Home Health Agency
Episodic Care: 60-Day Episode Claims

NOTE: If submitting for Partial Episodic Payment (PEP), see direction for Locator 17.

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**	This 4-digit code is sequenced as follows: The **1st digit** is a leading zero. It should **not** be included on electronic claims at this time. **2nd digit = Type of Facility** Enter: 3 for home Health **3rd digit = Bill Classification*** Enter: 2 for Services under a Plan of Treatment 4 for Services **not** under a Plan of Treatment **4th digit = Frequency** Enter: 9 for Final claim for a Home Health PPS episode 7 for Replacement of prior claim** 8 for Void/cancel prior claim ** Bill Type 033X discontinued effective October 1, 2013* *** Cannot be used to adjust 0XX0 No Pay Bill Type claims. Only 0XX8 is acceptable.*
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. The "through" date reflects the date of discharge. *(The "through date" will only reflect the full 60-day episode in continuous care situations, when the patient status on the claim is 30 for "still patient".)*
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 15	SOURCE OF REFERRAL FOR ADMISSION OR VISIT	May know this field as "Source of Admission." Use codes 1 thru 9.
LOCATOR 17	PATIENT DISCHARGE STATUS	01 = Discharged 06 = Discharged/transferred to home with skilled home health care 30 = Still patient **For Partial Episodic Payment:** Submit claim with a discharge status of **06**.
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.
LOCATORS 39-41	VALUE CODES AND AMOUNTS	Report Value Code 61 and the applicable Care Based Statistical Area (CBSA) code.
LOCATOR 42	REVENUE CODES	The revenue code field is 4 positions. The lead zero is required when applicable. 0023 = Health Insurance Prospective Payment System (HIPPS) – Home Health PPS 0270 = Medical/surgical supplies 0300 = Laboratory 0421 = Physical therapy, per visit 0431 = Occupational therapy, per visit 0441 = Speech therapy, per visit 0551 = Skilled nursing, per visit 0561 = Medical social services 0571 = Home health aide, per visit 0919 = Behavioral health, per visit 0942 = Nutritional/dietary, per visit
LOCATOR 44	HCPCS/ ACCOMMODATION RATES/ HIPPS RATE CODES	Enter HIPPS Rate Code (HHRG – Home Health Resource Group) as appropriate based on the services provided. (*May not be the same as the HIPPS code on the corresponding RAP.*) HCPCS as applicable.

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	To be reported in 15-minute increments. Service units required on all lines.
LOCATOR 47	TOTAL CHARGES	Report the charge related to each Revenue Code. Report the total charge as $0.00 with Revenue Code 0023.
LOCATOR 50	PAYER NAME	Enter **Highmark** 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 (*See NUBC Official UB-04 Manual for additional codes.*)
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 63	TREATMENT AUTHORIZATION CODE	Also known as the "OASIS Claim Matching Key," an 18-character alphanumeric code. *(When entering on NaviNet, the provider will also need to choose "Authorization" from the drop-down box in the next field.)*
LOCATOR 64	DOCUMENT CONTROL NUMBER	Indicate the "Request for Anticipated Payment" (RAP) claim number here.
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 UB/837I claim submission. The official UB-04 data specifications are available through the National Uniform Billing Committee (www.nubc.org).