

UB-04 Billing Guide for PROMISe™ Outpatient Hospitals

Purpose of the Document	<p>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:</p> <ul style="list-style-type: none">• Outpatient Hospital Clinic & Emergency Room• Hospital Short Procedure Unit (SPU)• Outpatient Rehabilitation Hospital
Document Format	<p>The document contains a table with five columns and each column provides a specific piece of information as explained below:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• M – Indicates that the Form Locator must be completed.• A – Indicates that the Form Locator must be completed, if applicable.• O – Indicates that the Form Locator is optional.• LB – Indicates that the Form Locator should be left blank.• 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	<p>Because of limited field size, either of the following type faces and sizes are recommended for form completion:</p> <ul style="list-style-type: none">• Times New Roman, 10 point• Arial, 10 Point <p>Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.</p>
Signature Approval	<p>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.</p> <p>Go to the DHS Website to download a copy of the form with completion instructions.</p>

EPSDT

Acute Care Hospitals and Hospital Based Medical Clinic providers who wish to bill for an individual EPSDT office visit for an incomplete EPSDT screen should bill their service as an outpatient clinic visit with procedure code T1015 and their applicable pricing modifier (U4 or U5) and informational modifier EP. This service must be billed on the UB-04/837I. Providers should also use condition code A1 for EPSDT services.

Incomplete EPSDT screens are office visits where the provider did not complete all of the required components listed on the periodicity schedule for the child's age group.

Outpatient Hospital clinics / Independent Medical Surgical Clinics who are billing EPSDT complete screens will bill on the CMS-1500/837P. These providers should refer to the MA Program Fee Schedule and the [CMS-1500 Billing Guide for Early, and Periodic, Screening, Diagnosis, and Treatment \(EPSDT\) Services](#), for details on billing EPSDT complete screens.

LARC

Effective with dates of service on and after December 1, 2016, the DHS will pay inpatient hospitals (Provider Type 01 and Specialty 010) for LARC (Long Acting Reversible Contraception); intrauterine devices and contraceptive implants in addition to maternity APR DRG. Hospitals must submit their claims for the LARC device on an 837I for Outpatient, Internet Outpatient Claim, or paper UB04 using the applicable LARC procedure code-modifier combinations identified in the attachment to MA Bulletin 01-16-33 et al; titled "MA Program Fee Schedule Updates for Certain Family Planning Services" effective December 1, 2016.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
1	Provider Name, Address, and Telephone Number	M	<p>Enter the information in Form Locator 1 on the appropriate line:</p> <p>Line 1 – Provider Name Line 2 – Complete street address Line 3 – City, state, and zip code Line 4 – Area code and telephone number</p>
2	Unlabeled (Pay-To Name, Address, and Pay-to Provider ID)	A	<p>Enter the information in Form Locator 2 on the appropriate line:</p> <p>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)</p>
3a	Patient Control Number	M	<p>Enter the patient's unique alpha, numeric, or alphanumeric number assigned by the provider. You may enter up to 24 characters. DHS will capture and return 24 characters.</p> <p>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.</p>
3b	Medical Record Number	O	<p>Enter the designated medical/health record number that you have assigned to the beneficiary.</p> <p>This Form Locator will hold up to 24 alphanumeric characters.</p> <p><i>The medical record number will not be displayed on the RA Statement.</i></p>
4	Type of Bill	M	<p>The UB-04 claim form may be used to bill for outpatient hospital care or to replace a claim for outpatient hospital care that was paid by MA. Enter the appropriate three-digit code to identify</p>

