

Completing a Paper UB-04 Form

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com/.

This supplement describes how to complete a paper UB-04 claim form. Failure to submit a paper institutional claim on a UB-04 claim form will result in the claim being returned to the provider or claim denial.

Harvard Pilgrim Health Care requires that UB-04 paper claim forms be submitted with a valid National Provider Identifier (NPI) as the provider identifier. Paper claims must be submitted with a valid NPI in the correct provider fields on the form. Paper claims submitted without an NPI or without an NPI in the correct field location, will be returned to providers for correction and resubmission.

It is important that providers submit claims to Harvard Pilgrim on the red and white version of the UB-04 form with the appropriate NPIs to ensure timely and accurate processing, and to avoid returned and/or denied claims. CMS has published requirements for the submission of the NPI on the UB-04 claim form, which can be found at www.nubc.org.

Additional updates will be available at www.harvardpilgrim.org. For assistance regarding our claim submission guidelines, please call Harvard Pilgrim's Provider Service Center at 800-708-4414.

The Type column indicates whether a particular Form Locator is: **M = Mandatory** **O = Optional** **N/A = Not Applicable**

Form Locator Number	Name	Type	Instructions
1	Untitled (identified by a large number 1)	M	Enter servicing provider name, address, city, state and zip code. <ul style="list-style-type: none"> • P. O. box may be included • Phone and fax numbers desirable • This address is used by HPHC to return any rejected claims
2	Pay to name and address	O	Pay to name and address if the "Pay To" is different from what is in FL01.
3a	Patient control number	M	Enter patient account number.
3b	Patient record number	O	Enter medical record number.
4	Type of bill	M	Enter four-digit alphanumeric code to indicate type of bill being submitted.
5	Fed. tax number	M	<ul style="list-style-type: none"> • Enter hospital/provider federal tax identification number Federal tax identification numbers must be entered on all claims.
6	Statement covers period— From/through	M	Enter beginning (from) and ending (through) dates for period covered by this bill (MMDDCCYY). <ul style="list-style-type: none"> • For inpatient and outpatient claims that span dates.
7	Untitled	N/A	Not applicable to Harvard Pilgrim.
8a–b	Patient ID Patient name	M	<ul style="list-style-type: none"> • Line a—Enter patient's Harvard Pilgrim ID number • Line b—Enter patient's last name, first name, and middle initial (if any). For example: Doe, John Q
9a–e	Patient address	M	Enter patient's full mailing address, including street number and name, P.O. box or RFD, city, state and zip code.

Form Locator Number	Name	Type	Instructions
10	Birth date	M	Enter patient's date of birth (MMDDCCYY).
11	Sex	M	Enter M (male), F (female) or U (unknown on non-binary)
12	Admission date	O	Enter month, day and year of admission (MMDDCCYY). Required for inpatient, home health, and hospice claims.
13	Admission hour	O	Enter the hour during which the patient was admitted, using two numeric characters. Hours are entered using 24-hour time (military time). Required on inpatient claims except for SNF inpatient.
14	Admission type	O	Enter the appropriate type of admission code. <ul style="list-style-type: none"> Required for inpatient only.
15	Admission SRC (Source of admission)	M	Enter the appropriate source of admission code. Required on all claim submissions.
16	DHR (Discharge Hour)	O	<ul style="list-style-type: none"> Enter the hour during which the patient was discharged, using two numeric characters. Hours are entered using 24-hour time (military time). Required on inpatient claims except for SNF inpatient.
17	Stat (Patient discharge status)	M	Indicates the patient status as of the through date of the billing period. <ul style="list-style-type: none"> Required on all claim submissions.
18–28	Condition codes	O	Enter the appropriate two-digit codes.
29	Accident state	O	<ul style="list-style-type: none"> Enter state abbreviation in which accident occurred. Required when the claim is related to an auto accident.
30	Untitled	N/A	Not applicable to Harvard Pilgrim.
31–34	Occurrence codes and dates	O	Enter code(s) and associated date(s) defining specific event(s) related to billing period. <ul style="list-style-type: none"> Event codes are two alphanumeric digits Dates are shown as eight numeric digits (MMDDCCYY) Harvard Pilgrim requires all accident-related occurrence codes to be reported, especially when related to motor vehicle accidents
35–36	Occurrence span	O	Enter code(s) and associated beginning (from) and ending (through) date(s) defining a specific event related to the billing period.
37	Untitled	N/A	Not applicable to Harvard Pilgrim.
38	Responsible party/name and address	N/A	Not applicable to Harvard Pilgrim.

