

UB04 / HCFA 1450 Boxes and Where Information is Pulled

07/24/2024 9:46 pm EDT

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**
 - Account > Offices
 - 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

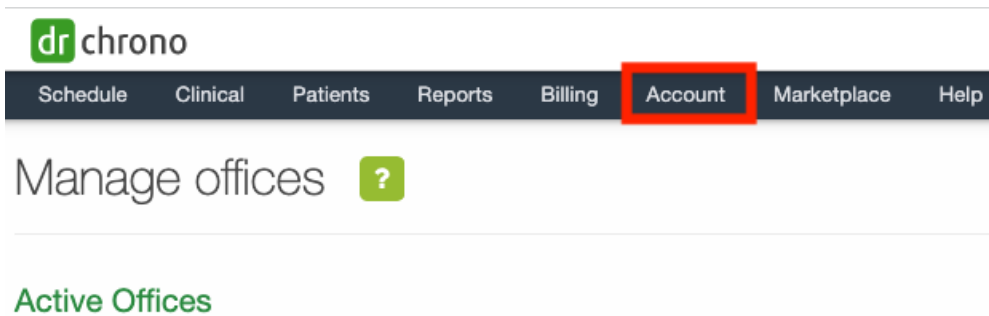
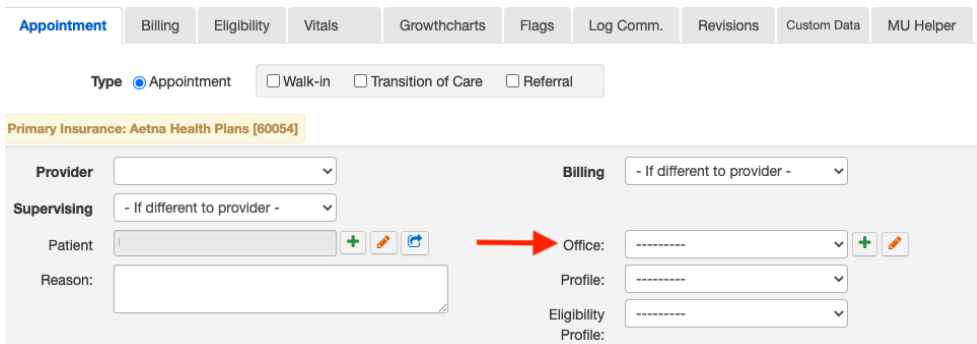


Figure 2



- **Box 2 - Billing Provider Designated Pay-to Name, Pay-to Address, Pay-to City, Pay-to State, Pay-to ID**
 - Account > Offices > Billing tab
 - 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

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.

Hospital Pay to Address US address only

Hospital Pay to Zip Code

Hospital Pay to State

- **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

Live Claims Feed

Select All Offices | Select None | D Inpatient Hospital All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | Clinical Note

Open window in new tab | Check All | Clear | Update Filter

- **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

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	<input type="text"/>	default value for UB04 box 4
Care Type	<input type="text"/>	default value for UB04 box 4
Billing Sequence	<input type="text"/>	default value for UB04 box 4
Admission Type	<input type="text"/>	default value for UB04 box 14
Origin Point	<input type="text"/>	default value for UB04 box 15
Discharge Status	<input type="text"/>	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 General Email **Medical Billing** eRx Info Services Usage Sample Data Security Patient Payments

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

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.

Hospital Pay to Address US address only

Hospital Pay to Zip Code

Hospital Pay to State

Hospital Pay to City

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

- **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

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

County Code


- **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 Smoking Status Flags Balance

Demographics

Patient National ID Number

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

- **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](#)
[Smoking Status](#)
[Flags](#)
[Balance](#)

Demographics

Patient SSN
 Patient Date of birth e.g. 8/8/1979
 Approx Age (if DOB unknown)
Sex

- **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 Default

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour Date UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit DX A DX B DX C UB04 box 70

Exter Cause of Inj DX A DX B DX C UB04 box 72

Remarks 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

Info Cond & Occ Value Code Insurance Attending

Claim Type

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit UB04 box 70

Exter Cause of Inj UB04 box 72

Remarks 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

Info Cond & Occ Value Code Insurance Attending

Claim Type

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit UB04 box 70

Exter Cause of Inj UB04 box 72

Remarks 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 shows a software interface with a navigation bar at the top containing tabs: 'Info', 'Cond & Occ', 'Value Code', 'Insurance', and 'Attending'. Below the navigation bar, there is a form with several fields:

