



IMPLEMENTATION OF THE UB-04

APRIL 2007

What is the UB-04?

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

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

Background

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

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

Information on the UB-92 and the UB-04 is available through the NUBC website at www.nubc.org

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



Transition Period

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

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

Here are a few details about the UB-04:

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



UB-04 Major Changes

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

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

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

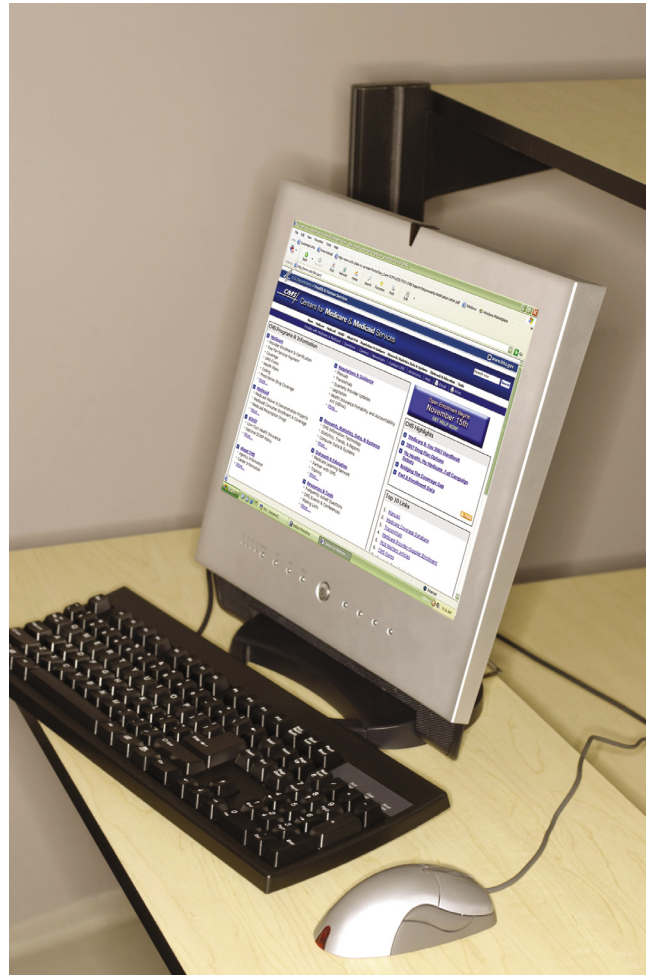
- FL 2 Pay-to Location
- FL 8 Patient Name – ID
- FL 29a Accident State (to denote state where accident occurred)
- FL 43-44 Page __ of __
- FL 45 Creation Date
- FL 56 National Provider Identifier (NPI)
- FL 57 Other Payer Identification
- FL 66 International Classification of Diseases (ICD) Version Qualifier (i.e., ICD-9)
- FL 71 Prospective Payment System (PPS) Code
- FL 76 NPI for the Attending Physician
- FL 77 NPI for the Operating Physician
- FL 78, 79 NPI for the Other Physicians
- FL 81 Code - Code (overflow field for additional codes that do not fit into other fields)

Additional Information

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

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

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



Crosswalk

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

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

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

This is an image of the new UB-04 Form

1										2										3a PAT. CNTL #					4 TYPE OF BILL																																																																																																								
																				b. MED. REC. #																																																																																																													
																				5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM					7 THROUGH																																																																																																			
8 PATIENT NAME										9 PATIENT ADDRESS																																																																																																																							
b										c										d					e																																																																																																								
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22		23		24		25		26		27		28		29 ACDT STATE		30																																																																																									
31 OCCURRENCE CODE		DATE		32 OCCURRENCE CODE		DATE		33 OCCURRENCE CODE		DATE		34 OCCURRENCE CODE		DATE		35 OCCURRENCE CODE		DATE		36 OCCURRENCE CODE		DATE		37 OCCURRENCE CODE		DATE		38 OCCURRENCE CODE		DATE		39 OCCURRENCE CODE		DATE		40 OCCURRENCE CODE		DATE																																																																																											
38										a					b					c					d																																																																																																								
42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE					46 SERV. UNITS					47 TOTAL CHARGES					48 NON-COVERED CHARGES					49																																																																															
1										2										3										4					5					6					7					8					9					10					11					12					13					14					15					16					17					18					19					20					21					22					23				
PAGE										OF										CREATION DATE										TOTALS																																																																																																			
50 PAYER NAME										51 HEALTH PLAN ID										52 REL. INFO					53 ASG. BEN.					54 PRIOR PAYMENTS					55 EST. AMOUNT DUE					56 NPI					57 OTHER PRV ID																																																																																				
A										B										C					D					E					F					G					H					I																																																																															
58 INSURED'S NAME										59 P. REL.										60 INSURED'S UNIQUE ID										61 GROUP NAME					62 INSURANCE GROUP NO.																																																																																														
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63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																																																																													
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69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE					72 ECI					73																																																																																																			
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 ATTENDING NPI					77 OPERATING NPI					78 OTHER NPI					79 OTHER NPI																																																																																														
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80 REMARKS										81CC a					b					c					d																																																																																																								

