



# IMPLEMENTATION OF THE UB-04

MAY 2007

## What is the UB-04?

The UB-04 is the basic hardcopy form and is also known as the Form CMS-1450 like its predecessor, the UB-92. The paper claim form required by CMS is **only accepted from institutional providers (hospitals, skilled nursing facilities, home health agencies, etc...)** **excluded from the mandatory electronic claims submission requirements** set forth in the Administrative Simplification Compliance Act (ASCA), Public Law 107-105 and the implementing regulation at 42 CFR 424.32. For more information on ASCA, visit [http://www.cms.hhs.gov/ElectronicBillingEDITrans/04\\_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/04_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp) on the CMS website.

The UB-04 incorporates the National Provider Identifier (NPI) as well as additional updates. Many data locations on the UB-92 have changed on the UB-04 including bill type processing. Specifically, the three-digit type of bill (TOB) used on the UB-92 is altered to a four-digit TOB on the UB-04. Refer to the crosswalk at the end of this fact sheet to discover how data elements crosswalk from the UB-92 to the UB-04.

## Background

The National Uniform Billing Committee (NUBC) approved the UB-04 as the replacement for the UB-92 at its February 2005 meeting. The NUBC is responsible for the design and printing of the UB-04 form. The UB-04 contains a number of improvements that resulted from nearly four years of research, and it will better align the hardcopy claim form with the electronic Health Insurance Portability and Accountability Act of 1996 Accredited Standards Committee (HIPAA ASC) 837 Institutional electronic claim format, which is the electronic version of the form and is currently in use by providers who submit claims electronically.

The NUBC is a voluntary, multidisciplinary committee that develops data elements for claims and claim-related transactions and it is composed of all major national provider and payer organizations (including Medicare). The American Hospital Association facilitates its meetings.

Information on the UB-92 and the UB-04 is available through the NUBC website at <http://www.nubc.org>

*This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.*



## Transition Period

Medicare Fiscal Intermediaries (FI), Medicare Administrative Contractors (MAC), and provider clearinghouses were required to receive the UB-04 by March 1, 2007. There is a transition period for providers that provides time to adjust operations for these new billing changes. The **transitional period began on March 1, 2007 and will end on May 22, 2007**. During this timeframe, providers, who are eligible to submit paper claims, may choose to use either the UB-92 or the UB-04 claim form. This means beginning March 1, 2007 eligible institutional paper claim filers may use the UB-04 or they may continue using the UB-92. However, **starting May 23, 2007, all institutional paper claims must be submitted on the UB-04** and Medicare will no longer accept the UB-92, even as an adjustment claim.

NOTE: Medicare will reject all UB-92 claim forms received after May 22, 2007

### Here are a few details about the UB-04:

- The UB-04 is a uniform institutional provider claim form suitable for billing multiple third party payers. All payers will not require the use of the same data elements. Check with each payer to determine individual requirements.
- A provider filing a UB-04 should retain the copy designated "Institution Copy" and submit the remaining copies to their FI/MAC, managed care plan, or other insurer.
- Instructions for completing inpatient and outpatient claims are the same unless otherwise noted.
- If a provider omits any required data, the FI/MAC will either ask for the missing data or obtain the data from other sources. The FI/MAC will maintain the data on its history record.
- Data elements in the CMS uniform electronic billing specifications are consistent with the UB-04 data set to the extent that one processing system can handle both. The definitions are identical, although in some situations, the electronic record contains more characters than the corresponding item on the form because constraints on the form size are not applicable to the electronic record. Further, the revenue coding system is the same for both the UB-04 and the electronic specifications.



## UB-04 Major Changes

The following form locators (FL) on the UB-92 are either not used or their definition changed on the UB-04:

- FL 7 Covered Days (converted to Value Code)
- FL 8 Noncovered Days (converted to Value Code)
- FL 9 Coinsurance Days (converted to Value Code)
- FL 10 Lifetime Reserve Days (converted to Value Code)
- FL 16 Patient Marital Status
- FL 64 Employment Status Code
- FL 66 Employer Location
- FL 79 Procedure Coding Method Used
- FL 85 Provider Representative Signature
- FL 86 Provider Representative Signature Date

New form locators (FL) on the UB-04 are:

