

UB04 / HCFA 1450 Boxes and Where Information is Pulled

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DrChrono will pull data from a patient's chart to populate the UB04/HCFA 1450 form. The following is a guide identifying which fields the data will be pulled from.

- **Box 1 - Billing Provider Name, Street Address, City, State, Zip, Telephone, Fax, Country Code**

1. Navigate to **Account > Offices**
2. The system will pull the billing provider's name and address from the office settings (Figure 1), as long as the office is attached to the patient's appointment/visit (Figure 2).

Figure 1

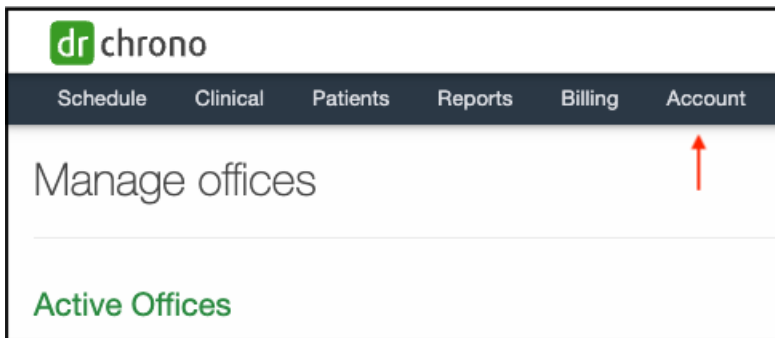
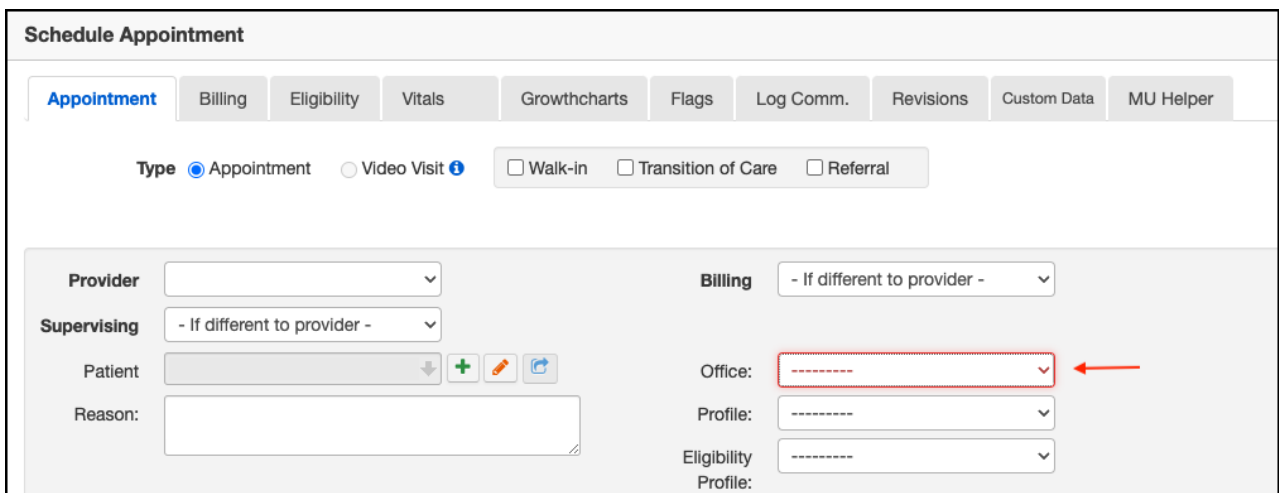


Figure 2



- **Box 2 - Billing Provider Designated Pay-to Name, Pay-to Address, Pay-to City, Pay-to State, Pay-to ID**

1. Navigate to **Account > Offices > Billing tab**
2. The system will print an alternative pay-to-address if designated under the office setting > Billing tab (Figure 3) and "Use alternate pay-to address in Hospital Claim" is enabled (Figure 4)

Figure 3

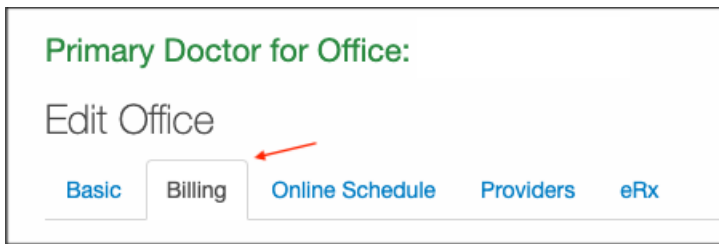
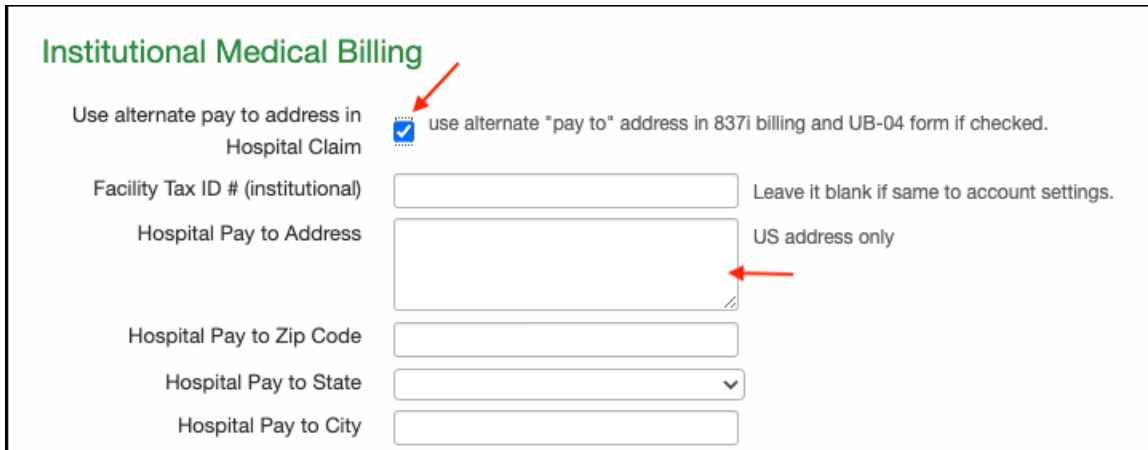


Figure 4



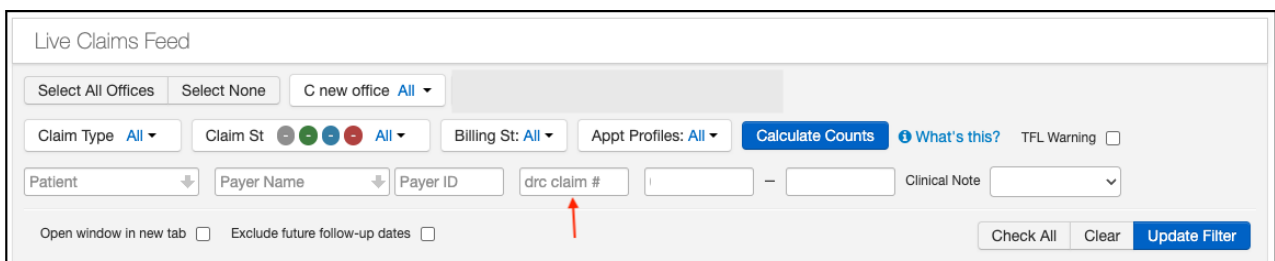
- **Box 3 - Patient Control Number, Medical/Health Record Number**
 - 3a - Patient Control Number -Generated automatically by DrChrono. It can be found in the URL when you are in a patient appointment or chart. (Figure 5)