Form Locator Number	Name	Type	Instructions
39–41	Value codes and amounts	O	<p>Enter the appropriate code(s) Enter code(s) and related dollar amount(s).</p> <ul style="list-style-type: none"> If Harvard Pilgrim is secondary payer to Medicare, enter value code 88z and the Medicare-approved amount in Form Locator 39A. Enter any other appropriate value codes and matching dollar amounts for deductible and co-insurance in Form Locator 39B and 39C. If billing for a private room, the MCSP (most common semiprivate) room rate, must be submitted. Failure to submit with the MCSP room rate will result in the claim being denied. For ESRD services, the following value codes are required. Failure to submit these value codes may result in the claim being denied: <ul style="list-style-type: none"> A8 (Weight in kilograms) A9 (Height in centimeters) 61 (Core-based statistical area) 85 (County code)
42	Rev Code (revenue code)	M	<p>Enter current industry standard four-digit uniform billing revenue code(s) or HIPPS code to describe each type of accommodation and ancillary service billed.</p> <ul style="list-style-type: none"> Harvard Pilgrim accepts Medicare revenue codes A maximum of 22 services may be billed on one claim form, with total charges entered on the 20th line
43	Description (revenue code description)	M	<p>Enter the narrative description or a standard abbreviation for each revenue code in Form Locator 42</p> <ul style="list-style-type: none"> Show narrative on adjacent line using HCPCS/CPT-4 when possible, or NDC when applicable Revenue code descriptions must match revenue code in Form-Locator 42
44	HCPCS rates/HCPCS Code	M	<p>When coding HCPCS (i.e., outpatient surgery, outpatient or non-patient clinical diagnostic lab, radiology, and other diagnostic services), enter the current industry standard HCPCS/CPT-4 procedure code(s) (plus modifiers if applicable).</p> <ul style="list-style-type: none"> If code is unlisted, supporting documentation/itemization will expedite claim processing Enter HCPCS or CPT-4 depending on contractual agreement
45	Serv date (service date)	O	<p>Enter the date of service using MMDDCCYY.</p> <ul style="list-style-type: none"> Required for outpatient claims Report a separate date for each day of service
46	Serv. units (units of service)	M	<p>Enter number of units of service by day, visit, hour or minutes as applicable for each service rendered on each reported line.</p> <ul style="list-style-type: none"> Inpatient services — enter number of days Ancillary services — enter number of units, when applicable Outpatient services — enter number of units when HCPCS are used
47	Total charges	M	<p>Enter the charge amount for each line item reported.</p>

Form Locator Number	Name	Type	Instructions
48	Non-covered charges	O	Enter any non-covered charges for the primary payer pertaining to the related revenue code in Form Locator 42.
49	Untitled	N/A	Not applicable to Harvard Pilgrim.
50a-c	Payer name (payer identification)	M	List all health insurance carriers on file. <ul style="list-style-type: none"> Line a — enter the name of the primary insurance carrier Line b — enter the name of the secondary insurance carrier Line c — enter the name of any other insurance carrier If Harvard Pilgrim is secondary or tertiary carrier, attach EOB from other carrier.
51a-c	Health plan ID	O	List health plan ID number. Do not enter federal tax identification here. <ul style="list-style-type: none"> Line a — enter Health Plan identification number assigned by primary insurance carrier. Enter the unique Harvard Pilgrim Health Plan identification number if Harvard Pilgrim is primary. Line b — enter Health Plan identification number assigned by secondary insurance carrier. Line c — enter Health Plan identification number assigned by any other insurance carrier. Do not enter federal tax identification here.
52a-c	Rel. Info (release of information)	M	Enter yes or no for each insurance carrier.
53a-c	Asg ben (assignment of benefits)	M	For each insurance carrier, enter: <ul style="list-style-type: none"> Y if assignment of benefits is on file N if no assignment of benefits is on file
54a-c	Prior payments (payer and patient)	O	Report all prior payment for the claim. Attach EOB from other carrier when applicable.
55	Est. amount due (estimated amount due)	N/A	Not applicable to Harvard Pilgrim.
56	National Provider Identifier (NPI)	M	Enter valid NPI of the servicing provider. <ul style="list-style-type: none"> If you are an <i>Atypical Service Provider</i>, this field should be left blank
57a-c	Other Prv ID (other provider ID) <ul style="list-style-type: none"> Primary Secondary Tertiary 	O	Other Prv ID <ul style="list-style-type: none"> If you are an <i>Atypical Service Provider</i>, please enter your Harvard Pilgrim provider ID
58a-c	Insured's name	M	Enter the name of the policyholder that is the subscriber/insured for each insurance indicated in Form Locator 50 a-c.