UB-04 CMS-1450

APPROVED OMB NO.

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

NUBC National Uniform Billing Committee LIC9213257



UB-92

UB-04

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	Notes
1	Provider Name	1	AN	25	1	Provider Name	1	AN	25	
	Provider Street Address	2	AN	25		Provider Street Address	2	AN	25	
	Provider City, State, Zip	3	AN	25		Provider City, State, Zip	3	AN	25	
2	Unlabeled Fields	1	AN	20	2	Pay-to Name	1	AN	25	New
	Unlabeled Fields	2	AN	30		Pay-to Address	2	AN	25	New
						Pay-to City, State	3	AN	25	New
3	Patient Control Number	1	AN	20	3a	Patient Control Number	1	AN	20	
					3b	Medical Record Number	1	AN	24	Moved/New
4	Type of Bill	1	AN	3	4	Type of Bill	1	AN	4	Expanded
5	Federal Tax Number	1	AN	4	5	Federal Tax Number	1	AN	4	
	Federal Tax Number	2	AN	10		Federal Tax Number	2	AN	10	
6	Statement Covers Period - From/Through	1	N/N	6/6	6	Statement Covers Period - From/Through	1	N/N	6/6	
7	Covered Days	1	N	3		Eliminated – Substitute with a new Value Code 80				Deleted
8	Non-covered Days	1	N	4		Eliminated – Substitute with a new Value Code 81				Deleted
9	Coinsurance Days	1	N	3		Eliminated – Substitute with a new Value Code 82				Deleted
10	Lifetime Reserve Days	1	N	3		Eliminated – Substitute with a new Value Code 83				Deleted
					7	Unlabeled	1	AN	7	Modified
						Unlabeled	2	AN	8	Modified
11	Unlabeled	1		12		Eliminated				Deleted
	Unlabeled	1		13		Eliminated				Deleted
12	Patient Name	1	AN	30	8	Patient Name – ID	1a	AN	19	New
						Patient Name	1B	AN	29	Modified
13	Patient Address	1	AN	50	9	Patient Address- Street	1a	AN	40	
						Patient Address – City	2b	AN	30	
						Patient Address – State	2c	AN	2	
						Patient Address – Zip	2d	AN	9	
						Patient Address – Country Code	2e	AN	3	
14	Patient Birthdate	1	N	8	10	Patient Birthdate	1	N	8	
15	Patient Sex	1	AN	1	11	Patient Sex	1	AN	1	
16	Patient Marital Status	1	AN	1		Eliminated				Deleted
17	Admission Date	1	N	6	12	Admission Date	1	N	6	
18	Admission Hour	1	AN	2	13	Admission Hour	1	AN	2	
19	Type of Admission/Visit	1	AN	1	14	Type of Admission/Visit	1	AN	1	
20	Source of Admission	1	AN	1	15	Source of Admission	1	AN	1	
21	Discharge Hour	1	AN	2	16	Discharge Hour	1	AN	2	
22	Patient Status/Discharge Code	1	AN	2	17	Patient Discharge Status	1	AN	2	
23	Medical Record Number		AN	24		Moved to FL 3b				Relocated
24 - 30	Condition Codes		AN	2	18 – 28	Condition Codes		AN	2	Added 4
					29	Accident Status	1	AN	2	New
					30	Unlabeled	1	AN	12	
						Unlabeled	1	AN	13	
31	Unlabeled	1		5						
	Unlabeled	2		6						

