

Comprehensive Outpatient Rehabilitation Facility CORF Claims		
<b>LOCATOR 1</b>	<b>BILLING PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER</b>	Minimum requirement is the provider's name, city, state, and 9-digit ZIP code.
<b>LOCATOR 3</b>	<b>PATIENT CONTROL NUMBER</b>	The unique patient account number assigned by the provider. This field is alphanumeric and supports up to 20 characters.
<b>LOCATOR 4</b>	<b>TYPE OF BILL</b>	This 4-digit code is sequenced as follows: The <b>1<sup>st</sup> digit</b> is a leading zero. It should <b>not</b> be included on electronic claims at this time. <b>2<sup>nd</sup> digit = Type of Facility</b> Enter: 7 for Clinic/CORF <b>3<sup>rd</sup> digit = Bill Classification</b> Enter: 5 for CORF <b>4<sup>th</sup> digit = Frequency</b> Enter: 1 for Admit thru discharge/one bill 7 for Replacement of prior claim 8 for Void/cancel prior claim
<b>LOCATOR 5</b>	<b>FEDERAL TAX NUMBER</b>	Federal tax number required.
<b>LOCATOR 6</b>	<b>STATEMENT COVERS PERIOD</b>	Reflects the "from" and "through" dates for the period covered by the claim. (Enter dates on NaviNet in <b>MMDDYYYY</b> format.)
<b>LOCATOR 8</b>	<b>PATIENT NAME/ IDENTIFIER</b>	Patient's name is required.
<b>LOCATOR 9</b>	<b>PATIENT ADDRESS</b>	Street address, city, state 2-letter code, and ZIP code required. (Country code <b>only if not</b> U.S.)
<b>LOCATOR 10</b>	<b>PATIENT BIRTH DATE</b>	Enter on NaviNet in <b>MMDDYYYY</b> format.
<b>LOCATOR 11</b>	<b>PATIENT SEX</b>	M = Male; F = Female; U = Unknown
<b>LOCATOR 14</b>	<b>PRIORITY (TYPE) OF ADMISSION OR VISIT</b>	May know this field as "Type of Admission." Use codes 1 thru 9.
<b>LOCATOR 15</b>	<b>POINT OF ORIGIN FOR ADMISSION OR VISIT</b>	Previously known as "Source of Admission."

<b>LOCATOR 17</b>	<b>PATIENT DISCHARGE STATUS</b>	01 = Discharged
<b>LOCATORS 31-34</b>	<b>OCCURRENCE CODES AND DATES</b>	Enter code with applicable date. 28 = Date comprehensive outpatient rehab plan established or last reviewed 35 = Date treatment started for physical therapy 44 = Date treatment started for speech therapy 46 = Date treatment started for cardiac rehab therapy
<b>LOCATOR 38</b>	<b>RESPONSIBLE PARTY NAME AND ADDRESS (CLAIM ADDRESSEE)</b>	This would be <b>the insured's</b> . Address may include post office box or street name and number, city, state, and ZIP code.
<b>LOCATORS 39-41</b>	<b>VALUE CODES AND AMOUNTS</b>	Report appropriate Value Codes with their related dollar amounts. 50 = Number of physical therapy visits provided from the onset of treatment from this provider through this billing period 51 = Number of occupational therapy visits provided from the onset of treatment from this provider through this billing period 52 = Number of speech therapy visits provided from the onset of treatment from this provider through this billing period 53 = Number of cardiac rehabilitation visits provided from the onset of treatment from this provider through this billing period
<b>LOCATOR 42</b>	<b>REVENUE CODES</b>	The revenue code field is 4 positions. The lead zero is required when applicable. 0410 = Respiratory service 0420 = Physical therapy 0430 = Occupational therapy 0440 = Speech therapy 0943 = Cardiac rehabilitation 0551 = Nursing 0910 = Behavioral health
<b>LOCATOR 44</b>	<b>HCPCS/HIPPS RATE CODES</b>	HCPCS code required with each revenue code. Modifier also required when applicable. Modifier GN = Speech therapy Modifier GO = Occupational therapy Modifier GP = Physical therapy
<b>LOCATOR 45</b>	<b>SERVICE DATE</b>	Enter on NaviNet in <b>MMDDYYYY</b> format.

<b>LOCATOR 46</b>	<b>SERVICE UNITS</b>	Service units required on all lines. Zero is <b>not</b> a valid entry.
<b>LOCATOR 47</b>	<b>TOTAL CHARGES</b>	Enter charge related to each revenue code.
<b>LOCATOR 50</b>	<b>PAYER NAME</b>	Enter <b>Highmark</b> as the appropriate payer: Primary (A), Secondary (B), or Tertiary (C).
<b>LOCATOR 56</b>	<b>NATIONAL PROVIDER IDENTIFIER – BILLING PROVIDER</b>	Enter the National Provider Identifier (NPI) for the billing provider.
<b>LOCATOR 58</b>	<b>INSURED’S NAME</b>	Enter the name of the individual as it appears on the ID card.
<b>LOCATOR 59</b>	<b>PATIENT’S RELATIONSHIP TO INSURED</b>	Relationship of the patient to the insured. Most common relationship codes used: 01 = Spouse      19 = Child 18 = Self        53 = Life Partner <i>(See NUBC Official UB-04 Manual for additional codes.)</i>
<b>LOCATOR 60</b>	<b>INSURED’S UNIQUE IDENTIFIER</b>	Enter the unique member identifier or “UMI” ( <b>Member ID</b> ) as shown on the member’s ID card.
<b>LOCATOR 62</b>	<b>INSURED’S GROUP NUMBER</b>	Enter as shown on the member’s ID card.
<b>LOCATOR 67</b>	<b>PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR</b>	Primary diagnosis code required. Enter additional diagnosis codes as applicable. Present On Admission (POA) <b>not applicable</b> to CORF.
<b>LOCATOR 76</b>	<b>ATTENDING PROVIDER NAME AND IDENTIFIERS</b>	Enter the NPI, last name, & first name of the attending physician.
<b>LOCATOR 81</b>	<b>CODE-CODE FIELD</b>	<b>Situational.</b> To report additional codes related to a Form Locator (overflow), or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set. <b>Taxonomy</b> number required with qualifier <b>B3</b> when the payer’s adjudication is known to be impacted by the provider taxonomy code.

**Note:** These “Billing Highlights” are a tip sheet for some locator information needed on a version 5010 UB/837I claim submission. The official UB-04 data specifications are available through the National Uniform Billing Committee ([www.NUBC.org](http://www.NUBC.org)).