Form Locator Number	Name	Type	Instructions
59	P. rel. (Patient's relationship to insured)	M	Enter the code to indicate the relationship of the patient to the identified insured/subscriber.
60a–c	Insured's unique ID	M	<ul style="list-style-type: none"> Line a — enter the primary insurer's patient identification number. If Harvard Pilgrim, enter the identification number as shown on the patient's membership identification card. Line b — enter the secondary insurer's patient identification number. Line c — enter any other insurer's patient identification number.
61a–c	Group name	N/A	Not applicable to Harvard Pilgrim.
62a–c	Insurance group no.	N/A	Not applicable to Harvard Pilgrim.
63a–c	Treatment authorization codes	O	Enter Harvard Pilgrim authorization number for services or treatment.
64a–c	Document control number	O	Required for replacement claims. Enter original claim number.
65a–c	Employer name	N/A	Not required for Harvard Pilgrim claim adjudication.
66	DX version qualifier	M	Enter 0 for ICD-10 or 9 for ICD-9 based on date of service/discharge date.
67 & 67a–q	Prin diag cd (principal diagnosis code)	M	<p>Enter the primary diagnosis code.</p> <ul style="list-style-type: none"> Use industry standard date appropriate ICD-10-CM or ICD-9-CM coding protocols to sequence diagnoses shown to be chiefly responsible for the admission or the outpatient services Use the greatest level of specificity If the diagnosis is accident related, an occurrence code accident date is required For acute inpatient hospital claims, appropriate ICD diagnosis code and present on admission (POA) indicator, are required on claims submitted to Harvard Pilgrim
68	Untitled	N/A	Not applicable to Harvard Pilgrim.
69	Adm. diag. cd. (admitting diagnosis code)	O	<p>Enter the industry standard date appropriate ICD-10-CM diagnosis code provided by the physician at the time of admission.</p> <ul style="list-style-type: none"> Required for all inpatient claims
70a–c	Patient reason DX	O	Optional — Report date appropriate ICD-10-CM patient's reason for visit.
71	PPS Code (Prospective Payment System) Optional	O	Optional

Form Locator Number	Name	Type	Instructions
72	ECI (external cause of injury code)	O	Enter the date appropriate ICD-10-CM code for the external cause of an injury, poisoning or other adverse effects. <ul style="list-style-type: none"> This is mandatory information for all motor vehicle accidents, workman's compensation and other injuries
73	Untitled	N/A	Not applicable to Harvard Pilgrim.
74 & 74a-e	Principal procedure (code and date) and Other procedure (code and date)	O	Enter the date appropriate ICD-10-PCS code to the 4th digit specification, if applicable or the seven-digit ICD-10-PCS code to describe the principal procedure performed for the service billed. <ul style="list-style-type: none"> Required for all inpatient surgeries Enter the date (MMDDCCYY) of the procedure(s)
75	Untitled	N/A	Not applicable to Harvard Pilgrim.
76	Attending physician	M	Enter the attending physician's National Provider Identifier, physician's last name, first name and middle initial.
77	Operating physician	O	Enter the name and National Provider Identifier of the physician who performed principal procedure. <ul style="list-style-type: none"> If there is no principal procedure, enter the name and National Provider Identifier of the physician who performed the surgical procedure most closely related to the diagnosis If no procedure performed, leave blank Per CMS, if a procedure is performed, this is a required field
78-79	Other provider types	O	Enter the appropriate qualifier for the physician being reported. Enter the name and National Provider Identifier of the physician who performed principal procedure. <ul style="list-style-type: none"> If there is no principal procedure, enter the name and National Provider Identifier of the physician who performed the surgical procedure most closely related to the diagnosis If no procedure performed, leave blank Per CMS, if a procedure is performed, this is a required field
80	Remarks	N/A	Not applicable to Harvard Pilgrim.
81a-d	CC	N/A	Not applicable to Harvard Pilgrim.

PUBLICATION HISTORY

10/15/15	reviewed document; ICD-10 coding update
03/15/17	reviewed document; administrative edits to table for clarification
09/01/21	updated line 11 – sex
12/01/21	annual review; administrative edits
01/01/23	reviewed; administrative edits
05/01/24	clarified ESRD value codes