

UB-04 Summary

August 2017

FL 42 – Revenue Codes

Highlighted text is new or updated

002X Health Insurance PPS (HIPPS)

- 2 Skilled Nursing Facility PPS
- 3 Home Health PPS
- 4 Inpatient Rehab. Facility PPS

- 4 Psychiatric
- 5 Hospice
- 6 Detoxification
- 7 Oncology
- 8 Rehabilitation
- 9 Other

010X All-Inclusive R&B & Ancillary

- 0 All-Inclusive R&B plus ancillary
- 1 All-Inclusive R&B

015X Room/Board – Ward

- 1 Medical/Surgical/GYN
- 2 Obstetrics (OB)
- 3 Pediatric
- 4 Psychiatric
- 5 Hospice
- 6 Detoxification
- 7 Oncology
- 8 Rehabilitation
- 9 Other

011X Room/Board – Private (One bed)

- 1 Medical/surgical/GYN
- 2 Obstetrics (OB)
- 3 Pediatric
- 4 Psychiatric
- 5 Hospice
- 6 Detoxification
- 7 Oncology
- 8 Rehabilitation
- 9 Other

016X Room/Board – Other

- 4 Sterile environment
- 7 Self care
- 9 Other

012X Room/Board – Semi-Private (Two beds)

- 1 Medical/Surgical/GYN
- 2 Obstetrics (OB)
- 3 Pediatric
- 4 Psychiatric
- 5 Hospice
- 6 Detoxification
- 7 Oncology
- 8 Rehabilitation
- 9 Other

017X Nursery

- 1 Newborn-Level I
- 2 Newborn-Level II
- 3 Newborn-Level III
- 4 Newborn-Level IV
- 9 Other nursery

013X Room/Board – (Three – Four beds)

- 1 Medical/Surgical/GYN
- 2 Obstetrics (OB)
- 3 Pediatric
- 4 Psychiatric
- 5 Hospice
- 6 Detoxification
- 7 Oncology
- 8 Rehabilitation
- 9 Other

018X Leave of Absence

- 2 Patient convenience
- 3 Therapeutic leave
- 5 Nursing Home for Hospitalization
- 9 Other leave of absence

014X Room/Board – Deluxe Private

- 1 Medical/Surgical/GYN
- 2 Obstetrics (OB)
- 3 Pediatric

019X Subacute Care Unit

- 1 Level I-Skilled care
- 2 Level II-Comprehensive care
- 3 Level III-Complex care
- 4 Level IV-Intensive care
- 9 Other Subacute care

020X Intensive Care Unit

- 1 Surgical
- 2 Medical

- 3 Pediatric
- 4 Psychiatric
- 6 Intermediate ICU
- 7 Burn care
- 8 Trauma
- 9 Other intensive care

021X Coronary Care Unit

- 1 Myocardial infarction
- 2 Pulmonary care
- 3 Heart transplant
- 4 Intermediate CCU
- 9 Other Coronary CCU

022X Special Charges

- 1 Admission charge
- 2 Technical support charge
- 3 UR service charge
- 4 Late discharge, medically necessary
- 9 Other special charge

023X Incremental Nursing Charge

- 1 Nursery
- 2 OB
- 3 ICU
- 4 CCU
- 5 Hospice
- 9 Other incremental nursing

024X All Inclusive Ancillary

- 1 Basic
- 2 Comprehensive
- 3 Specialty
- 9 Other all inclusive ancillary

025X Pharmacy

- 1 Generic drugs
- 2 Non-generic drugs
- 3 Take home drugs
- 4 Drugs incident to other diagnostic srvc's
- 5 Drugs incident to radiology
- 6 Experimental drugs
- 7 Non-prescription drugs
- 8 IV solutions
- 9 Other pharmacy

026X IV Therapy

- 1 Infusion pump
- 2 IV Therapy/pharmacy services
- 3 IV Therapy/drug/supply delivery
- 4 IV Therapy/supplies
- 9 Other IV therapy

027X Medical/Surgical Supplies and Devices

- 1 Nonsterile supply
- 2 Sterile supply
- 3 Take home supplies
- 4 Prosthetic/orthotic devices
- 5 Pacemaker
- 6 Intraocular lens
- 7 Oxygen-take home
- 8 Other implants
- 9 Other supplies/devices

