UB-04 Billing Guide for PROMISe™ Inpatient Psychiatric Hospitals/Facilities

Purpose of the Document

The purpose of this document is to provide a block-by-block reference guide to assist the following provider types in successfully completing the UB-04 claim form:

- **Inpatient Psychiatric Hospitals/Facilities**

Document Format

The document contains a table with five columns and each column provides a specific piece of information as explained below:

- **Form Locator Number** – Provides the field number as it appears on the claim form.
- **Form Locator Name** – Provides the field name as it appears on the claim form.
- **Form Locator Code** – Lists one of four codes that denote how the Form Locator should be treated. They are:
  - **M** – Indicates that the Form Locator **m**ust be completed.
  - **A** – Indicates that the Form Locator must be completed, if **a**pplicable.
  - **O** – Indicates that the Form Locator is **o**ptional.
  - **LB** – Indicates that the Form Locator should be **l**eft **b**lank.

Notes – Provides important information specific to completing the Form Locator Number field. In some instances, the Notes section will indicate provider specific Form Locator completion instructions.

Font Sizes

Because of limited field size, either of the following type faces and sizes are recommended for form completion:

- **Times New Roman, 10 point**
- **Arial, 10 Point**

Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.

Signature Approval

Each **batch** of claims submitted **MUST** be accompanied by 1 (one) properly completed Signature Transmittal Form (MA 307). A **batch** can consist of a single claim or as many as 100 claims.

Go to the DHS Website to download a copy of the form with completion instructions.

Ordering and Prescribing

The Patient Protection and Affordable Care Act (ACA) added requirements for provider screening and enrollment, including a requirement that states require physicians and other practitioners who order or refer items or services for MA beneficiaries to enroll as MA providers. The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

All inpatient hospital claims must have a MA enrolled ordering or prescribing provider identified on the claim. Providers should check form locator 76 for further direction.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
1	Provider Name, Address, and Telephone Number	M	Enter the information in Form Locator 1 on the appropriate line: **Line 1** – Provider Name **Line 2** – Complete street address **Line 3** – City, state, and zip code **Line 4** – Area code and telephone number
2	Unlabeled (Pay-To Name, Address, and Pay-to Provider ID)	A	Enter the information in Form Locator 2 on the appropriate line: **Line 1** – Pay-to Provider Name **Line 2** – Pay-to Street Address **Line 3** – Pay-to City, State, and ZIP Code **Line 4** – Pay-to Provider ID (9-digit provider number and 4-digit service location)
3a	Patient Control Number	M	Enter the patient's unique alpha, numeric, or alphanumeric number assigned by the provider. You may enter up to 24 characters. Your patient's account number will appear on the RA Statement when this Form Locator is completed, which will make identifying claims easier when the beneficiary number is not recognized by DHS.
3b	Medical Record Number	O	Enter the designated medical/health record number that you have assigned to the beneficiary. This Form Locator will hold up to 24 alphanumeric characters. ***The medical record number will not be displayed on the RA Statement***.
4	Type of Bill	M	The UB-04 claim form may be used to bill for inpatient hospital care or to replace a claim for inpatient hospital care that was paid by MA. Enter the appropriate three-digit code to identify the type of bill being submitted. The format of the three-digit code is indicated below: 1. First digit: Type of facility – always enter "**1**" to indicate hospital. 2. Second digit: Bill classification – always enter "**1**" to indicate inpatient. 3. Third digit: Frequency – enter **0**, **1**, **2**, **7**, or **8**. **0 – Non Payment/Zero Claim**

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			This code is used when a bill is submitted to a payer and the provider does not anticipate a payment as a result of submitting the bill, but needs to inform the payer of the non-reimbursable periods of confinement or termination of care (that is, where patient pay is equal to or exceeds the amount billed).

1 – Admit Through Discharge Claim

This code is used for a bill that is expected to be the only bill received for a course of treatment or inpatient confinement. This includes bills representing a total confinement or course of treatment, and bills which represent an entire period of the primary third party payer.

2 – Interim – First Claim

This code is used for the first of a series of bills to the same payer for the same confinement.

7 – Replacement of a Prior Claim

This code is used when a specific bill has been issued for a specific Provider, Patient, Payer, Insured, and "Statement Covers Period", and the bill needs to be restated in its entirety except for the same identity information. When using this code, the payer is to operate on the principle that the original bill is null and void, and the information present on this bill represents a complete replacement of the previously issued bill.

