

# **Highmark Blue Shield**

## **Facility Billing Reference Manual**



The manual consists of each UB locator and any specific instructions as it relates to billing Highmark Blue Shield. A complete list of all locator values can be obtained through the NUBC (National Uniform Billing Committee) website at [www.nubc.org](http://www.nubc.org).

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# LOCATOR EDIT GUIDELINES - REQUIREMENT INDICATOR

Your key to understanding the Requirement Indicator . . .

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/Hospice
*R	*R	*R	*R	*R	*R

**"HOSPITAL IP and OP"**

- 'Inpatient' and 'Outpatient' claims for:
- >General hospital [acute care and all distinct units]
  - >Physical rehabilitation hospital
  - >Psychiatric hospital

**"NON-HOSPITAL IP"**

- 'Inpatient' claims for:
- >Alcohol & Drug Rehabilitation [ADR] facility - Freestanding and Hospital Based
  - >Veterans Administration [VA] hospital

**"NON-HOSPITAL OP"**

- 'Outpatient' claims for:
- >Alcohol & Drug Rehabilitation [ADR] facility - Freestanding and Hospital Based
  - >Ambulatory Surgery Center [ASC]
  - >Dialysis facility - Freestanding and Hospital Based
  - >Veterans Administration [VA] hospital

**"SNF"**

- >Freestanding Skilled Nursing Facility [SNF]
- >Hospital-Based Skilled Nursing Facility

**"HHA/HOSPICE"**

- >Freestanding Home Health Agency[HHA]/Hospice
- >Hospital-Based Home Health Agency[HHA]/Hospice

**KEY TO REQUIREMENT INDICATOR**

- "R" = Required
- "NR" = Not Required or Not Applicable
- "IA" = If Applicable [required in certain instances]



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
01	1	4	25

Data Element: BILLING PROVIDER NAME, ADDRESS AND TELEPHONE NUMBER

HBS Instructions: Minimum requirement is the provider's name, city, state and zip code.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
02	1	4	25

Data Element: PAY-TO NAME AND ADDRESS

HBS Instructions: The address that the Provider submitting the bill intends payment to be sent IF DIFFERENT THAT FL01.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
03a	1	1	24

Data Element: PATIENT CONTROL NUMBER

HBS Instructions: Record the patient's unique alpha-numeric account number assigned by the provider. This number will appear on the remittance advice.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
03b	1	1	24

Data Element: MEDICAL/HEALTH RECORD NUMBER

HBS Instructions: The number assigned to the patient's medical/health record by the provider.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
04	1	1	4

Data Element: TYPE OF BILL

HBS Instructions: Each number of this four-digit code holds a specific meaning and is sequenced as follows:

- 1st digit - Leading 0 (do not include on electronic claims)
- 2nd digit - Type of Facility
- 3rd digit -Bill Classification
- 4th digit - Frequency

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
05	1	2	4 upper 10 lower

Data Element: FEDERAL TAX NUMBER

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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06	1	1	12
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Data Element: STATEMENT COVERS PERIOD - FROM/THROUGH

HBS Instructions: Record the month, day and year for both dates. Record the same date in both the "From" and "Through" fields when services are rendered on a single day.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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07	1	2	7 upper 8 lower
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Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions: NOT USED

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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08	1 2 subfields: a, b	2	19a 29b
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Data Element: PATIENT NAME/IDENTIFIER

HBS Instructions: NAME SHOULD BE REPORTED EXACTLY AS ON THE MEMBER'S ID CARD

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
09	1 5 subfields: a, b, c, d, e	1	40 a 30 b 2 c 9 d 2 e

Data Element: PATIENT ADDRESS

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
10	1	1	8

Data Element: PATIENT BIRTHDATE

HBS Instructions: Enter the month, day, and year of birth. The complete birth date must be entered for all claims.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
11	1	1	1

Data Element: PATIENT SEX

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
12	1	1	6

Data Element: ADMISSION/START OF CARE DATE

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	NR	R	NR	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
13	1	1	2 Alpha/Numeric

Data Element: ADMISSION HOUR

HBS Instructions: The admission hour (service time) is required only on inpatient claims.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
14	1	1	1