028X Oncology

- 9 Other oncology

029X Durable Medical Equipment (other than renal)

- 1 Rental
- 2 Purchase of new DME
- 3 Purchase of used DME
- 4 Supplies/drugs for DME
- 9 Other equipment

030X Laboratory

- 1 Chemistry
- 2 Immunology
- 3 Renal patient (home)
- 4 Non-routine dialysis
- 5 Hematology
- 6 Bacteriology/microbiology
- 7 Urology
- 9 Other laboratory

031X Laboratory Pathology

- 1 Cytology
- 2 Histology
- 4 Biopsy
- 9 Other laboratory pathology

032X Radiology – Diagnostic

- 1 Angiocardiology
- 2 Arthrography
- 3 Arteriography
- 4 Chest x-ray
- 9 Other radiology – diagnostic

033X Radiology – Therapeutic and/or Chemotherapy Admn.

- 1 Chemotherapy admin – injected
- 2 Chemotherapy admin – oral
- 3 Radiation therapy
- 5 Chemotherapy administration – IV
- 9 Other radiology – therapeutic

034X Nuclear Medicine

- 1 Diagnostic
- 2 Therapeutic
- 3 Diagnostic radiopharmaceuticals
- 4 Therapeutic radiopharmaceuticals
- 9 Other nuclear medicine

035X CT Scan

- 1 CT – Head scan
- 2 CT – Body scan
- 9 Other CT scans

036X Operating Room Services

- 1 Minor surgery
- 2 Organ transplant, other than kidney
- 7 Kidney transplant
- 9 Other OR services

037X Anesthesia

- 1 Anesthesia incident to radiology
- 2 Anesthesia incident to other DX services
- 4 Acupuncture
- 9 Other anesthesia

038X Blood and Blood Components

- 1 Packed red cells
- 2 Whole blood
- 3 Plasma
- 4 Platelets
- 5 Leukocytes
- 6 Other blood components
- 7 Other derivatives (Cryoprecipitate)
- 9 Other blood and blood components

039X Administration, Processing and Storage for Blood and Blood Components

- 1 Administration (e.g., transfusions)
- 2 Processing and Storage
- 9 Other blood handling

040X Other Imaging Services

- 1 Diagnostic mammography
- 2 Ultrasound
- 3 Screening mammography
- 4 Positron emission tomography
- 9 Other imaging services

041X Respiratory Services

- 2 Inhalation services
- 3 Hyperbaric oxygen therapy
- 9 Other respiratory services

042X Physical Therapy

- 1 Visit
- 2 Hourly
- 3 Group
- 4 Evaluation/re-evaluation
- 9 Other physical therapy

043X Occupational Therapy

- 1 Visit
- 2 Hourly
- 3 Group
- 4 Evaluation/re-evaluation
- 9 Other occupational therapy

044X Speech Therapy – Language Pathology

- 1 Visit
- 2 Hourly
- 3 Group
- 4 Evaluation/re-evaluation
- 9 Other speech therapy

045X Emergency Room

- 1 EMTALA Emergency Medical Screening
- 2 ER/Beyond EMTALA
- 6 Urgent care
- 9 Other emergency room

046X Pulmonary Function

- 9 Other pulmonary function

047X Audiology

- 1 Diagnostic
- 2 Treatment
- 9 Other audiology

048X Cardiology

- 1 Cardiac cath lab
- 2 Stress test
- 3 Echocardiology
- 9 Other cardiology

049X Ambulatory Surgical Care

- 9 Other ambulatory surgical care

050X Outpatient Services

- 9 Other outpatient service

051X Clinic

- 1 Chronic pain center
- 2 Dental clinic
- 3 Psychiatric clinic

- 4 OB/GYN clinic
- 5 Pediatric clinic
- 6 Urgent care clinic
- 7 Family practice clinic
- 9 Other clinic

052X Freestanding Clinic

- 1 Clinic visit by member to RHC/FQHC
- 2 Home visit by RHC/FQHC practitioner
- 3 Family practice clinic
- 4 Visit by RHC/FQHC practitioner to member in covered SNF or skilled swing bed
- 5 Visit by RHC/FQHC practitioner to member in SNF, NF, ICF MR, or other residential facility
- 6 Urgent care clinic
- 7 Visiting nurse service(s) to member's home in a home health shortage area
- 8 Visit by RHC/FQHC practitioner to other non-RHC/FQHC site (e.g. Scene of Accident)
- 9 Other freestanding clinic

