

# UB04 Box 70 - When do I need to use a Patient Reason for Visit Code?

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Patient reason for visit codes is required on institutional claims when the Type of Bill is 013X (hospital outpatient) and 085X (Critical Access Hospital) when the type of visit codes are 1, 2, or 5 and revenue codes 045X, 0516, or 0762 are billed. Additional information regarding the patient's reason for visit code can be found in the [Medicare Claims Processing Manual](#) on the CMS website.

If you need to include this information on your claim, you can enter it easily on the patient's appointment.

1. Navigate to **Billing > Live Claims Feed > inside the patient's appointment, right side of the screen > Info tab**

The screenshot shows a form with several tabs: Info, Cond & Occ, Value Code, Insurance, and Attending. The 'Info' tab is selected. The form contains the following fields:

- Claim Type (dropdown)
- Facility Type (text input) UB04 box 4
- Care Type (dropdown) UB04 box 4
- Billing Sequences (dropdown) UB04 box 4
- Stm Cover Period (two date pickers) UB04 box 6
- Adm Date & Hour (two date pickers) UB04 box 12 - 13
- Type of Admission (dropdown) UB04 box 14
- Point of Origin (dropdown) UB04 box 15
- Discharge Hour (text input) UB04 box 16
- Pt Discharge St (dropdown) UB04 box 17
- Principal Dx Code (text input) UB04 box 67
- Admitting Dx Code (text input) UB04 box 69
- Reason for Visit (highlighted with a red box)** (three dropdowns: DX A, DX B, DX C) UB04 box 70
- Exter Cause of Inj (three dropdowns: DX A, DX B, DX C) UB04 box 72
- Remarks (text area) UB04 box 80