This code replaces a prior claim. It does not simply adjust a prior claim. (Frequency Code 7 cannot be used to correct beneficiary. or provider number errors. For those errors, submit bill with Frequency Code 8.)

See Form Locator 80 for Reason for Adjustment Codes to be used with this frequency code.

For a complete listing and description of Reasons for Adjustment Codes, please refer

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			to the UB-04 Desk Reference, located in Appendix A of the handbook. **8 – Void/Cancel of Prior Claim** This code is used to reflect the elimination of a previously submitted bill in its entirety for a specific Provider, Patient, Payer, Insured, and "Statement Covers Period". When using Frequency Code 8 to return all monies paid, you are **not** required to back-out each revenue code claim line submitted on the approved claim.
5	Federal Tax Number	LB	Do not complete this Form Locator.
6	Statement Covers Period (From/Through)	M	Enter the dates the beneficiary was admitted and discharged from the facility. Use both the From and Through dates. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107). For billing instructions on interim, straddle, and day and cost outliers, please refer to Section 5 of the PA PROMISe™ Provider Handbook for the 837 Institutional/UB-04 Claim Form.
7	Unlabeled	LB	Do not complete this Form Locator.
8 (a, b)	Patient Name a. Patient ID b. Patient Name	LB M	Do not complete this portion of the Form Locator. Enter last name, first name, and middle initial of the patient in Form Locator 8b. **Note**: If submitting a claim for a newborn under the mother's beneficiary number, complete this Form Locator with the name of the baby. If the baby's name is not available, you may enter "Baby Boy" or "Baby Girl".
9 (a–e)	Patient Address	O	Enter the address of the patient. a) Street b) City c) State d) ZIP Code

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			e) Country Code
10	Birthdate	O	Enter the birth date of the beneficiary in an **8-digit** format (MMDDYYYY). Do not use spaces, slashes, dashes, or hyphens (for example, 09121984).
11	Sex	A	Enter **M** for Male or **F** for Female.
12	Admission Date	M	Enter the date the beneficiary was admitted to the facility for inpatient care. Enter the date in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107).

13	Admission Hour	M	Enter the two-digit hour during which the patient was admitted. These hours are in 24-hour notation (military time):
			Examples:
			    Midnight – 12:59 a.m. = **00**
			    Noon – 12:59 p.m. = **12**
			    6:00 p.m. – 6:59 p.m. = **18**

14	Admission Type	M	Enter **1** for an emergency admission – the condition requires immediate medical attention and any time delay would be harmful to the patient. Enter **2** for an urgent admission – a condition such that medical attention, while not immediately essential, should be provided very early to prevent possible loss or impairment of life, limb, or body function. Enter **3** for an elective admission. Enter **4** for a newborn admission. Enter **5** for a trauma admission.
15	Source of Admission	A	If the beneficiary resides in a long term care facility, enter a **5**. This will indicate that the beneficiary is exempt from copayment.
16	Discharge Hour	A	Enter the hour that the beneficiary was discharged. These hours are in 24-hour notation (military time): Examples: Midnight – 12:59 a.m. = **00**

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Noon – 12:59 p.m. = **12**
			6:00 p.m. – 6:59 p.m. = **18**
			Note: Leave this Form Locator blank if the beneficiary has not been discharged.
17	Patient Discharge Status	M	Enter the appropriate 2-digit code indicating the discharge status of the patient as of the ending service date of the period covered on the submitted claim form. *For a complete listing and description of Patient Status Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.*
18–28	Condition Codes	A	Enter the appropriate condition codes in Form Locators 18 through 28. *For a complete listing and description of Condition Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.*
29	Accident State	LB	Do not complete this Form Locator.
30 (1–2)	Unlabeled	LB	Do not complete this Form Locator.
31–34 (a, b)	Occurrence Code/Date	A	Enter the appropriate Occurrence Code and date. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107). Complete Form Locators 31a through 34a before completing 31b through 34b. Occurrence codes should be entered in numerical sequence. *For a complete listing and description of Occurrence Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.*
35–36 (a, b)	Occurrence Span Code and Dates	A	Enter the Occurrence Span Code and corresponding from and through dates, when appropriate.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107). *For a complete listing and description of Occurrence Span Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.*
37 (a, b)	Unlabeled	LB	Do not complete this Form Locator.
38	Unlabeled (Internal Control Number)	LB	**Do not place anything in this area of the claim form.**
39 – 41 (a–d)	Value Codes and Amount	A	**Value Codes**: • 06 Medicare Blood Deductible • 14 No Fault, Including Auto/Other • 15 Worker's Compensation • 16 PHS or Other Federal Agency • 38 Medicare Blood Deductible Pints Furnished • 39 Medicare Blood Deductible Pints Replaced • 47 Any Liability Insurance • 66 Patient Pay • 73 Sequestration Adjustment Amount • 80 Covered Days • 81 Non-Covered Days • 82 Co-insurance Days • 83 Lifetime Reserve Days, Inpatient Only • A1 Deductible Payer A • A2 Coinsurance and Lifetime Reserve Payer A • A7 Copayment, Payer A • B1 Deductible Payer B • B2 Coinsurance and Lifetime Reserve Payer B • B7 Copayment, Payer B • X0 Medicare Part B Any amount due from the patient must be shown in this Form Locator using Value Code 66. When a beneficiary. is required to pay a portion of his/her bill, this dollar amount is listed on the PA-162RM sent to the hospital by the County