053X Osteopathic Services

- 1 Osteopathic therapy
- 9 Other osteopathic services

054X Ambulance

- 1 Supplies
- 2 Medical transport
- 3 Heart mobile
- 4 Oxygen
- 5 Air ambulance
- 6 Neonatal ambulance services
- 7 Pharmacy
- 8 EKG transmission
- 9 Other ambulance

055X Skilled Nursing

- 1 Visit charge
- 2 Hourly charge
- 9 Other skilled nursing

056X Home Health Medical Social Services

- 1 Visit charge
- 2 Hourly charge
- 9 Other medical social services

057X Home Health Aide

- 1 Visit charge
- 2 Hourly charge
- 9 Other home health aide

058X Home Health – Other Visits

- 1 Visit charge
- 2 Hourly charge
- 3 Assessment
- 9 Other home health visits

059X Home Health – Units of Service

060X Home Health – Oxygen

- 1 Oxygen – Stat Equip/Supply/Content
- 2 Oxygen – Stat Equip/Supply<1 LPM
- 3 Oxygen – Stat Equip/Supply>4 LPM
- 4 Oxygen – Port Add-on
- 9 Other oxygen

061X Magnetic Resonance Technology (MRT)

- 1 MRI – Brain/Brainstem
- 2 MRI – Spinal cord/Spine
- 4 MRI – Other
- 5 MRA – Head and neck
- 6 MRA – Lower extremities
- 8 MRA – Other
- 9 Other MRT

062X Medical Surgical Supplies, Ext. of 027X

- 1 Incident to radiology
- 2 Incident to other DX services
- 3 Surgical dressings
- 4 FDA investigational devices

063X Pharmacy – Ext. of 025X

- 1 Single source drug
- 2 Multiple source drug
- 3 Restrictive prescription
- 4 EPO <10,000 units
- 5 EPO >=10,000 units
- 6 Drugs requiring detail coding
- 7 Self-administrable drugs

064X Home IV Therapy Services

- 1 Non-routine nursing, central line
- 2 IV site care, central line
- 3 IV start/change, peripheral line
- 4 Non-routine nursing, peripheral line
- 5 Training pt/caregiver, central line
- 6 Training disabled pt, central line
- 7 Training pt/caregiver, peripheral line
- 8 Training disabled pt, peripheral line
- 9 Other IV therapy service

065X Hospice Services

- 1 Routine home care
- 2 Continuous home care
- 5 Inpatient respite care
- 6 General inpatient care (non-respite)
- 7 Physician services
- 8 Room & board - nursing facility
- 9 Other hospice service

066X Respite Care

- 1 Hourly charge/nursing
- 2 Hourly charge/aide/homemaker/companion
- 3 Daily respite charge
- 9 Other respite care

067X Outpatient Special Residence Charges

- 1 Hospital owned
- 2 Contracted
- 9 Other special residence charge

068X Trauma Response

- 1 Level I Trauma
- 2 Level II Trauma
- 3 Level III Trauma
- 4 Level IV Trauma
- 9 Other trauma response

069X Pre-hospice/Palliative Care Services

- 1 Visit charge
- 2 Hourly charge
- 3 Evaluation
- 4 Consultation and Education
- 5 Inpatient Care
- 6 Physician Services
- 9 Other Pre-hospice/Palliative Care Services

070X Cast Room**071X Recovery Room****072X Labor Room/Delivery**

- 1 Labor
- 2 Delivery room
- 3 Circumcision
- 4 Birthing center
- 9 Other labor room/delivery

073X EKG/ECG (Electrocardiogram)

- 1 Holter monitor
- 2 Telemetry
- 9 Other EKG/ECG

074X EEG (Electroencephalogram)**075X Gastro-Intestinal Services****076X Specialty Services**

- 1 Treatment room
- 2 Observation hours
- 9 Other specialty services

077X Preventive Care Services

- 1 Vaccine administration

078X Telemedicine**079X Extra-Corporeal Shock Wave Therapy****080X Inpatient Renal Dialysis**

- 1 Inpatient Hemodialysis
- 2 Inpatient Peritoneal (Non-CAPD)
- 3 Inpatient Continuous ambulatory peritoneal (CAPD)
- 4 Inpatient Continuous cycling peritoneal (CCPD)
- 9 Other inpatient dialysis

