

UB-04 Claim Form Instructions

Required (R) fields must be completed on all claims. Conditional (C) fields must be completed if the information applies to the situation or the service provided.

NOTE: Claims with missing or invalid Required (R) field information will be rejected or denied.

The image shows a UB-04 Claim Form with various fields. Numbered callouts (1-30) are placed over the form to indicate specific fields of interest. Callouts 1-4 point to the provider name, pay-to name, patient control number, and type of bill fields respectively. Callouts 5-7 point to the federal tax number and statement covers period fields. Callouts 8a and 8b point to patient name and birthdate fields. Callouts 9-29 point to patient address, sex, date, admission type, source, discharge, status, condition codes, and state fields. Callout 30 points to the condition codes field.

Field #	Field Description	Instructions and Comments	Required or Conditional*
1	(UNLABELED FIELD)	Line 1: Enter the complete provider name. Line 2: Enter the complete mailing address. Line 3: Enter the City, State, and zip+4 code (include hyphen) Line 4: Enter the area code and phone number.	R
2	(UNLABELED FIELD)	Enter the Pay-To Name and Address.	Not Required
3a	PATIENT CONTROL NO.	Enter the facility patient account/control number	Not Required
3b	MEDICAL RECORD NUMBER	Enter the facility patient medical or health record number.	R
4	TYPE OF BILL	Enter the appropriate 3-digit type of bill (TOB) code as specified by the NUBC UB-04 Uniform Billing Manual minus the leading "0" (zero) . A leading "0" is not needed. Digits should be reflected as follows: ➤ 1 st digit - Indicating the type of facility. ➤ 2 nd digit - Indicating the type of care ➤ 3 rd digit - Indicating the billing sequence.	R
5	FED. TAX NO.	Enter the 9-digit number assigned by the federal government for tax reporting purposes.	R
6	STATEMENT COVERS PERIOD FROM/THROUGH	Enter begin and end or admission and discharge dates for the services billed. Inpatient and outpatient observation stays must be billed using the admission date and discharge date. Outpatient therapy, chemotherapy, laboratory, pathology, radiology and dialysis may be billed using a date span. All other outpatient services must be billed using the actual date of service. (MMDDYY)	R

7	(UNLABELED FIELD)	Not Used	Not Required
8 a-b	PATIENT NAME	8a – Enter the patient’s 10-digit Medicaid identification number on the member’s CENPATICO BEHAVIORAL HEALTH I.D. card.	Not Required
		8b – Enter the patient’s last name, first name, and middle initial as it appears on the CENPATICO BEHAVIORAL HEALTH ID card. Use a comma or space to separate the last and first names. <ul style="list-style-type: none"> ➤ <u>Titles</u> (Mr., Mrs., etc.) should not be reported in this field. ➤ <u>Prefix</u>: No space should be left after the prefix of a name e.g. McKendrick, <u>H</u> ➤ <u>Hyphenated names</u>: Both names should be capitalized and separated by a hyphen (no space). ➤ <u>Suffix</u>: A space should separate a last name and suffix. 	R
9 a-e	PATIENT ADDRESS	Enter the patient’s complete mailing address of the patient. Line a: Street address Line b: City Line c: State Line d: ZIP code Line e: Country Code (NOT REQUIRED)	R (except line 9e)
10	BIRTHDATE	Enter the patient’s date of birth (MMDDYYYY)	R
11	SEX	Enter the patient’s sex. Only M or F is accepted.	R
12	ADMISSION DATE	Enter the date of admission for inpatient claims and date of service for outpatient claims.	R
13	ADMISSION HOUR	Enter the time using 2-digit military time (00-23) for the time of inpatient admission or time of treatment for outpatient services. 00 -12:00 midnight to 12:59 12 - 12:00 noon to 12:59 01 - 01:00 to 01:59 13 - 01:00 to 01:59 02 - 02:00 to 02:59 14 - 02:00 to 02:59 03 - 03:00 to 03:39 15 - 03:00 to 03:59 04 - 04:00 to 04:59 16 - 04:00 to 04:59 05 - 05:00 to 05:59 17 - 05:00 to 05:59 06 - 06:00 to 06:59 18 - 06:00 to 06:59 07 - 07:00 to 07:59 19 - 07:00 to 07:59 08 - 08:00 to 08:59 20 - 08:00 to 08:59 09 - 09:00 to 09:59 21 - 09:00 to 09:59 10 - 10:00 to 10:59 22 - 10:00 to 10:59 11 - 11:00 to 11:59 23 - 11:00 to 11:59	R
14	ADMISSION TYPE	Required for inpatient admissions (TOB 11X, 118X, 21X, 41X). Enter the 1-digit code indicating the priority of the admission using one of the following codes: 1 Emergency 2 Urgent 3 Elective 4 Newborn	C
15	ADMISSION SOURCE	Enter the 1-digit code indicating the source of the admission or outpatient service using one of the following	R

