

**Florida Hospital Association**  
**UB-04 Summary – October 2012**

*Highlighted text is new*

**FL 42 – Revenue Codes**

**010X All-Inclusive R&B & Ancillary**

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

**011X Room/Board – Private (One bed)**

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

**012X Room/Board – SP(Two beds)**

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

**013X Room/Board – SP (Three – Four beds)**

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

**014X Room/Board – Deluxe Private**

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

**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

**016X Room/Board – Other**

- 4 Sterile environment
- 7 Self care
- 9 Other

**017X Nursery**

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

**018X Leave of Absence**

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

**019X Subacute Care**

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

**020X Intensive Care**

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

021X Coronary Care

- 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 charge
- 9 Other special charge

023X Incremental Nursing

- 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
- 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

- 1 Rental
- 2 Purchase of new DME
- 3 Purchase of used DME
- 4 Supp/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 Chemo

- 1 Chemotherapy admin – injected
- 2 Chemotherapy admin – oral
- 3 Radiation therapy
- 5 Chemotherapy – 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

<u>038X</u>	<u>Blood</u>	<u>047X</u>	<u>Audiology</u>
1	Packed red cells	1	Diagnostic
2	Whole blood	2	Treatment
3	Plasma	9	Other audiology
4	Platelets		
5	Leukocytes	<u>048X</u>	<u>Cardiology</u>
6	Other blood components	1	Cardiac cath lab
7	Other derivatives (Cryoprecipitate)	2	Stress test
9	Other blood and blood components	3	Echocardiology
		9	Other cardiology
<u>039X</u>	<u>Administration, Processing and Storage for Blood and Blood Components</u>	<u>049X</u>	<u>Ambulatory Surgical Care</u>
1	Administration (e.g., transfusions)	9	Other ambulatory surgical care
2	Processing and Storage		
9	Other blood handling	<u>050X</u>	<u>Outpatient Services</u>
		9	Other outpatient service
<u>040X</u>	<u>Other Imaging Services</u>	<u>051X</u>	<u>Clinic</u>
1	Diagnostic mammography	1	Chronic pain center
2	Ultrasound	2	Dental clinic
3	Screening mammography	3	Psychiatric clinic
4	Positron emission tomography	4	OB/GYN clinic
9	Other imaging services	5	Pediatric clinic
		6	Urgent care clinic
<u>041X</u>	<u>Respiratory Services</u>	7	Family practice clinic
2	Inhalation services	9	Other clinic
3	Hyperbaric oxygen therapy		
9	Other respiratory services	<u>052X</u>	<u>Freestanding Clinic</u>
		1	Clinic visit by member to RHC/FQHC
<u>042X</u>	<u>Physical Therapy</u>	2	Home visit by RHC/FQHC practitioner
1	Visit	3	Family practice clinic
2	Hourly	4	Visit by RHC/FQHC practitioner to member in covered Part A SNF
3	Group	5	Visit by RHC/FQHC practitioner to member in non-Part A SNF, NF, ICF MR, or other residential facility
4	Evaluation/re-evaluation	6	Urgent care clinic
9	Other physical therapy	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 (e.g. Scene of Accident)
<u>043X</u>	<u>Occupational Therapy</u>	9	Other freestanding clinic
1	Visit		
2	Hourly	<u>053X</u>	<u>Osteopathic Services</u>
3	Group	1	Osteopathic therapy
4	Evaluation/re-evaluation	9	Other osteopathic services
9	Other occupational therapy		
<u>044X</u>	<u>Speech Therapy – Language Pathology</u>	<u>054X</u>	<u>Ambulance</u>
1	Visit	1	Supplies
2	Hourly	2	Medical transport
3	Group	3	Heart mobile
4	Evaluation/re-evaluation	4	Oxygen
9	Other speech therapy	5	Air ambulance
		6	Neonatal ambulance services
<u>045X</u>	<u>Emergency Room</u>	7	Pharmacy
1	EMTALA Emergency Medical Screening	8	EKG transmission
2	ER/Beyond EMTALA	9	Other ambulance
6	Urgent care		
9	Other emergency room		
<u>046X</u>	<u>Pulmonary Function</u>		
9	Other pulmonary function		

