Georgia Hospital Association

Record Layout for UB-04 Data Collection

A-TYPE RECORDS

Req'd	UB-04 FL #	Repeats	Size	Start	Stop	Data Element
*		1	1	1	1	Record Type "A"
*	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
*	03a	1	24	17	40	Patient Control Number (Patient Account Number)
*		1	2	41	42	Record Sequence Number (value = 01)
*	03b	1	24	43	66	Medical Record Number
*	04	1	4	67	70	Type of Bill
*	05	1	4	71	74	Federal Tax Sub-ID Number
*	05	1	10	75	84	Federal Tax Number
*	06	1	8	85	92	Statement Covers Period - From (MMDDYYYY)
*	06	1	8	93	100	Statement Covers Period - Through (MMDDYYYY)
	08	1	19	101	119	Patient Name - ID
*	08	1	18	120	137	Patient Last Name (see Special Instructions)
*	08	1	9	138	146	Patient First Name (see Special Instructions)
*	08	1	3	147	149	Patient Name Suffix (see Special Instructions)
*	09	1	40	150	189	Patient Address - Street
*	09	1	30	190	219	Patient Address - City
*	09	1	2	220	221	Patient Address - State
*	09	1	9	222	230	Patient Address - ZIP
*	09	1	2	231	232	Patient Address - Country Code
		1	3	233	235	Patient Address - County Code (see Special Instructions)
		1	9	236	244	Reserved Area (blank fill)
*	10	1	8	245	252	Patient Birthdate (MMDDYYYY)
*	11	1	1	253	253	Patient Sex
*	12	1	8	254	261	Admission Date (MMDDYYYY)
*1	13	1	2	262	263	Admission Hour
*1	14	1	1	264	264	Type of Admission/Visit
*	15	1	1	265	265	Point of Origin
*1	16	1	2	266	267	Discharge Hour
*	17	1	2	268	269	Patient Discharge Status
	29	1	2	270	271	Accident State
	71	1	4	272	275	PPS Code
*	76	1	11	276	286	Attending Physician - NPI
*	76	1	11	287	297	Attending Physician - QUAL/ID
*	77	1	11	298	308	Operating Physician - NPI
*	77	1	11	309	319	Operating Physician - QUAL/ID
*	78	1	13	320	332	Other Physician ID - QUAL/NPI
*	78	1	11	333	343	Other Physician ID - QUAL/ID
*	79	1	13	344	356	Other Physician ID - QUAL/NPI
*	79	1	11	357	367	Other Physician ID - QUAL/ID
*		1	3	368	370	Observation Hours (see Special Instructions)
*		1	1	371	371	Patient Ethnicity (see Special Instructions)
*		1	1	372	372	Patient Race (see Special Instructions)
*		1	2	373	374	Reserved Area (blank fill)
*		1	4	375	378	Primary Payer Identification (see Special Instructions)
*		1	4	379	382	Secondary Payer Identification (see Special Instructions)
*		1	4	383	386	Tertiary Payer Identification (see Special Instructions)
		1	14	387	400	Reserved for future use (blank fill)

* Data element is required for all patients.
*1 Data element is required for inpatients only.

Georgia Hospital Association

Record Layout for UB-04 Data Collection

** B-TYPE RECORDS

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*		1	1	1	1	Record Type "B"
*	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
*	03a	1	24	17	40	Patient Control Number
*		1	2	41	42	Record Sequence Number (Value = 01 - 99)
*	42	7	4	43	70	Revenue Code
*	44	7	14	71	168	HCPCS/Rates/HIPPS Rate Codes
*	45	7	8	169	224	Service Date (MMDDYYYY)
*	46	7	7	225	273	Units of Service
*	47	7	9	274	336	Total Charges (by revenue code)
	48	7	9	337	399	Non-Covered Charges
		1	1	400	400	Reserved for future use (blank fill)

** Repeat the B-Type record as many times as necessary (See special instructions)

** C-TYPE RECORDS

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*		1	1	1	1	Record Type "C"
*	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
*	03a	1	24	17	40	Patient Control Number
*		1	2	41	42	Record Sequence Number (Value = 01 - 99)
	66	1	1	43	43	DX Version Qualifier
	69	1	7	44	50	Admitting Diagnosis Code
	70	3	7	51	71	Patient's Reason for Visit Code
*	72	3	8	72	95	External Cause of Injury Code (see Special Instructions)
*	67	1	8	96	103	Principal Diagnosis Code (see Special Instructions)
*	74	1	15	104	118	Principal Procedure Code / Date (see Special Instructions)
*	67a-q	17	8	119	254	Other Diagnosis (see Special Instructions)
*	74a-e	9	15	255	389	Other Procedure Codes / Dates (see Special Instructions)
		1	11	390	400	Reserved for future use (blank fill)