- FL 2 Pay-to Location
- FL 8 Patient Name – ID
- FL 29 Accident State (to denote state where accident occurred)
- Line 23 Page \_\_ of \_\_
- Line 23 Creation Date
- FL 56 National Provider Identifier (NPI)
- FL 57 Other Payer Identification
- FL 66 International Classification of Diseases (ICD) Version Qualifier (i.e., ICD-9)
- FL 71 Prospective Payment System (PPS) Code
- FL 76 NPI for the Attending Physician
- FL 77 NPI for the Operating Physician
- FL 78, 79 NPI for the Other Physicians
- FL 81 Code - Code (overflow field for additional codes that do not fit into other fields)

## Additional Information

If you have any questions about this information, please contact your FI/MAC or Regional Home Health and Hospice Intermediary (RHII) at its toll-free number. Phone numbers may be found in a zip file at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

CMS has received Office of Management and Budget (OMB) approval for the UB-04, as required under the Paperwork Reduction Act. You can find Form CMS-1450 UB-04 completion and coding instructions in Change Request 5072 by visiting <http://www.cms.hhs.gov/Transmittals/downloads/R1104CP.pdf> on the CMS website.

*MLN Matters Article* MM5072 contains information on the UB-04. This article can be located by visiting <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5072.pdf> on the MLN web page.



## Crosswalk

The following table is a crosswalk that connects the data elements from the UB-92 to the UB-04. It also shows items that were deleted from the UB-92 and items that were added to the UB-04. The left side of the page has the UB-92 data elements while the right side of the page has the UB-04 data elements. Each line contains a form locator (FL). A narrative description is used to label the FL. A “Line” field is used so that you will know which line to use to record the information. For example, a provider should enter its provider name on line 1 in FL 1. It should enter its street address on line 2 in FL 1. The “Type” field identifies if the data elements are alphabetic characters or numeric characters. Here is how to interpret this field:

- A = Alphabetic character
- N = Numeric character
- AN = Alphanumeric character

The “Size” field lets you know how many characters are allowed within the field. For example, line 1 of FL 1 will allow a provider to enter up to 25 alphanumeric characters whereas line 1 of FL 5 only allows a provider to enter 4 alphanumeric characters. The notes field under the UB-04 will inform you when a field has been added, moved, modified, reduced or expanded. For example, FL 4 has been expanded from 3 alphanumeric characters to 4 alphanumeric characters.

# This is an image of the new UB-04 Form

1										2										3a PAT. CNTL #					4 TYPE OF BILL																															
																				b. MED. REC. #																																				
																				5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM THROUGH					7																										
8 PATIENT NAME										9 PATIENT ADDRESS																																														
b										c										d					e																															
10 BIRTHDATE			11 SEX		12 DATE			ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18			19			20			21			CONDITION CODES 22			23			24			25			26			27			28			29 ACDT STATE			30		
31 OCCURRENCE DATE			32 OCCURRENCE DATE			33 OCCURRENCE DATE			34 OCCURRENCE DATE			35 OCCURRENCE DATE			OCCURRENCE SPAN FROM THROUGH			36 OCCURRENCE SPAN FROM THROUGH			37																																			
38										39 VALUE CODES AMOUNT					40 VALUE CODES AMOUNT					41 VALUE CODES AMOUNT																																				
a										b					c					d																																				
b																																																								
c																																																								
d																																																								
42 REV. CD.			43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE			46 SERV. UNITS			47 TOTAL CHARGES			48 NON-COVERED CHARGES			49																					
1																																																								
2																																																								
3																																																								
4																																																								
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21																																																								
22																																																								
PAGE										OF										CREATION DATE										TOTALS																										
50 PAYER NAME										51 HEALTH PLAN ID										52 REL. INFO			53 ASG. BEN.			54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			56 NPI																								
A										B										C			D			E			F																											
B										C										D			E			F			G																											
C										D										E			F			G			H																											
58 INSURED'S NAME										59 P. REL.			60 INSURED'S UNIQUE ID										61 GROUP NAME			62 INSURANCE GROUP NO.																														
A										B			C										D			E																														
B										C			D										E			F																														
C										D			E										F			G																														
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																				
A										B										C																																				
B										C										D																																				
C										D										E																																				
66 DX			67			A			B			C			D			E			F			G			H			68																										
69 ADMIT DX			70 PATIENT REASON DX			a			b			c			71 PPS CODE			72 ECI			73																																			
74			PRINCIPAL PROCEDURE DATE			OTHER PROCEDURE DATE			OTHER PROCEDURE DATE			OTHER PROCEDURE DATE			75			76 ATTENDING NPI			QUAL																																			
a			b			c			d			e			f			g			h																																			
c			d			e			f			g			h			i			j																																			
77 OPERATING NPI			QUAL			LAST			FIRST			78 OTHER NPI			QUAL			LAST			FIRST																																			
79 OTHER NPI			QUAL			LAST			FIRST			79 OTHER NPI			QUAL			LAST			FIRST																																			
80 REMARKS			81CC a			b			c			d			LAST			FIRST			LAST			FIRST																																

UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

NUBC National Uniform Billing Committee LIC9213257



UB-92

UB-04

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	Notes
1	Provider Name	1	AN	25	1	Provider Name	1	AN	25	
	Provider Street Address	2	AN	25		Provider Street Address	2	AN	25	
	Provider City, State, Zip	3	AN	25		Provider City, State, Zip	3	AN	25	
	Provider Telephone, Fax, Country Code	4	AN	25		Provider Telephone, Fax, Country Code	4	AN	25	
2	Unlabeled Fields	1	AN	20	2	Pay-to Name	1	AN	25	New
	Unlabeled Fields	2	AN	30		Pay-to Address	2	AN	25	New
						Pay-to City, State	3	AN	25	New
						Not used	4	AN	25	
3	Patient Control Number	1	AN	20	3a	Patient Control Number	1	AN	20	
					3b	Medical Record Number	1	AN	24	Moved/New
4	Type of Bill	1	AN	3	4	Type of Bill	1	AN	4	Expanded
5	Federal Tax Number	1	AN	4	5	Federal Tax Number	1	AN	4	
	Federal Tax Number	2	AN	10		Federal Tax Number	2	AN	10	
6	Statement Covers Period - From/Through	1	N/N	6/6	6	Statement Covers Period - From/Through	1	N/N	6/6	
7	Covered Days	1	N	3		<b>Eliminated – Substitute with a new Value Code 80</b>				Deleted
8	Non-covered Days	1	N	4		<b>Eliminated – Substitute with a new Value Code 81</b>				Deleted
9	Coinsurance Days	1	N	3		<b>Eliminated – Substitute with a new Value Code 82</b>				Deleted
10	Lifetime Reserve Days	1	N	3		<b>Eliminated – Substitute with a new Value Code 83</b>				Deleted
					7	Unlabeled	1	AN	7	Modified
						Unlabeled	2	AN	8	Modified
11	Unlabeled	1		12		<b>Eliminated</b>				Deleted
	Unlabeled	1		13		<b>Eliminated</b>				Deleted
12	Patient Name	1	AN	30	8	Patient Name – ID	1a	AN	19	New
						Patient Name	2b	AN	29	Modified
13	Patient Address	1	AN	50	9	Patient Address- Street	1a	AN	40	
						Patient Address – City	2b	AN	30	
						Patient Address – State	2c	AN	2	
						Patient Address – Zip	2d	AN	9	
						Patient Address – Country Code	2e	AN	3	
14	Patient Birthdate	1	N	8	10	Patient Birthdate	1	N	8	
15	Patient Sex	1	AN	1	11	Patient Sex	1	AN	1	
16	Patient Marital Status	1	AN	1		<b>Eliminated</b>				Deleted
17	Admission Date	1	N	6	12	Admission Date	1	N	6	
18	Admission Hour	1	AN	2	13	Admission Hour	1	AN	2	
19	Type of Admission/Visit	1	AN	1	14	Type of Admission/Visit	1	AN	1	
20	Source of Admission	1	AN	1	15	Source of Admission	1	AN	1	
21	Discharge Hour	1	AN	2	16	Discharge Hour	1	AN	2	
22	Patient Status/Discharge Code	1	AN	2	17	Patient Discharge Status	1	AN	2	
23	Medical Record Number		AN	24		<b>Moved to FL 3b</b>				Relocated
24 - 30	Condition Codes		AN	2	18 – 28	Condition Codes		AN	2	Added 4
					29	Accident State	1	AN	2	New
					30	Unlabeled	1	AN	12	
						Unlabeled	1	AN	13	

