI: 3456789012

UB-04 CMS-1450 © 2005 NUBC OMB APPROVAL PENDING NUBC LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.