** Repeat the C-Type record as many times as necessary (See special instructions)

D-TYPE RECORDS (optional)

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
		1	1	1	1	Record Type "D"
	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
	03a	1	24	17	40	Patient Control Number
		1	2	41	42	Record Sequence Number (value = 01)
	18 - 28	11	2	43	64	Condition Codes
	31 - 34	8	2	65	80	Occurrence Code
	31 - 34	8	8	81	144	Occurrence Date (MMDDYYYY)
	35 - 36	4	2	145	152	Occurrence Span Code
	35 - 36	4	8	153	184	Occurrence Span From Date (MMDDYYYY)
	35 - 36	4	8	185	216	Occurrence Span Through Date (MMDDYYYY)
	39 - 41	10	2	217	236	Value Code - Code
	39 - 41	10	9	237	326	Value Code - Amount
	50	3	23	327	395	Payer Name - Pri/Sec/Ter
		1	5	396	400	Reserved for future use (blank fill)

   *   Data element is required for all patients.
  *1   Data element is required for inpatients only.

HIDI 400
07/16/2010

Georgia Hospital Association

Record Layout for UB-04 Data Collection

E-TYPE RECORDS (optional)

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
	****	1	1	1	1	Record Type "E"
	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
	03a	1	24	17	40	Patient Control Number
		1	2	41	42	Record Sequence Number (value = 01)
	51	3	15	43	87	Health Plan ID - Pri/Sec/Ter
	52	3	1	88	90	Release of Information - Pri/Sec/Ter
	53	3	1	91	93	Assignment of Benefits - Pri/Sec/Ter
	54	3	10	94	123	Prior Payments - Pri/Sec/Ter
	55	3	10	124	153	Estimated Amount Due - Pri/Sec/Ter
	57	3	15	154	198	Other Provider ID - Pri/Sec/Ter
	58	3	25	199	273	Insured's Name - Pri/Sec/Ter
	59	3	2	274	279	Patient's Relationship - Pri/Sec/Ter
	60	3	20	280	339	Insured's Unique ID - Pri/Sec/Ter
		1	61	340	400	Reserved for future use (blank fill)

F-TYPE RECORDS (optional)

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
	****	1	1	1	1	Record Type "F"
	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
	03a	1	24	17	40	Patient Control Number
		1	2	41	42	Record Sequence Number (value = 01)
	61	3	14	43	84	Insurance Group Name - Pri/Sec/Ter
	62	3	17	85	135	Insurance Group Number - Pri/Sec/Ter
	63	3	30	136	225	Treatment Authorization Code - Pri/Sec/Ter
	64	3	26	226	303	Document Control Number - Pri/Sec/Ter
	65	3	25	304	378	Employer Name - Pri/Sec/Ter
		1	22	379	400	Reserved for future use (blank fill)

G-TYPE RECORDS (Georgia State Specific)

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*	****	1	1	1	1	Record Type "G"
*	56	1	15	2	16	NPI / Medicare Provider Number (see Special Instructions)
*	03a	1	24	17	40	Patient Control Number
*		1	2	41	42	Record Sequence Number (value = 01)
*		1	12	43	54	Medicaid Number
*		1	2	55	56	Value Code 54 (see Special Instructions)
*		1	4	57	60	Infant Birth Weight (see Special Instructions)
*		1	2	61	62	Infant Apgar 5 minute score (see Special Instructions)
*		1	2	63	64	Condition Code 17 - Homeless (see Special Instructions)
*		1	2	65	66	Condition Code 25 - Foreign (see Special Instructions)
*		1	1	67	67	Marital Status (see Special Instructions)
*		1	8	68	75	Observation Start Date (MMDDYYYY)
*		1	3	76	78	Primary Language Spoken (see Special Instructions)
		1	322	79	400	Filler

*   Data element is required for all patients.

*1   Data element is required for inpatients only.

Georgia Hospital Association

Electronic File Transfer Specifications

Submitting Data Using the HIDI Secure Internet Site
Files may be uploaded to HIDI's secure internet site. There is a 50MB file size upload limit. Larger files may be compressed using WinZip or PGP encryption software.