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 LP
- 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 Med/Surg 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 admin 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

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

081X Acquisition of Body Components

- 1 Living donor
- 2 Cadaver donor
- 3 Unknown donor
- 4 Unsuccessful search – donor bank charges
- 9 Other donor

082X Hemodialysis – Outpatient or Home

- 1 Hemodialysis comp or other rate
- 2 Home supplies
- 3 Home equipment
- 4 Maintenance – 100%
- 5 Support services
- 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%
- 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%
- 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%
- 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 Biofeedback
- 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
- 3 Kinesiotherapy
- 9 Other patient convenience

100X Behavioral Health Accommodations

- 1 Residential treatment – psychiatric
- 2 Residential treatment – chemical dep.
- 3 Supervised living
- 4 Halfway house
- 5 Group home

**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

**96X – 98X 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

**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 – Inpatient, plan of treatment under Part B only
- 033X Home Health – Outpatient, Part A
- 034X Home Health – Other
- 041X Religious Non-Medical Health Care Institutions – Inpatient
- 043X Religious Non-Medical Health Care Institutions – 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 Free Standing 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 Hospice/CMS Coordinated Care Demonstration/Religious Non-Medical Health Care Institution/Centers of Excellence Demonstration/Provider Partnerships Demonstration
- C Hospice change of provider notice
- D Hospice/CMS Coordinated Care Demonstration/Religious Non-Medical Health Care Institution/Centers of Excellence Demonstration/Provider Partnerships Demonstration Void/Cancel
- 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 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 – 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 or ALF
- 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
- 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 disc care
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to court/law enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in medical facility
- 42 Expired place unknown
- 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 dist 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
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list

### **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<sup>st</sup> 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
- 40 Same day transfer
- 41 Partial hospitalization
- 42 Cont care plan not related to inpat. adm.
- 43 CCP related, not within prescribed post-discharge window
- 44 Inpatient admission changed to outpatient
- 45 Ambiguous gender category
- 46 Non-availability statement on file
- 47 Transfer from another home health agency
- 48 Psych res. treatment ctrs. children & adolescents
- 49 Product replacement within product lifecycle
- 50 Product replacement for known recall of a product
- 51 Attestation of unrelated outpatient non-diagnostic services
- 52 Out of hospice service area
- 56 Medical appropriateness
- 57 SNF readmission
- 58 Term. Medicare Advantage enrollee
- 59 Non-primary ESRD facility
- 60 Day outlier
- 61 Cost outlier
- 66 Provider does not wish cost outlier payment
- 67 Beneficiary elects not to use LTR days
- 68 Beneficiary elects to use LTR days
- 69 IME/DGME/N&AH payment only
- 70 Self-administered anemia mgmt. drug
- 71 Full care in unit (dialysis)
- 72 Self care in unit (dialysis)
- 73 Self care/training (dialysis)
- 74 Home dialysis
- 75 Home dialysis – 100% reimbursement
- 76 Back-up in facility dialysis
- 77 Provider accepts as payment in full
- 78 New coverage not implemented by managed care plan
- 79 CORF services provided offsite
- 80 Home Dialysis – nursing facility
- A0 TRICARE external partnership prog
- A1 EPSDT/CHAP
- A2 Physically handicapped children’s prog
- A3 Special federal funding
- A4 Family planning
- A5 Disability
- A6 Vaccines/Medicare 100% payment
- A9 Second opinion surgery