Figure 5



- 3b - Med Rec Number - Generated automatically by DrChrono. Also known as the Claim ID and drc claim #. The number can be used to pull up the encounter in the Live Claims Feed. (Figure 6)

Figure 6



- **Box 4 - Type of Bill**
 - A four-digit code that is automatically generated based on the type of facility selected. It can be set, per facility, as a default under Account > Office > Billing > Institutional Billing.

Figure 7

Primary Doctor for Office:

Edit Office

Basic Billing Online Schedule Providers eRx

Figure 8

Institutional Medical Billing

Use alternate pay to address in Hospital Claim use alternate "pay to" address in 837i billing and UB-04 form if checked.

Facility Tax ID # (institutional) Leave it blank if same to account settings.

→ Facility Type default value for UB04 box 4

→ Care Type default value for UB04 box 4

→ Billing Sequence default value for UB04 box 4

Admission Type default value for UB04 box 14

Origin Point default value for UB04 box 15

Discharge Status default value for UB04 box 17

Save

- Please note the default can be overridden under the patient encounter in the Live Claims Feed > inside patient encounter > right column > Facility Type (Figure 9)

Figure 9

Facility Type

- ✓ 1: Hospital
- 2: Skilled nursing facility
- 3: Home Health
- 4: Christian Science (Hospital)
- 5: Christian Science (Extended Care)
- 6: Intermediate Care
- 7: Clinic
- 8: Special Facility

- First digit - Leading zero that is ignored by some payers
 - Second digit - Type of facility
 - Third digit - Type of care
 - Fourth digit - Sequence of this bill in the sequence of care (aka frequency code)
- **Box 5 - Federal Tax Number**

- Account > Account Settings > Medical Billing > Practice Tax ID
 - This will serve as the default TIN.

Figure 10

Account Settings

Profile View General Email **Medical Billing** eRx Info Services Usage Sample Data Security Patient Payments

Receipt Options

Medical Billing

Default Billing Provider

Billing NPI Required for eRx & billing. Group NPI can be same as rendering NPI #

Rendering Provider NPI Individual Provider NPI #. Leave blank if the same as billing NPI

Practice Official Name

Practice Tax ID

CLIA Number Optional: For CLIA certified labs

CLIA # Expiration Optional: Expiration date of CLIA #

Billing Taxonomy Code Optional: Leave blank to let the system choose

Rendering Taxonomy Code Optional: Leave blank to let the system choose

Individual Medicare PTAN

Group Medicare PTAN

Individual BCBS Number

Group BCBS Number

- Account > Offices > Billing Tab > Institutional Billing
 - If a TIN is entered in this box, it will override what is listed under Account Settings.

Figure 11

Primary Doctor for Office:

Edit Office

Basic **Billing** Online Schedule Providers eRx

Figure 12

Institutional Medical Billing

Use alternate pay to address in Hospital Claim use alternate "pay to" address in 837I billing and UB-04 form if checked.

Facility Tax ID # (institutional) Leave it blank if same to account settings.

Facility Type default value for UB04 box 4

Care Type default value for UB04 box 4

Billing Sequence default value for UB04 box 4

Admission Type default value for UB04 box 14

Origin Point default value for UB04 box 15

Discharge Status default value for UB04 box 17

- Box 6 - Statement Covers Period - From/Through

- Appointment > Billing Tab (Figure 13)

Figure 13

- Right side under header **Hospitalization Info**

Figure 14

- **Box 7 - Unlabeled / Not used**
- **Box 8 - Patient Name and Identifier**
 - The patient's name will be pulled from the **Important** tab under the patient's chart. (Figure 15)
 - The patient's First, Middle, and Last names will print on the UB04/CMS 1450 if entered. The patient's nickname will only show on their electronic account. It will not print on the claim form.

Figure 15

- **Box 9 - Patient Street Address, City, State, Zip, Country Code**
 - The patient's address will be pulled from the **Demographics** tab under the patient's chart. (Figure 16)

Figure 16

Important **Demographics** Insurances Authorizations Smoking Status Flags Balance

Demographics

Patient National ID Number

Patient Date of birth e.g. 8/8/1979

Approx Age (if DOB unknown)

Sex

Gender Identity

Sexual Orientation

Race

Race - Subcategories

Ethnicity

Preferred Language

Patient Student Status For patients that are 19 years or older and not handicapped

Country

Street Address

Zip Code Zip code will populate city and state for US addresses.

City

State

- **Box 10 - Patient Birthdate**

- The patient's birthdate will be pulled from the **Demographics** tab under the patient's chart. (Figure 17)

Figure 17

Important **Demographics** Insurances Authorizations

Demographics

Patient National ID Number

→ Patient Date of birth e.g. 8/8/1979

Approx Age (if DOB unknown)

- **Box 11 - Patient Sex**

- The patient's sex will be pulled from the **Demographics** tab under the patient's chart. (Figure 18)

Figure 18

| Important | Demographics | Insurances | Authorizations |
|-----------------------------|----------------------|---------------|----------------|
| Demographics | | | |
| Patient National ID Number | <input type="text"/> | | |
| Patient Date of birth | <input type="text"/> | e.g. 8/8/1979 | |
| Approx Age (if DOB unknown) | <input type="text"/> | | |
| Sex | <input type="text"/> | | |

- **Box 12 - Admission/Start of Care Date**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 19)
- The patient's admission date can be entered here.

Figure 19

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|---------------------------|---------------------------|----------------------|-----------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | UB04 box 4 | | |
| Care Type | <input type="text"/> | UB04 box 4 | | |
| Billing Sequences | <input type="text"/> | UB04 box 4 | | |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | UB04 box 6 | |
| Adm Date & Hour | Date <input type="text"/> | Hour <input type="text"/> | UB04 box 12 - 13 | |
| Type of Admission | <input type="text"/> | UB04 box 14 | | |
| Point of Origin | <input type="text"/> | UB04 box 15 | | |
| Discharge Hour | <input type="text"/> | UB04 box 16 | | |
| Pt Discharge St | <input type="text"/> | UB04 box 17 | | |
| Principal Dx Code | <input type="text"/> | UB04 box 67 | | |
| Admitting Dx Code | <input type="text"/> | UB04 box 69 | | |
| Reason for Visit | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | UB04 box 70 | | | |
| Exter Cause of Inj | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | UB04 box 72 | | | |
| Remarks | <input type="text"/> | UB04 box 80 | | |

- **Box 13 - Admission Hour**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 20)
- The patient's admission hour can be entered here.

