

UB-04 Summary

August 2020

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 Rate

- 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 and 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 services
- 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 admin – 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 (Effective date TBD)
- 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

087X Cell/Gene Therapy

- 1 Cell Collection
- 2 Specialized Biologic: Processing and Storage – Prior to Transport
- 3 Storage and Processing after Receipt of Cells from Manufacturer
- 4 Infusion of Modified Cells
- 5 Injection of Modified Cells

088X Miscellaneous Dialysis

- 1 Ultrafiltration
- 2 Home dialysis aid visit
- 9 Other miscellaneous dialysis

089X Pharmacy – Extension of 25X and 63X

- 1 Special Processed Drugs – FDA Approved Cell Therapy^(a)
- 2 Special Processed Drugs – FDA Approved Gene Therapy^(b)

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
- 087X Freestanding Non-residential Opioid Treatment Prog
- 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
- G Transfer from a designated disaster alternate care site

FL 15 – Code Structure for Newborn

- 5 Born inside this hospital

6 Born outside of this hospital

FL 17 – Patient Discharge 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
- 07 Left against medical advice or discontinued care
- 09 Admitted as inpatient to this hospital
- 20 Expired^(a)
- 21 Discharged/transferred to court/law enforcement
- 30 Still patient
- 40 Expired at home^(a)
- 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
- 90 Discharged/transferred to an IRF including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
- 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
- 92 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
- 93 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
- 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
- 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

(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 1st 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		care plan
27	Pat ref to sole comm hosp for diag lab test	79	CORF services provided offsite
28	Pat/spouse EGHP secondary to Medicare	80	Home Dialysis – nursing facility
29	Disabled bene/fam LGHP secondary to Medicare	81	C-Sections/Inductions < 39 weeks – medical necessity
30	Qualifying clinical trials		
31	Patient is a student, full-time	82	C-Sections/Inductions < 39 weeks - elective
32	Patient is a student, coop/work-study prog	83	C-Sections/Inductions 39 weeks or greater
33	Patient is a student, full-time – night	84	Dialysis for acute kidney injury
34	Patient is a student, part-time	85	Delayed recertification of hospice terminal illness
36	General care patient in special unit		
37	Ward accommodation at patient request	86	Additional hemodialysis treatments with medical justification
38	Semi-private room not available		
39	Private room medically necessary	87	ESRD self care retraining
40	Same day transfer	88	Allogenic stem cell transplant related donor charges
41	Partial hospitalization	89	Opioid treatment program
42	Cont care plan not related to inpat. hospitalization	A0	TRICARE external partnership prog
43	Cont care, not within prescribed post-discharge window	A1	EPSDT/CHAP
44	Inpatient admission changed to outpatient	A2	Physically handicapped children’s prog
45	Ambiguous gender category	A3	Special federal funding
46	Non-availability statement on file	A4	Family planning
47	Transfer from another HHA	A5	Disability
48	Psych res. treatment ctrs. for children & adolescents	A6	Vaccines/Medicare 100 percent payment
49	Product replacement within product lifecycle	A7	Hospital services provided in a mobile facility or with portable units
50	Product replacement for known recall of a product	A9	Second opinion surgery
51	Attestation of unrelated outpatient non-diagnostic services	AA ^(a)	Abortion – rape
52	Out of hospice service area	AB ^(a)	Abortion – incest
53	Initial placement of a med. device provided as part of a clinical trial or a free sample	AC ^(a)	Abortion – genetic defect
54	No skilled home health visits in billing period	AD ^(a)	Abortion – life endangering condition
55	SNF bed not available	AE ^(a)	Abortion – not life endangering
56	Medical appropriateness	AF ^(a)	Abortion – emotional health
57	SNF readmission	AG ^(a)	Abortion – social/econ. reasons
58	Term. Medicare Advantage enrollee	AH ^(a)	Elective abortion
59	Non-primary ESRD facility	AI ^(a)	Sterilization
60	Day outlier	AJ	Payer responsible for co-payment
61	Cost outlier	AK	Air ambulance required
66	Provider does not wish cost outlier payment	AL	Specialized treatment/bed unavailable
67	Beneficiary elects not to use LTR days	AM	Non-emer. med. nec. stretcher transport
68	Beneficiary elects to use LTR days	AN	Preadmission screening not required
69	IME/DGME/N&AH payment only	B0	Medicare coord. care demo claim
70	Self-administered anemia mgmt. drug	B1	Beneficiary is ineligible for demo prog
71	Full care in unit (dialysis)	B2	CAH ambulance attestation
72	Self care in unit (dialysis)	B3	Pregnancy indicator
73	ESRD self care training (dialysis)	B4	Admission unrelated to discharge on same day
74	Home dialysis	BP	Gulf oil spill of 2010
75	Home dialysis – 100 percent reimbursement	C1	Approved as billed (QIO)
76	Back-up in facility dialysis	C2	Automatic approval on focused review (QIO)
77	Provider accepts as payment in full	C3	Partial approval (QIO)
78	New coverage not implemented by managed	C4	Admission/services denied (QIO)
		C5	Post-payment review applicable (QIO)
		C6	Admission preauthorization (QIO)
		C7	Extended authorization (QIO)
		D0	Changes to service dates
		D1	Changes to charges
		D2	Changes to revenue codes/HCPCS/HIPPS