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Assistance Office (CAO) and must be included in the dollar amount entered with Value Code 66.
			NOTE: If you are using Value Code 14, 15, 16, or 47 to indicate payment from a prior payer, do not complete Form Locator 54 with the same prior payment amount.
			For a complete listing and description of Value Codes, please refer to the [UB-04 Desk Reference](#)*, located in Appendix A of the handbook.*
			Complete this form locator as illustrated in the following example:

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Value codes must be entered in numeric sequence, starting in Form Locators 39a through 41a, 39b through 41b, 39c through 41c, and lastly, 39d through 41d. Please note that when entering days, place the number to the far right of the Value Code Amount (in the cents field). For example, 1–9 days would be entered in the same position you would enter 1–9 cents. Days 10–99 would be entered in the same positions you would enter ten to ninety-nine cents. Days 100–999 would be entered in the same positions you would enter one dollar to nine dollars and ninety-nine cents.

| 42 (1–22) | Revenue Codes | M | Enter the appropriate four-digit revenue codes to identify the delivered services.

Only **ONE** UB-04 can be submitted per hospital stay. You MUST combine similar revenue codes if there are more than 22 codes. For example, under Pharmacy, if you provide Revenue Codes 0251, 0252, and 0258, you would use one of the revenue codes and add up the units of service provided.

DO NOT include any personal care items on the UB-04 claim form. |

Form Locator Number	Form Locator Name	Form Locator Code	Notes
(23)		**LB**	*For a complete listing and description of Revenue Codes, please refer to the Desk Reference for Inpatient Revenue Codes for Fee-for-Service Providers, located in Appendix A of the handbook.* **Do not complete this row.**
43 (1 – 22)	Revenue Code Description	M	Enter the appropriate narrative description to correspond to the related revenue codes found in Form Locator 42
(23)	**Page __ of __**	**LB**	**Do not complete this row.** **Note: The back side of claim form must be left blank. DHS is not currently accepting double-sided, data-populated claim forms.**
44 (1–23)	HCPCS / Rate / HIPPS Code	LB	Do not complete this Form Locator.
45 (1–22)	Service Date	LB	Do not complete lines 1-22 of this Form Locator.
(23)	**Creation Date**	**M**	**Enter the Claim Creation Date on line 23 of this Form Locator.** See the sample fields exhibit below:

Form Locator Number	Form Locator Name	Form Locator Code	Notes
46 (1–22)	Units of Service	A	Enter the total number of covered accommodation days (for example, private, semi-private room charges, or board charges), ancillary units of service, or visits, where appropriate. Below are Revenue Code Categories. In addition to accommodation days, you are required to

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			provide units of service for revenue codes that fall within the categories listed below: **32X** Radiology diagnostic **35X** CT Scan **42X** Physical Therapy **43X** Occupational Therapy **61X** Magnetic Resonance Imaging **73X** EKG/ECG – electrocardiogram **74X** EEG – electroencephalogram **81X** Organ acquisition **91X** Psychiatric/psychological services – nursing care **94X** Other therapeutic services
47 (1–22)	Total Charges	M	Enter total charge calculations for all revenue codes on the appropriate corresponding lines for the current billing period. Hospitals must show the usual and customary charge to the general public for covered services during the admission. **Claim and claim adjustment submissions must include only positive dollar amounts.**
(23)	**Unlabeled (Total Charges)**	M	**Enter the sum of all charges entered in Form Locator 47, rows 1 – 22, in row 23.** See the sample field's exhibit in Form Locator 45 above.
48 (1–23)	Non-Covered Charges	LB	Do not complete this Form Locator.
49 (1–23)	Unlabeled	LB	Do not complete this Form Locator.