Figure 20

The screenshot shows a form with the following fields and their corresponding UB04 boxes:

- Claim Type: [Dropdown]
- Facility Type: [Dropdown] UB04 box 4
- Care Type: [Dropdown] UB04 box 4
- Billing Sequences: [Dropdown] UB04 box 4
- Stm Cover Period: From [Text] To [Text] UB04 box 6
- Adm Date & Hour: Date [Text] Hoi [Text] UB04 box 12 - 13
- Type of Admission: [Dropdown] UB04 box 14
- Point of Origin: [Dropdown] UB04 box 15
- Discharge Hour: [Text] UB04 box 16
- Pt Discharge St: [Dropdown] UB04 box 17
- Principal Dx Code: [Text] UB04 box 67
- Admitting Dx Code: [Text] UB04 box 69
- Reason for Visit: DX A [Dropdown] DX B [Dropdown] DX C [Dropdown] UB04 box 70
- Exter Cause of Inj: DX A [Dropdown] DX B [Dropdown] DX C [Dropdown] UB04 box 72
- Remarks: [Text Area] UB04 box 80

- **Box 14 - Priority (Type) of Admission or Visit**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 21)
- The patient's type of admission can be entered here via the drop-down box.

Figure 21

The screenshot shows a form with the following fields and their corresponding UB04 boxes:

- Claim Type: [Dropdown]
- Facility Type: [Dropdown] UB04 box 4
- Care Type: [Dropdown] UB04 box 4
- Billing Sequences: [Dropdown] UB04 box 4
- Stm Cover Period: From [Text] To [Text] UB04 box 6
- Adm Date & Hour: Date [Text] Hoi [Text] UB04 box 12 - 13
- Type of Admission: [Dropdown] UB04 box 14
- Point of Origin: [Dropdown] UB04 box 15
- Discharge Hour: [Text] UB04 box 16
- Pt Discharge St: [Dropdown] UB04 box 17
- Principal Dx Code: [Text] UB04 box 67
- Admitting Dx Code: [Text] UB04 box 69
- Reason for Visit: DX A [Dropdown] DX B [Dropdown] DX C [Dropdown] UB04 box 70
- Exter Cause of Inj: DX A [Dropdown] DX B [Dropdown] DX C [Dropdown] UB04 box 72
- Remarks: [Text Area] UB04 box 80

- **Box 15 - Point of Origin for Admission or Visit**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 22)
- The patient's point of origin can be entered here via the drop-down box.

Figure 22

The screenshot displays a software interface with a top navigation bar containing five tabs: 'Info', 'Cond & Occ', 'Value Code', 'Insurance', and 'Attending'. The 'Info' tab is selected and highlighted with a red arrow. Below the tabs, the interface is organized into a list of fields, each with a label and a corresponding input control. The fields are: 'Claim Type' (dropdown), 'Facility Type' (dropdown), 'Care Type' (dropdown), 'Billing Sequences' (dropdown), 'Stm Cover Period' (two date pickers labeled 'From' and 'To'), 'Adm Date & Hour' (two date pickers labeled 'Date' and 'Hour'), 'Type of Admission' (dropdown), 'Point of Origin' (dropdown), 'Discharge Hour' (dropdown), 'Pt Discharge St' (dropdown), 'Principal Dx Code' (text input), 'Admitting Dx Code' (text input), 'Reason for Visit' (three dropdowns labeled 'DX A', 'DX B', and 'DX C'), 'Exter Cause of Inj' (three dropdowns labeled 'DX A', 'DX B', and 'DX C'), and 'Remarks' (text area). To the right of each field is a label indicating the corresponding UB04 box number. A red arrow points to the 'Point of Origin' field.

| Field Label | Input Type | UB04 Box |
|--------------------|----------------------------|------------------|
| Claim Type | Dropdown | |
| Facility Type | Dropdown | UB04 box 4 |
| Care Type | Dropdown | UB04 box 4 |
| Billing Sequences | Dropdown | UB04 box 4 |
| Stm Cover Period | From/To Date Pickers | UB04 box 6 |
| Adm Date & Hour | Date/Hour Pickers | UB04 box 12 - 13 |
| Type of Admission | Dropdown | UB04 box 14 |
| Point of Origin | Dropdown | UB04 box 15 |
| Discharge Hour | Dropdown | UB04 box 16 |
| Pt Discharge St | Dropdown | UB04 box 17 |
| Principal Dx Code | Text Input | UB04 box 67 |
| Admitting Dx Code | Text Input | UB04 box 69 |
| Reason for Visit | DX A, DX B, DX C Dropdowns | UB04 box 70 |
| Exter Cause of Inj | DX A, DX B, DX C Dropdowns | UB04 box 72 |
| Remarks | Text Area | UB04 box 80 |

- **Box 16 - Discharge Hour**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 23)
 - The patient's discharge hour can be entered here via the drop-down counter.

Figure 23

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|---------------------------|---------------------------|----------------------|-----------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | UB04 box 4 | | |
| Care Type | <input type="text"/> | UB04 box 4 | | |
| Billing Sequences | <input type="text"/> | UB04 box 4 | | |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | UB04 box 6 | |
| Adm Date & Hour | Date <input type="text"/> | Hour <input type="text"/> | UB04 box 12 - 13 | |
| Type of Admission | <input type="text"/> | UB04 box 14 | | |
| Point of Origin | <input type="text"/> | UB04 box 15 | | |
| Discharge Hour | <input type="text"/> | UB04 box 16 | | |
| Pt Discharge St | <input type="text"/> | UB04 box 17 | | |
| Principal Dx Code | <input type="text"/> | UB04 box 67 | | |
| Admitting Dx Code | <input type="text"/> | UB04 box 69 | | |
| Reason for Visit | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | UB04 box 70 | | | |
| Exter Cause of Inj | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | UB04 box 72 | | | |
| Remarks | <input type="text"/> | UB04 box 80 | | |

- **Box 17 - Patient Discharge Status**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 24)
- The patient's discharge status can be entered here via the drop-down list.

Figure 24

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|---------------------------|---------------------------|----------------------|------------------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | | | UB04 box 4 |
| Care Type | <input type="text"/> | | | UB04 box 4 |
| Billing Sequences | <input type="text"/> | | | UB04 box 4 |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | | UB04 box 6 |
| Adm Date & Hour | Date <input type="text"/> | Hour <input type="text"/> | | UB04 box 12 - 13 |
| Type of Admission | <input type="text"/> | | | UB04 box 14 |
| Point of Origin | <input type="text"/> | | | UB04 box 15 |
| Discharge Hour | <input type="text"/> | | | UB04 box 16 |
| Pt Discharge St | <input type="text"/> | | | UB04 box 17 |
| Principal Dx Code | <input type="text"/> | | | UB04 box 67 |
| Admitting Dx Code | <input type="text"/> | | | UB04 box 69 |
| Reason for Visit | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 70 |
| Exter Cause of Inj | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 72 |
| Remarks | <input type="text"/> | | | UB04 box 80 |

- **Boxes 18 - 28 Condition Code**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Cond & Occ tab (Figure 25)
- Condition codes related to the patient's care can be entered here.