The HIDI Web site address is: https://www.mhanet.com/hidinet
For access to the site, please go to the site, select 'Request Access' and complete the form.

Submitting Data as a PGP Encrypted E-Mail Attachment:
Using this method requires the purchase and use of PGP Corporation software called PGP Desktop. The software can be purchased at *www.pgp.com.* Upon purchase of the software, contact the HIDI office regarding setup for submission.

Media Specifications

Physical Media Specifications:
CD / DVDs

Other Media: Contact the HIDI office regarding other types of media and formats.

HIDI Contact Information

Mailing Address:	**Shipping Address:**	**Phone:** 573/893-3700
Hospital Industry Data Institute	Hospital Industry Data Institute	**Fax:** 573/635-9638
PO Box 60	4712 Country Club Drive	
Jefferson City, MO 65102-0060	Jefferson City, MO 65109-4541	

HIDI 400
07/16/2010

Georgia Hospital Association

Special Instructions for UB-04 Record Layout

Unless otherwise noted, the code and format for each element is
defined in the National Uniform Billing Committee UB-04 Data Specifications Manual.

RECORD TYPE	LOCATION	ELEMENT / COMMENT
ALL	2 - 16	**NPI / MEDICARE PROVIDER NUMBER** - This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).
A	120 - 149	**PATIENT NAME (Last, First, Suffix)** - Required for all patients, except those with a diagnosis of alcohol or substance abuse.
A	233 - 235	**PATIENT COUNTY CODE** - Not required to be reported in Georgia.
A	368 - 370	**OBSERVATION HOURS** - Report the number of observation hours for inpatients and outpatients. Required if the revenue code for observation and the units are not included in record type "B."
A	371	**ETHNICITY** - Use the following codes when reporting the ethnicity of the 1 - Hispanic or Latino 2 - Neither Hispanic nor Latino
A	372	**RACE** - Use the following codes when reporting the race of the patient: 1 - White 5 - Native Hawaiian/Pacific Islander 2 - Black or African American 6 - Other 3 - American Indian/Alaska Native 7 - Patient refused to self-designate a race 4 - Asian
A	375 - 378 379 - 382 383 - 386	**PRIMARY/SECONDARY/TERTIARY PAYER IDENTIFICATION** - See attachment "Payor Codes" for the preferred method of reporting the source of payment.
B Records		The record layout allows multiple B-Type records with up to seven (7) revenue codes on each record. Revenue code "0001" should be the last revenue code reported on the "B" record and should contain the total charges of all other revenue codes. To submit multiple B-Type records for a patient, positions 1 - 42 should remain static except for the record sequence number. Increment
C Records		The record layout allows multiple C-Type records with up to seventeen (17) other diagnosis codes and nine (9) other procedure codes and dates per record. To submit multiple C-Type records for a patient, positions 1 - 118 should remain static except for the record sequence number. Increment the record sequence number by one and replace the contents of "Other Diagnosis" and "Other Procedure Codes/Dates" with the remaining codes until all codes are reported.
C	72 - 95	**EXTERNAL CAUSE OF INJURY CODE -** The ICD-9-CM code for the external cause of injury, poisoning or adverse effect. Required when either the Principal Diagnosis Code or Other Diagnosis Code reported is in the range of 800.00 - 999.99. The eighth digit is for the Present on Admission Flag.
C	96 - 103	**PRINCIPAL DIAGNOSIS CODE -** The eighth digit is for the Present on Admission Flag.

Georgia Hospital Association

Special Instructions for UB-04 Record Layout

Unless otherwise noted, the code and format for each element is
defined in the National Uniform Billing Committee UB-04 Data Specifications Manual.

