

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. In a Type of Bill code, which digit defines the frequency of the bill within an episode?**
 - A. The first digit**
 - B. The second digit**
 - C. The third digit**
 - D. The fourth digit**

- 2. Which field is used to record charges not covered by the payer or not deemed reasonable?**
 - A. Total charges**
 - B. NPI**
 - C. Non-covered charges**
 - D. Prior payments**

- 3. Which field is used to record the hour of discharge?**
 - A. The field for the admission date**
 - B. The field for the country code**
 - C. The patient's birthdate field**
 - D. The DHR field**

- 4. What does field 38 record on the UB-04 form?**
 - A. Discharge status**
 - B. Value codes**
 - C. Name and address of the person who is responsible for the bill**
 - D. Revenue code**

- 5. How many boxes are used to record condition codes in FL 18-28?**
 - A. Eight**
 - B. Ten**
 - C. Twelve**
 - D. Fourteen**

- 6. Revenue codes must be appropriate to the HCPCS code listed with it.**
- A. They must be appropriate to the HCPCS code listed with it**
 - B. They must be identical to the HCPCS code**
 - C. They must be different from the HCPCS code**
 - D. They are unrelated to the HCPCS code**
- 7. What is recorded on the FL 47 Total Charges field?**
- A. Total charges for the revenue code**
 - B. The patient's name**
 - C. The service date**
 - D. Diagnosis code**
- 8. ICD-10-PCS codes are used in inpatient hospital billing to code which of the following?**
- A. Surgeries and related procedures**
 - B. Outpatient clinic visits**
 - C. Professional services**
 - D. Pharmacy dispensing**
- 9. Which statement about Admission Type field descriptions is true?**
- A. Emergency visit w immediate medical treatment to prevent disabling or life threatening harm**
 - B. Urgent visit for immediate medical treatment**
 - C. Planned elective services**
 - D. Newborns born on same date as admittance**
- 10. HIPPS rate codes represent what kind of information used in payment determinations?**
- A. Patient characteristics or case-mix groups**
 - B. Hospital bed capacity**
 - C. Diagnosis codes**
 - D. Procedure codes**

Answers

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

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Explanations

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1. In a Type of Bill code, which digit defines the frequency of the bill within an episode?

- A. The first digit
- B. The second digit
- C. The third digit
- D. The fourth digit**

The last digit of the Type of Bill code carries the frequency within an episode. The Type of Bill is a four-digit field on UB-04 claims, where the earlier digits establish the billing context (such as facility and general claim type), and the final digit specifically indicates how many times this episode has been billed—whether this is the initial submission, an interim update, or the final bill for that episode. This separation lets payers track multiple bills for the same episode without confusion. The preceding digits set the billing context, not the frequency, so they don't convey how often the episode is billed.

2. Which field is used to record charges not covered by the payer or not deemed reasonable?

- A. Total charges
- B. NPI
- C. Non-covered charges**
- D. Prior payments

The main idea is that this field is used to list charges that the payer will not cover. These are items the insurer has denied or determined aren't reasonable for reimbursement, so they don't get paid under the policy. Separating these non-covered charges from the rest of the bill helps show exactly what the payer won't reimburse and what the patient may still owe. Other fields serve different purposes: total charges show everything billed for the services; the NPI field identifies the provider; and prior payments record amounts already paid toward the claim. The non-covered charges field is specifically for those portions of the charge that won't be paid by the payer.

3. Which field is used to record the hour of discharge?

- A. The field for the admission date
- B. The field for the country code
- C. The patient's birthdate field
- D. The DHR field**

The hour of discharge is captured in the Discharge Hour field, abbreviated DHR. This field is specifically designated to record the exact hour the patient is discharged, which, when paired with the discharge date, provides an precise length of stay for billing and care coordination. The other fields serve different purposes: the admission date records when the patient was admitted, the country code notes nationality, and the birthdate field stores the patient's birth date. Since the question focuses on the discharge time, the DHR field is the correct place to record that hourly information.

4. What does field 38 record on the UB-04 form?

- A. Discharge status
- B. Value codes
- C. Name and address of the person who is responsible for the bill**
- D. Revenue code

The main idea here is who is financially responsible for the bill. Field 38 records the name and address of the person (or entity) responsible for paying the claim—the guarantor. This is the person the hospital should bill and contact for payments, statements, or follow-up, which is important even when another party (like an insurance policy) covers the patient. Discharge status, value codes, and revenue codes serve different purposes on the form. Discharge status indicates how the patient left the facility, value codes convey special payment or policy values, and revenue codes classify the types of services provided. None of these denote who pays the bill.