- Claim Type:** A dropdown menu with 'Default' selected.
- Facility Type:** A dropdown menu with 'UB04 box 4' to its right.
- Care Type:** A dropdown menu with 'UB04 box 4' to its right.
- Billing Sequences:** A dropdown menu with 'UB04 box 4' to its right.
- Stm Cover Period:** Two input fields with 'UB04 box 6' to their right.
- Adm Date & Hour:** Two input fields with 'UB04 box 12 - 13' to their right.
- Type of Admission:** A dropdown menu with 'UB04 box 14' to its right.
- Point of Origin:** A dropdown menu with 'UB04 box 15' to its right. This field is highlighted with a red border.
- Discharge Hour:** A dropdown menu with 'UB04 box 16' to its right.
- Pt Discharge St:** A dropdown menu with 'UB04 box 17' to its right.
- Principal Dx Code:** An input field with 'UB04 box 67' to its right.
- Admitting Dx Code:** An input field with 'UB04 box 69' to its right.
- Reason for Visit:** Three dropdown menus labeled 'DX A', 'DX B', and 'DX C' with 'UB04 box 70' to their right.
- Exter Cause of Inj:** Three dropdown menus labeled 'DX A', 'DX B', and 'DX C' with 'UB04 box 72' to their right.
- Remarks:** A large text area with 'UB04 box 80' to its right.

- **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

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit DX A DX B DX C UB04 box 70

Exter Cause of Inj DX A DX B DX C UB04 box 72

Remarks 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

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit DX A DX B DX C UB04 box 70

Exter Cause of Inj DX A DX B DX C UB04 box 72

Remarks 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

The screenshot shows the 'Value Code' tab with the following sections:

- Condition Codes:** Four rows of dropdown menus for UB04 boxes 18 - 20, 21 - 23, 24 - 26, and 27 - 28. This section is highlighted with a red border.
- Occurance Codes:** Four rows of dropdown menus for UB04 boxes 31, 32, 33, and 34, each with a 'Date' input field.
- Occurance Span:** Two rows of dropdown menus for UB04 boxes 35 and 36, each with 'Start Date' and 'End Date' input fields.

• **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

The screenshot shows the 'Insurances' tab with the following elements:

- Navigation tabs: Important, Demographics, **Insurances**, Authorizations, Smoking Status, Flags, Balance.
- Sub-tabs: Primary Ins, Secondary Ins, Tertiary Ins, Primary Hosp, Secondary Hosp, **Auto Accident** (highlighted with a red arrow), Worker's Comp, Durable Med Eqpt.
- Section: **Default Auto Accident Insurance** | Manage Alternative Insurances & History
- Form fields:
 - Subscriber is the Patient Insured person is the same person as the Patient
 - Auto accident company (dropdown)
 - Auto Accident Payer ID (text)
 - Auto accident policy number (text)
 - Auto accident case number (text)
 - Auto accident payer address (text)
 - Auto accident payer zip (text)
 - Auto accident payer city (text)
 - Auto Accident Payer State** (dropdown, highlighted with a red box, showing "--Select a State--")
 - Auto accident date of accident (text)
 - Auto Accident State of Occurrence (dropdown, showing "American Samoa")
 - Auto accident notes (text)

Figure 27

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

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

Durable Med Eqpt

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

Property & Casualty Agency Claim # *only for property & casualty claims

Workers comp notes



- **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

▼	▼	▼	UB04 box 18 - 20
▼	▼	▼	UB04 box 21 - 23
▼	▼	▼	UB04 box 24 - 26
▼	▼		UB04 box 27 - 28

Occurance Codes

▼	Date	UB04 box 31
▼	Date	UB04 box 32
▼	Date	UB04 box 33
▼	Date	UB04 box 34

Occurance Span

▼	Start Date	End Date	UB04 box 35
▼	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

Info Cond & Occ Value Code Insurance Attending

Condition Codes

▼	▼	▼	UB04 box 18 - 20
▼	▼	▼	UB04 box 21 - 23
▼	▼	▼	UB04 box 24 - 26
▼	▼		UB04 box 27 - 28

Occurance Codes

▼	Date	UB04 box 31
▼	Date	UB04 box 32
▼	Date	UB04 box 33
▼	Date	UB04 box 34

Occurance Span

▼	Start Date	End Date	UB04 box 35
▼	Start Date	End Date	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

Important Demographics Insurances Authorizations Smoking Status Flags Balance

✓ Sufficient patient demographics to bill insurance.