Figure 25

| Info | Cond & Occ | Value Code | Insurance | Attending |
|-----------------|----------------------|---------------------------------|-------------------------------|------------------|
| Condition Codes | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 18 - 20 |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 21 - 23 |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 24 - 26 |
| | <input type="text"/> | <input type="text"/> | | UB04 box 27 - 28 |
| Occurance Codes | <input type="text"/> | Date <input type="text"/> | | UB04 box 31 |
| | <input type="text"/> | Date <input type="text"/> | | UB04 box 32 |
| | <input type="text"/> | Date <input type="text"/> | | UB04 box 33 |
| | <input type="text"/> | Date <input type="text"/> | | UB04 box 34 |
| Occurance Span | <input type="text"/> | Start Date <input type="text"/> | End Date <input type="text"/> | UB04 box 35 |
| | <input type="text"/> | Start Date <input type="text"/> | End Date <input type="text"/> | UB04 box 36 |

- **Box 29 - Accident State**

- The accident state will be pulled from the **Insurance** tab under the patient's chart, under Auto Accident (Figure), or Worker's Comp. (Figure 26).

- Please note, the payment profile under the patient's appointment must be set to auto accident or worker's comp in order for the information to populate on the claim form.

Figure 26

Important **Demographics** **Insurances** **Authorizations** **Smoking Status** **Flags**

Primary Ins **Secondary Ins** **Tertiary Ins** **Primary Hospital** **Secondary Hospital** **Auto Accident**

Default Auto Accident Insurance [Manage Alternative Insurances & History](#)

Subscriber is the Patient Insured person is the same person as the Patient

Auto accident company

Auto Accident Payer ID

Auto accident policy number

Auto accident case number

Auto accident payer address

Auto accident payer zip

Auto accident payer city

Auto Accident Payer State

Auto accident date of accident

Auto Accident State of Occurrence

Auto accident notes

Figure 27

Important Demographics **Insurances** Authorizations Smoking Status Flags Balance

Primary Ins Secondary Ins Tertiary Ins Primary Hospital Secondary Hospital Auto Accident **Worker's Comp**

Default Worker's Compensation [Manage Alternative Insurances & History](#)

Insurance Provider

Insurance Payer ID

Insurance Group Name

Insurance Group Number

Insurance Payer Address

Insurance Payer Zip

Insurance Payer City

Insurance Payer State

Date of Accident

Insurance W.C.B. #

Insurance W.C.B. Rating Code

Insurance Carrier Code

Insurance Case #

State of Occurrence

- **Box 30 - Unlabeled**

- Not currently utilized

- **Boxes 31 - 34 - Occurrence Code/Date**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Cond & Occ tab (Figure 28)
 - Occurrence codes and dates related to the patient's care can be entered here.

Figure 28

Info **Cond & Occ** Value Code Insurance Attending

Condition Codes

| | | | |
|----------------------|----------------------|----------------------|------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 18 - 20 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 21 - 23 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 24 - 26 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 27 - 28 |

Occurrence Codes

| | | |
|----------------------|------|-------------|
| <input type="text"/> | Date | UB04 box 31 |
| <input type="text"/> | Date | UB04 box 32 |
| <input type="text"/> | Date | UB04 box 33 |
| <input type="text"/> | Date | UB04 box 34 |

Occurrence Span

| | | |
|----------------------|-------------|----------|
| <input type="text"/> | Start Date | End Date |
| | UB04 box 35 | |
| <input type="text"/> | Start Date | End Date |
| | UB04 box 36 | |

- **Boxes 35 -36 - Occurrence Span Code/From/Through**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Cond & Occ tab

(Figure 29)

- Occurrence span codes and dates related to the patient's care can be entered here.

Figure 29

The screenshot shows the 'Cond & Occ' tab selected. It contains the following fields:

- Condition Codes:** Four rows, each with three dropdown menus and a label (UB04 box 18 - 20, UB04 box 21 - 23, UB04 box 24 - 26, UB04 box 27 - 28).
- Occurance Codes:** Four rows, each with a dropdown menu, a 'Date' input field, and a label (UB04 box 31, UB04 box 32, UB04 box 33, UB04 box 34).
- Occurance Span:** Two rows, each with a dropdown menu, a 'Start Date' input field, and an 'End Date' input field (UB04 box 35, UB04 box 36).

- **Box 37 - Unlabeled**
 - Not currently utilized
- **Box 38 - Responsible Party Name and Address**
 - Responsible party information will be pulled from the **Demographics** tab (Figure 30) under the patient's chart.

Figure 30

The screenshot shows a navigation bar with the following tabs: Important, Demographics, Insurances, Authorizations, Smoking Status, Flags, Balance, and DrChrono Payments. The 'Demographics' tab is selected and highlighted with a red arrow.

Figure 31

The screenshot shows the 'Responsible Party' form with the following fields:

- Responsible Party Name
- Responsible Party DOB
- Responsible Party Relation
- Responsible Party Phone
- Responsible Party Email

- **Box 39 - Value Code/Amount**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Value Code tab (Figure 32)

- Value Codes and amounts related to the patient's care can be entered here.

Figure 32

- Box 40 - Value Code/Amount**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Value Code tab (Figure 33)
- Value Codes and amounts related to the patient's care can be entered here.

Figure 33

- Box 41 - Value Code/Amount**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Value

Code tab (Figure 34)

- Value Codes and amounts related to the patient's care can be entered here.

Figure 34

The screenshot shows a software interface with a 'Value Code' tab selected. The interface is divided into sections for 'UB04 box 39', 'UB04 box 40', and 'UB04 box 41'. Each section contains four rows of input fields, each with a dropdown menu, a text box, and an 'Amount' label. A red arrow points to the 'Value Code' tab, and another red arrow points to the first dropdown menu in the 'UB04 box 41' section.

- Box 42 - Revenue Code

- Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section (Figure 35) > Add Line Item (Figure 36) > Enter code (Figure 37)

Figure 35

The screenshot shows the 'Line items transactions' section. It features two main areas: 'Diagnosis Code' and 'Procedure Code'. The 'Diagnosis Code' area includes a dropdown menu for 'Add ICD-10 code' and three rows for 'Print', 'Adm', and 'Adm' with dropdown menus and 'Exempt from' buttons. The 'Procedure Code' area includes a dropdown menu for 'Add Procedure' and a row for 'Print' with a dropdown menu and a text box. Below these are columns for 'Rev/Check', 'Service/Posted', 'Service Code & Modifiers', and 'Qty/Min'. At the bottom are buttons for '+ Add Line Item' and 'X Delete Selected'. A red arrow points to the 'Print' dropdown menu in the 'Procedure Code' section.