081X Acquisition of Body Components

- 1 Living donor
- 2 Cadaver donor
- 3 Unknown donor
- 4 Unsuccessful organ search – donor bank charges
- 5 Stem Cell – Allogeneic
- 9 Other donor

082X Hemodialysis – Outpatient or Home

- 1 Hemodialysis comp or other rate
- 2 Home supplies
- 3 Home equipment
- 4 Maintenance – 100 percent
- 5 Support services
- 6 Hemodialysis – Shorter Duration ^(a)
- 9 Other outpatient hemodialysis

083X Peritoneal Dialysis – Outpatient or Home

- 1 Peritoneal/composite or other rate
- 2 Home supplies
- 3 Home equipment
- 4 Maintenance – 100 percent
- 5 Support services
- 9 Other outpatient peritoneal dialysis

084X CAPD Outpatient or Home

- 1 CAPD/Composite or other rate
- 2 Home supplies
- 3 Home equipment
- 4 Maintenance – 100 percent
- 5 Support services

9 Other outpatient CAPD

085X CCPD Outpatient or Home

1 CCPD comp or other rate
2 Home supplies
3 Home equipment
4 Maintenance – 100 percent
5 Support services
9 Other outpatient CCPD

086X Magnetoencephalography (MEG)

1 MEG

088X Miscellaneous Dialysis

1 Ultrafiltration
2 Home dialysis aid visit
9 Other miscellaneous dialysis

090X Behavioral Health Treatment/Srvcs, (91X)

1 Electroshock treatment
2 Mileu therapy
3 Play therapy
4 Activity therapy
5 Intensive outpatient services – psychiatric
6 Intensive outpatient services – chemical dep.
7 Community behavioral health program (day treatment)

091X Behavioral Health Treatment/Srvcs, (90X)

1 Rehabilitation
2 Partial hospitalization – less intensive
3 Partial hospitalization – intensive
4 Individual therapy
5 Group therapy
6 Family therapy
7 Bio feedback
8 Testing
9 Other behav. health treatments

092X Other Diagnostic Services

1 Peripheral vascular lab
2 Electromyogram
3 Pap smear
4 Allergy test
5 Pregnancy test
9 Other diagnostic services

093X Medical Rehabilitation Day Program

1 Half day
2 Full day

094X Other Therapeutic Services

1 Recreational therapy
2 Education/training

3 Cardiac rehabilitation
4 Drug rehabilitation
5 Alcohol rehabilitation
6 Complex med. equipment – routine
7 Complex med. equipment – ancillary
8 Pulmonary rehabilitation
9 Other therapeutic service

095X Other Therapeutic Services – Ext. of 94X

1 Athletic training
2 Kinesiotherapy
3 Chemical Dependency (Drug and Alcohol)

100X Behavioral Health Accommodations

1 Residential treatment – psychiatric
2 Residential treatment – chemical dep.
3 Supervised living
4 Halfway house
5 Group home
6 Outdoor/Wilderness Behavioral Health

210X Alternative Therapy Services

1 Acupuncture
2 Acupressure
3 Massage
4 Reflexology
5 Biofeedback
6 Hypnosis
9 Other alternative therapy service

310X Adult Care

1 Adult day care, med & social – hourly
2 Adult day care, social – hourly
3 Adult day care, med. & social – daily
4 Adult day care, social – daily
5 Adult foster care – daily
9 Other adult care

096X – 098X Professional Fees

099X Patient Convenience Items

1 Cafeteria/guest tray
2 Private linen service
3 Telephone/telecom
4 TV/radio
5 Non-patient room rentals
6 Late discharge
7 Admission kits
8 Beauty/barber shop
9 Other patient convenience

