

Completing the UB-04 Claim Form - Introduction Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Where is the information about the type of secondary identifier that will follow placed for physicians?**
 - A. Date of service.**
 - B. Type of secondary identifier that will follow.**
 - C. Payer's name.**
 - D. Patient's identifier.**

- 2. ICD-10-PCS codes are used for which type of billing?**
 - A. Inpatient hospital billing**
 - B. Outpatient visits**
 - C. Professional services**
 - D. Pharmacy claims**

- 3. Which field is designated for external cause of injury codes on the UB-04?**
 - A. FL 69**
 - B. FL 71**
 - C. FL 72 a-c**
 - D. FL 70**

- 4. What do condition codes on FL 18-28 indicate?**
 - A. The payer's administrative notes**
 - B. Conditions of the claim that affect payment**
 - C. Patient medical history**
 - D. Hospital room number**

- 5. FL 76 Attending is used to identify which party and includes space for what item?**
 - A. Is used to identify the attending physician (inpatient) or the ordering physician (outpatient), with space for the physician's NPI.**
 - B. Is used to report the patient's birth date.**
 - C. Is used for DRG calculation.**
 - D. Is used to store the hospital's room number.**

- 6. What is a Patient Control Number (PCN)?**
- A. A permanent alphanumeric identifier assigned by a facility.**
 - B. Unique alphanumeric identifier assigned by a provider to facilitate retrieval of individual case records and posting of payments and correspondence.**
 - C. A field identifying the type of bill (TOB).**
 - D. A code used for patient eligibility.**
- 7. Which field records the employer providing coverage to the insured?**
- A. Document Control Number.**
 - B. POA present on admission code.**
 - C. Employer Name of the coverage provider.**
 - D. Relationship code to insured.**
- 8. What format is used for entering the insured's name on the form?**
- A. LAST NAME FIRST NAME MIDDLE INITIAL format**
 - B. First name Last name middle initial format**
 - C. First name Last name format**
 - D. Last name, First name middle initial**
- 9. Which statement accurately describes inpatient revenue codes on UB-04?**
- A. They are used only for outpatient claims**
 - B. They are never bundled**
 - C. They are assigned based on patient age**
 - D. They are bundled under an umbrella that covers all associated services**
- 10. How many occurrence code/date fields exist within FL 31-34 on the UB-04 form?**
- A. Two fields**
 - B. Eight fields**
 - C. Six fields**
 - D. Four identical fields**

Answers

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1. B
2. A
3. C
4. B
5. A
6. B
7. C
8. A
9. D
10. D

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Explanations

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1. Where is the information about the type of secondary identifier that will follow placed for physicians?

- A. Date of service.
- B. Type of secondary identifier that will follow.**
- C. Payer's name.
- D. Patient's identifier.

The information about the type of secondary identifier that will follow is placed in the field labeled Type of secondary identifier that will follow. This field tells the payer what kind of identifier to expect next for the physician, such as a license number or another ID type, so the subsequent data can be interpreted correctly. Date of service, payer's name, and the patient's identifier relate to when the service occurred, who the payer is, and the patient's ID, respectively, and do not convey the kind of secondary identifier to come.

2. ICD-10-PCS codes are used for which type of billing?

- A. Inpatient hospital billing**
- B. Outpatient visits
- C. Professional services
- D. Pharmacy claims

Procedures coded with ICD-10-PCS are used for hospital claims, specifically to document the procedures performed during an inpatient stay. This coding system is designed to capture the actual medical and surgical procedures that occur when a patient is admitted to the hospital, and it appears on the inpatient portion of the claim (the UB-04/CMS-1450 form). Outpatient visits and professional services are typically billed using CPT/HCPCS codes, which cover the physician work and outpatient procedures rather than inpatient hospital procedures. Pharmacy claims use NDC numbers for medications, not ICD-10-PCS codes. So ICD-10-PCS is the appropriate coding for inpatient hospital billing.

3. Which field is designated for external cause of injury codes on the UB-04?

- A. FL 69
- B. FL 71
- C. FL 72 a-c**
- D. FL 70

External cause of injury codes describe how the injury happened—the circumstances, mechanism, and place of occurrence. On the UB-04 form, this information is captured in the field that's specifically set up to hold external cause data, with subfields for multiple codes. The design allows you to enter up to three external cause codes, which is important when more than one factor contributed to the injury. Because this field is dedicated to external causes, it's the correct place to record those codes, separate from where diagnoses, procedures, or occurrence details are entered.