Demographics

Figure 31

Responsible Party

Responsible Party Name	<input type="text"/>
Responsible Party DOB	<input type="text"/>
Responsible Party Relation	<input type="text"/>
Responsible Party Phone	<input type="text"/>
Responsible Party Email	<input type="text"/>

- **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

Info Cond & Occ Value Code Insurance Attending

Value Code ▾ Amount UB04 box 39

▾ Amount

▾ Amount

▾ Amount

Value Code ▾ Amount UB04 box 40

▾ Amount

▾ Amount

▾ Amount

Value Code ▾ Amount UB04 box 41

▾ Amount

▾ Amount

▾ Amount

- **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

Info Cond & Occ Value Code Insurance Attending

Value Code ▾ Amount UB04 box 39

▾ Amount

▾ Amount

▾ Amount

Value Code ▾ Amount UB04 box 40

▾ Amount

▾ Amount

▾ Amount

Value Code ▾ Amount UB04 box 41

▾ Amount

▾ Amount

▾ Amount

- **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 top navigation bar containing 'Info', 'Cond & Occ', 'Value Code', 'Insurance', and 'Attending'. Below this, there are three sections for entering value codes and amounts, each labeled 'UB04 box 39', 'UB04 box 40', and 'UB04 box 41'. Each section contains a 'Value Code' dropdown menu and an 'Amount' input field. The 'UB04 box 41' section is highlighted with a red border.

- **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

Line items transactions

The screenshot shows a 'Line items transactions' section. It features a table with columns for '#', 'Diagnosis Code', and 'Description'. Below the table are buttons for 'Print' and 'Adm'. There is also a section for 'Procedure Code' and 'Description' with a 'Print' button. At the bottom, there is a table with columns for 'Rev/Check', 'Service/Posted', and 'Service Code & Modifiers'. The 'Rev/Check' column is highlighted with a red border.

Figure 36

Line items transactions

#	Diagnosis Code	Description
	Add ICD-10 code	
Print	Principal Dx Code	
Adm	Admitting Dx Code	

#	Procedure Code	Description
	Add Procedure	
Print	Principal Procedure	

Rev/Check	Service/Posted	Service Code & Modifiers
<input type="checkbox"/>		
+ Add Line Item	✖ Delete Selected	

Figure 37

Rev/Check	Service/Posted
<input type="checkbox"/>	
<input type="checkbox"/> U Revenue	- Optional
+ Add Line Item	✖ Delete Selected

- **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

Rev/Check	Service/Posted
<input type="checkbox"/>	
<input type="checkbox"/> R 0101	- Optional
+ Add Line Item	✖ Delete Selected

- **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

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

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="× 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

Rev/Check	Service/Posted	Service Code & Modifiers	Qty/Min
<input type="checkbox"/> R			Totals:
<input type="checkbox"/> R ↓	-	↓	<input type="text"/>
<input type="button" value="+ Add Line Item"/> <input type="button" value="× 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

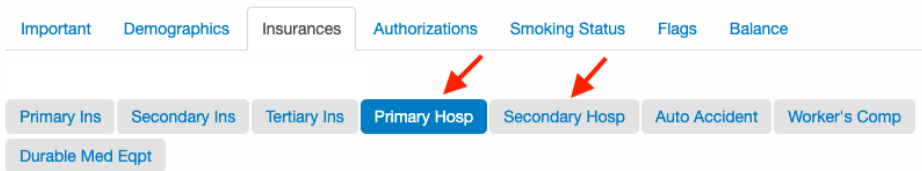
Rev/Check	Service/Posted	Service Code & Modifiers	Qty/Min	Price
<input type="checkbox"/> U Revenue	- Optional	↓	Totals:	
<input type="checkbox"/> U Revenue	- Optional	↓	<input type="text"/>	<input type="text"/>
<input type="button" value="+ Add Line Item"/> <input type="button" value="× Delete Selected"/>				

- **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



- **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

The screenshot shows the 'Insurance' tab selected in a patient chart. The form is divided into sections for Primary Insurer and Secondary Insurer. Each section includes fields for Plan ID, Release Info, AOB, Subscriber, Ins Group, and Payer pre-auth #. The 'Release Info' dropdown menu is highlighted with a red box in both sections, indicating the location for entering release information. The 'Release Info' dropdown is currently set to 'UB04 box 52a' for the Primary Insurer and 'UB04 box 52b' for the Secondary Insurer.

