Rehabilitation Hospital
Outpatient 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**	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: 3 for Outpatient **4th digit = Frequency** Enter: 1 for Admit thru discharge/one bill 7 for Replacement of prior claim 8 for Void/cancel prior claim
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 – will be the same as the dates of service. (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 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
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.
LOCATOR 44	**HCPCS/ ACCOMODATION RATES/ HIPPS RATE CODES**	HCPCS **required**. For non-specific procedure codes (NOC – not otherwise classified), enter a complete description of the service or supply.
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). Paper UB submission: 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 (*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 67	**PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR**	Primary ICD-10 diagnosis code required. Enter additional ICD-10 diagnosis codes as applicable. Present On Admission (POA) **not applicable** to outpatient claims.

LOCATOR 70 a, b, c	**PATIENT'S REASON FOR VISIT**	**Required.** Enter diagnosis codes describing the patient's reason for the visit at the time of outpatient registration.
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**	**Required** when a surgical procedure code is listed on the claim. When required, 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.

REMINDER: Locator 74 (Principal Procedure Code and Date) is **not** allowed.

HIPAA regulations prohibit the use of ICD-10-CM procedure codes on an outpatient institutional transaction submitted in the HIPAA 837I format. **The ICD-10-CM procedure codes are restricted to the reporting of inpatient procedures by hospitals.**

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).