		<p>codes:</p> <ul style="list-style-type: none"> 1 Physician Referral 2 Clinic Referral 4 Transfer from a hospital 6 Transfer from another health care facility 7 Emergency Room 8 Court/Law enforcement 9 Information not available 																															
16	DISCHARGE HOUR	<p>Enter the time using 2-digit military time (00-23) for the time of inpatient or outpatient discharge.</p> <table border="0"> <tr> <td>00-12:00 midnight to 12:59</td> <td>12- 12:00 noon to 12:59</td> </tr> <tr> <td>01- 01:00 to 01:59</td> <td>13- 01:00 to 01:59</td> </tr> <tr> <td>02- 02:00 to 02:59</td> <td>14- 02:00 to 02:59</td> </tr> <tr> <td>03- 03:00 to 03:39</td> <td>15- 03:00 to 03:59</td> </tr> <tr> <td>04- 04:00 to 04:59</td> <td>16- 04:00 to 04:59</td> </tr> <tr> <td>05- 05:00 to 05:59</td> <td>17- 05:00 to 05:59</td> </tr> <tr> <td>06- 06:00 to 06:59</td> <td>18- 06:00 to 06:59</td> </tr> <tr> <td>07- 07:00 to 07:59</td> <td>19- 07:00 to 07:59</td> </tr> <tr> <td>08- 08:00 to 08:59</td> <td>20- 08:00 to 08:59</td> </tr> <tr> <td>09- 09:00 to 09:59</td> <td>21- 09:00 to 09:59</td> </tr> <tr> <td>10- 10:00 to 10:59</td> <td>22- 10:00 to 10:59</td> </tr> <tr> <td>11- 11:00 to 11:59</td> <td>23- 11:00 to 11:59</td> </tr> </table>	00 -12:00 midnight to 12:59	12 - 12:00 noon to 12:59	01 - 01:00 to 01:59	13 - 01:00 to 01:59	02 - 02:00 to 02:59	14 - 02:00 to 02:59	03 - 03:00 to 03:39	15 - 03:00 to 03:59	04 - 04:00 to 04:59	16 - 04:00 to 04:59	05 - 05:00 to 05:59	17 - 05:00 to 05:59	06 - 06:00 to 06:59	18 - 06:00 to 06:59	07 - 07:00 to 07:59	19 - 07:00 to 07:59	08 - 08:00 to 08:59	20 - 08:00 to 08:59	09 - 09:00 to 09:59	21 - 09:00 to 09:59	10 - 10:00 to 10:59	22 - 10:00 to 10:59	11 - 11:00 to 11:59	23 - 11:00 to 11:59	Not Required						
00 -12:00 midnight to 12:59	12 - 12:00 noon to 12:59																																
01 - 01:00 to 01:59	13 - 01:00 to 01:59																																
02 - 02:00 to 02:59	14 - 02:00 to 02:59																																
03 - 03:00 to 03:39	15 - 03:00 to 03:59																																
04 - 04:00 to 04:59	16 - 04:00 to 04:59																																
05 - 05:00 to 05:59	17 - 05:00 to 05:59																																
06 - 06:00 to 06:59	18 - 06:00 to 06:59																																
07 - 07:00 to 07:59	19 - 07:00 to 07:59																																
08 - 08:00 to 08:59	20 - 08:00 to 08:59																																
09 - 09:00 to 09:59	21 - 09:00 to 09:59																																
10 - 10:00 to 10:59	22 - 10:00 to 10:59																																
11 - 11:00 to 11:59	23 - 11:00 to 11:59																																
17	PATIENT STATUS	<p>REQUIRED for inpatient claims. Enter the 2-digit disposition of the patient as of the "through" date for the billing period listed in field 6 using one of the following codes:</p> <table border="1"> <thead> <tr> <th>STATUS</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Discharged to home or self care</td> </tr> <tr> <td>02</td> <td>Transferred to another short-term general hospital</td> </tr> <tr> <td>03</td> <td>Transferred to a SNF</td> </tr> <tr> <td>04</td> <td>Transferred to an ICF</td> </tr> <tr> <td>05</td> <td>Transferred to another type of institution</td> </tr> <tr> <td>06</td> <td>Discharged home to care of home health</td> </tr> <tr> <td>07</td> <td>Left against medical advice</td> </tr> <tr> <td>08</td> <td>Discharged home under the care of a Home IV provider</td> </tr> <tr> <td>20</td> <td>Expired</td> </tr> <tr> <td>30</td> <td>Still patient or expected to return for outpatient services</td> </tr> <tr> <td>31</td> <td>Still patient – SNF administrative days</td> </tr> <tr> <td>32</td> <td>Still patient – ICF administrative days</td> </tr> <tr> <td>62</td> <td>Discharged/Transferred to an IRF, distinct rehabilitation unit of a hospital</td> </tr> <tr> <td>65</td> <td>Discharged/Transferred to a psychiatric hospital or distinct psychiatric unit of a hospital</td> </tr> </tbody> </table>	STATUS	Description	01	Discharged to home or self care	02	Transferred to another short-term general hospital	03	Transferred to a SNF	04	Transferred to an ICF	05	Transferred to another type of institution	06	Discharged home to care of home health	07	Left against medical advice	08	Discharged home under the care of a Home IV provider	20	Expired	30	Still patient or expected to return for outpatient services	31	Still patient – SNF administrative days	32	Still patient – ICF administrative days	62	Discharged/Transferred to an IRF, distinct rehabilitation unit of a hospital	65	Discharged/Transferred to a psychiatric hospital or distinct psychiatric unit of a hospital	C
STATUS	Description																																
01	Discharged to home or self care																																
02	Transferred to another short-term general hospital																																
03	Transferred to a SNF																																
04	Transferred to an ICF																																
05	Transferred to another type of institution																																
06	Discharged home to care of home health																																
07	Left against medical advice																																
08	Discharged home under the care of a Home IV provider																																
20	Expired																																
30	Still patient or expected to return for outpatient services																																
31	Still patient – SNF administrative days																																
32	Still patient – ICF administrative days																																
62	Discharged/Transferred to an IRF, distinct rehabilitation unit of a hospital																																
65	Discharged/Transferred to a psychiatric hospital or distinct psychiatric unit of a hospital																																

