Home Health Agency
Episodic Care: RAP Claims

Request for Anticipated Payment

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: 2 for Interim bill 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 "from" and "through" dates *will always match*. (Enter 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 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**	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.
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
LOCATOR 44	**HCPCS/ ACCOMMODATION RATES/ HIPPS RATE CODES**	HIPPS Rate Code required. (HHRG – Home Health Resource Group)
LOCATOR 45	**SERVICE DATE**	Enter on NaviNet in **MMDDYYYY** format.
LOCATOR 46	**SERVICE UNITS**	Required
LOCATOR 47	**TOTAL CHARGES**	Total Charge = $0.00
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 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).