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			<p>the type of bill being submitted. The format of the three-digit code is indicated below:</p> <ol style="list-style-type: none"> 1. First digit: Type of facility – always enter “1” to indicate hospital. 2. Second digit: Bill classification – enter “3” to indicate outpatient or “4” for Hospital Special Treatment Room. 3. Third digit: Frequency – enter 0, 1, 7, or 8. <p>0 – Non Payment/Zero Claim</p> <p>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 care (that is, where patient pay is equal to or exceeds the amount billed).</p> <p>1 – Admit Through Discharge Claim</p> <p>This code is used for a bill that is expected to be the only bill received for a course of treatment. This includes bills representing a total course of treatment, and bills which represent an entire period of the primary third party payer.</p> <p>7 – Replacement of a Prior Claim</p> <p>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.</p> <p>This code replaces a prior claim. It does not simply adjust a prior claim. (Frequency Code</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			<p>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 a complete listing of Reason for Adjustment Codes.</p> <p>8 – Void/Cancel of Prior Claim</p> <p>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”.</p> <p>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.</p>
5	Federal Tax Number	LB	Do not complete this Form Locator.
6	Statement Covers Period (From/Through)	M	<p>Enter the dates the beneficiary was treated in 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).</p> <p><u>Paper UB04 Claims Only:</u> For Observation Services, the Statement Covers Period must represent the timeframe the recipient was in observation status (i.e., admission date and discharge date from observation). <i>Please do not apply the billing instructions to Internet or electronic claims.</i></p>
7	Unlabeled	LB	Do not complete this Form Locator.
8 (a, b)	Patient Name		
	a) Patient ID	LB	Do not complete this portion of the Form Locator.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
	b) Patient Name	M	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 e) Country Code
10	Birthdate	M 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). Newborn - If submitting a claim for a newborn under the mother's beneficiary number, you must complete this Form Locator with the newborn's date of birth All others, other than newborns.
11	Sex	M O	Enter M for Male or F for Female. Newborn: If submitting a claim for a newborn under the mother's beneficiary number, you must complete this Form Locator with the gender of the newborn. All others, other than newborns.
12	Admission Date	LB	Do not complete this Form Locator.
13	Admission Hour	LB	Do not complete this Form Locator.
14	Admission Type	M	Enter 1 for an emergency treatment – the condition requires immediate medical attention

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			<p>and any time delay would be harmful to the patient.</p> <p>Enter 2 for an urgent treatment – 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.</p> <p>Enter 3 for an elective treatment.</p> <p>Enter 4 for a newborn treatment.</p> <p>Enter 5 for a trauma treatment.</p>
15	Source of Admission	A	If the beneficiary resides in a long term care facility, enter 5. This indicates that the beneficiary is exempt from copayment.
16	Discharge Hour	LB	Do not complete this form locator.
17	Patient Discharge Status	LB	Do not complete this form locator.
18–28	Condition Codes	A	<p>Enter the appropriate condition codes in Form Locators 18 through 28.</p> <p><i>For a complete listing and description of Condition Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i></p>
29	Accident State	LB	Do not complete this Form Locator.
30 (1, 2)	Unlabeled Line 1 Line 2	LB LB	<p>Do not complete Line 1 of this Form Locator.</p> <p>Do not complete Line 2 of this Form Locator.</p>
31–34 (a, b)	Occurrence Code/Date	A	<p>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).</p> <p>Complete Form Locators 31a through 34a before</p>

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			<p>completing 31b through 34b.</p> <p>Occurrence codes should be entered in numerical sequence.</p> <p><i>For a complete listing and description of Occurrence Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i></p>
35, 36	Occurrence Span Code and Dates	LB	Do not complete these Form Locators.
37	Unlabeled	LB	Do not complete this Form Locator.
38	Unlabeled	LB	Do not place anything in this area of the claim form.
39–41 (a–d)	Value Codes and Amount	A	<p>Enter the appropriate value codes and amounts.</p> <p>Value codes should be entered in numerical sequence.</p> <p>Form Locators 39a through 41a must be completed before Form Locators 39b through 41b.</p> <p>Value code 66 is used for Patient Pay only.</p> <p>Value Code 73 is used for Sequestration adjustment amount.</p> <p>Note: As of 1/1/2012, report Medicare Co-Pay with a value code of A7.</p> <p>Note: When submitting a paper crossover claim on a UB04 claim form, use Value Code 73 (Sequestration adjustment amount).</p> <p><i>For a complete listing and description of Value Codes, please refer to the UB-04 Desk Reference, located in Appendix A of the handbook.</i></p>
42	Revenue Codes	M	Enter the appropriate four-digit revenue codes to