FL 4 – Type of Bill

011X Inpatient, Part A
012X Inpatient, Part B

013X Outpatient
 014X Lab services provided to non-patients
 018X Swing beds
 021X Skilled Nursing – Inpatient Part A
 022X Skilled Nursing – Inpatient Part B
 023X Skilled Nursing – Outpatient
 028X Skilled Nursing, Swing Beds
 032X Home Health Services under a plan of treatment
 033X Discontinued on October 1, 2013
 034X Home Health Services not under a plan of treatment
 041X Religious Non-Medical Health Care Inst – Inpatient
 043X Religious Non-Medical Health Care Inst – Outpatient
 065X Intermediate Care – Level I
 066X Intermediate Care – Level II
 071X Clinic – Rural Health
 072X Clinic – Hospital-Based or Independent Renal Dialysis Center
 073X Clinic – Freestanding
 074X Clinic – Outpatient Rehabilitation Facility (ORF)
 075X Clinic – Comprehensive Outpatient Rehabilitation Facility (CORF)
 076X Clinic – Community Mental Health Center
 077X Clinic – Federally Qualified Health Center (FQHC)
 078X Licensed Freestanding Emergency Medical Facility
 079X Clinic – Other
 081X Hospice (non-hospital based)
 082X Hospice (hospital-based)
 083X Ambulatory Surgery Center
 084X Freestanding Birthing Center
 085X Critical Access Hospital
 086X Residential Facility
 089X Special Facility – Other

Type of Bill Frequency Codes

0 Non-payment/zero
 1 Admit through discharge claim
 2 Interim – first claim
 3 Interim – continuing claim
 4 Interim – last claim
 5 Late charge(s) only
 7 Replacement of prior claim
 8 Void/Cancel of prior claim
 9 Final claim for a home health PPS episode
 A Admission/election notice
 B Termination/Revocation notice
 C Hospice change of provider notice
 D Cancellation of election notice
 E Hospice change of ownership
 F Beneficiary initiated adjustment claim
 G CWF initiated adjustment claim
 H CMS initiated adjustment
 I Intermediary adjustment claim
 J Initiated adjustment claim – other

K OIG initiated adjustment claim
 M MSP initiated adjustment claim
 O Nonpayment/zero claims
 P QIO adjustment claim
 Q Claim submitted for reconsideration/reopening outside of timely limits
 X Void/Cancel a prior abbrev. encounter submission
 Y Replacement a prior abbrev. encounter submission
 Z New abbrev. encounter submission

FL 11 – Patient Sex

M Male
 F Female
 U Unknown

FL 14 – Priority (Type) of Admission/Visit

1 Emergency
 2 Urgent
 3 Elective
 4 Newborn
 5 Trauma
 9 Information not available

FL 15 – Point of Origin for Admission or Visit

1 Non-health care facility point of origin
 2 Clinic or physician’s office
 4 Transfer from a hospital (different facility)
 5 Transfer from a SNF, ICF, ALF or other NF
 6 Transfer from another health care facility
 8 Court/law enforcement
 9 Information not available
 B Transfer from another HHA
 D Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer
 E Transfer from ASC
 F Transfer from hospice facility

FL 15 – Code Structure for Newborn

5 Born inside this hospital
 6 Born outside of this hospital

FL 17 – Patient Status

01 Discharged to home or self care (Routine discharge)
 02 Discharged/transferred to a short-term general hospital for inpatient care
 03 Discharged/transferred to SNF with Medicare certification in anticipation of Skilled Care
 04 Discharged/transferred to a facility that provides custodial or supportive care
 05 Discharged/transferred to a designated cancer center or children’s hospital
 06 Discharged/transferred to home/under HHA care in anticipation of covered skilled care

