District of Columbia 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	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
*		1	1	16	16	Test or Production Run (enter T or P)
*	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
*	08	1	9	138	146	Patient First Name
*	08	1	3	147	149	Patient Name Suffix
*	09	1	40	150	189	Patient Address - Street (See TYPE G Record for Address Line 2)
*	09	1	30	190	219	Patient Address - City
*	09	1	2	220	221	Patient Address - State
*	09	1	9	222	230	Patient Address - ZIP (5 digit zip + 4 digit extension - no separator)
*	09	1	2	231	232	Patient Address - Country Code
		1	3	233	235	Patient Address - County Code (HIDI will Calculate)
*		1	9	236	244	Patient Social Security Number
*	10	1	8	245	252	Patient Birthdate (MMDDYYYY)
*	11	1	1	253	253	Patient Sex
*	12	1	8	254	261	Admission Date (MMDDYYYY)
*	13	1	2	262	263	Admission Hour
*1	14	1	1	264	264	Priority of Visit (Type of Admission)
*1	15	1	1	265	265	Point of Origin
*	16	1	2	266	267	Discharge Hour
*	17	1	2	268	269	Patient Discharge Status
		1	2	270	271	Reserved for future use (blank fill)
		1	4	272	275	Reserved for future use (blank fill)
*	76	1	11	276	286	Attending Physician - NPI
	76	1	11	287	297	Reserved for future use (blank fill)
*	77	1	11	298	308	Operating Physician - NPI
	77	1	11	309	319	Reserved for future use (blank fill)
*	78	1	13	320	332	Other Physician ID - QUAL/NPI
	78	1	11	333	343	Reserved for future use (blank fill)
*	79	1	13	344	356	Other Physician ID - QUAL/NPI
	79	1	11	357	367	Reserved for future use (blank fill)
*		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.

HIDI 400
05/14/2021

District of Columbia 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	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	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	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	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 **(0 = ICD-10)**
*	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 Codes **(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

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*		1	1	1	1	Record Type "D"
*	56	1	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	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 Codes
	31 - 34	8	8	81	144	Occurrence Date (MMDDYYYY)
	35 - 36	4	2	145	152	Occurrence Span Codes
	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 - Codes
*	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.

District of Columbia 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	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	03a	1	24	17	40	Patient Control Number
*		1	2	41	42	Record Sequence Number (value = 01)
	51	3	15	43	87	Payer ID/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

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*	****	1	1	1	1	Record Type "F"
*	56	1	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	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

Req'd	UB-04 FL	Repeats	Size	Start	Stop	Data Element
*	****	1	1	1	1	Record Type "G"
*	56	1	14	2	15	**District of Columbia Hospital Association (DCHA) Facility ID**
		1	1	16	16	Reserved for future use (blank fill)
*	03a	1	24	17	40	Patient Control Number
*		1	2	41	42	Record Sequence Number (value = 01)
		1	12	43	54	Medicaid Number
		1	10	55	64	Reserved for future use (blank fill)
*		1	1	65	65	Marital Status **(see Special Instructions)**
		1	93	66	158	Reserved for future use (blank fill)
*	9	1	40	159	198	Patient Address - Street (line 2 - Blank Fill if not needed)
*	56	1	15	199	213	Facility National Provider Identifier (NPI) - Billing Provider
		1	9	214	222	Treatment Site Zip Code (5 digit zip + 4 digit extension - no separator)
*2		1	8	223	230	Observation Start Date (MMDDYYYY, Outpatient if applicable)
*2		1	4	231	234	Arrival Time (HHMM use Military Time - **see Special Instructions**)
*2		1	4	235	238	Departure Time (HHMM use Military Time - **see Special Instructions**
*1		1	1	239	239	Facility Admission Type - **see Special Instructions**
		1	1	240	240	Trauma Care Site - **see Special Instructions**
		1	1	241	241	Treatment Type Code - **see Special Instructions**
		1	159	242	400	Reserved for future use (blank fill)

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

District of Columbia Hospital Association

Record Layout for UB-04 Data Collection

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.