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
(1–22)			identify the delivered services.
(23)	Unlabeled	LB	<p><u>Paper UB04 Claims, Internet Claims, and Electronic Claims:</u> Observation Procedure Codes G0378 and G0379; hospitals must use either Revenue Code 0760 or 0762.</p> <p>When billing for services involving a third-party payment, only one claim line may be billed on an invoice.</p> <p><i>For a complete listing and description of Revenue Codes, please refer to the Desk Reference for Outpatient Revenue Codes, located in Appendix A of the handbook.</i></p> <p>Do not complete this row.</p>
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. The back side of claim form must be left blank. DHS is not currently accepting double-sided, data-populated claim forms.
44 (1–22)	HCPCS / Rate / HIPPS Code	M/M	<p>Enter the appropriate HCPCS Codes and modifiers.</p> <p>When billing for services involving a third-party payment, only one claim line may be billed on an invoice.</p> <p>When billing a Primary code with additional related (add-on) codes, the Primary code and the additional add-on code(s) must appear on the same claim. The Primary code MUST appear on the claim first preceding the add-on codes, regardless of where the primary code appears on the claim.</p> <p>Note: Failure to follow this Billing procedure will result in the denial of your claim on edit 5529 “Related Procedures Must be Billed Together”, 5535 “Primary Code Must be</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
(23)	Unlabeled	LB	<p>Billed Before Add-on Code”, or 5536 “Primary Must be Billed Before Add-on Code (Different)”.</p> <p><i>For a complete listing and description of Modifier Codes, please refer to the Modifier Codes.</i></p> <p>Do not complete this row.</p>
45 (1–22)	Service Date	M	<p>Enter the applicable date(s) of service. Enter the dates in a 6-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (for example, 030407).</p> <p>The Service Dates must fall between the From and Through dates entered in Form Locator #6.</p> <p>Paper UB04 Claims Only: For Observation Procedure Codes G0378 and G0379, enter the ‘<u>observation admission date</u>’ due to the field only facilitating a single date of service. Please do not apply the billing instructions to Internet or electronic claims.</p>
(23)	Creation Date	M	<p>Enter the Claim Creation Date on line 23 of this Form Locator.</p> <p>See the sample exhibit below:</p>

Creation Date and Total Charges Fields

The screenshot shows a portion of the UB-04 form. Fields 42-49 are visible at the top, including Description, HCPCS/RATE, Service Date, Service Units, Total Charges, and Non-Covered Charges. Below these, fields 50-57 are visible, including Payer Name, Health Plan ID, Referral Info, Prior Payments, and Amount Due. A callout box labeled 'See FL #45 (Must)' points to the 'CREATION DATE' field, which contains the value '030407'. Another callout box labeled 'See FL #47 (Leave Blank)' points to the 'TOTALS' field, which is currently empty.

46	Units of Service	M	Enter the number of units, services, or items
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(1–22)			<p>provided.</p> <p><u>Paper UB04 Claims, Internet Claims, and Electronic Claims:</u> For Observation Procedure Codes G0378, one unit is equal to one hour of observation. Please enter the number of hours via units that the patient was in observation status.</p> <p>Observation Procedure Code G0379 may only be billed with a single unit.</p> <p>Please refer to MA Bulletins 1150-16-01 and 01-16-19 for additional information.</p>
47 (1–22)	Total Charges	M	<p>Enter total amount for each HCPCS code 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 treatment.</p> <p>Claim and claim adjustment submissions must include only positive dollar amounts.</p>
(23)	Unlabeled (Total Charges)	LB	Do not complete this Form Locator.
48 (1–23)	Non-Covered Charges	LB	Do not complete this Form Locator.
49 (1–23)	Unlabeled	LB	Do not complete this Form Locator.
<p>Note #1: Form Locators 50 through 65, lines A, B, and C, are designed to accommodate payer information.</p> <ul style="list-style-type: none"> • Line “A” denotes the primary payer, • Line “B” denotes the secondary payer, and • Line “C” denotes the tertiary payer. <p>Codes:</p> <ul style="list-style-type: none"> • Medicare “B” = 2 • Other Insurance = 1 and name of plan. 			