Note #1: Form Locators 50 through 65, lines A, B, and C, are designed to accommodate payer information.

- Line "**A**" denotes the primary payer,
- Line "**B**" denotes the secondary payer, and
- Line "**C**" denotes the tertiary payer.

Codes:

- **Medicare "A" = 2**

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			• **Other Insurance = 1 and name of plan.** • **Medical Assistance = MAPA** **Possible Payer Combinations:** **Medical Assistance is the only payer (the beneficiary does not have any other resources)**: • Complete **50(A)** with the word **MAPA**. **Medicare "A" is primary and Medical Assistance is secondary:** • If Medicare "A" is primary, complete **50(A)** with the number **2**. • Complete **50(B)** with **MAPA**. **Other insurance is primary and Medical Assistance is secondary:** • If other insurance is primary, complete **50(A)** with the number **1** and the name of the primary insurance plan (for example, **1 Aetna**). • Complete **50(B)** with **MAPA**. **The patient has two other insurance plans, and Medical Assistance:** • If Medicare "A" is the primary insurance plan, complete **50(A)** with the number **2**. • If another insurance plan is primary, complete **50(A)** with the number **1** and the name of the primary insurance plan (for example, **1 Aetna**) • Complete **50(B)** with the number **1** and name of the secondary insurance plan (for example, **1 Blue Cross**) • Complete **50(C)** with **MAPA**. **When completing Form Locators 51 through 65, place the information applicable to the primary payer on line "A", the secondary payer on line "B", and the tertiary payer on line "C".**
50 (A, B, C)	Payer Name		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		M	**MAPA** – Enter **MAPA** to indicate Pennsylvania Medical Assistance.
		A	**Medicare** – Enter **2** to indicate Medicare "A", if applicable.
		A	**Commercial Insurance** – Enter **1** and the name of the insurance carrier to indicate commercial insurance, if applicable. **Note:** Do not reference Medicare Part B in this Form Locator. Medicare Part B should be referenced with Value Code X0 in Form Locators 39–41.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
51 (A, B, C)	Health Plan ID	LB	Do not complete this Form Locator.
52 (A, B, C)	Release of Information	LB	Do not complete this Form Locator.
53 (A, B, C)	Assignment of Benefits	LB	Do not complete this Form Locator.
54 (A, B, C)	Prior Payments		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		LB	**MAPA** – Leave Blank
		A	**Medicare** – To ensure the proper use of the patient's Medicare resources, bill Medicare first for services provided to beneficiary's who may be eligible for Medicare. Enter the amount approved by Medicare Part A in this Form Locator on the appropriate A, B, or C line. **Note:** Medicare Part B payments are entered on Form Locator 39 – 41 using Value Code X0.
		A	**Due from Primary Payer** – Enter the amount of liability toward this hospitalization by any other insurance resource (other than Medicare). **NOTE:** If you are using Value Code 14, 15, 16, or 47 to indicate prior payment, <u>DO NOT COMPLETE THIS FIELD</u> with the same payment information. See Form Locator 50, Note # 1, for the A, B, C format rules. *Only positive dollar amounts are to be entered for any prior payment or patient pay amount when billing MA.*
55 (A, B, C)	Estimated Amount Due	LB	Do not complete this Form Locator.
56	NPI (National Provider Identifier)	M	Enter the 10-digit National Provider Identifier number.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
57 (A, B, C)	Other Provider ID		**A** – Primary Payer
			B – Secondary Payer
			C – Tertiary Payer
		M	**MAPA** – Enter the 9-digit provider number and 4-digit service location. (For example, 0342212210001). **Do not use slashes, hyphens, or spaces.**
		O	**Medicare** – Enter the Medicare provider number.
		O	**Commercial Insurance** – Enter the provider number assigned by the commercial carrier. See Form Locator 50, Note # 1, for the A, B, C format rules.
58 (A, B, C)	Insured's Name		**A** – Primary Payer
			B – Secondary Payer
			C – Tertiary Payer
		LB	**MAPA** – Do not complete this portion of the Form Locator.
		A	**Other Insurance** – Because MA is the payer of last resort, complete the appropriate Medicare or other private insurance line in Form Locator 58 information by entering the name of the person who owns the other insurance coverage. See Form Locator 50, Note # 1, for the A, B, C format rules.
59 (A, B, C)	Patient's Relationship to Insured		**A** – Primary Payer
			B – Secondary Payer
			C – Tertiary Payer
		LB	**MAPA** – Do not complete this portion of the Form Locator.
		A	**Other Insurance** – Complete the appropriate Medicare or other private insurance line Form Locator 59 information by entering the appropriate Patient's Relationship to Insured code. See Form Locator 50, Note # 1, for the A, B, C format rules.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			For a complete listing and description of Patient's Relationship to Insured, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook. Please note that the Patient's Relationship to Insured Codes are the same codes used electronically in the 837I.
60 (A, B, C)	Insured's Unique ID		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		M	**MAPA** – Enter the 10-digit beneficiary number as shown on the MA ACCESS Card on the last line of this Form Locator.
		A	**Medicare** – Enter the patient's Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Indicator (MBI) number (After January 1, 2020 only enter the MBI number), as shown on the Health Insurance Card, Certificate of Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form, or as reported by the Social Security office.
		A	**Commercial Insurance** – Enter the policy number for the insurance company. See Form Locator 50, Note # 1, for the A, B, C format rules.
61 (A, B, C)	Insurance Group Name		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		LB	**MAPA** – Leave Blank.
		LB	**Medicare** – Leave Blank.
		A	**Commercial Insurance line** – Enter the name of the group or plan through which insurance has been obtained. See Form Locator 50, Note # 1, for the A, B, C format rules.
62 (A, B, C)	Insurance Group Number		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer

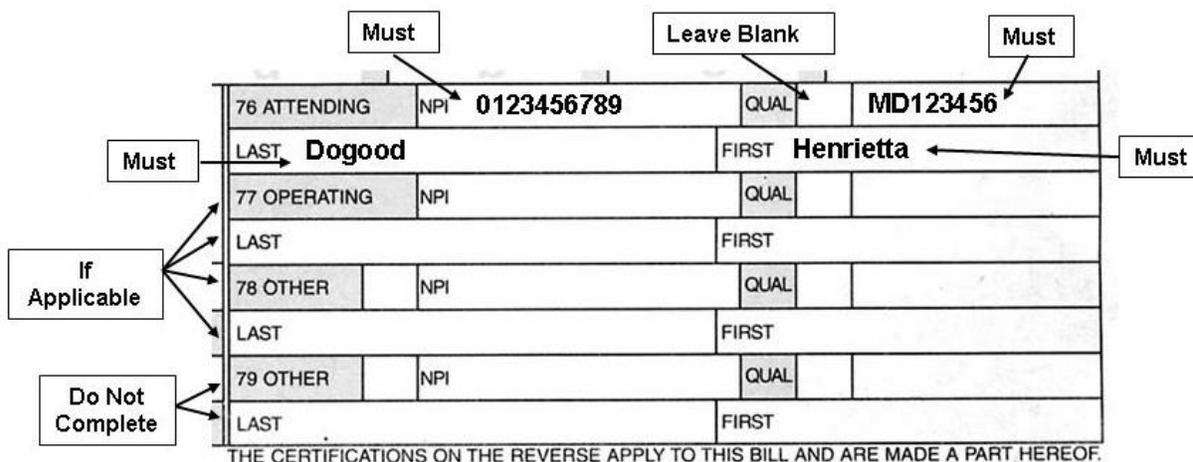| Form Locator Number	Form Locator Name	Form Locator Code	Notes
		LB	**MAPA** – Leave Blank.
		LB	**Medicare**– Leave Blank.
		A	**Commercial Insurance** – Enter the insurance group number which identifies the group listed in Form Locator 61. See Form Locator 50, Note # 1, for the A, B, C format rules.
63 (A, B, C)	Treatment Authorization Codes		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		A	**MAPA** – Enter the 10-digit prior authorization number.
		LB	**Medicare**– Leave Blank.
		LB	**Commercial Insurance** – Leave Blank. For additional information regarding authorization and your specific provider type, refer to the PA PROMIS*e*™ Provider Handbook for 837 Institutional/UB-04 Claim Form, Section 7, or to the PSR, DRG, or CHR Manuals. Do not enter a treatment authorization number for the following types of admissions: 1. Medicare deductible or coinsurance for admissions with Medicare Part A. 2. Non-Pennsylvania hospitals. **Note:** When completing Form Locator 63 (Treatment Authorization), use the Medical Assistance authorization number only, when applicable. Do not use a Medicare or other insurance's prior authorization number. See Form Locator 50, Note # 1, for the A, B, C format rules.
64 (A, B, C)	Document Control Number	A	**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			When resubmitting denied claims, enter the original denied ICN number on the **MAPA** line of this Form Locator. For claim adjustments or voids, enter the ICN number of the last paid claim. See Form Locator 50, Note # 1, for the A, B, C format rules.
65 (A, B, C)	Employer Name		**A** – Primary Payer **B** – Secondary Payer **C** – Tertiary Payer
		LB	**MAPA** – Leave Blank.
		LB	**Medicare** – Leave Blank.
		A	**Commercial Insurance – If Applicable** – Enter the name of the employer of the insured or possibly insured patient, spouse, parent, or guardian identified in Form Locator 58. See Form Locator 50, Note # 1, for the A, B, C format rules.
66	DX Version Qualifier	LB	Do not complete this Form Locator.