18-28	CONDITION CODES	<p>REQUIRED when applicable. Condition codes are used to identify conditions relating to the bill that may affect payer processing.</p> <p>Each field (18-24) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes).</p> <p>For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual.</p>	C
29	ACCIDENT STATE		Not Required
30	(UNLABELED FIELD)	Not Used	Not Required

UB-04 Claim Form

31 CODE DATE	32 CODE DATE	33 CODE DATE	34 CODE DATE	35 CODE	35a FROM	35b THROUGH	36 CODE	36a FROM	36b THROUGH	37
31	32	33	34	35a	35b	36a	36b	37		
38					39 CODE	39 AMOUNT	40 CODE	40 AMOUNT	41 CODE	41 AMOUNT
					a	39	40	41		
					b					
					c					
					d					

31-34 a-b	OCCURRENCE CODE and OCCURRENCE DATE	<p>Occurrence Code: REQUIRED when applicable. Occurrence codes are used to identify events relating to the bill that may affect payer processing.</p> <p>Each field (31-34a) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes).</p> <p>For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual.</p> <p>Occurrence Date: REQUIRED when applicable or when a corresponding Occurrence Code is present on the same line (31a-34a). Enter the date for the associated occurrence code in MMDDYYYY format.</p>	C
35-36 a-b	OCCURRENCE SPAN CODE and OCCURRENCE DATE	<p>Occurrence Span Code: REQUIRED when applicable. Occurrence codes are used to identify events relating to the bill that may affect payer processing.</p> <p>Each field (31-34a) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes).</p> <p>For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual.</p>	C