Figure 36

Line items transactions

Patient does not have unallocated payment Appt. does not have unallocated payment

| # | Diagnosis Code | Description | POA |
|-------|-------------------|-------------|---|
| | Add ICD-10 code | | |
| Print | Principal Dx Code | | Exempt from <input type="checkbox"/> <input type="checkbox"/> |
| Adm | Admitting Dx Code | | <input type="checkbox"/> |

| # | Procedure Code | Description | Service Date |
|-------|---------------------|-------------|----------------------|
| | Add Procedure | | |
| Print | Principal Procedure | | <input type="text"/> |

| <input type="checkbox"/> | Rev/Check | Service/Posted | Service Code & Modifiers | Qty/Min |
|--------------------------|-----------|----------------|--------------------------|---------|
| <input type="checkbox"/> | | | | |

Figure 37

| <input type="checkbox"/> | Rev/Check | Service/Posted |
|--------------------------|-----------|----------------|
| | | |
| <input type="checkbox"/> | U Revenue | Optional |

- **Box 43 - Revenue Code Description/IDE Number/Medicaid Drug rebate**
 - The description is populated automatically based on the revenue code entered in the revenue code box as described above (box 42).

Figure 38

| 42 REV. CD. | 43 DESCRIPTION |
|-------------|------------------------------|
| 0101 | All inclusive rate and board |

Figure 39

| <input type="checkbox"/> | Rev/Check | Service/Posted |
|--------------------------|-----------|----------------|
| | | |
| <input type="checkbox"/> | R 0101 | Optional |

- **Box 44 - HCPCS/Accommodation Rate/HIPPS Rate Codes**
 - Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section > Service Code box (Figure 40)

Figure 40

| <input type="checkbox"/> | Rev/Check | Service/Posted | Service Code & Modifiers |
|---|-----------|----------------|--------------------------|
| <input type="checkbox"/> | R 0257 ↓ | - Optional | J3301 ↓ |
| <input type="button" value="+ Add Line Item"/> <input type="button" value="x Delete Selected"/> | | | |

- **Box 45 - Service Dates**
 - Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section > Service/Posted box (Figure 41)

Figure 41

| <input type="checkbox"/> | Rev/Check | Service/Posted |
|---|-----------|---------------------|
| <input type="checkbox"/> | U Revenue | Required - Optional |
| <input type="checkbox"/> | U Revenue | Required - Optional |
| <input type="button" value="+ Add Line Item"/> <input type="button" value="x Delete Selected"/> | | |

- **Box 46 - Service Units**
 - Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section > Qty/Min box (Figure 42)

Figure 42

| <input type="checkbox"/> | Rev/Check | Service/Posted | Service Code & Modifiers | Qty/Min |
|---|-----------|---------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | U Revenue | Required - Optional | ↓ | Totals: <input type="text"/> |
| <input type="checkbox"/> | U Revenue | Required - Optional | ↓ | <input type="text"/> |
| <input type="button" value="+ Add Line Item"/> <input type="button" value="x Delete Selected"/> | | | | |

- **Box 47 - Total Charges**
 - Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section (Figure 43)
 - The total charge is populated automatically based on the code price multiplied by the quantity entered. The charge per item can be entered per patient appointment or entered into the fee schedule. Prices entered into the fee schedule will pull automatically when added to a patient's appointment/encounter.

Figure 43

| <input type="checkbox"/> | Rev/Check | Service/Posted | Service Code & Modifiers | Qty/Min | Price |
|--------------------------|----------------------------------|---------------------|--------------------------|----------------------|--------------------------------|
| | | | | | Totals: |
| <input type="checkbox"/> | <input type="checkbox"/> Revenue | Required - Optional | <input type="text"/> | <input type="text"/> | <input type="text" value="0"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Revenue | Required - Optional | <input type="text"/> | <input type="text"/> | <input type="text" value="0"/> |

- **Box 48 - Non-Covered Charges**
 - Billing > Live Claims Feed > Inside patient's appointment > Line Item Transaction section
 - The amount listed here pertains to the related revenue code in FL 42
- **Box 49 - Unlabeled**
 - Not currently utilized
- **Box 50 - Payer Identification (A- Primary; B- Secondary)**
 - Patient Chart > Insurances tab > Primary/Secondary Hosp (Figure 44)

Figure 44

| Important | Demographics | Insurances | Authorizations | Smoking Status |
|-------------|---------------|--------------|------------------|--------------------|
| Primary Ins | Secondary Ins | Tertiary Ins | Primary Hospital | Secondary Hospital |

- **Box 51 - Health Plan Identification Number**
 - Acquisition and use of HPIDs were rescinded as of December 27, 2019. (Final rule)
- **Box 52 - Release of Information (A- Primary; B- Secondary)**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Insurance tab (Figure 45)
 - Release information related to the patient's care for both primary and secondary insurances can be notated here.

Figure 45

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------------|--|----------------------|----------------------|--------------------|
| Primary Insurer | <input type="text"/> | | | UB04 box 50a |
| Plan ID | <input type="text"/> | | | UB04 box 51a |
| Release Info | <input type="text"/> | | | UB04 box 52a |
| AOB | <input type="text"/> | | | UB04 box 53a |
| Subscriber | <input type="text" value="Harris, Jenny"/> | <input type="text"/> | <input type="text"/> | UB04 box 58a, 60a |
| Ins Group | <input type="text" value="Group Name"/> | <input type="text"/> | <input type="text"/> | UB04 box 61a - 62a |
| Payer pre-auth # | <input type="text"/> | | | UB04 box 63a |
| Secondary Insurer | <input type="text"/> | | | UB04 box 50b |
| Plan ID | <input type="text"/> | | | UB04 box 51b |
| Release Info | <input type="text"/> | | | UB04 box 52b |
| AOB | <input type="text"/> | | | UB04 box 53b |
| Subscriber | <input type="text" value="Fullname"/> | <input type="text"/> | <input type="text"/> | UB04 box 58b, 60b |
| Ins Group | <input type="text" value="Group Name"/> | <input type="text"/> | <input type="text"/> | UB04 box 61b - 62b |
| Payer pre-auth # | <input type="text"/> | | | UB04 box 63b |

- **Box 53 - Assignment of Benefits (A- Primary; B- Secondary)**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Insurance tab (Figure 46)
 - Assignment of Benefits (AOB) information related to the patient's care for both primary and secondary insurances can be notated here.