| 67 | Principal Diagnosis Code | M | For dates of discharge **prior** to October 1, 2015, enter up to five digits of the ICD-9-CM code for the principal diagnosis; **OR** for dates of discharge **on or after** October 1, 2015, enter up to seven digits of the ICD-10-CM code for the principal diagnosis. |

Form Locator Number	Form Locator Name	Form Locator Code	Notes
	Present on Admission (POA) Indicator	M	Do not include decimals. Enter a valid POA indicator in the shaded area of the field: **Y** – Yes, present at the time of inpatient admission **N** – No, not present at the time of inpatient admission **U** – Unknown, documentation is insufficient to determine if condition was present at time of inpatient admission **W** – Clinically undetermined, provider is unable to clinically determine whether condition was present at time of inpatient admission or not **1** – Exempt from POA reporting
67 (A–Q)	Other Diagnosis Code	A	For dates of discharge **prior** to October 1, 2015, enter up to five digits of the ICD-9-CM code: **OR** for dates of discharge **on or after** October 1, 2015, enter up to seven digits of the ICD-10-CM code for diagnoses, other than the principal diagnosis, in fields A-Q. Do not include decimals.
	Present on Admission (POA) Indicator	A	Enter a valid POA indicator (Y, N, U, W, 1) in the shaded area of the field for each diagnosis.
68	Unlabeled	LB	Do not complete this Form Locator.
69	Admitting Diagnosis Code	M	For dates of discharge **prior** to October 1, 2015 enter up to five digits of the ICD-9-CM admitting diagnosis code; **OR** for dates of discharge **on or after** October 1, 2015, enter up to seven digits of the ICD-10-CM admitting diagnosis code. The admitting diagnosis is: a significant finding representing patient distress; an abnormal finding on examination; a possible diagnosis based on significant findings; a diagnosis established from a previous encounter or admission; an injury; a poisoning; or a reason or condition such as follow-up or pregnancy in labor.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Do not include decimals.
70 (a, b, c)	Patient's Reason for Visit Code	LB	Do not complete this Form Locator.
71	PPS Code	LB	Do not complete this Form Locator.
72 (a, b, c)	External Cause of Injury Code	LB	If an Other Provider Preventable Condition (OPPC) occurs, enter the OPPC E diagnosis code and POA Indicator and attach the OPPC Self Reporting Form. If more than one OPPC E diagnosis code and POA Indicator apply, please use 72B and 72C. For additional information on OPPC reporting, please see Section 10 of the handbook and MA Bulletin 01-12-30.
73	Unlabeled	LB	Do not complete this Form Locator.
74	Principal Procedure Code & Date	A	For dates of discharge **prior** to October 1, 2015, enter the three or four digits of the ICD-9-CM procedure code for procedure/service performed; **OR** for dates of discharge **on or after** October 1, 2015, enter the seven digits of the ICD-10-PCS code for procedure/service performed. **DO NOT use HCPCS codes**. Do not enter a decimal in the procedure code. Enter the date in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030107).
74 (a–e)	Other Procedure Code & Date	A	For dates of discharge **prior** to October 1, 2015, enter the three or four digits of the ICD-9-CM procedure code for procedure/service performed; **OR** for dates of discharge **on or after** October 1, 2015, enter the seven digits of the ICD-10-PCS code for procedure/service performed. Enter codes in descending order of importance. **DO NOT use HCPCS codes**. Do not enter a decimal in the procedure code. Enter the date in a 6-digit format (MMDDYY).