	rate codes		last reviewed
D3	Second or subsequent interim PPS bill	18	Date of retirement (patient/bene)
D4	Change in ICD procedure codes	19	Date of retirement (spouse)
D5	Cancel to correct insured's/provider ID	20	Date guarantee of payment began
D6	Cancel only to repay dup or OIG overpayment	21	Date UR notice received
D7	Medicare as secondary	22	Date active care ended
D8	Medicare as primary	24	Date insurance denied
D9	Other changes	25	Date benefits terminated by primary payer
DR ^(a)	Disaster related	26	Date SNF bed available
E0	Change in patient status	27	Date hospice cert or recert
G0	Distinct medical visit	28	Date CORF plan estab/last reviewed
H0	Delayed filing: statement of intent submitted	29	Date OPD PT plan estab/last reviewed
H2	Discharge by a hospice provider for cause	30	Date OPD ST plan estab/last reviewed
H3	Reoccurrence of GI bleed comorbid	31	Date bene notified intent to bill (accom)
H4	Reoccurrence of Pneumonia comorbid	32	Date bene notified intent to bill (proc/treat)
H5	Reoccurrence of Pericarditis comorbid	33	First day of ESRD coordination covered by EGHP
P1	Do not resuscitate order (DNR)		
P7	Direct inpat admission from ED	34	Date of election of extended care
R1	Request for reopening – math or computational mistakes	35	Date physical therapy started
R2	Request for reopening – inaccurate data entry	36	Date inp hosp disch, covered transplant
R3	Request for reopening – misapplication of a fee schedule	37	Date inp hosp disch, non-covered transplant
R4	Request for reopening – computer errors	38	Date started for home IV therapy
R5	Request for reopening – incorrectly identified dup claim	39	Date disch/on a cont/course of IV therapy
R6	Request for reopening – other clerical and minor errors and omissions	40	Scheduled date of admission
R7	Request for reopening – corrections other than clerical errors	41	Date of first test/pre-admission testing
R8	Request for reopening – new and material evidence	42	Date of discharge
R9	Request for reopening – faulty evidence	43	Scheduled date of canceled surgery
W0	UMWA demonstration indicator	44	Date occupational therapy started
W2 ^(a)	Duplicate of original bill	45	Date speech therapy started
W3 ^(a)	Level I appeal	46	Date cardiac rehab started
W4 ^(a)	Level II appeal	47	First full day of cost outlier
W5 ^(a)	Level III appeal	50	Assessment date
	^(a) Code is valid for use on the 1500 Health Care Claim Form and the 837 Professional.	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
		61	Hospital discharge date (HHA – Effective 1/1/2020)
		62	Other Institutional discharge date (HHA – Effective 1/1/2020)
		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 cov
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 output occ therapy plan established/

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

- 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

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 separate 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 bene/spouse with EGHP
- 13 ESRD bene in Medicare coord period with EGHP
- 14 No-fault, including auto/other insurance
- 15 Worker’s compensation
- 16 PHS or other federal agency
- 21 Catastrophic
- 22 Surplus income
- 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

- 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
- 85 County where service is rendered
- 86 DISCONTINUED
- 87 Gene therapy invoice cost
- 88 Allogeneic stem cell transplant – number of related donors evaluated
- 89 Allogeneic stem cell transplant – total all-inclusive donor charges
- 90 Cell therapy invoice cost
- 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
- D4^(b) Clinical trial number assigned by NLM/NIH
- D5 Last Kt/V Reading
- D6 Total number of minutes of dialysis provided during the billing period

Use B1-GB as A1-A3 and A7-AB for other payers

- P1 Heart Rate
- P2 Blood Pressure-Systolic
- P3 Blood Pressure-Diastolic
- 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