Figure 46

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------------|--|----------------------|----------------------|--------------------|
| Primary Insurer | <input type="text"/> | | | UB04 box 50a |
| Plan ID | <input type="text"/> | | | UB04 box 51a |
| Release Info | <input type="text"/> | | | UB04 box 52a |
| AOB | <input type="text"/> | | | UB04 box 53a |
| Subscriber | <input type="text" value="Harris, Jenny"/> | <input type="text"/> | <input type="text"/> | UB04 box 58a, 60a |
| Ins Group | <input type="text" value="Group Name"/> | <input type="text"/> | <input type="text"/> | UB04 box 61a - 62a |
| Payer pre-auth # | <input type="text"/> | | | UB04 box 63a |
| Secondary Insurer | <input type="text"/> | | | UB04 box 50b |
| Plan ID | <input type="text"/> | | | UB04 box 51b |
| Release Info | <input type="text"/> | | | UB04 box 52b |
| AOB | <input type="text"/> | | | UB04 box 53b |
| Subscriber | <input type="text" value="Fullname"/> | <input type="text"/> | <input type="text"/> | UB04 box 58b, 60b |
| Ins Group | <input type="text" value="Group Name"/> | <input type="text"/> | <input type="text"/> | UB04 box 61b - 62b |
| Payer pre-auth # | <input type="text"/> | | | UB04 box 63b |

- **Box 54 - Prior Payments (A- Primary; B- Secondary)**
 - Billing > Live Claims Feed > Inside patient's appointment > Line items transactions section
 - Any insurance payments posted on the patient's encounter will populate in box 54a or 54b, depending on whether it is a primary or secondary insurance payment.

Figure 47

| Code/Check Date | Description | Mods/Posted Date | Service Date | EPSDT | Qty/Min | Dx Pointers | Price | Billed | Allowed | Adjmt | Ins 1 paid | Ins 2 paid | Pt Paid | Ins Bal | Pt Bal | Status/Adj Type | | |
|---------------------|-------------|------------------|--------------|-------|---------|-------------|-------|-------------|-----------------|--------|------------|------------|------------|---------|--------|-----------------|---|--|
| Totals: | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | Balance Due | | |
| From date: To date: | | | | | | | | 1.00 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Check #: | | | | | | | | Adjmt Reas: | Insurance Payme | 0 | 0 | [1] TBD | 0: Settled | | | | | |
| Check #: | | | | | | | | Adjmt Reas: | Insurance Payme | 0 | 0 | [1] TBD | 0: Settled | | | | | |

- **Box 55 - Estimated Amount Due (A- Primary; B- Secondary)**
 - Field not required by Medicare at this time
- **Box 56 - National Provider Identifier (NPI)**
 - Account > Offices > Edit > Billing tab (Figure 48)
 - The NPI number on the claim will be pulled from this field for each office attached to the patient's encounter.

Figure 48

Primary Doctor for Office:

Edit Office

Basic **Billing** Online Schedule Providers eRx

Billing name Leave it blank if same to account settings.

Facility Code

Billing Provider Office Professional medical billing only.

Use facility NPI number in box 32a of HCFA form

→ Facility NPI number Used in HCFA box#32a and UB04 box#56

Facility provider number

- **Box 57 - Other Provider ID**
 - Field not required by Medicare. Any information entered will be ignored.
- **Box 58 - Insured's Name (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 49)
 - Boxes to enter insured subscriber info are hidden until the "subscriber is the patient box" is unchecked

Figure 49

[Important](#)
[Demographics](#)
[Insurances](#)
[Authorizations](#)
[Smoking Status](#)

[Primary Ins](#)
[Secondary Ins](#)
[Tertiary Ins](#)
[Primary Hospital](#)
[Secondary Hospital](#)

Primary Hospital Insurance
[Manage Alternative Insurances & History](#)

Subscriber is the Patient
 Insured person is the same person as the Patient

Insurance Company *contact support if you can't find an insurance company.

Carrier Payer ID

TPL Code *If the Medicaid is Secondary

Insurance ID Number

Insurance group name *if available

Insurance group number *if available

Insurance plan name *if available

Insurance plan type *if available

Insurance claim office number *if available

Employer *if available

Card issued date *Required for checking eligibility of CA Medicaid

Primary Insurance Notes

Patient relationship to the Subscriber

Subscriber first name

Subscriber middle name

Subscriber last name

Subscriber's Sex

Subscriber suffix e.g. I, II, III, IV, Jr, Sr

Subscriber DOB e.g. 8/8/1979

Subscriber SSN

Subscriber Phone Number

- Box 59 - Patient's Relationship (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 50)
 - The box to enter the insured subscriber's relationship is hidden until the "subscriber is the patient box" is unchecked

Figure 50

[Important](#)
[Demographics](#)
[Insurances](#)
[Authorizations](#)
[Smoking Status](#)

[Primary Ins](#)
[Secondary Ins](#)
[Tertiary Ins](#)
[Primary Hospital](#)
[Secondary Hospital](#)

Primary Hospital Insurance
[Manage Alternative Insurances & History](#)

Subscriber is the Patient
 Insured person is the same person as the Patient

Insurance Company *contact support if you can't find an insurance company.

Carrier Payer ID

TPL Code *if the Medicaid is Secondary

Insurance ID Number

Insurance group name *if available

Insurance group number *if available

Insurance plan name *if available

Insurance plan type *if available

Insurance claim office number *if available

Employer *if available

Card issued date *Required for checking eligibility of CA Medicaid

Primary Insurance Notes

Patient relationship to the Subscriber

Subscriber first name

Subscriber middle name

Subscriber last name

Subscriber's Sex

Subscriber suffix e.g. I, II, III, IV, Jr, Sr

Subscriber DOB e.g. 8/8/1979

Subscriber SSN

Subscriber Phone Number

- Box 60 - Insured's Unique ID (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 51)

Figure 51

| Important | Demographics | Insurances | Authorizations | Smoking Status |
|----------------------------|--|--|------------------|--------------------|
| Primary Ins | Secondary Ins | Tertiary Ins | Primary Hospital | Secondary Hospital |
| Primary Hospital Insurance | | Manage Alternative Insurances & History | | |
| Subscriber is the Patient | <input checked="" type="checkbox"/> Insured person is the same person as the Patient | | | |
| Insurance Company | <input type="text"/> | *contact support if you can't find an insurance company. | | |
| Carrier Payer ID | <input type="text"/> | | | |
| TPL Code | <input type="text"/> | *If the Medicaid is Secondary | | |
| → Insurance ID Number | <input type="text"/> | | | |
| Insurance group name | <input type="text"/> | *if available | | |

- **Box 61 - Insurance Group Name (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 52)

Figure 52

| Important | Demographics | Insurances | Authorizations | Smoking Status |
|----------------------------|--|--|------------------|--------------------|
| Primary Ins | Secondary Ins | Tertiary Ins | Primary Hospital | Secondary Hospital |
| Primary Hospital Insurance | | Manage Alternative Insurances & History | | |
| Subscriber is the Patient | <input checked="" type="checkbox"/> Insured person is the same person as the Patient | | | |
| Insurance Company | <input type="text"/> | *contact support if you can't find an insurance company. | | |
| Carrier Payer ID | <input type="text"/> | | | |
| TPL Code | <input type="text"/> | *If the Medicaid is Secondary | | |
| Insurance ID Number | <input type="text"/> | | | |
| → Insurance group name | <input type="text"/> | *if available | | |

- **Box 62 - Insurance Group Number (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 53)