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

FL	Description	Line	Type	Size	FL	Description	Line	Type	Size	
56	Unlabeled	1		13	56	National Provider Identifier (NPI)	1	AN	15	New
	Unlabeled	2		14						
57	Unlabeled	1		27	57	Other Provider ID - Primary	A	AN	15	New
						Other Provider ID - Secondary	B	AN	15	
						Other Provider ID - Tertiary	C	AN	15	
58	Insured's Name - Primary	A	AN	25	58	Insured's Name - Primary	A	AN	25	
	Insured's Name - Secondary	B	AN	25		Insured's Name - Secondary	B	AN	25	
	Insured's Name - Tertiary	C	AN	25		Insured's Name - Tertiary	C	AN	25	
59	Patient's Relationship - Primary	A	AN	2	59	Patient's Relationship - Primary	A	AN	2	
	Patient's Relationship - Secondary	B	AN	2		Patient's Relationship - Secondary	B	AN	2	
	Patient's Relationship - Tertiary	C	AN	2		Patient's Relationship - Tertiary	C	AN	2	
60	Certificate/Social Security Number/ Health Insurance Claim Identification #	A	AN	19	60	Insured's Unique ID - Primary	A	AN	20	Modified
	Certificate/Social Security Number/ Health Insurance Claim Identification #	B	AN	19		Insured's Unique ID - Primary	A	AN	20	Modified
	Certificate/Social Security Number/ Health Insurance Claim Identification #	C	AN	19		Insured's Unique ID - Primary	A	AN	20	Modified
61	Insured Group Name- Primary	A	AN	14	61	Insurance Group Name- Primary	A	AN	14	Modified
	Insured Group Name - Secondary	B	AN	14		Insurance Group Name - Secondary	B	AN	14	Modified
	Insured Group Name - Tertiary	C	AN	14		Insurance Group Name - Tertiary	C	AN	14	Modified
62	Insurance Group Number- Primary	A	AN	17	62	Insurance Group Number- Primary	A	AN	17	
	Insurance Group Number - Secondary	B	AN	17		Insurance Group Number - Secondary	B	AN	17	
	Insurance Group Number - Tertiary	C	AN	17		Insurance Group Number - Tertiary	C	AN	17	
63	Treatment Authorization Code- Primary	A	AN	30	63	Treatment Authorization Code- Pri.	A	AN	30	
	Treatment Authorization Code- Sec.	B	AN	30		Treatment Authorization Code- Sec.	B	AN	30	
	Treatment Authorization Code- - Tert.	C	AN	30		Treatment Authorization Code- - Tert.	C	AN	30	
					64	Document Control Number	A	AN	26	Moved
						Document Control Number	B	AN	26	
						Document Control Number	C	AN	26	
64	Employment Status Code of the Insured	N		1		Eliminated				Deleted
65	Employer Name of Insured - Primary	A	AN	24	65	Employer Name - Primary	A	AN	25	Modified
	Employer Name of Insured - Secondary	B	AN	24		Employer Name - Secondary	B	AN	25	
	Employer Name of Insured - Tertiary	C	AN	24		Employer Name - Tertiary	C	AN	25	
					66	Diagnosis Version Qualifier		AN	1	New
66	Employer Location of the Insured - Pri.	A	AN	35		Eliminated				Deleted
	Employer Location of the Insured - Sec.	B	AN	35		Eliminated				Deleted
	Employer Location of the Insured - Tert.	C	AN	35		Eliminated				Deleted
67	Principal Diagnosis		AN	6	67	Principal Diagnosis		AN	8	Expanded
					67A	Other Diagnosis		AN	8	
					67B	Other Diagnosis		AN	8	
					67C	Other Diagnosis		AN	8	
					67D	Other Diagnosis		AN	8	
					67E	Other Diagnosis		AN	8	
					67F	Other Diagnosis		AN	8	
					67G	Other Diagnosis		AN	8	
					67H	Other Diagnosis		AN	8	
					67I	Other Diagnosis		AN	8	
					67J	Other Diagnosis		AN	8	
					67K	Other Diagnosis		AN	8	
					67L	Other Diagnosis		AN	8	
					67M	Other Diagnosis		AN	8	
					67N	Other Diagnosis		AN	8	
					67O	Other Diagnosis		AN	8	
					67P	Other Diagnosis		AN	8	
					67Q	Other Diagnosis		AN	8	
68-75	Other Diagnosis Code		AN	6		Moved to FL 67A-Q				Relocated
					68	Unlabeled	1a	AN	8	
					68	Unlabeled	1b	AN	8	
					69	Admitting Diagnosis Code	1	AN	7	Moved/ Expanded

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