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
<ul style="list-style-type: none"> • Medical Assistance = MAPA <p>Possible Payer Combinations:</p> <p>Medical Assistance is the only payer (the beneficiary does not have any other resources):</p> <ul style="list-style-type: none"> • Complete 50(A) with the word MAPA. <p>Medicare “B” is primary and Medical Assistance is secondary:</p> <ul style="list-style-type: none"> • If Medicare “B” is primary, complete 50(A) with the number 2. • Complete 50(B) with MAPA. <p>Other insurance is primary and Medical Assistance is secondary:</p> <ul style="list-style-type: none"> • 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. <p>The patient has two other insurance plans, and Medical Assistance:</p> <ul style="list-style-type: none"> • If Medicare “B” 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. <p>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”.</p>			
50 (A, B, C)	Payer Name		<p>A – Primary Payer</p> <p>B – Secondary Payer</p> <p>C – Tertiary Payer</p> <p>A Medicare Part “B”– Enter “2” to indicate Medicare, if applicable.</p> <p>A Commercial Insurance –Enter the number “1” and the name of the insurance carrier to indicate commercial insurance, if applicable.</p> <p>M MAPA –Enter “MAPA” to indicate Pennsylvania Medical Assistance.</p>
51 (A, B, C)	Health Plan ID	LB	Do not complete this Form Locator.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
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	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Due from Primary Payer – Enter the amount of liability toward this hospitalization by any other insurance resource (other than Medicare).</p>
		A	<p>Medicare – To ensure the proper use of the patient’s Medicare resources, bill Medicare first for services provided to beneficiaries who may be eligible for Medicare.</p> <p>i. Deductible Only – If Medicare applied the entire payment to the Medicare Part B beneficiary’s calendar year deductible, report the Medicare Approved Amount here.</p> <p>ii. Deductible and Coinsurance OR Deductible and Copayment OR Coinsurance OR Copayment Only – If Medicare applied part of the payment toward the Medicare Part B beneficiary’s calendar year deductible <i>and</i> assessed coinsurance or copayment toward the same service or Medicare assessed coinsurance or copayment only, report the Medicare Paid Amount here.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
		LB	<p>MAPA – Leave Blank – there is no information to place in this Form Locator.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p> <p><i>Only positive dollar amounts are to be entered for any payer and patient when billing MA.</i></p>
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.
57 (A, B, C)	Other Provider ID	<p>O</p> <p>O</p> <p>M</p>	<p>A – Primary Payer</p> <p>B – Secondary Payer</p> <p>C – Tertiary Payer</p> <p>Medicare – Enter the Medicare provider number. (Optional)</p> <p>Commercial Insurance – Enter the provider number. (Optional)</p> <p>MAPA – Enter the 9-digit provider number and 4-digit service location For example, 0342212210001). (Must)</p> <p>Do not use slashes, hyphens, or spaces.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
58 (A, B, C)	Insured's Name	A	<p>A – Primary Payer</p> <p>B – Secondary Payer</p> <p>C – Tertiary Payer</p> <p>Because MA is the payer of last resort, complete the appropriate Medicare or other private insurance information by entering the name of the person who owns the other insurance coverage.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
		LB	<p>MAPA – Do not complete this portion of the Form Locator.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
59 (A, B, C)	Patient's Relationship to Insured	A LB	<p>A – Primary Payer</p> <p>B – Secondary Payer</p> <p>C – Tertiary Payer</p> <p>Other Insurance – If Applicable – Complete the appropriate Medicare or other private insurance information by entering the appropriate “Patient’s Relationship to Insured” code.</p> <p>MAPA – Do not complete this portion of the Form Locator.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p> <p><i>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.</i></p>
60 (A, B, C)	Insured’s Unique ID	A A M	<p>A – Primary Payer</p> <p>B – Secondary Payer</p> <p>C – Tertiary Payer</p> <p>Medicare – Enter the patient’s Medicare HIC 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.</p> <p>Commercial Insurance – Enter the policy number for the insurance company.</p> <p>MAPA – Enter the 10-digit beneficiary number as shown on the MA ACCESS Card.</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			See Form Locator 50, Note # 1, for the A, B, C format rules.
61 (A, B, C)	Insurance Group Name	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare– Leave Blank.</p> <p>Commercial Insurance – Enter the name of the group or plan through which insurance has been obtained.</p> <p>MAPA – Leave Blank.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
62 (A, B, C)	Insurance Group Number	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Enter the insurance group number which identifies the group listed in Form Locator 61.</p> <p>MAPA – Leave Blank.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
63 (A, B, C)	Treatment Authorization Codes	LB LB A	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare– Leave Blank.</p> <p>Commercial Insurance– Leave Blank.</p> <p>MAPA – Enter the 10-digit prior authorization number.</p> <p>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.</p> <p>Do not enter a treatment authorization number for</p>