RECORD TYPE	LOCATION	ELEMENT / COMMENT
C	104 - 118	**PRINCIPAL PROCEDURE CODE / DATE** - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format.
C	119 - 254	**OTHER DIAGNOSIS CODES -** Up to 17 diagnosis codes can reported in this area. The eighth digit of the diagnoses code is for the Present on Admission Flag. Additional E-codes can be reported in this area for Place of Injury (see below). This is a repeatable field, review instructions for "C Records" above. **Place of injury E-Code** - The ICD-9-CM code for the place of injury. Use when the External Cause of Injury E-Code is E850 - E869 or E880 - E928. Only codes in the range E849.0 - E849.9 are valid.
C	255 - 389	**OTHER PROCEDURE CODES / DATES** - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format. Up to 9 procedure codes / dates can be reported in this area. This is a repeatable field, review instructions for "C Records" above.
G	55 - 56	**VALUE CODE 54** - To record an infant's birth weight, enter a value code of 54 here followed by the weight in grams in the next field.
G	57 - 60	**INFANT BIRTH WEIGHT IN GRAMS** - To record an infant's birth weight, enter a the weight in grams here. You must also enter a value code of 54 in the previous field.
G	61 - 62	**INFANT APGAR 5 MINUTE SCORE** - For newborns only. Valid scores are 01-10. Record 00 if the score is not available.
G	63 - 64	**CONDITION CODE 17 - HOMELESS** - If the patient is homeless, enter a value of 17.
G	65 - 66	**CONDITION CODE 25 - FOREIGN** - If the patient resides in a foreign country, enter a value of 25.
G	67	**Marital Status** - Use the following codes when reporting the marital status: D = Divorced U = Unknown M = Married W = Widowed P = Life Partner X = Legally Separated S = Single
G	76 - 78	**PRIMARY LANGUAGE SPOKEN** - Use ISO 639-2 codes for the representation of names of languages. List can be downloaded from http://www.loc.gov/standards/iso639-2/ascii_8bits.html

NOTE: Record Types A, B, C and G should be used for all Georgia patients.

Georgia Hospital Association

Payer Codes

Pay Code	Group	Pay Code Description
1	Medicare	Medicare
11	Medicare	Medicare (Managed Care)
111	Medicare	Medicare HMO
1111	Medicare	Aetna Inc.
1112	Medicare	Coventry Health Care, Inc.
1113	Medicare	Humana Inc.
1114	Medicare	Kaiser Foundation Health Plan, Inc.
1115	Medicare	United HealthCare of Georgia, Inc.
1116	Medicare	Wellcare of Georgia
1117	Medicare	WellPoint, Inc.
1118	Medicare	Other Medicare HMO
112	Medicare	Medicare PPO
113	Medicare	Medicare POS
119	Medicare	Medicare Managed Care (Other)
12	Medicare	Medicare (Non-managed Care)
121	Medicare	Medicare FFS
122	Medicare	Medicare Drug Benefit
123	Medicare	Medicare Medical Savings Account (MSA)
124	Medicare	Medicare Drug Benefit (Part D)
129	Medicare	Medicare Non-managed Care (Other)
19	Medicare	Medicare (Other)
2	Medicaid	Medicaid
21	Medicaid	Medicaid (Managed Care)
211	Medicaid	Medicaid HMO
2111	Medicaid	Amerigroup CMO
2112	Medicaid	PeachState CMO
2113	Medicaid	WellCare CMO
212	Medicaid	Medicaid PPO
213	Medicaid	Medicaid PCCM (Primary Care Case Management)
219	Medicaid	Medicaid Managed Care (Other)
22	Medicaid	Medicaid (Non-managed Care Plan)
23	Medicaid	Medicaid/SCHIP
24	Medicaid	Medicaid Applicant
25	Medicaid	Medicaid (Out of State)
29	Medicaid	Medicaid (Other)
3	Other Government	Other Government (Federal/State/Government)
31	Other Government	Department of Defense
311	Other Government	CHAMPUS
3111	Other Government	Indemnity
3112	Other Government	TriCare
312	Other Government	CHAMPVA
319	Other Government	Department of Defense (not CHAMPUS)
32	Other Government	VA
321	Other Government	VA (Priority Veteran)
322	Other Government	VA (Enrolled Veteran with Copay)
329	Other Government	VA (Other)
33	Other Government	Indian Health Service or Tribe
331	Other Government	Indian Health Service (Regular)
332	Other Government	Indian Health Service (Contract)
333	Other Government	Indian Health Service (Managed Care)
334	Other Government	Indian Tribe (Sponsored Coverage)
34	Other Government	HRSA Program
341	Other Government	Title V (MCH Block Grant)
342	Other Government	Migrant Health Program
343	Other Government	Ryan White Act
349	Other Government	Other
35	Other Government	Black Lung
36	Other Government	State Government
361	Other Government	State SCHIP Program
362	Other Government	Specific State Programs
369	Other Government	State, not otherwise specified (other state)
37	Other Government	Local Government
371	Other Government	Local (Managed Care)