- **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 UB04 box 50a
 Plan ID UB04 box 51a
 Release Info UB04 box 52a
AOB UB04 box 53a
 Subscriber UB04 box 58a, 60a
 Ins Group UB04 box 61a - 62a
 Payer pre-auth # UB04 box 63a

Secondary Insurer UB04 box 50b
 Plan ID UB04 box 51b
 Release Info UB04 box 52b
AOB UB04 box 53b
 Subscriber UB04 box 58b, 60b
 Ins Group UB04 box 61b - 62b
 Payer pre-auth # 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

Rev/Check	Service/Posted	Service Code & Modifiers	Qty/Min	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status
Totals:													
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add Line Item ✖ Delete Selected

- **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

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 Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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


- **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 Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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

- **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 Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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 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 Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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 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 Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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 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 UB04 box 50a
 Plan ID UB04 box 51a
 Release Info UB04 box 52a
 AOB UB04 box 53a
 Subscriber UB04 box 58a, 60a
 Ins Group UB04 box 61a - 62a
Payer pre-auth # UB04 box 63a
 Secondary Insurer UB04 box 50b
 Plan ID UB04 box 51b
 Release Info UB04 box 52b
 AOB UB04 box 53b
 Subscriber UB04 box 58b, 60b
 Ins Group UB04 box 61b - 62b
Payer pre-auth # 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

Important Demographics Insurances Authorizations Smoking Status Flags Balance

Primary Ins Secondary Ins Tertiary Ins **Primary Hosp** Secondary Hosp Auto Accident Worker's Comp Durable Med Eqpt

Primary Hospital Insurance Manage Alternative Insurances & History

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

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
	Add ICD-10 code		Switch to ICD-9
Print			X
Adm			X
A			X
B			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

#	Diagnosis Code	Description	POA
	Add ICD-10 code		Switch to ICD-9
Print		Cholera, unspecified	Exempt from POA reporting X
Adm		Eczema herpeticum	X
A			N - No X
B			U - No information in the record X

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			Switch to ICD-9
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

Facility Type UB04 box 4

Care Type UB04 box 4

Billing Sequences UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission UB04 box 14

Point of Origin UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit DX A DX B DX C UB04 box 70

Exter Cause of Inj DX A DX B DX C UB04 box 72

Remarks 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	<input type="text"/>	<input type="text"/>		UB04 box 6
Adm Date & Hour	<input type="text"/>	<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 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		Switch to ICD-9
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			<input type="text"/>
a			<input type="text"/>
b			<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 Search UB04 box 76

First Name Last Name NPI

-- Qualifier -- Number

Operating Physician Search UB04 box 77

First Name Last Name NPI

-- Qualifier -- Number

Other Physician Search UB04 box 78

First Name Last Name NPI

-- Qualifier -- Number

Other Physician Search UB04 box 79

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

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

Attending Provider Search ▾ UB04 box 76
First Name Last Name NPI
-- Qualifier -- ▾ Number

Operating Physician Search ▾ UB04 box 77
First Name Last Name NPI
-- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 78
First Name Last Name NPI
-- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 79
First Name Last Name NPI
-- Qualifier -- ▾ Number

- **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

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

Attending Provider Search ▾ UB04 box 76
First Name Last Name NPI
-- Qualifier -- ▾ Number

Operating Physician Search ▾ UB04 box 77
First Name Last Name NPI
-- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 78
First Name Last Name NPI
-- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 79
First Name Last Name NPI
-- Qualifier -- ▾ Number

- **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

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

Attending Provider Search ▾ UB04 box 76
 First Name Last Name NPI
 -- Qualifier -- ▾ Number

Operating Physician Search ▾ UB04 box 77
 First Name Last Name NPI
 -- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 78
 First Name Last Name NPI
 -- Qualifier -- ▾ Number

Other Physician Search ▾ UB04 box 79
 First Name Last Name NPI
 -- Qualifier -- ▾ Number

- **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 ▾

Facility Type UB04 box 4

Care Type ▾ UB04 box 4

Billing Sequences ▾ UB04 box 4

Stm Cover Period UB04 box 6

Adm Date & Hour UB04 box 12 - 13

Type of Admission ▾ UB04 box 14

Point of Origin ▾ UB04 box 15

Discharge Hour UB04 box 16

Pt Discharge St ▾ UB04 box 17

Principal Dx Code UB04 box 67

Admitting Dx Code UB04 box 69

Reason for Visit DX A ▾ DX B ▾ DX C ▾ UB04 box 70

Exter Cause of Inj DX A ▾ DX B ▾ DX C ▾ UB04 box 72

Remarks 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.