Data Element: PRIORITY (TYPE) OF VISIT

HBS Instructions:

FOR COMPLETE CODE INFORMATION, PLEASE REFERENCE THE NATIONAL UNIFORM BILLING MANUAL

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	NR	R	NR	R	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
15	1	1	1

Data Element: SOURCE OF REFERRAL FOR ADMISSION OR VISIT

**HBS Instructions:**

FOR COMPLETE CODE INFORMATION, PLEASE REFERENCE THE NATIONAL UNIFORM BILLING MANUAL

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	*R	R	*R	R	NR

\*Optional but recommended

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
16	1	1	2 Alpha/Numeric

Data Element: DISCHARGE HOUR

**HBS Instructions:**

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	IA	NR	IA	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
17	1	1	2

Data Element: PATIENT DISCHARGE STATUS

**HBS Instructions:**

FOR COMPLETE CODE INFORMATION, PLEASE REFERENCE THE NATIONAL UNIFORM BILLING MANUAL

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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31 - 34, A & B	4 code	2 code	2 code
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Data Element: OCCURRENCE CODES AND DATES

HBS Instructions: FOR COMPLETE CODE INFORMATION, PLEASE REFERENCE THE NATIONAL UNIFORM BILLING MANUAL

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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35 A & B	4 date	2 date	6 date
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Data Element: OCCURRENCE SPAN CODES AND DATES

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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37	1	2	8
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Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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38	1	5	40
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Data Element: RESPONSIBLE PARTY NAME AND ADDRESS (CLAIM ADDRESSEE)

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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39, 40, 41 A-D	3 code 3 amt	4 code 4 amt	2 code 9 amt
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Data Element: VALUE CODES AND AMOUNTS

HBS Instructions: Only use value codes when reporting other insurance on paper submitted claims. If submitting secondary or tertiary claims electronically, report the appropriate CAS Codes.

Covered Days, Non-Covered Days, Co-Insurance Days, Lifetime Reserve Days are now reported using the appropriate Value Code.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
42	1	23	4

Data Element: REVENUE CODES

**HBS Instructions:** For inpatient claims, record the accommodation revenue code(s) first, then record the ancillary code(s). There are no restrictions on the number of accommodation revenue codes for inpatient claims.

For inpatient claims, do not record duplicate accommodations revenue codes unless the room rate differs for the same accommodations category.

For outpatient claims, do not record duplicate ancillary revenue codes unless HCPCS codes are present and the HCPCS are different or if the HCPCS Codes are the same but the associated charge per unit is different.

When reporting multiple surgical procedures on an outpatient claim, report a separate service line for each service. Each line must include the HCPCS Code for the procedure preferred.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
43	1	22	24

Data Element: REVENUE DESCRIPTION

**HBS Instructions:**

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
*NR	*NR	*NR	*NR	*NR	*NR

\* NOTE: this data element is required only for paper submitted claims.



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
44	1	22	14 Numeric (rate) Alpha/numeric (HCPCS/HIPPS)

**Data Element:** HCPCS/ACCOMMODATION RATES/HIPPS RATE CODES

**HBS Instructions:** OUTPATIENT BILLS

For outpatient clinical diagnostic laboratory, surgery, radiology, other diagnostic, prosthetic/orthotic and therapeutic services, enter the HCPCS code describing the service.

Various CPT and HCPCS codes may require the use of modifiers to improve the accuracy of coding. Consequently, reimbursement, coding consistency, editing, and proper payment will benefit from the reporting of modifiers. Facilities should not report a separate HCPCS (five-digit code) instead of the modifier.

