

**NUBC Position Paper**  
**Patient's Relationship to Insured**  
**August 6, 2003**

In August of 2002, the NUBC approved a change in the UB-92 coding structure of Patient's Relationship to Insured (Form Locator 59) to conform to the X12 individual relationship codes used in the 837 - Institutional Implementation Guide (Data Element 1069). The change is effective October 16, 2003 and consists of complete adoption of the X12 codes and elimination of the UB codes. In order to accommodate this change the field attributes of the form locator were changed to alphanumeric, left-justified.

The NUBC approved this change so that the codes are identical on all claim media. The purpose of this paper is to provide guidance on how to implement the change. This guidance was approved by the NUBC on August 6, 2003.

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Paper UB-92/HCFA-1450 claims and flat file EMC claims (aka, "electronic UB-92s) are referred to as "UB-92 Claims". The HIPAA standard claim transaction (Health Care Claim: Institutional 837, ASC X12N 837 (004010X096A1)) is referred to as "837 claims".

- 1. X12 standard individual relationship codes are to be used on all 837 claims regardless of date.**
- 2. X12 standard individual relationship codes are to be used on all UB-92 Claims with Statement Covers Period Through Dates after October 15, 2003.**
- 3. NUBC Patient's Relationship to Insured codes are to be used on all UB-92 Claims with Statement Covers Period Through Dates before October 16, 2003.**