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	Notes
31	Unlabeled	1		5						
	Unlabeled	2		6						
32-35 2/6	Occurrence Code/Date	a	AN	N	31-34	Occurrence Code/Date	a	AN	N	2/6
2/6	Occurrence Code/Date	b	AN	N		Occurrence Code/Date	b	AN	N	2/6
36 2/6/6	Occurrence Span Code From/Through	a	AN	N/N	35-36	Occurrence Span Code From/Through	a	AN	N	2/6
2/6/6	Occurrence Span Code From/Through	b	AN	N/N		Occurrence Code/Date From/Through	b	AN	N	2/6 <b>Added 1</b>
					37	Unlabeled	a	AN		8
						Unlabeled	b	AN		8
37	ICN/DCN	A	AN	23		<b>Moved to FL 64</b>				<b>Relocated</b>
	ICN/DCN	B	AN	23		<b>Moved to FL 64</b>				
	ICN/DCN	C	AN	23		<b>Moved to FL 64</b>				
38	Responsible Party Name/Address	1	AN	40	38	Responsible Party Name/Address	1	AN		40
	Responsible Party Name/Address	2	AN	40		Responsible Party Name/Address	2	AN		40
	Responsible Party Name/Address	3	AN	40		Responsible Party Name/Address	3	AN		40
	Responsible Party Name/Address	4	AN	40		Responsible Party Name/Address	4	AN		40
	Responsible Party Name/Address	5	AN	40		Responsible Party Name/Address	5	AN		40
39-41	Value Code – Code	a-d	AN	2	39-41	Value Code – Code	a-d	AN		2
	Value Code – Amount	a-d	N	9		Value Code – Amount	a-d	N		9
42	Revenue Code	1-23	N	4	42	Revenue Code	1-22	N		4 <b>Eliminated 1</b>
43	Revenue Code Description	1-23	AN	24	43	Revenue Code Description	1-22	AN		24 <b>Eliminated 1</b>
					43-44	Page ___ of ___ Creation Date	23	N/N		3/3 <b>New</b>
44 9	HCPCS/Rates/HIPPS Rate Codes	1-23	AN	N/N/AN	44	HCPCS/Rates/HIPPS Rate Codes	1-23	AN	N/N/AN	14 <b>Expanded</b>
45	Service Date	1-23	N	6	45	Service Date	1-22	N		6
						Creation Date	23	N		6 <b>New</b>
46	Units of Service	1-23	N	7	46	Units of Service	1-22	N		7
47	Total Charges	1-23	N	10	47	Total Charges	1-23	N		9 <b>Reduced</b>
48	Non-Covered Charges	1-23	N	10	48	Non-Covered Charges	1-23	N		9 <b>Reduced</b>
49	Unlabeled	1-23	AN	4	49	Unlabeled	1-23	AN		2 <b>Reduced</b>
50	Payer – Primary	A	AN	25	50	Payer Name – Primary	A	AN		23 <b>Reduced</b>
	Payer – Secondary	B	AN	25		Payer Name – Secondary	B	AN		23 <b>Reduced</b>
	Payer – Tertiary	C	AN	25		Payer Name – Tertiary	C	AN		23 <b>Reduced</b>
51	Provider Number	A	AN	13	51	Health Plan ID	A	AN		15 <b>Modified</b>
	Provider Number	B	AN	13		Health Plan ID	B	AN		15 <b>Modified</b>
	Provider Number	C	AN	13		Health Plan ID	C	AN		15 <b>Modified</b>
52	Release of Information - Primary	A	AN	1	52	Release of Information - Primary	A	AN		1
	Release of Information - Secondary	B	AN	1		Release of Information - Secondary	B	AN		1
	Release of Information - Tertiary	C	AN	1		Release of Information - Tertiary	C	AN		1
53	Assignment of Benefits- Primary	A	AN	1	53	Assignment of Benefits- Primary	A	AN		1
	Assignment of Benefits- Secondary	B	AN	1		Assignment of Benefits- Secondary	B	AN		1
	Assignment of Benefits- Tertiary	C	AN	1		Assignment of Benefits- Tertiary	C	AN		1
54	Prior Payments - Primary	A	AN	10	54	Prior Payments - Primary	A	AN		10
	Prior Payments - Secondary	B	AN	10		Prior Payments - Secondary	B	AN		10
	Prior Payments - Tertiary	C	AN	10		Prior Payments - Tertiary	C	AN		10
	Prior Payments - Patient	4	AN	10		<b>Eliminated</b>				<b>Deleted</b>
55	Estimated Amount Due - Primary	A	AN	10	55	Estimated Amount Due - Primary	A	AN		10
	Estimated Amount Due - Secondary	B	AN	10		Estimated Amount Due - Secondary	B	AN		10
	Estimated Amount Due - Tertiary	C	AN	10		Estimated Amount Due - Tertiary	C	AN		10
	Estimated Amount Due - Patient	4	AN	10		<b>Eliminated</b>				<b>Deleted</b>