The HIDI Web site address is: https://www.hidionline.com/hidinetv3

Magnetic Media Specifications

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	

District of Columbia Hospital Association

Record Layout for UB-04 Data Collection

Special Instructions for UB-04 Record Layout
Adapted for the District of Columbia Hospital Association Data Reporting Requirements

Unless otherwise noted, the code and format for each element is defined in the National Uniform Billing Committee UB-04 Data Specifications Manual,
http://www.nubc.org/subscription-information

RECORD TYPE	LOCATION	ELEMENT / COMMENT
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 patient: 1 - Non-Hispanic 2 - Hispanic 4 - Unknown
A	372	**RACE** - Use the following codes when reporting the race of the patient: 0 - White/Caucasian 4 - American Indian 1 - Black/African American 9 - Unknown, Not Recorded 2 - Other, Specified 3 - Asian
A	375 - 378 379 - 382 383 - 386	**PRIMARY PAYER IDENTIFICATION - required** **SECONDARY PAYER ID - optional if unavailable** **TERTIARY PAYER ID - optional if unavailable** *** The payer fields are two part - See the list of Payer Codes for details.**
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 the record sequence number by one and replace the contents of all fields in positions 43 - 399 with the remaining codes until all codes are reported.
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 CODES - Up to 3** ICD-10 codes for the external cause of injury, poisoning or adverse effect. The eighth digit for each code is for the Present on Admission Flag. **If more than 3 external cause of injury codes need to be included, report the additional codes in the OTHER DIAGNOSIS CODES field.**
C	96 - 103	**PRINCIPAL DIAGNOSIS CODE -** The eighth digit is for the Present on Admission Flag.
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 ICD-10 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.
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.

District of Columbia Hospital Association

Record Layout for UB-04 Data Collection

Special Instructions for UB-04 Record Layout
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G   65   **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   231   **Arrival Time** - The time of registration for an Emergency Room/Ambulatory visit. Entered in military time. (HHMM)

HH = Hour (00-23)
MM = Minutes (00 - 59)
UTD = Unable to Determine

G   235   **Departure Time** - The time of the patients' discharge after an Emergency Room/Ambulatory visit. Entered in military time. (HHMM)

HH = Hour (00-23)
MM = Minutes (00 - 59)
UTD = Unable to Determine

G   239   **Facility Admission Type - The type of facility the patient was admitted from. For Inpatients, when Point of Origin is 4,5,6,D,E or F.**

G = General/community/acute care hospital
H = Hospital-based nursing home
N = Free standing nursing home
R = Rehabilitation hospital
S = Specialty hospital

G   240   **Trauma Care Site** - The location of the initial trauma site for this patient.

1 = Emergency Room
2 = Trauma unit

G   241   **Treatment Type Code** - The type of Emergency Room or Ambulatory Surgery facility where the patient received treatment.

1 = Emergency Room within Hospital
2 = Fast Track ER (urgent Care) within Hospital
3 = Ambulatory Surgery within Hospital
4 = Free Standing Emergency Room
5 = Free Standing Fast Track ER (Urgent Care)
6 = Free Standing Ambulatory Surgery
7 = Observation in Emergency Room
8 = Observation Other

NOTE: **Record Types A through G should be used for all patients and sorted by NPI / Medicare Provider Number, Patient Control Number, Record Type and Record Sequence Number.**

District of Columbia Hospital Association (DCHA)
Payer Code/Sub Code Listing

The Primary, Secondary and Tertiary Payer fields on the Type A record need to contain the following Payer Codes and Payer Sub ID code combinations. The Payer Sub ID is reported on all of the Payer Code Descriptions which end with an asterisk (*). Each of the payer fields are 4 characters in length. Use the following format:

Payer Code	Position 1
Payer Sub ID	Position 2-4

Payer Code	Payer Code Description
2	Mandatory for use by VA Medical Center ONLY
3	Discretionary for use by VA Medical Center ONLY
4	Medicaid Pending
5	Medicaid Pending
B	Blue Cross / Blue Shield *
C	Federal, Champus (military) *
D	Medicaid (out of region) *
F	D.C. Medicaid *
G	Maryland Medicaid
I	Commercial Insurance (indemnity carrier) *
J	Virginia Medicaid *
M	Medicare *
O	Other, Unknown
P	Self Pay
Q	Medicare Psychiatric *
R	Medicare Rehabilitation *
S	Self Insured
W	Workers' / State Compensation *
Z	Medically Indigent / Free/Charity Care

Payer Sub ID	Payer Sub ID Description
CON	Contract
HMO	Health Maintenance Org.
PPO	Preferred Provider Org.
FFS	Fee for Service
POS	Point of Service
REA	Research