HIDI 400
07/16/2010

Georgia Hospital Association

Payer Codes

Pay Code	Group	Pay Code Description
3711	Other Government	HMO
3712	Other Government	POS
3713	Other Government	PPO
372	Other Government	FFS/Indemnity
379	Other Government	Local, not otherwise specified (other local, county)
38	Other Government	Other Government (Federal, State, Local not specified)
381	Other Government	Federal, State, Local not specified (FFS)
382	Other Government	Federal, State, Local not specified (HMO)
383	Other Government	Federal, State, Local not specified (PPO)
384	Other Government	Federal, State, Local not specified (POS)
389	Other Government	Federal, State, Local not specified (Other)
39	Other Government	Other Federal
4	Department of Corrections	Department of Corrections
41	Department of Corrections	Corrections Federal
42	Department of Corrections	Corrections State
43	Department of Corrections	Corrections Local
44	Department of Corrections	Corrections (Unknown Level)
5	Private Health Insurance	Private Health Insurance (other than Blue Cross/Blue Shield)
51	Private Health Insurance	Managed Care (Private)
511	Private Health Insurance	Commercial Managed Care (HMO)
512	Private Health Insurance	Commercial Managed Care (PPO)
513	Private Health Insurance	Commercial Managed Care (POS)
514	Private Health Insurance	Exclusive Provider Organization
519	Private Health Insurance	Managed Care, Other (non-HMO)
52	Private Health Insurance	Private Health Insurance (Indemnity)
521	Private Health Insurance	Indemnity (e.g. high option/low option)
522	Private Health Insurance	ERISA ASO Plan
523	Private Health Insurance	Commercial Indemnity
524	Private Health Insurance	Self-insured (ERISA) ASO Plan
525	Private Health Insurance	Medicare Supplemental Policy (as secondary payor)
53	Private Health Insurance	Commercial (Indemnity or Managed Care, unspecified)
54	Private Health Insurance	Organized Delivery System
55	Private Health Insurance	Small Employer Purchasing Group
59	Private Health Insurance	Other Private Insurance, not BC or Kaiser
6	Blue Cross/Blue Shield	Blue Cross/Blue Shield
61	Blue Cross/Blue Shield	BC Managed Care
611	Blue Cross/Blue Shield	BC Managed Care (HMO)
612	Blue Cross/Blue Shield	BC Managed Care (PPO)
613	Blue Cross/Blue Shield	BC Managed Care (POS)
619	Blue Cross/Blue Shield	BC Managed Care (Other)
62	Blue Cross/Blue Shield	BC Indemnity
63	Blue Cross/Blue Shield	BC Indemnity or Managed Care (Out of State)
64	Blue Cross/Blue Shield	BC Indemnity or Managed Care (Unspecified)
69	Blue Cross/Blue Shield	BC Indemnity or Managed Care (Other)
7	Managed Care	Managed Care (Unspecified)
71	Managed Care	HMO
72	Managed Care	PPO
73	Managed Care	POS
79	Managed Care	Other Managed Care (Unknown if public or private)
8	Non-Payment	NOPAYMENT from an Organization/Agency/Program/Private Payor Listed
81	Non-Payment	Self-pay
82	Non-Payment	No Charge
821	Non-Payment	Charity
822	Non-Payment	Professional Courtesy
823	Non-Payment	Research/Clinical Trial
83	Non-Payment	Refusal to Pay/Bad Debt
84	Non-Payment	Hill Burton Free Care
85	Non-Payment	Research/Donor
89	Non-Payment	No Payment (Other)
9	Miscellaneous/Other	Miscellaneous/Other
91	Miscellaneous/Other	Foreign National
92	Miscellaneous/Other	Other (Non-government)
93	Miscellaneous/Other	Disability Insurance

HIDI 400
07/16/2010

Georgia Hospital Association

Payer Codes

Pay Code	Group	Pay Code Description
94	Miscellaneous/Other	Long-term Care Insurance
95	Miscellaneous/Other	Worker's Compensation
951	Miscellaneous/Other	Worker's Comp (Fee-for-Service)
952	Miscellaneous/Other	Worker's Comp (HMO)
953	Miscellaneous/Other	Worker's Comp (Other Managed Care)
96	Miscellaneous/Other	Auto Insurance (no fault)
97	Miscellaneous/Other	Other (not specified)
98	Miscellaneous/Other	Other specified (includes Hospice - Unspecified plan)
99	Miscellaneous/Other	Other Unspecified
ZZZ	Missing Data	Missing Data