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|----|--|----|--|
| 07 | Left against medical advice or discontinued care | 90 | Discharged/transferred to an IRF including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission |
| 09 | Admitted as inpatient to this hospital | 91 | Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission |
| 20 | Expired ^(a) | 92 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission |
| 21 | Discharged/transferred to court/law enforcement | 93 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission |
| 30 | Still patient | 94 | Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission |
| 40 | Expired at home ^(a) | 95 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission |
| 41 | Expired in medical facility ^(a) | | |
| 42 | Expired place unknown ^(a) | | |
| 43 | Discharged/transferred to federal health care facility | | |
| 50 | Hospice – home | | |
| 51 | Hospice – medical facility providing hospice level of care | | |
| 61 | Discharged/transferred to hospital-based Medicare approved swing bed | | |
| 62 | Discharged/transferred to IRF including rehab distinct part units of a hospital | | |
| 63 | Discharged/transferred to Medicare certified LTCH | | |
| 64 | Discharged/transferred to nursing facility certified under Medicaid but not under Medicare | | |
| 65 | Discharged/transferred to psych. hosp. or psych dist part unit of a hospital | | |
| 66 | Discharged/transferred to a CAH | | |
| 69 | Discharged/transferred to a designated disaster alternative care site | | |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list | | |
| 81 | Discharged to home or self care with a planned acute care hospital inpatient readmission | | |
| 82 | Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission | | |
| 83 | Discharged/transferred to a SNF with Medicare certification with a planned acute care hospital inpatient readmission | | |
| 84 | Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission | | |
| 85 | Discharged/transferred to a designated cancer center or children’s hospital with a planned acute care hospital inpatient readmission | | |
| 86 | Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission | | |
| 87 | Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission | | |
| 88 | Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission | | |
| 89 | Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission | | |
- (a) Occurrence Code 55 also required
- FL 18-28 – Condition Codes**
- | | |
|----|--|
| 01 | Military service related |
| 02 | Condition is employment related |
| 03 | Patient covered by ins-not reflected here |
| 04 | Information only bill |
| 05 | Lien has been filed |
| 06 | ESRD 1 st 30 mo. entitlement, covered by EGHP |
| 07 | Treatment of non-terminal condition – hospice |
| 08 | Would not provide other insurance info |
| 09 | Neither patient nor spouse is employed |
| 10 | Patient and/or spouse emp., no EGHP |
| 11 | Disabled beneficiary but no LGHP |
| 17 | Patient is homeless |
| 18 | Maiden name retained |
| 19 | Child retains mother’s name |
| 20 | Beneficiary requested billing |
| 21 | Billing for denial notice |
| 22 | Patient on multiple drug regimen |
| 23 | Home care giver available |
| 24 | Home IV pt. receiving HHA services |
| 25 | Patient is a non-U.S. resident |
| 26 | VA patient chooses Medicare facility |
| 27 | Pat ref to sole comm hosp for diag lab test |
| 28 | Pat/spouse EGHP secondary to Medicare |
| 29 | Disabled bene/fam LGHP secondary to Medicare |
| 30 | Qualifying clinical trials |
| 31 | Patient is a student, full-time |
| 32 | Patient is a student, coop/work-study prog |
| 33 | Patient is a student, full-time – night |
| 34 | Patient is a student, part-time |
| 36 | General care patient in special unit |
| 37 | Ward accommodation at patient request |
| 38 | Semi-private room not available |

39	Private room medically necessary	87	ESRD self care retraining
40	Same day transfer	A0	TRICARE external partnership prog
41	Partial hospitalization	A1	EPSDT/CHAP
42	Cont care plan not related to inpat. hospitalization	A2	Physically handicapped children's prog
43	Cont care, not within prescribed post-discharge window	A3	Special federal funding
44	Inpatient admission changed to outpatient	A4	Family planning
45	Ambiguous gender category	A5	Disability
46	Non-availability statement on file	A6	Vaccines/Medicare 100 percent payment
47	Transfer from another HHA	A9	Second opinion surgery
48	Psych res. treatment ctrs. for children & adolescents	AA	Abortion – rape
49	Product replacement within product lifecycle	AB	Abortion – incest
50	Product replacement for known recall of a product	AC	Abortion – genetic defect
51	Attestation of unrelated outpatient non-diagnostic services	AD	Abortion – life endangering condition
52	Out of hospice service area	AE	Abortion – not life endangering
53	Initial placement of a med. device provided as part of a clinical trial or a free sample	AF	Abortion – emotional health
54	No skilled home health visits in billing period	AG	Abortion – social/econ. reasons
55	SNF bed not available	AH	Elective abortion
56	Medical appropriateness	AI	Sterilization
57	SNF readmission	AJ	Payer responsible for co-payment
58	Term. Medicare Advantage enrollee	AK	Air ambulance required
59	Non-primary ESRD facility	AL	Specialized treatment/bed unavailable
60	Day outlier	AM	Non-emer. med. nec. stretcher transport
61	Cost outlier	AN	Preadmission screening not required
66	Provider does not wish cost outlier payment	B0	Medicare coord. care demo claim
67	Beneficiary elects not to use LTR days	B1	Beneficiary is ineligible for demo prog
68	Beneficiary elects to use LTR days	B2	CAH ambulance attestation
69	IME/DGME/N&AH payment only	B3	Pregnancy indicator
70	Self-administered anemia mgmt. drug	B4	Admission unrelated to discharge on same day
71	Full care in unit (dialysis)	BP	Gulf oil spill of 2010
72	Self care in unit (dialysis)	C1	Approved as billed (QIO)
73	ESRD Self care training (dialysis)	C2	Automatic approval on focused review (QIO)
74	Home dialysis	C3	Partial approval (QIO)
75	Home dialysis – 100 percent reimbursement	C4	Admission/services denied (QIO)
76	Back-up in facility dialysis	C5	Post-payment review applicable (QIO)
77	Provider accepts as payment in full	C6	Admission preauthorization (QIO)
78	New coverage not implemented by managed care plan	C7	Extended authorization (QIO)
79	CORF services provided offsite	D0	Changes to service dates
80	Home Dialysis – nursing facility	D1	Changes to charges
81	C-Sections/Inductions < 39 weeks – medical necessity	D2	Changes to revenue codes/HCPCS/HIPPS rate codes
82	C-Sections/Inductions < 39 weeks - elective	D3	Second or subsequent interim PPS bill
83	C-Sections/Inductions 39 weeks or greater	D4	Change in ICD procedure codes
84	Dialysis for acute kidney injury	D5	Cancel to correct insured's/provider ID
85	Delayed recertification of hospice terminal illness	D6	Cancel only to repay dup or OIG overpayment
86	Additional hemodialysis treatments with medical justification	D7	Medicare as secondary
		D8	Medicare as primary
		D9	Other changes
		DR	Disaster related
		E0	Change in patient status
		G0	Distinct medical visit
		H0	Delayed filing: statement of intent submitted
		H2	Discharge by a hospice provider for cause
		H3	Reoccurrence of GI bleed comorbid
		H4	Reoccurrence of Pneumonia comorbid
		H5	Reoccurrence of Pericarditis comorbid

