

Rehabilitation Hospital Inpatient Claim		
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: 1 for Hospital 3rd digit = Bill Classification Enter: 1 for Inpatient 4th digit = Frequency Enter: 1 for Admit thru discharge/one bill 2 for Interim bill, first claim 3 for Interim bill, continuing claim 4 for Interim bill, discharge claim 7 for Replacement of prior claim 8 for Void/cancel prior claim Interim billing is permitted only for distinct units and specialty hospitals.
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	Required. Enter on NaviNet in MMDDYYYY format.
LOCATOR 13	ADMISSION HOUR	Use codes 00 thru 23.

LOCATOR 14	PRIORITY (TYPE) OF ADMISSION OR VISIT	Required. You may know this field as "Type of Admission." Use codes 1 thru 9.
LOCATOR 15	POINT OF ORIGIN FOR ADMISSION OR VISIT	Required. Previously known as "Source of Admission."
LOCATOR 16	DISCHARGE HOUR	Required on inpatient claims with a Frequency Code of 1 or 4 (<i>last digit of bill type</i>). Use codes 00 thru 23.
LOCATOR 17	PATIENT DISCHARGE STATUS	Required. 01 = Discharged 30 = Still patient (valid only when reported with Bill Types 112 and 113)
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	Enter revenue codes as applicable. The revenue code field is 4 positions. The lead zero is required when applicable. For out-of-area BlueCard Medicare Advantage claims: Revenue Code 0024 and the applicable HIPPS rate codes are required on all inpatient rehabilitation claims.
LOCATOR 44	HCPCS/ ACCOMODATION RATES/ HIPPS RATE CODES	Situational. For out-of-area BlueCard Medicare Advantage claims: The appropriate HIPPS code is required.
For additional information for reporting HIPPS Rate codes, see Facility Bulletin HOSP-2006-012-W		
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 as the appropriate payer: Primary (A), Secondary (B), or Tertiary (C). On paper UB submissions, enter Highmark 363 .
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, or POA, not required at this time.
LOCATOR 69	ADMITTING DIAGNOSIS CODE	Required when claim involves an inpatient admission.
LOCATOR 74	PRINCIPAL PROCEDURE CODE AND DATE	Situational . Required on inpatient claims <u>only</u> when a procedure was performed. (If reporting on NaviNet, the decimal is not needed. Enter date in MMDDYYYY format.)
LOCATOR 76	ATTENDING PROVIDER NAME AND IDENTIFIERS	Enter the NPI, last name, & first name of the attending physician.
LOCATOR 77	OPERATING PROVIDER NAME AND IDENTIFIERS	Situational . Required when a surgical procedure is listed on the claim. When applicable, enter the NPI, last name, & first name of the operating 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).