

Home Health Agency HHA Claims		
LOCATOR 1	BILLING PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER	Minimum requirement is the provider's name, city, state, and 9-digit ZIP code.
LOCATOR 3	PATIENT CONTROL NUMBER	The unique patient account number assigned by the provider. This field is alphanumeric and supports up to 20 characters.
LOCATOR 4	TYPE OF BILL	<p>This 4-digit code is sequenced as follows:</p> <p>The 1st digit is a leading zero. It should not be included on electronic claims at this time.</p> <p>2nd digit = Type of Facility Enter: 3 for Home Health</p> <p>3rd digit = Bill Classification* Enter: 2 for Services under a Plan of Treatment 4 for Services not under a Plan of Treatment</p> <p>4th digit = Frequency Enter: 0 for Non-payment/zero 1 for Admit thru discharge/one bill 2 for Interim bill, first claim 3 for Interim bill, continuing claim 4 for Interim bill, last claim 7 for Replacement of prior claim** 8 for Void/cancel prior claim</p> <p><i>* Bill Type 033X discontinued effective October 1, 2013</i> <i>** Cannot be used to adjust OXX0 No Pay Bill Type claims. Only OXX8 is acceptable.</i></p>
LOCATOR 5	FEDERAL TAX NUMBER	Federal tax number required.
LOCATOR 6	STATEMENT COVERS PERIOD	Reflects the "from" and "through" dates for the period covered by the claim. (Enter dates on NaviNet in MMDDYYYY format.)
LOCATOR 8	PATIENT NAME/ IDENTIFIER	Patient's name is required.
LOCATOR 9	PATIENT ADDRESS	Street address, city, state 2-letter code, and ZIP code required. (Country code only if not U.S.)

LOCATOR 10	PATIENT BIRTH DATE	Enter on NaviNet in MMDDYYYY format.
LOCATOR 11	PATIENT SEX	M = Male; F = Female; U = Unknown
LOCATOR 12	ADMISSION/START OF CARE DATE	Enter on NaviNet in MMDDYYYY format.
LOCATOR 14	PRIORITY (TYPE) OF ADMISSION OR VISIT	May know this field as "Type of Admission." Use codes 1 thru 9.
LOCATOR 15	POINT OF ORIGIN FOR ADMISSION OR VISIT	Previously known as "Source of Admission."
LOCATOR 17	PATIENT DISCHARGE STATUS	01 = Discharged 30 = Still patient
LOCATOR 38	RESPONSIBLE PARTY NAME AND ADDRESS (CLAIM ADDRESSEE)	This would be the insured's . Address may include post office box or street name and number, city, state, and ZIP code.
LOCATOR 42	REVENUE CODES	The revenue code field is 4 positions. The lead zero is required when applicable. 0300 = Laboratory 0421 = Physical therapy, per visit 0424 = Physical therapy evaluation 0431 = Occupational therapy, per visit 0434 = Occupational therapy evaluation 0441 = Speech therapy, per visit 0444 = Speech therapy evaluation 0551 = Skilled nursing, per visit 0561 = Medical social services, per visit 0571 = Home health aide, per visit 0583 = Skilled nursing evaluation 0636 = Flu shots/drugs requiring detailed coding 0771 = Flu shot administration 0919 = Behavioral health, per visit 0942 = Nutritional/dietary, per visit
LOCATOR 45	SERVICE DATE	Required on each revenue line when "from" and "through" dates are not equal. Enter on NaviNet in MMDDYYYY format.
LOCATOR 46	SERVICE UNITS	Service units required on all lines. Zero is not a valid entry.
LOCATOR 47	TOTAL CHARGES	Enter charge related to each revenue code.

LOCATOR 50	PAYER NAME	Enter Highmark Blue Cross Blue Shield as the appropriate payer: Primary (A), Secondary (B), or Tertiary (C).
LOCATOR 56	NATIONAL PROVIDER IDENTIFIER – BILLING PROVIDER	Enter the National Provider Identifier (NPI) for the billing provider.
LOCATOR 58	INSURED’S NAME	Enter the name of the individual as it appears on the ID card.
LOCATOR 59	PATIENT’S RELATIONSHIP TO INSURED	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>
LOCATOR 60	INSURED’S UNIQUE IDENTIFIER	Enter the unique member identifier or “UMI” (Member ID) as shown on the member’s ID card.
LOCATOR 62	INSURED’S GROUP NUMBER	Enter as shown on the member’s ID card.
LOCATOR 67	PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR	Primary diagnosis code required. Enter additional diagnosis codes as applicable. Present On Admission (POA) not applicable to Home Health.
LOCATOR 76	ATTENDING PROVIDER NAME AND IDENTIFIERS	Enter the NPI, last name, & first name of the attending physician.
LOCATOR 81	CODE-CODE FIELD	Situational. 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. Taxonomy number required with qualifier B3 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).