		Occurrence Span Date: REQUIRED when applicable or when a corresponding Occurrence Span code is present on the same line (35a-36a). Enter the date for the associated occurrence code in MMDDYYYY format.	
37	(UNLABELED FIELD)	REQUIRED for re-submissions or adjustments. Enter the 12-character DCN (Document Control Number) of the original claim. A resubmitted claim MUST be marked using large bold print within the body of the claim form with "RESUBMISSION" to avoid denials for duplicate submission. NOTE: Re-submissions may NOT currently be submitted via EDI.	C
38	RESPONSIBLE PARTY NAME AND ADDRESS		Not Required
39-41 a-d	VALUE CODES CODES and AMOUNTS	<p>Code: REQUIRED when applicable. Value codes are used to identify events relating to the bill that may affect payer processing.</p> <p>Each field (39-41) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes).</p> <p>Up to 12 codes can be entered. All "a" fields must be completed before using "b" fields, all "b" fields before using "c" fields, and all "c" fields before using "d" fields.</p> <p>For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual.</p> <p>Amount: REQUIRED when applicable or when a Value Code is entered. Enter the dollar amount for the associated value code. Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign (\$) or a decimal. A decimal is implied. If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.</p>	C

UB-04 Claim Form

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
42	43	44	45	46	47	48	49

General Information Fields 42-47	Service Line Detail	<p>The following UB-04 fields – 42-47:</p> <ul style="list-style-type: none"> ➤ Have a total of 22 service lines for claim detail information. ➤ Fields 42, 43, 45, 47, 48 include separate instructions for the completion of lines 1-22 and line 23.
---	----------------------------	---

42 Line 1-22	REV CD	Enter the appropriate 4 digit revenue codes itemizing accommodations, services, and items furnished to the patient. Refer to the NUBC UB-04 Uniform Billing Manual for a complete listing of revenue codes and instructions. Enter accommodation revenue codes first followed by ancillary revenue codes. Enter codes in ascending numerical value.	R
42 Line 23	Rev CD	Enter 0001 for total charges.	R
43 Line 1-22	DESCRIPTION	Enter a brief description that corresponds to the revenue code entered in the service line of field 42.	R
43 Line 23	PAGE ___ OF ___	Enter the number of pages. Indicate the page sequence in the "PAGE" field and the total number of pages in the "OF" field. If only one claim form is submitted enter a "1" in both fields (i.e. PAGE "1" OF "1").	R
44	HCPCS/RATES	REQUIRED for outpatient claims when an appropriate CPT/HCPCS code exists for the service line revenue code billed. The field allows up to 9 characters. Only one CPT/HCPC and up to two modifiers are accepted. When entering a CPT/HCPCS with a modifier(s) do not use a spaces, commas, dashes or the like between the CPT/HCPC and modifier(s) Refer to the NUBC UB-04 Uniform Billing Manual for a complete listing of revenue codes and instructions. The following revenue codes/revenue code ranges must always have an accompanying CPT/HCPC. 300-302 329-330 360-361 610-612 304-307 333 363-366 615-616 309-312 340-342 368-369 618-619 314 349-352 400-404 634-636 319-324 359 490-499 923	C
45 Line 1-22	SERVICE DATE	REQUIRED on all outpatient claims. Enter the date of service for each service line billed. (MMDDYY)	C
45 Line 23	CREATION DATE	Enter the date the bill was created or prepared for submission on all pages submitted. (MMDDYY)	R
46	SERVICE UNITS	Enter the number of units, days, or visits for the service. A value of at least "1" must be entered.	R
47 Line 1-22	TOTAL CHARGES	Enter the total charge for each service line.	R
47 Line 23	TOTALS	Enter the total charges for all service lines.	R
48 Line 1-22	NON-COVERED CHARGES	Enter the non-covered charges included in field 47 for the revenue code listed in field 42 of the service line. Do not list negative amounts.	C
48 Line 23	TOTALS	Enter the total non-covered charges for all service lines.	C
49	(UNLABELED FIELD)	Not Used	Not Required