Figure 53

| Important | Demographics | Insurances | Authorizations | Smoking Status |
|----------------------------|--|--|------------------|--------------------|
| Primary Ins | Secondary Ins | Tertiary Ins | Primary Hospital | Secondary Hospital |
| Primary Hospital Insurance | | Manage Alternative Insurances & History | | |
| Subscriber is the Patient | <input checked="" type="checkbox"/> Insured person is the same person as the Patient | | | |
| Insurance Company | <input type="text"/> | *contact support if you can't find an insurance company. | | |
| Carrier Payer ID | <input type="text"/> | | | |
| TPL Code | <input type="text"/> | *If the Medicaid is Secondary | | |
| Insurance ID Number | <input type="text"/> | | | |
| Insurance group name | <input type="text"/> | *if available | | |
| → Insurance group number | <input type="text"/> | *if available | | |
| Insurance plan name | <input type="text"/> | *if available | | |

- **Box 63 - Treatment Authorization Code (A- Primary; B- Secondary)**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Insurance tab (Figure 54)

Figure 54

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|----------------------|--------------|--------------------|-----------|
| Primary Insurer | <input type="text"/> | UB04 box 50a | | |
| Plan ID | <input type="text"/> | UB04 box 51a | | |
| Release Info | <input type="text"/> | UB04 box 52a | | |
| AOB | <input type="text"/> | UB04 box 53a | | |
| Subscriber | <input type="text"/> | Insured ID | UB04 box 58a, 60a | |
| Ins Group | Group Name | Group No. | UB04 box 61a - 62a | |
| → Payer pre-auth # | <input type="text"/> | UB04 box 63a | | |
| Secondary Insurer | <input type="text"/> | UB04 box 50b | | |
| Plan ID | <input type="text"/> | UB04 box 51b | | |
| Release Info | <input type="text"/> | UB04 box 52b | | |
| AOB | <input type="text"/> | UB04 box 53b | | |
| Subscriber | Fullname | Insured ID | UB04 box 58b, 60b | |
| Ins Group | Group Name | Group No. | UB04 box 61b - 62b | |
| → Payer pre-auth # | <input type="text"/> | UB04 box 63b | | |

- **Box 64 - Document Control Number (DCN)**
 - This box will populate the claim/control number assigned by a payer if the claim has been paid on and needs to be resubmitted.
- **Box 65 - Employer Name (of the insured) (A- Primary; B- Secondary)**
 - Patient chart > Insurances tab > Primary/Secondary Hosp tab (Figure 55)

Figure 55

Primary Ins Secondary Ins Tertiary Ins **Primary Hospital** Secondary Hospital Auto Accident

Primary Hospital Insurance **Manage Alternative Insurances & History**

Subscriber is the Patient Insured person is the same person as the Patient

Insurance Company *contact support if you can't find an insurance company.

Carrier Payer ID

TPL Code *if the Medicaid is Secondary

Insurance ID Number


Insurance group name *if available

Insurance group number *if available

Insurance plan name *if available

Insurance plan type *if available

Insurance claim office number *if available

 Employer *if available



Card issued date *Required for checking eligibility of CA Medicaid

Primary Insurance Notes

- **Box 66 - Diagnosis and Procedure Code Qualifier**
 - Billing > Live Claims Feed > Inside patient's appointment > Line items transactions section
 - The first spot diagnosis is entered in the red box
 - Additional diagnosis codes can be entered in the "Add ICD-10 code" box by the red arrow. They will print in the order in which they are entered.
 - The procedure code qualifier will automatically print "0" when you utilize ICD-10 codes

Figure 56

Line items transactions

| # | Diagnosis Code | Description | POA |
|--------------|--|---|---|
| | <input type="text" value="Add ICD-10 code"/> |  | |
| Print | <input type="text" value="Principal Dx Code"/> |  | Exempt from <input type="text"/> <input type="button" value="x"/> |
| Adm | <input type="text" value="Admitting Dx Code"/> | | <input type="button" value="x"/> |

- **Box 67 - Principal Diagnosis Code and Present on Admission Indicator (POA)**
 - Billing > Live Claims Feed > Inside patient's appointment > Line items transactions section > Left side of screen (Figure 57)

Figure 57

Line items transactions

Patient does not have unallocated payment Appt. does not have unallocated payment

| # | Diagnosis Code | Description | POA | |
|-------|---------------------|--|---------------|---|
| | Add ICD-10 code ↓ | | | |
| Print | A00.0 ↓ | Cholera due to Vibrio cholerae 01, biovar cholerae | Exempt from ↓ | ✕ |
| Adm | Admitting Dx Code ↓ | | | ✕ |

Options in drop-down include:

| |
|----------------------------------|
| Exempt from POA reporting |
| ✓ Y - Yes |
| N - No |
| U - No information in the record |
| W - Clinically undetermined |

- **Box 68 - Unlabeled**
 - Not currently utilized
- **Box 69 - Admitting Diagnosis Code**
 - Billing > Live Claims Feed > Inside patient's appointment > Line items transactions section > Left side of screen (Figure 58)

Figure 58

Line items transactions

| # | Diagnosis Code | Description | POA | |
|-------|---------------------|-------------|---------------|---|
| | Add ICD-10 code ↓ | | | |
| Print | Principal Dx Code ↓ | | Exempt from ↓ | ✕ |
| Adm | Admitting Dx Code ↓ | | | ✕ |

- **Box 70 - Patient Reason for Visit Code**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 59)

Figure 59

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|---------------------------|-------------------------|----------------------|-------------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | UB04 box 4 | | |
| Care Type | <input type="text"/> | UB04 box 4 | | |
| Billing Sequences | <input type="text"/> | UB04 box 4 | | |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | UB04 box 6 | |
| Adm Date & Hour | Date <input type="text"/> | Ho <input type="text"/> | UB04 box 12 - 13 | |
| Type of Admission | <input type="text"/> | UB04 box 14 | | |
| Point of Origin | <input type="text"/> | UB04 box 15 | | |
| Discharge Hour | <input type="text"/> | UB04 box 16 | | |
| Pt Discharge St | <input type="text"/> | UB04 box 17 | | |
| Principal Dx Code | <input type="text"/> | UB04 box 67 | | |
| Admitting Dx Code | <input type="text"/> | UB04 box 69 | | |
| Reason for Visit | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 70 |
| Exter Cause of Inj | <input type="text"/> | <input type="text"/> | <input type="text"/> | UB04 box 72 |
| Remarks | <input type="text"/> | UB04 box 80 | | |

- **Box 71 - Prospective Payment System (PPS) Code**
 - Not currently utilized. Information that prints in this box will be ignored by payers.
- **Box 72a - External Cause of Injury (ECI) Code and POA Indicator**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 60)
 - Not currently utilized according to the [Medicare Claims Processing Manual](#). Information that prints in this box will be ignored by payers.