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	Notes				
56	Unlabeled	1		13	56	National Provider Identifier (NPI)	1	AN	15	<b>New</b>				
	Unlabeled	2		14										
57	Unlabeled	1		27	57	Other Provider ID - Primary	A	AN	15	<b>New</b>				
							B	AN	15					
							C	AN	15					
58	Insured's Name - Primary	A	AN	25	58	Insured's Name - Primary	A	AN	25					
	Insured's Name - Secondary	B	AN	25			B	AN	25					
	Insured's Name - Tertiary	C	AN	25			C	AN	25					
59	Patient's Relationship - Primary	A	AN	2	59	Patient's Relationship - Primary	A	AN	2					
	Patient's Relationship - Secondary	B	AN	2			B	AN	2					
	Patient's Relationship - Tertiary	C	AN	2			C	AN	2					
60	Certificate/Social Security Number/ Health Insurance Claim Identification #	A	AN	19	60	Insured's Unique ID - Primary	A	AN	20	<b>Modified</b>				
	Certificate/Social Security Number/ Health Insurance Claim Identification #	B	AN	19			B	AN	20					
	Certificate/Social Security Number/ Health Insurance Claim Identification #	C	AN	19			C	AN	20					
61	Insured Group Name- Primary	A	AN	14	61	Insurance Group Name- Primary	A	AN	14	<b>Modified</b>				
	Insured Group Name - Secondary	B	AN	14			B	AN	14					
	Insured Group Name - Tertiary	C	AN	14			C	AN	14					
62	Insurance Group Number- Primary	A	AN	17	62	Insurance Group Number- Primary	A	AN	17					
	Insurance Group Number - Secondary	B	AN	17			B	AN	17					
	Insurance Group Number - Tertiary	C	AN	17			C	AN	17					
63	Treatment Authorization Code- Primary	A	AN	30	63	Treatment Authorization Code- Pri.	A	AN	30					
	Treatment Authorization Code- Sec.	B	AN	30			B	AN	30					
	Treatment Authorization Code- - Tert.	C	AN	30			C	AN	30					
64	Employment Status Code of the Insured	N	1		64	Document Control Number	A	AN	26	<b>Moved</b>				
							B	AN	26					
							C	AN	26					
64	Employment Status Code of the Insured	N	1		<b>Eliminated</b>				<b>Deleted</b>					
65	Employer Name of Insured - Primary	A	AN	24	65	Employer Name - Primary	A	AN	25	<b>Modified</b>				
	Employer Name of Insured - Secondary	B	AN	24			B	AN	25					
	Employer Name of Insured - Tertiary	C	AN	24			C	AN	25					
66	Employer Name of Insured - Tertiary	C	AN	24	66	Diagnosis Version Qualifier		AN	1	<b>New</b>				
66	Employer Location of the Insured - Pri.	A	AN	35	66	Employer Location of the Insured - Sec.	B	AN	35	<b>Eliminated</b>				
	Employer Location of the Insured - Sec.	B	AN	35			B	AN	35					
	Employer Location of the Insured - Tert.	C	AN	35			C	AN	35					
67	Principal Diagnosis			AN	67	Principal Diagnosis		AN	8	<b>Expanded</b>				
											67A	Other Diagnosis	AN	8
											67B	Other Diagnosis	AN	8
											67C	Other Diagnosis	AN	8
											67D	Other Diagnosis	AN	8
											67E	Other Diagnosis	AN	8
											67F	Other Diagnosis	AN	8
											67G	Other Diagnosis	AN	8
											67H	Other Diagnosis	AN	8
											67I	Other Diagnosis	AN	8
											67J	Other Diagnosis	AN	8
											67K	Other Diagnosis	AN	8
											67L	Other Diagnosis	AN	8
											67M	Other Diagnosis	AN	8
											67N	Other Diagnosis	AN	8
67O	Other Diagnosis	AN	8											
67P	Other Diagnosis	AN	8											
67Q	Other Diagnosis	AN	8											