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			<p>the following types of treatment:</p> <ol style="list-style-type: none"> 1. Medicare deductible or coinsurance for treatment with Medicare Part A. 2. Non-Pennsylvania facilities. <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p> <p>Note: When completing this Form Locator), use the Medical Assistance authorization number only, when applicable. Do not use a Medicare or other insurance's prior authorization number.</p>
64 (A, B, C)	Document Control Number	LB LB A	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Leave Blank.</p> <p>MAPA – When resubmitting denied claims, enter the original denied ICN number on the MAPA line.</p> <p>For claim adjustments or voids, enter the ICN number of the last paid claim.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
65 (A, B, C)	Employer Name	LB A LB	<p>A – Primary Payer B – Secondary Payer C – Tertiary Payer</p> <p>Medicare – Leave Blank.</p> <p>Commercial Insurance – Enter the name of the employer of the insured or possibly insured patient, spouse, parent, or guardian identified in Form Locator 58.</p> <p>MAPA – Leave Blank.</p> <p>See Form Locator 50, Note # 1, for the A, B, C format rules.</p>
66	DX Version	LB	Do not complete this Form Locator.

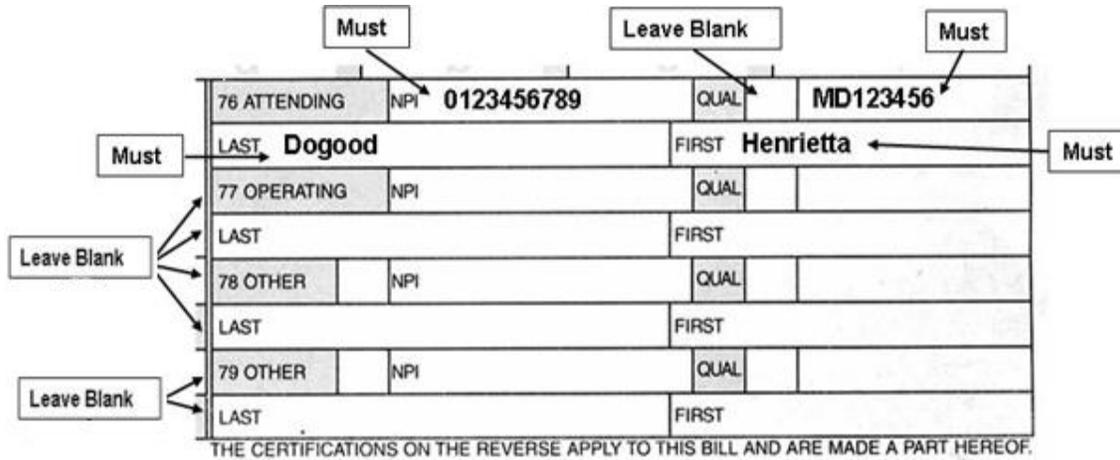
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Form Locator Number	Form Locator Name	Form Locator Code	Notes
	Qualifier		
67	Principal Diagnosis Code	M	For dates of discharge prior to October 1, 2015, enter up to five digits of the ICD-9-CM code for the principal diagnosis; OR for dates of discharge on or after October 1, 2015, enter up to seven digits of the ICD-10-CM code for the principal diagnosis. Do not include decimals.
67 (A–H)	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-H. Do not include decimals.
67 (I–Q)		LB	Do not complete fields 67 I–Q.
68	Unlabeled	LB	Do not complete this Form Locator.
69	Admitting Diagnosis Code	LB	Do not complete this Form Locator.
70 (A, B, C)	Patient Reason DX	O	Enter the patient's reason for visit code in field A (one to five digits). Do not include decimals. Do not complete fields B & C.
71	PPS Code	LB	Do not complete this Form Locator.
72 (A, B, C)	External Cause of Injury Code	A	For dates of discharge prior to October 1, 2015, enter the ICD-9-CM External Cause of Injury Code in field A (one to five digits); OR for dates of discharge on or after October 1, 2015, enter up to seven digits of the ICD-10-CM External

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			Cause of Injury Code in field A. Do not include decimals. Do not complete fields B & C.
73	Unlabeled	LB	Do not complete this Form Locator.
74	Principal Procedure Code & Date	LB	Do not complete this Form Locator.
74 (A-E)	Other Procedure Code & Date	LB	Do not complete this Form Locator.
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 (National Provider Identifier) number for the attending physician.
	Qualifier	LB	Do not enter the Qualifier Code.
	ID Number	M	Enter the attending practitioner’s license number.

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Form Locator Number	Form Locator Name	Form Locator Code	Notes
			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 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
81 (a–d)	CC	LB	Do not complete this Form Locator.