- P1 Do not resuscitate order (DNR)
- P7 Direct inpatient admission from ED
- R1 Request for reopening – math or computational mistakes
- R2 Request for reopening – inaccurate data entry
- R3 Request for reopening – misapplication of a fee schedule
- R4 Request for reopening – computer errors
- R5 Request for reopening – incorrectly identified dup claim
- R6 Request for reopening – other clerical and minor errors and omissions
- R7 Request for reopening – corrections other than clerical errors
- R8 Request for reopening – new and material evidence
- R9 Request for reopening – faulty evidence
- W0 UMWA demonstration indicator
- W2 Duplicate of original bill
- W3 Level I appeal
- W4 Level II appeal
- W5 Level III appeal

- 35 Date physical therapy started
- 36 Date inpatient hospital discharge, covered transplant
- 37 Date inpatient hospital discharge, non-covered transplant
- 38 Date started for home IV therapy
- 39 Date discharge/on a continuation/course of IV therapy
- 40 Scheduled date of admission
- 41 Date of first test/pre-admission testing
- 42 Date of discharge
- 43 Scheduled date of canceled surgery
- 44 Date occupational therapy started
- 45 Date speech therapy started
- 46 Date cardiac rehab started
- 47 First full day of cost outlier
- 50 Assessment date
- 51 Date of last Kt/V reading
- 52 Medical certification/recert date
- 54 Physician follow-up date
- 55 Date of Death

56 Original hospice election or revocation date

- A1 Birth date, insured A
- A2 Effective date, insured A policy
- A3 Benefits exhausted – Payer A
- A4 Split bill date

Use B1-G3 as A1-A3 for other insureds

FL 31-34 – Occurrence Codes

- 01 Accident/medical coverage
- 02 No-fault insurance, including auto
- 03 Accident, tort liability
- 04 Accident, employment-related
- 05 Accident/no medical or liability coverage
- 06 Crime victim
- 09 Start of infertility treatment
- 10 Last menstrual period
- 11 Onset of symptoms/illness
- 12 Date of onset, chronically dependent individual
- 16 Date of last therapy
- 17 Date outpatient occurrence therapy plan established/last reviewed
- 18 Date of retirement (patient/beneficiary)
- 19 Date of retirement (spouse)
- 20 Date guarantee of payment began
- 21 Date UR notice received
- 22 Date active care ended
- 24 Date insurance denied
- 25 Date benefits terminated by primary payer
- 26 Date SNF bed available
- 27 Date hospice cert or recert
- 28 Date CORF plan established/last reviewed
- 29 Date OPD PT plan established/last reviewed
- 30 Date OPD ST plan established/last reviewed
- 31 Date beneficiary notified intent to bill (accommodated)
- 32 Date beneficiary notified intent to bill (procure/treat)
- 33 First day of ESRD coordination covered by EGHP
- 34 Date of election of extended care