5. How many boxes are used to record condition codes in FL 18-28?

- A. Eight
- B. Ten**
- C. Twelve
- D. Fourteen

Condition codes are the special notes you enter on a claim to indicate circumstances that can affect processing or payment. On the UB-04 form, those codes are placed in the set of boxes within the range labeled 18 through 28. While that range contains 11 individual positions, only ten of them are used to hold condition codes. The extra position in that span isn't used for recording codes, so you place up to ten condition codes in the available boxes, filling from the first box onward and leaving any remaining boxes blank if you have fewer codes. This is why ten is the correct count for how many boxes are used to record condition codes in that section.

6. Revenue codes must be appropriate to the HCPCS code listed with it.

- A. They must be appropriate to the HCPCS code listed with it**
- B. They must be identical to the HCPCS code
- C. They must be different from the HCPCS code
- D. They are unrelated to the HCPCS code

In UB-04 billing, revenue codes classify the service location and category, while HCPCS codes specify the exact service performed. They must be appropriate to each other because the revenue code provides the payment category for the charge and the HCPCS code describes the specific service within that category. When these two align, the claim clearly maps the service to the correct department and payment rules, helping ensure accurate reimbursement and smoother processing. A mismatch can trigger denial or incorrect payment because the payer cannot accurately assign the charge to the proper service line. So the correct approach is to ensure the revenue code matches the HCPCS-coded service it accompanies. Revenue codes should not be identical to HCPCS codes, nor should they be totally unrelated; they are connected but distinct descriptors.

7. What is recorded on the FL 47 Total Charges field?

- A. Total charges for the revenue code**
- B. The patient's name**
- C. The service date**
- D. Diagnosis code**

The field FL 47 captures the amount billed for the services grouped by the revenue code on that line. In the UB-04 form, each line item uses a revenue code to categorize the type of service or department, and FL 47 holds the total charges for all those services under that specific code for that encounter. It's a monetary figure tied to the service category, not to the patient's name, a service date, or a diagnosis code—those details come from other fields. For example, if a line shows a revenue code for radiology services, FL 47 will show the total charge billed for those radiology services on that line.

8. ICD-10-PCS codes are used in inpatient hospital billing to code which of the following?

- A. Surgeries and related procedures**
- B. Outpatient clinic visits**
- C. Professional services**
- D. Pharmacy dispensing**

ICD-10-PCS is the inpatient procedure coding system hospitals use to describe what was actually done during an admission. It covers surgeries and related procedures that occur while a patient is hospitalized, plus other invasive or operative interventions tied to the inpatient stay. Outpatient clinic visits aren't coded with ICD-10-PCS; they're typically coded with CPT or HCPCS for the services provided in the outpatient setting. Similarly, professional services billed by physicians use CPT codes, and pharmacy dispensing uses separate drug coding (like NDC or HCPCS drug codes). So the use of ICD-10-PCS aligns with describing surgeries and related procedures performed during an inpatient stay, which is why that option best matches how ICD-10-PCS is used.

9. Which statement about Admission Type field descriptions is true?

- A. Emergency visit w immediate medical treatment to prevent disabling or life threatening harm**
- B. Urgent visit for immediate medical treatment**
- C. Planned elective services**
- D. Newborns born on same date as admittance**

Admission Type reflects how urgently a patient needs to be admitted and the reason for admission. The statement that aligns with this field is that it denotes an emergency visit with immediate medical treatment to prevent disabling or life-threatening harm. This captures the scenario where care must start right away to avert serious outcomes. Urgent visits imply prompt care but not necessarily life-threatening risk, elective services are planned and non-urgent, and newborns on the admission date fall into a neonatal category rather than a general admission type description.

10. HIPPS rate codes represent what kind of information used in payment determinations?

- A. Patient characteristics or case-mix groups**
- B. Hospital bed capacity**
- C. Diagnosis codes**
- D. Procedure codes**

HIPPS rate codes are used to capture information about a patient's characteristics that affect how much care they need, which CMS uses to determine payment under prospective payment systems. They translate a patient's clinical and functional status into a case-mix category, so the payment rate can reflect the expected resources required for that individual. In other words, HIPPS codes encode who the patient is and how resource-intensive their care is, not the facility's size or layout, nor the specific diagnoses or procedures themselves. Hospital bed capacity is a facility attribute, while diagnosis codes and procedure codes report medical conditions and actions; these are not what HIPPS rates are based on.

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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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