4. What do condition codes on FL 18-28 indicate?

- A. The payer's administrative notes
- B. Conditions of the claim that affect payment**
- C. Patient medical history
- D. Hospital room number

Condition codes in the UB-04 form indicate nonclinical situations or special circumstances that can change how the claim is paid. Placed in fields 18 through 28, these codes alert the payer to specific conditions about the bill itself—things like exceptions, eligibility nuances, required documentation, or policy-based rules that affect payment. Because of these codes, a claim may be paid differently, require additional information, or trigger specific edits, independent of the patient's clinical history. They are not about the patient's medical history, not the hospital room number, and not payer notes—they're about the claim's conditions that influence payment.

5. FL 76 Attending is used to identify which party and includes space for what item?

- A. Is used to identify the attending physician (inpatient) or the ordering physician (outpatient), with space for the physician's NPI.**
- B. Is used to report the patient's birth date.
- C. Is used for DRG calculation.
- D. Is used to store the hospital's room number.

The field for Attending identifies the physician responsible for the patient's care and provides space for the physician's National Provider Identifier (NPI). In inpatient situations, this is the attending physician who oversees the patient's hospital care; in outpatient scenarios, it is the ordering physician who initiated the service. The inclusion of the NPI is important because it uniquely links the claim to the correct provider for payment and auditing. The other options don't fit because birth date is captured elsewhere as demographic data, DRG calculation relies on diagnosis and procedure codes rather than the physician identifier, and the room number is tied to patient location or accommodation information, not to the attending physician field.

6. What is a Patient Control Number (PCN)?

- A. A permanent alphanumeric identifier assigned by a facility.
- B. Unique alphanumeric identifier assigned by a provider to facilitate retrieval of individual case records and posting of payments and correspondence.**
- C. A field identifying the type of bill (TOB).
- D. A code used for patient eligibility.

The Patient Control Number is a unique alphanumeric code created by the provider to tie together all parts of one patient's claim. It serves as a quick way to retrieve that specific case in the provider's records, and to match and post payments and correspondence to the right file. This identifier travels with the claim so both the facility and the payer can reference the exact case during processing, review, and follow-up. This concept is distinct from a facility identifier or a code that designates the type of bill, and from any code used to determine patient eligibility. Those other elements serve different purposes, such as identifying the submitting facility or classifying the claim, whereas the PCN is specifically about internal tracking and cross-referencing the individual patient case across records and payments.

7. Which field records the employer providing coverage to the insured?

- A. Document Control Number.
- B. POA present on admission code.
- C. Employer Name of the coverage provider.**
- D. Relationship code to insured.

The key idea here is identifying where the claim form records who provides the insured's coverage. The field that lists the employer name of the coverage provider is the one used to capture the employer that sponsors the health plan for the insured. This helps indicate the source of the group or employer-based coverage. The other items service different purposes: a Document Control Number is for internal tracking of the claim, not for payer details; the POA (present on admission) code indicates whether a diagnosis was present on admission, not who provides coverage; and the Relationship code to the insured shows how the patient is related to the insured, not the employer providing the plan.

8. What format is used for entering the insured's name on the form?

- A. LAST NAME FIRST NAME MIDDLE INITIAL format**
- B. First name Last name middle initial format
- C. First name Last name format
- D. Last name, First name middle initial

The insured's name is entered in a surname-first format: LAST NAME FIRST NAME MIDDLE INITIAL, all in uppercase. This ordering prioritizes the surname for easy indexing and matching in payer systems, and the middle initial helps distinguish individuals with common names. Using a first-name-first order or adding a comma would disrupt the standard data entry and automated processing used on a UB-04 form.

9. Which statement accurately describes inpatient revenue codes on UB-04?

- A. They are used only for outpatient claims**
- B. They are never bundled**
- C. They are assigned based on patient age**
- D. They are bundled under an umbrella that covers all associated services**

Inpatient revenue codes group charges by service category for a single hospital stay and act as an umbrella that covers all services tied to that admission. The main room-and-board code represents the stay itself, while related services such as nursing care, labs, imaging, and medications are billed under their respective revenue codes but remain part of the same inpatient encounter. This bundling reflects how the entire admission is treated as one episode, rather than treating each service in isolation. Revenue codes are not determined by patient age, and they are not limited to outpatient claims; they are used to organize charges across the inpatient stay.

10. How many occurrence code/date fields exist within FL 31-34 on the UB-04 form?

- A. Two fields**
- B. Eight fields**
- C. Six fields**
- D. Four identical fields**

Four occurrence code/date blocks are provided in that section. Each block corresponds to one occurrence event and includes a space for the code and a space for the date, arranged in fields 31 through 34. This means you can record up to four separate occurrences, all following the same layout. The other options would imply fewer or more blocks, but the UB-04 specification uses exactly four identical occurrence code/date fields.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://completingtheub04claimformintro.examzify.com>

We wish you the very best on your exam journey. You've got this!

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