FL 35-36 – Occurrence Span Codes

- 70 Qualifying stay dates for SNF only
- 71 Prior stay dates
- 72 First/last visit dates
- 73 Benefit eligibility period
- 74 Noncovered level of care or LOA
- 75 SNF level of care dates
- 76 Patient liability period
- 77 Provider liability period
- 78 SNF prior stay dates
- 80 Prior same-SNF stay dates for payment ban purposes
- 81 Antepartum Days at Reduced Level of Care
- M0 QIO/UR approved stay dates
- M1 Provider liability – no utilization
- M2 Inpatient respite dates
- M3 ICF level of care
- M4 Residential level of care

FL 39-41 – Value Codes

- 01 Most common semi-private rate
- 02 Hospital has no semi-private rooms
- 04 Prof. comp charges, combined billed
- 05 Prof. comp included, billed to carrier
- 06 Blood deductible
- 08 LTR amount, 1st calendar year
- 09 Co-ins amount, 1st calendar year
- 10 LTR amount, 2nd calendar year
- 11 Co-ins amount, 2nd calendar year
- 12 Working aged beneficiary/spouse with EGHP

13 ESRD bene in Medicare coord period with EGHP
 14 No-fault, including auto/other ins
 15 Worker's compensation
 16 PHS or other federal agency
 21 Catastrophic
 22 Surplus
 23 Recurring monthly income
 24 Medicaid rate code
 25 Offset to pt-pymnt amnt – RX drugs
 26 Offset to pt-pymnt amnt – hearing & ear
 27 Offset to pt-pymnt amnt – vision & eye
 28 Offset to pt-pymnt amnt – dental services
 29 Offset to pt-pymnt amnt – chiropractic
 30 Pre-admission testing
 31 Patient liability amount
 32 Multiple patient ambulance transport
 33 Offset to pt-pymnt amnt – podiatric
 34 Offset to pt-pymnt amnt – other medical
 35 Offset to pt-pymnt amnt – health ins. prem
 37 Units of blood furnished
 38 Blood deductible units
 39 Units of blood replaced
 40 New coverage not implemented by HMO
 41 Black lung
 42 VA
 43 Disabled bene under 65 with LGHP
 44 Amount provider agreed to accept from primary payer
 45 Accident hour
 46 Number of grace days
 47 Any liability insurance
 48 Hemoglobin reading
 49 Hematocrit reading
 50 Physical therapy visits
 51 Occupational therapy visits
 52 Speech therapy visits
 53 Cardiac rehab visits
 54 Newborn birth weight in grams
 55 Eligibility threshold for charity care
 56 Skilled nursing visits hours (HHA)
 57 HH aide, home visit hours (HHA)
 58 Arterial blood gas
 59 Oxygen saturation
 60 HHA branch MSA
 61 Residence where service is furnished
 66 Medicaid spend down amount
 67 Peritoneal dialysis (HHA)
 68 EPO – drug
 69 State charity care percent
 80 Covered days
 81 Non-covered days
 82 Co-insurance days
 83 Lifetime reserve days
 84 Shorter duration hemodialysis

A0 Special ZIP code reporting
 A1 Deductible, payer A
 A2 Co-insurance, payer A
 A3 Estimated responsibility, payer A
 A4 Cvrdr self-administrable drugs/emergency
 A5 Cvrdr self-administrable drugs – not self administrable form/situation
 A6 Cvrdr self-administrable drugs – study
 A7 Co-payment payer A
 A8 Patient weight
 A9 Patient height
 AA Regulatory surcharges, assessments, allowances or health care related taxes payer A
 AB Other assessments or allowances (e.g., medical education) payer A
Use B1-GB as A1-A3 and A7-AB for other payers
 Y1 Part A demonstration payment
 Y2 Part B demonstration payment
 Y3 Part B coinsurance
 Y4 Conventional provider payment
 Y5 Part B deductible

FL 59 – Patient Relationship to Insured

01 Spouse
 18 Self
 19 Child
 20 Employee
 21 Unknown
 39 Organ donor
 40 Cadaver donor
 53 Life partner
 G8 Other relationship