AA	Abortion – rape	11	Onset of symptoms/illness
AB	Abortion – incest	12	Date of onset, chronically dependent individual
AC	Abortion – genetic defect	16	Date of last therapy
AD	Abortion – life endangering condition	17	Date outpat occ therapy plan established/last reviewed
AE	Abortion – not life endangering	18	Date of retirement (patient/bene)
AF	Abortion – emotional health	19	Date of retirement (spouse)
AG	Abortion – social/econ. reasons	20	Date guarantee of payment began
AH	Elective abortion	21	Date UR notice received
AI	Sterilization	22	Date active care ended
AJ	Payer responsible for co-payment	24	Date insurance denied
AK	Air ambulance required	25	Date benefits terminated by primary payer
AL	Specialized treatment/bed unavailable	26	Date SNF bed available
AM	Non-emerg. med. nec. stretcher transport	27	Date hospice cert or recert
AN	Preadmission screening not required	28	Date CORF plan estab/last reviewed
B0	Medicare coord. care demo	29	Date OPD PT plan estab/last reviewed
B1	Beneficiary is ineligible for demo prog	30	Date OPD ST plan estab/last reviewed
B2	CAH ambulance attestation	31	Date bene notified intent to bill (accom)
B3	Pregnancy indicator	32	Date bene notified intent to bill (proc/treat)
B4	Admission unrelated to discharge on same day	33	First day of ESRD coordination covered by EGHP
BP	Gulf oil spill of 2010	34	Date of election of extended care
C1	Approved as billed (QIO)	35	Date physical therapy started
C2	Automatic approval on focused review (QIO)	36	Date inpatient hosp disch, covered transplant
C3	Partial approval (QIO)	37	Date inpatient hosp disch, non-covered transplant
C4	Admission/services denied (QIO)	38	Date started for home IV therapy
C5	Post-payment review applicable (QIO)	39	Date disch/on a cont/course of IV therapy
C6	Admission preauthorization (QIO)	40	Scheduled date of admission
C7	Extended authorization (QIO)	41	Date of first test/pre-admission testing
D0	Changes to service dates	42	Date of discharge
D1	Changes to charges	43	Scheduled date of canceled surgery
D2	Changes to revenue codes/HCPCS/HIPPS rate codes	44	Date occupational therapy started
D3	Second or subsequent interim PPS bill	45	Date speech therapy started
D4	Change in ICD codes	46	Date cardiac rehab started
D5	Cancel to correct insured's/provider ID	47	First full day of cost outlier
D6	Cancel only to repay dup or OIG overpayment	50	Assessment date
D7	Medicare as secondary	51	Date of last Kt/V reading
D8	Medicare as primary	52	Medical certification/recert date
D9	Other changes	54	Physician follow-up date
DR	Disaster related	55	<b>Date of Death</b>
E0	Change in patient status	A1	Birth date, insured A
G0	Distinct medical visit	A2	Effective date, insured A policy
H0	Delayed filing: statement of intent submitted	A3	Benefits exhausted – Payer A
H2	Discharge by a hospice provider for cause	A4	Split bill date
H3	Reoccurrence of GI bleed comorbid		<i>Use B1-G3 as A1-A3 for other insureds</i>
H4	Reoccurrence of Pneumonia comorbid		
H5	Reoccurrence of Pericarditis comorbid		
P1	Do not resuscitate order (DNR)		
P7	Direct inpatient admission from ED		
W0	UMWA demonstration indicator		
W2	Duplicate of original bill		
W3	Level I appeal		
W4	Level II appeal		
W5	Level III appeal		

### **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

### **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	<b>Antepartum Days at Reduced Level of Care</b>
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	Hosp – has no semi-private rooms
04	Prof. comp charges, combined billed
05	Prof. comp included, billed to carrier
06	Blood deductible
08	LTR amount, 1 <sup>st</sup> calendar year
09	Co-ins amount, 1 <sup>st</sup> calendar year
10	LTR amount, 2 <sup>nd</sup> calendar year
11	Co-ins amount, 2 <sup>nd</sup> calendar year
12	Working aged bene/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
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
A0	Special ZIP code reporting
A1	Deductible, payer A
A2	Co-insurance, payer A
A3	Estimated responsibility, payer A
A4	Cvrd self-administrable drugs/emergency
A5	Cvrd self-administrable drugs – not self administrable form/situation
A6	Cvrd 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*

## **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