UB-04 Claim Form

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	56	
50		51		52	53	54	55	56	57		
58 INSURED'S NAME			59 P. REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.			
58			59	60		61		62			
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME				
63				64			65				

50 A-C	PAYER	Enter the name for each Payer reimbursement is being sought in the order of the Payer liability. Line A refers to the primary payer; B, secondary; and C, tertiary.	R
51 A-C	HEALTH PLAN IDENTIFICATION NUMBER		Not Required
52 A-C	REL. INFO	REQUIRED for each line (A, B, C) completed in field 50. Release of Information Certification Indicator. Enter "Y" (yes) or "N" (no). Providers are expected to have necessary release information on file. It is expected that all released invoices contain "Y".	R
53	ASG. BEN.	Enter "Y" (yes) or "N" (no) to indicate a signed form is on file authorizing payment by the payer directly to the provider for services.	R
54	PRIOR PAYMENTS	Enter the amount received from the primary payer on the appropriate line when Medicaid/ CENPATICO BEHAVIORAL HEALTH is listed as secondary or tertiary.	C
55	EST. AMOUNT DUE		Not Required
56	NATIONAL PROVIDER IDENTIFIER or PROVIDER ID	Required: Enter provider's 10-character NPI ID.	R
57	OTHER PROVIDER ID	Enter the qualifier "1D" followed by your 6-digit Medicaid Provider ID number.	Not Required
58	INSURED'S NAME	For each line (A, B, C) completed in field 50, enter the name of the person who carries the insurance for the patient. In most cases this will be the patient's name. Enter the name as last name, first name, middle initial.	R
59	PATIENT RELATIONSHIP		Not Required
60	INSURED'S UNIQUE ID	REQUIRED: Enter the patient's Insurance/Medicaid ID exactly as it appears on the patient's ID card. Enter the Insurance /Medicaid ID in the order of liability listed in field 50.	R
61	GROUP NAME		Not Required

62	INSURANCE GROUP NO.		Not Required
63	TREATMENT AUTHORIZATION CODES		Not Required
64	DOCUMENT CONTROL NUMBER	<p>Enter the 12-character Document Control Number (DCN) of the paid CENPATICO BEHAVIORAL HEALTH claim when submitting a replacement or void on the corresponding A, B, C line reflecting CENPATICO BEHAVIORAL HEALTH from field 50.</p> <p>Applies to claim submitted with a Type of Bill (field 4) Frequency of "7" (Replacement of Prior Claim) or Type of Bill Frequency of "8" (Void/Cancel of Prior Claim).</p>	C
65	EMPLOYER NAME		Not Required
66	DX		Not Required

UB-04 Claim Form

The diagram illustrates the UB-04 Claim Form layout with callouts for various fields:

- 67**: ICD-9-CM Diagnosis Code (A-H)
- 68**: ICD-9-CM Procedure Code (A-H)
- 69**: Admit Date
- 70**: Patient Reason for Visit
- 71**: ICD-9-CM Procedure Code (A-H)
- 72**: ECI Code
- 73**: ICD-9-CM Procedure Code (A-H)
- 74**: Principal Procedure Code
- 74a**: Other Procedure Code
- 74b**: Other Procedure Code
- 74c**: Other Procedure Code
- 74d**: Other Procedure Code
- 74e**: Other Procedure Code
- 75**: ICD-9-CM Procedure Code (A-H)
- 76**: Attending Physician NPI
- 77**: Operating Physician NPI
- 78**: Other Physician NPI
- 79**: Other Physician NPI
- 80**: Remarks
- 81**: CC Code