Figure 60

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|---------------------------|-------------------------|----------------------|----------------------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | UB04 box 4 | | |
| Care Type | <input type="text"/> | UB04 box 4 | | |
| Billing Sequences | <input type="text"/> | UB04 box 4 | | |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | UB04 box 6 | |
| Adm Date & Hour | Date <input type="text"/> | Ho <input type="text"/> | UB04 box 12 - 13 | |
| Type of Admission | <input type="text"/> | UB04 box 14 | | |
| Point of Origin | <input type="text"/> | UB04 box 15 | | |
| Discharge Hour | <input type="text"/> | UB04 box 16 | | |
| Pt Discharge St | <input type="text"/> | UB04 box 17 | | |
| Principal Dx Code | <input type="text"/> | UB04 box 67 | | |
| Admitting Dx Code | <input type="text"/> | UB04 box 69 | | |
| Reason for Visit | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | UB04 box 70 | | | |
| Exter Cause of Inj | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | UB04 box 72 | | | |
| Remarks | <input type="text"/> | UB04 box 80 | | |

- **Box 72b - ECI Code and POA Indicator**
 - Not currently utilized. Information that prints in this box will be ignored by payers.
- **Box 72c - ECI Code and POA Indicator**
 - Not currently utilized. Information that prints in this box will be ignored by payers.
- **Box 73 - Unlabeled**
 - Not currently utilized
- **Box 74(a-e) - Principal Procedure Code/Date**
 - Billing > Live Claims Feed > Inside patient's appointment > Line items transactions section > Left side of screen (Figure 61)
 - Box 74a will populate with the procedure code in the box next to the blue arrow.
 - Boxes 74b-74e will populate in the order in which they are entered in the box next to the red arrow.
 - The date boxes will populate with data entered in the boxes next to the green arrows.

Figure 61

Line items transactions

| # | Diagnosis Code | Description | POA |
|-------|-------------------|-------------|---|
| | Add ICD-10 code | | |
| Print | Principal Dx Code | | Exempt from <input type="checkbox"/> <input type="checkbox"/> |
| Adm | Admitting Dx Code | | <input type="checkbox"/> |

| # | Procedure Code | Description | Service Date |
|-------|---------------------|-------------|----------------------|
| | Add Procedure | | |
| Print | Principal Procedure | | <input type="text"/> |

- **Box 75 - Unlabeled**
 - Not currently utilized
- **Box 76 - Attending Provider IDs, Last/First Name**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Attending tab (Figure 62)
 - Additional identifiers of state license numbers, UPINs, or commercial numbers can be entered by selecting the Qualifier from the drop-down and entering the information in the box by the blue arrow.

Figure 62

Info Cond & Occ Value Code Insurance **Attending**

Attending Provider UB04 box 76

Search

First Name Last Name NPI

-- Qualifier -- Number

Operating Physician UB04 box 77

Search

First Name Last Name NPI

-- Qualifier -- Number

Other Physician UB04 box 78

Search

First Name Last Name NPI

-- Qualifier -- Number

Other Physician UB04 box 79

Search

First Name Last Name NPI

-- Qualifier -- Number

- **Box 77 - Operating Physician IDs, Last/First Name**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Attending tab (Figure 63)
 - Additional identifiers of state license numbers, UPINs, or commercial numbers can be entered by selecting the Qualifier from the drop-down and entering the information in the box by the blue arrow.

Figure 63

The screenshot shows a software interface with a top navigation bar containing tabs: Info, Cond & Occ, Value Code, Insurance, and Attending. The 'Attending' tab is active. Below the tabs are four provider sections, each with a search box and a box identifier (UB04 box 76, 77, 78, and 79). Each section contains fields for First Name, Last Name, NPI, a 'Qualifier' dropdown menu, and a 'Number' input field. A red arrow points to the 'Qualifier' dropdown in the 'Operating Physician' section. Another red arrow points to the 'Number' input field in the second 'Other Physician' section.

- **Box 78 - Other Provider IDs, Last/First Name**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Attending tab (Figure 64)
 - Additional identifiers of state license numbers, UPINs, or commercial numbers can be entered by selecting the Qualifier from the drop-down and entering the information in the box by the blue arrow.

Figure 64

This screenshot is similar to Figure 63, showing the 'Attending' tab with four provider sections. In this version, a red arrow points to the 'Other Physician' label in the third section (UB04 box 78). Another red arrow points to the 'Number' input field in the same section.

- **Box 79 - Other Provider IDs, Last/First Name**
 - Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Attending tab (Figure 65)

- Additional identifiers of state license numbers, UPINs, or commercial numbers can be entered by selecting the Qualifier from the drop-down and entering the information in the box by the blue arrow.

Figure 65

The screenshot displays the 'Attending' tab of a software interface. It contains four sections for adding physicians:

- Attending Provider:** Search dropdown, UB04 box 76, First Name, Last Name, NPI, -- Qualifier --, Number.
- Operating Physician:** Search dropdown, UB04 box 77, First Name, Last Name, NPI, -- Qualifier --, Number.
- Other Physician:** Search dropdown, UB04 box 78, First Name, Last Name, NPI, -- Qualifier --, Number.
- Other Physician:** Search dropdown, UB04 box 79, First Name, Last Name, NPI, -- Qualifier --, Number.

Red arrows highlight the 'Other Physician' label in the bottom section and the 'Number' input field in the same section.

- Box 80 - Remarks**

- Billing > Live Claims Feed > Inside patient's appointment > Right side of screen > Info tab (Figure 66)

Figure 66

| Info | Cond & Occ | Value Code | Insurance | Attending |
|--------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------|
| Claim Type | <input type="text"/> | | | |
| Facility Type | <input type="text"/> | UB04 box 4 | | |
| Care Type | <input type="text"/> | UB04 box 4 | | |
| Billing Sequences | <input type="text"/> | UB04 box 4 | | |
| Stm Cover Period | From <input type="text"/> | To <input type="text"/> | UB04 box 6 | |
| Adm Date & Hour | Date <input type="text"/> | Ho <input type="text"/> | UB04 box 12 - 13 | |
| Type of Admission | <input type="text"/> | UB04 box 14 | | |
| Point of Origin | <input type="text"/> | UB04 box 15 | | |
| Discharge Hour | <input type="text"/> | UB04 box 16 | | |
| Pt Discharge St | <input type="text"/> | UB04 box 17 | | |
| Principal Dx Code | <input type="text"/> | UB04 box 67 | | |
| Admitting Dx Code | <input type="text"/> | UB04 box 69 | | |
| Reason for Visit | <input type="text" value="DX A"/> | <input type="text" value="DX B"/> | <input type="text" value="DX C"/> | |
| | UB04 box 70 | | | |
| Exter Cause of Inj | <input type="text" value="DX A"/> | <input type="text" value="DX B"/> | <input type="text" value="DX C"/> | |
| | UB04 box 72 | | | |
| Remarks | <input type="text"/> | UB04 box 80 | | |

- **Box 81 - Qualifier Code/Value**

- This box is used to report additional codes related to a form locator or other approved external code list approved by NUBC.