Report the applicable Health Insurance Prospective Payment System (HIPPS) rate code on FreedomBlue claims for Skilled Nursing, Home Health and Inpatient Rehabilitation Services.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
*R	**IA	*R	IA	IA	IA

\* Rate Only    \*\* HCPCS only

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
45	1	23 22 (service date) 1 (creation date)	6 (service date) 6 (creation date)

**Data Element:** SERVICE DATE

**HBS Instructions:**

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	R	NR	R	NR	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
46	1	22	7

Data Element: SERVICE UNITS

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
47	1	23	9

(7 dollar  
2 cents)

Data Element: TOTAL CHARGES

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
48	1	23	9

(7 dollar  
2 cents)

Data Element: NON-COVERED CHARGES

HBS Instructions: Required if needed to report line specific non-covered charge amount.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	NR	IA	NR	IA	NR

LOCATOR(S) FIELD(S) LINE(S) POSITION(S)

49 1 23 2

Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions:

REQUIREMENT INDICATOR

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

LOCATOR(S) FIELD(S) LINE(S) POSITION(S)

50 A, B, C 1 3 23

Data Element: PAYER NAME

HBS Instructions:

REQUIREMENT INDICATOR

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S) FIELD(S) LINE(S) POSITION(S)

51 A, B, C 1 3 15

Data Element: HEALTH PLAN IDENTIFICATION NUMBER

HBS Instructions: Until a Health Plan Identification Number has been assigned, report NAIC 54771C.

REQUIREMENT INDICATOR

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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52 A, B, C	1	3	1
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Data Element: RELEASE OF INFORMATION CERTIFICATION INDICATOR

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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53 A, B, C	1	3	1
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Data Element: ASSIGNMENT OF BENEFITS CERTIFICATION INDICATOR

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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54 A, B, C	1	3	10 (8 dollar 2 cents)
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Data Element: PRIOR PAYMENTS - PAYER

HBS Instructions: The A, B and C indicators refer to the payers described in locator 50. Enter the amount paid by the primary payer (line A, B and C). DO NOT INCLUDE CONTRACTUAL ADJUSTMENT..

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
55 A, B, C	1	3	10 8 dollar 2 cent)

Data Element: ESTIMATED AMOUNT DUE - PAYER

HBS Instructions: Optional for use on claims in conjunction with locator 54.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
56	1	1	15

Data Element: NATIONAL PROVIDER IDENTIFIER - BILLING PROVIDER

HBS Instructions: Required for provider on or after the mandated HIPAA National Provider Identifier (NPI) implementation date.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
57	1	3	15

Data Element: OTHER (BILLING) PROVIDER IDENTIFIER

HBS Instructions: Report Highmark Provider Number. Required for providers until mandated NPI implementation date.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
------------	----------	---------	-------------

61 A, B, C	1	3	14
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Data Element: INSURED'S GROUP NAME

HBS Instructions: Record the insured's group name in locator 61 A, B and C that relates to the payer's name in locator 50 A, B and C.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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62 A, B, C	1	3	17
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Data Element: INSURED'S GROUP NUMBER

HBS Instructions: Enter the insured's group number in locator 62 A, B and C that relates to the payer's name in locator 50 A, B and C.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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63 A, B, C	1	3	30
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Data Element: TREATMENT AUTHORIZATION CODE

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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64 A, B, C	1	3	26
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Data Element: DOCUMENT CONTROL NUMBER (DCN)

HBS Instructions: Report original claim number when submitting an adjusted bill

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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65 A, B, C	1	3	25
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Data Element: EMPLOYER NAME (OF THE INSURED)

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
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66	1	1	1
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Data Element: DIAGNOSIS AND PROCEDURE CODE QUALIFIER (ICD VERSION INDICATOR)

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR



LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
67	1	1	1-7 (PDC) 8 (POA)

Data Element: PRINCIPAL DIAGNOSIS CODE (PDC) AND PRESENT ON ADMISSION INDICATOR (POA)

HBS Instructions: POA ia not required at this time but may be in the future.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
RR	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
67 A - Q	17	2	1-7 (DC) 8 (POA)

Data Element: OTHER DIAGNOSIS CODES

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
68	1	2	8 (line 1) 9 (line 2)

Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
69	1	1	7

Data Element: ADMITTING DIAGNOSIS CODE

HBS Instructions: ICD-9 Code describing patients diagnosis at time of admission. Required when claim involves an inpatient admission.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	NR	R	NR	R	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
70 A, B, C	1 FIELD 3 SUBFIELDS	1	7

Data Element: PATIENT'S REASON FOR VISIT

HBS Instructions: ICD-CM diagnosis describing the patient's reason for visit at the time of outpatient registration. Required when claim involves OP visit.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	R	NR	R	NR	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
71	1	1	4

