UB 04 CLAIM FORM: REQUIRED FIELDS

Field Number	Field Name in Table/File	FIS Rejection Message
1	Name	Missing provider name
1	Address	Missing provider address
1	City	Missing provider city
1	ST	Missing provider state
1	Zip	Missing provider zip
4	TOB	Missing type of bill
5	Fed Tax No.	Missing federal tax number
6	Statement Covers Period From	Missing service start date
6	Statement Covers Period Through	Missing service end date
8a	Patient Last Name	Missing patient last name
8b	Patient First Name	Missing patient first name
10	Patient Birthdate	Missing patient date of birth
12	Admission Date (Situational [1])	Inpatient claim missing admission date
12	Admission Date	Invalid admission date
13	Admission Hr (Situational [1])	Inpatient claim missing admission hour
16	Discharge Hour (Situational [2])	Missing discharge hour
42 (1-22)	Revenue Code	Missing revenue code
44 (1-22)	HCPCS/Rate/HIPPS (Situational [3])	Missing HCPCS code
45 (1-22)	Service Date (Situational [4])	Missing service date
45 (1-22)	Service Date	Dates of service cannot be a future date
46 (1-22)	Service Units (Situational [5])	Missing units or days
47 (1-22)	Service Charges	Missing service charges
56	Billing NPI	Missing/Invalid/Illegible NPI
58	Insured's Name	Missing insured's name
60	Insured's ID	Missing insured's ID
67 (A-Q)	Diagnosis Code	Missing diagnosis code
69	Admit Diag (Situational [6])	Missing admitting diagnosis
76	Attending Provider	Missing attending provider
76	Attending Provider NPI	Missing/Invalid/Illegible Attending NPI

Situational [1]:   Only required if Type of Bill (field 4) indicates inpatient
Situational [2]:   Valid entries are 00 through 23
If the type of bill (field 4) ends in "1" or "4," then discharge hour is required
If the "begin" and "end" service dates (field 6) are the same, then discharge hour must be later then admission hour (field 13)
Situational [3]:   Revenue codes are always required. Some don't have an associated HCPCS code. When HCPCS code is required, reject claims if missing HCPCS code.
Situational [4]:   Required when type of bill (field 4) indicates outpatient
Situational [5]:   If field 6 is span and unit is missing, then claim will be rejected
Situational [6]:   Reject if missing when Type of Bill (field 4) indicates inpatient

CMS 1500 CLAIM FORM: REQUIRED FIELDS

Field Number	Field Name in Table/File	FIS Rejection Message
1a	Insured's I.D. Number	Missing patient ID number
2	Patient's Name (LName, FName, MInitial)	Missing patient name
3	Patient's Birth Date (MM, DD, YY)	Missing patient date of birth
4	Insured's Name (LName, FName, MInitial) (Situational [1])	Missing member name
21a	Diagnosis 1	Missing diagnosis code
24a	Service From	Missing service start date
24a	Service To (Situational [2])	Missing service end date
24b	Place of Service (POS)	Missing place of service
24b	Place of Service (POS)	Invalid place of service
24d	CPT/HCPCS	Missing procedure code
24e	Diag Point (Situational [3])	Missing diagnosis pointer
24f	Charges	Missing line charged amount
24g	Days or Units	Missing units or days
25	SSN or E/N	Missing federal tax ID number
31	Physician's Signature	Missing provider signature
33	Billing Address	Missing provider billing address
33a	Billing NPI	Missing/Invalid/Illegible NPI

Situational [1]: Required when Relationship (field 6) is marked as anything other than "Self"
Situational [2]: Required when Days/Units (field 24g) is anything other than 1
Situational [3]: Required when there is more than 1 Diagnosis Code in field 21

Additional helpful tips:

- **DIAGNOSIS CODE:** Place the diagnosis code as far left as possible within the box.

- **REFERRING PROVIDER:** If referring provider is an individual, use Last Name, First Name, and Middle Initial. Middle initial is optional. If referring provider is a facility, provide the facility's full name.

- **PATIENT RELATIONSHIP TO INSURED:** When insured is different from patient and "Self" has been selected as the relationship, the system will make the insured's name the same as the patient's name.

- **INSURED'S ID:** This field should contain insured's ID and no additional information.

If you have questions about a specific claim rejection, contact the customer service department based on the member's benefit plan.