67	PRINCIPAL DIAGNOSIS CODE	<p>Enter the principal/primary diagnosis or condition (the condition established after study that is chiefly responsible for causing the visit) using the appropriate release/update of ICD-9-CM Volume 1 & 3 for the date of service.</p> <p>Diagnosis codes submitted must be a valid ICD-9 codes for the date of service and carried out to its highest digit – 4th or “5”. “E” and most “V” codes are NOT acceptable as a primary diagnosis.</p> <p>NOTE: Claims missing or with invalid diagnosis codes will be denied for payment.</p>	R
67 A-Q	OTHER DIAGNOSIS CODE	<p>Enter additional diagnosis or conditions that coexist at the time of admission or that develop subsequent to the admission and have an effect on the treatment or care received using the appropriate release/update of ICD-9-CM Volume 1 & 3 for the date of service.</p> <p>Diagnosis codes submitted must be a valid ICD-9 codes</p>	C

		for the date of service and carried out to its highest digit – 4 th or “5”. “E” and most “V” codes are NOT acceptable as a primary diagnosis. NOTE: Claims with incomplete or invalid diagnosis codes will be denied for payment.	
68	(UNLABELED)	Not Used	Not Required
69	ADMITTING DIAGNOSIS CODE	Enter the diagnosis or condition provided at the time of admission as stated by the physician using the appropriate release/update of ICD-9-CM Volume 1 & 3 for the date of service. Diagnosis codes submitted must be a valid ICD-9 codes for the date of service and carried out to its highest digit – 4 th or “5”. “E” codes and most “V” are NOT acceptable as a primary diagnosis. NOTE: Claims missing or with invalid diagnosis codes will be denied for payment.	R
70 a,b,c	PATIENT REASON CODE	Enter the ICD-9-CM code that reflects the patient’s reason for visit at the time of outpatient registration. 70a requires entry, 70b-70c are conditional. Diagnosis codes submitted must be a valid ICD-9 codes for the date of service and carried out to its highest digit – 4 th or “5”. “E” codes and most “V” are NOT acceptable as a primary diagnosis. NOTE: Claims missing or with invalid diagnosis codes will be denied for payment.	R
71	PPS / DRG CODE		Not Required
72 a,b,c	EXTERNAL CAUSE CODE		Not Required
73	(UNLABELED)		Not Required
74	PRINCIPAL PROCEDURE CODE / DATE	REQUIRED on inpatient claims when a procedure is performed during the date span of the bill. CODE: Enter the ICD-9 procedure code that identifies the principal/primary procedure performed. Do not enter the decimal between the 2 nd or 3 rd digits of code. It is implied. DATE: Enter the date the principal procedure was performed (MMDDYY). REQUIRED for EDI Submissions.	C
74 a-e	OTHER PROCEDURE CODE DATE	REQUIRED on inpatient claims when a procedure is performed during the date span of the bill. CODE: Enter the ICD-9 procedure code(s) that identify significant a procedure(s) performed other than the principal/primary procedure. Up to 5 ICD-9 procedure codes may be entered. Do not enter the decimal between the 2 nd or 3 rd digits of code. It is implied.	C

		DATE: Enter the date the principal procedure was performed (MMDDYY).	
75	(UNLABELED)		Not Required
76	ATTENDING PHYSICIAN	<p>Enter the NPI and Name of the physician in charge of the patient care:</p> <p>NPI: Enter the attending physician 10-character NPI ID. Taxonomy Code: Enter valid taxonomy code</p> <p>QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial # ZZ – Taxonomy Code</p> <p>LAST: Enter the attending physician's last name</p> <p>FIRST: Enter the attending physician's first name.</p>	R
77	OPERATING PHYSICIAN	<p>REQUIRED when a surgical procedure is performed:</p> <p>NPI: Enter the operating physician 10-character NPI ID. Taxonomy Code: Enter valid taxonomy code</p> <p>QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial # ZZ – Taxonomy Code</p> <p>LAST: Enter the operating physician's last name</p> <p>FIRST: Enter the operating physician's first name.</p>	C
78 & 79	OTHER PHYSICIAN	<p>Enter the Provider Type qualifier, NPI, and Name of the physician in charge of the patient care: (Blank Field): Enter one of the following Provider Type Qualifiers: DN – Referring Provider ZZ – Other Operating MD 82 – Rendering Provider</p> <p>NPI: Enter the other physician 10-character NPI ID.</p> <p>QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial #</p> <p>LAST: Enter the other physician's last name.</p> <p>FIRST: Enter the other physician's first name.</p>	C
80	REMARKS		Not Required
81	CC	A: Taxonomy of billing provider. Use ZZ qualifier	R