Data Element: PROSPECTIVE PAYMENT SYSTEM (PPS) CODE

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
72 A, B, C	3	1	1-7 (PDC) 8 (POA)

Data Element: EXTERNAL CAUSE OF INJURY (ECI) CODE

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
NR	NR	NR	NR	NR	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
73	1	1	9

Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
74	1code 1date	1 1	7 code 6 date

Data Element: PRINCIPAL PROCEDURE CODE AND DATE

HBS Instructions: The use of ICD-9-CM procedure codes are restricted to the reporting of inpatient procedures by hospitals. Required on Inpatient claims when a procedure was performed.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	NR	IA	NR	IA	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
74 A - E	5 code 5 date	1 1	7 code 6 date

Data Element: OTHER PROCEDURE CODES AND DATES

HBS Instructions: The use of ICD-9-CM procedure codes are restricted to the reporting of inpatient procedures by hospitals. Required on Inpatient claims when additional procedures must be reported.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	NR	IA	NR	IA	NR

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
75	1	4	4

Data Element: RESERVED FOR ASSIGNMENT BY THE NUBC

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE

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**LOCATOR(S)**

76

**FIELD(S)**

5

**LINE(S)**

2

**POSITION(S)**LINE 1  
22  
LINE 2  
28**Data Element:** ATTENDING PROVIDER NAME AND IDENTIFIERS**HBS Instructions:** Attending physician required on inpatient claims. Until the mandated HIPAA implementation date for the National Provider Identifier (NPI), Highmark will accept NPI or UPIN.

Report the appropriate qualifier identifying the number being reported.

OB - State License Number

IG - Provider UPIN Number

G2 - Provider Commercial Number

EI - Employer's Identification Number

SY - Social Security Number

**REQUIREMENT INDICATOR****Hospital****Non-Hospital**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
R	R	R	R	R	R

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
77	5	2	LINE 1 22 LINE 2 28

Data Element: OPERATING PHYSICIAN NAME AND IDENTIFIERS

**HBS Instructions:**

Until the mandated HIPAA implementation date for the National Provider Identifier (NPI), Highmark will accept NPI or UPIN.  
Report the appropriate qualifier identifying the number being reported.

- OB - State License Number
- IG - Provider UPIN Number
- G2 - Provider Commercial Number
- EI - Employer's Identification Number
- SY - Social Security Number

Operating physician required on inpatient claims when revenue code equals 0360-0369, 0490-0499, or 0750-0759 and a principal procedure code is reported.

Operating physician required on outpatient claims when revenue code equals 0360-0369, 0490-0499, or 0750-0759 and HCPCS Codes equals 10000-69999.

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
78-79	6	2	LINE 1 24 LINE 2 28

Data Element: OTHER PROVIDER (INDIVIDUAL) NAMES AND IDENTIFIERS

**HBS Instructions:**

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
80	1	4	LNE 1 19 LINE 2-4 24

Data Element: REMARKS FIELD

HBS Instructions:

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

LOCATOR(S)	FIELD(S)	LINE(S)	POSITION(S)
81	1 (CODE QUALIFIER) 1 (CODE) 1 (NUMBER OR VALUE)	4 (CODE QUALIFIER) 4 (CODE) 4 (NUMBER OR VALUE)	2 (CODE QUALIFIER) 10 (CODE) 12 (NUMBER OR VALUE)

Data Element: CODE - CODE FIELD

HBS Instructions: This field may be used to report additional codes related to a form locator (overflow).

NOTE: TAXONOMY NUMBER NOT REQUIRED BUT ENCOURAGED FOR PROPER ENUMERATION AND PAYMENT OF CLAIMS. USE QUALIFIER B3 WHEN REPORTING TAXONOMY.

- Code List Qualifiers:  
 A1 - Condition Code  
 A2 - Occurrence Codes  
 A3 - Occurrence Span Codes  
 A4 - Value Codes  
 B3 - Taxonomy Codes

**REQUIREMENT INDICATOR**

Hospital		Non-Hospital			
IP	OP	IP	OP	SNF	HHA/HOSPICE
IA	IA	IA	IA	IA	IA