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	Notes
68-75	Other Diagnosis Code		AN	6		<b>Moved to FL 67A-Q</b>				<b>Relocated</b>
					68	Unlabeled	1a	AN	8	
					68	Unlabeled	1b	AN	8	
					69	Admitting Diagnosis Code	1	AN	7	Moved/Expanded
					70	Patient's Reason for Visit	A	AN	7	Moved/Expanded
						Patient's Reason for Visit	B	AN	7	
						Patient's Reason for Visit	C	AN	7	
					71	PPS Code	1	AN	4	New
76	Admitting Diagnosis/Patient's Reason for Visit		AN	6		<b>Moved to FL 69 and 70</b>				<b>Relocated</b>
77	External Cause of Injury Code (E-code)	1	AN	6	72	Ext Cause of Inj Code (E-code)	1a	AN	8	Modified/Expanded
						Ext Cause of Inj Code (E-code)	1b	AN	8	
						Ext Cause of Inj Code (E-code)	1c	AN	8	
78	Unlabeled				73	Unlabeled	1	AN	9	
79	Procedure Coding Method Used	1	N	1		<b>Eliminated</b>				<b>Deleted</b>
80	Principal Procedure Code/Date	1	N/N	6/6	74	Principal Procedure Code/Date	1	N/N	7/6	Expanded
81	Other Procedure Code	A	N/N	6/6	74A	Other Procedure Code		N/N	7/6	Expanded
	Other Procedure Code	B	N/N	6/6	74B	Other Procedure Code		N/N	7/6	
	Other Procedure Code	C	N/N	6/6	74C	Other Procedure Code		N/N	7/6	
	Other Procedure Code	D	N/N	6/6	74D	Other Procedure Code		N/N	7/6	
	Other Procedure Code	E	N/N	6/6	74E	Other Procedure Code		N/N	7/6	
					75	Unlabeled	1	AN	4	
						Unlabeled	2	AN	4	
						Unlabeled	3	AN	4	
						Unlabeled	4	AN	4	
82	Attending Physician ID	a	AN	23	76	Attending – NPI/QUAL/ID	1	AN/AN/AN	11/2/9	Modified
	Attending Physician ID	b	AN	32		Attending – Last/First Name	2	AN/AN	16/12	Modified
83A	Other Physician ID	a	AN	25	77	Operating – NPI/QUAL/ID	1	AN/AN/AN	11/2/9	Modified
	Other Physician ID	b	AN	32		Operating – Last/First Name	2	AN/AN	16/12	Modified
83B	Other Physician ID	a	AN	25	78	Other ID – NPI/QUAL/ID	1	AN/AN/AN	11/2/9	Modified
	Other Physician ID	b	AN	32		Other ID – Last/First Name	2	AN/AN	16/12	Modified
					79	Other ID – NPI/QUAL/ID	1	AN/AN/AN	11/2/9	New
						Other ID – Last/First Name	2	AN/AN	16/12	New
84	Remarks	1	AN	43	80	Remarks	1	AN	19	Reduced
	Remarks	2	AN	48		Remarks	2	AN	24	Reduced
	Remarks	3	AN	48		Remarks	3	AN	24	Reduced
	Remarks	4	AN	48		Remarks	4	AN	24	Reduced
					81	Code-Code- QUAL/CODE/VALUE	a	AN/AN/AN	2/10/12	New
						Code-Code- QUAL/CODE/VALUE	b	AN/AN/AN	2/10/12	New
						Code-Code- QUAL/CODE/VALUE	c	AN/AN/AN	2/10/12	New
						Code-Code- QUAL/CODE/VALUE	d	AN/AN/AN	2/10/12	New
85	Provider Representative Signature	1	AN	22		<b>Eliminated</b>				<b>Deleted</b>
86	Date Bill Submitted					<b>Eliminated (see line 23)</b>				<b>Deleted</b>