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Do not use spaces, slashes, dashes, or hyphens (for example, 030107).
75	Unlabeled	LB	Do not complete this Form Locator.

The following graphic shows Form Locators 76–79 with sample data and their requirements. Please refer to the detailed notes for each Form Locator for specific completion instructions.

76	Attending Physician ID		
	NPI	M	Enter the NPI of the attending provider, the provider that ordered the admission or the provider who is responsible for determining the diagnosis or treatment of the patient.
	Qualifier	LB	Do not complete this field.
	ID Number (Unlabeled))	M	Enter the license number of the practitioner's NPI listed above.
			The full professional license number contains a prefix consisting of two alphabetic characters, the six-digit certification number, and a one-character alphabetic suffix. Do not enter hyphens or spaces.
			If the practitioner's license number was issued after June 29, 2001, enter the number in the new format (for example, MD123456).
		M	

Form Locator Number	Form Locator Name	Form Locator Code	Notes
	Last	M	Enter provider's last name.
	First		Enter provider's first name.
77	Operating Physician ID		
	NPI	M	Enter the NPI (National Provider Identifier) number for the operating physician.
	Qualifier	LB	Do not complete this field.
	ID Number (Unlabeled)	A	Enter the license number of the principal surgeon, other than the attending physician, when a surgical or obstetrical procedure was performed. Do not enter hyphens or spaces. See Form Locator 76 for a complete description of license number formatting procedure. **Note:** If the attending physician is also the provider who performs the surgery, their license number must once again be entered in this Form Locator.
	Last	A	Enter the Operating Physician's last name.
	First	A	Enter the Operating Physician's first name.
78	Other Physician ID		
	NPI	M	Enter the NPI (National Provider Identifier) number for the other physician.
	Qualifier	A	Enter the Code that indicates the type of ID: **ZZ** = Other Operating Physician
	ID Number (Unlabeled)	A	Enter the license number of the other operating physician who performed services. Do not enter hyphens or spaces. See Form Locator 76 for a complete description of license number formatting procedure.
	Last	A	Enter the Other Physician's last name.

Form Locator Number	Form Locator Name	Form Locator Code	Notes
	First	A	Enter the Other Physician's first name.
79	Other Physician ID	LB	Do not complete this Form Locator.
80 (a–d)	Remarks	A	**Newborn** When billing for a newborn under the mother's beneficiary number, enter the mother's name, date of birth, and social security number in this Form Locator.
		A	**Qualified Small Businesses** Qualified small businesses must <u>always</u> enter the following message in Form Locator 80 (Remarks a, b, c, d) of the UB-04: "(Name of Vendor) is a qualified small business concern as defined in 4 Pa Code §2.32."
		A	**Reason for Adjustment Codes** Enter one or more of the following reason codes to explain your request for an adjustment: • 8001 Change the Patient Control Number • 8002 Change the Covered Dates • 8003 Change the Covered/Non covered Days • 8004 Change the Admission Dates/Time • 8005 Change the Discharge Times • 8006 Change the Status • 8007 Change the Medical Record Number • 8008 Change the Condition Codes (sometimes to make claim an "outlier" claim) • 8009 Change the Occurrence Codes • 8010 Change the Value Codes • 8011 Change the Revenue Codes • 8012 Change the Units Billed • 8013 Change the Amount Billed • 8014 Change the Payer Codes

Form Locator Number	Form Locator Name	Form Locator Code	Notes
			• 8015 Change the Prior Payments • 8016 Change the Prior Authorization Number • 8017 Change the Diagnosis Codes • 8018 Change the ICDN Codes and Dates • 8019 Change the Phys. ID Numbers • 8020 Change the Billed Date *For a complete listing and description of Reasons for Adjustments, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.*
81 (a–d)	CC	LB	Do not complete this Form Locator.