

A Guide to the Appendices

Section summary

In this section, you will find the codes we accept on the UB-04 claim form. We have arranged the information numerically by form locator. To look up the codes alphabetically, please see the next page.

| For form locators: | Use these codes: | In appendix: |
|---------------------------|---|---------------------|
| 4 | Type of bill codes | M |
| 13 & 16 | Hour (accident, admission, and discharge) codes | C |
| 14 | Type of admission codes | L |
| 15 | Newborn source of admission codes | J |
| 15 | Source of admission codes | J |
| 17 | Patient status codes | G |
| 18–28 | Condition codes | B |
| 31–34 | Occurrence codes | F |
| 35–36 | Occurrence span codes | O |
| 39–41 | Value codes | E |
| 42 | Revenue codes/alpha listing | H |
| 42 | Revenue codes/numeric testing | H1 |
| 42 | Revenue codes/pre-admission testing | H2 |
| 44 | Revenue code ranges that do not require HCPCS codes | H3 |
| 44 | Valid outpatient HCPCS codes | N |
| 44 | Valid outpatient HCPCS codes for chemotherapy drugs | N1 |
| 51 | Billing center codes | A |
| 59 | Relationship codes | I |

A Guide to the Appendices

| For a list of these codes: | For form locators: | See appendix: |
|---|---------------------------|----------------------|
| Billing center codes | 51 | A |
| Condition codes | 18–28 | B |
| Hour (accident, admission, and discharge) codes | 13 & 16 | C |
| Newborn source of admission codes | 15 | K |
| Occurrence codes | 31–34 | F |
| Occurrence span codes | 35–36 | O |
| Patient status codes | 17 | G |
| Relationship codes | 59 | I |
| Revenue code ranges that do not require HCPCS codes | 44 | H3 |
| Revenue codes/alpha listing | 42 | H |
| Revenue codes/numeric listing | 42 | H1 |
| Revenue codes/pre-admission testing | 42 | H2 |
| Source of admission codes | 15 | J |
| Type of admission codes | 14 | L |
| Type of bill codes | 4 | M |
| Valid outpatient HCPCS codes | 44 | N |
| Valid outpatient HCPCS codes for chemotherapy drugs | 44 | N1 |
| Value codes | 39–41 | E |

Billing Center Codes

Form locator 51

| Use this code(s): | If the patient received services in this area of your hospital: |
|-------------------|---|
| 01–09 & 90–99 | Inpatient – medical/surgical |
| 05 | Inpatient – psychiatric |
| 06 | Inpatient – physical rehabilitation |
| 10–16 | Outpatient (10–16 may be community health centers) |
| 10–25 & 60–69 | Outpatient |
| 25* | Outpatient – psychiatric |
| 30–38 & 70–79 | Surgical day care |
| 39 | In vitro fertilization |
| 40–49 & 80–89 | Community health center for mental health services |

**This bill center code is for Blue Choice[®], and Personal Help Connection.*

Condition Codes

Form locators 18–28

Required for claims related to one of the following conditions:

| For condition codes related to: | See page: |
|--|------------------|
| Insurance | B2 |
| Special conditions | B3 |
| Accommodations | B4 |
| Skilled Nursing Facility (SNF) information | B5 |
| Prospective payment | B6 |
| Renal dialysis setting | B7 |
| Program indicator codes | B8 |
| Peer Review Organization (PRO) approval indicator services | B9 |
| Claim change reasons | B10 |

Condition Codes (continued)

Form locators 18–28

Insurance

| Use this condition code: | When: |
|--------------------------|--|
| 01 | Military service related (patient incurred medical condition during military services) |
| 02 | Condition is employment-related (patient alleges medical condition is due to environment/events resulting from employment) |
| 03 | Patient covered by insurance not reflected here (patient or her/his representative has stated that coverage exists beyond that reflected on this bill) |
| 04 | Information-only bill (Medicare beneficiary is enrolled in a risk-based HMO and you expect to receive payment from the HMO; this code indicates that you are submitting a bill for information only) |
| 05 | Lien has been filed (provider has filed legal claim for recovery of funds potentially due a patient as a result of legal action initiated by or on behalf of the patient) |
| 06 | End-stage renal disease (ESRD) patient in first 18 months of entitlement covered by employer group health insurance |
| 07 | Treatment of non-terminal condition for hospice patient (hospice patient is not being treated for terminal condition and is therefore requesting regular Medicare reimbursement) |
| 08 | Beneficiary would not provide information concerning other insurance coverage |
| 09 | Neither patient nor spouse is employed |
| 10 | Patient and/or spouse is employed but no employer group health plan (EGHP) coverage exists |
| 11 | Disabled beneficiary, but no large group health plan coverage |

Condition Codes (continued)

Form locators 18–28

Special Conditions

| Use this condition code: | If the patient: |
|--------------------------|--|
| 17 | Patient is homeless |
| 18 | Maiden name retained |
| 19 | Child maintains mother's name |
| 20 | Beneficiary requested billing (requests determination by the payer and you realize services are for non-covered level of care or excluded) |
| 21 | Billing for denial notice (received skilled nursing facility (SNF), home health agency services and the services are a non-covered level of care or excluded, but you request notice from Medicare or other payer) |
| 22 | Patient on multiple drug regimen |
| 23 | Home caregiver available (to assist patient during self-administration of an intravenous drug) |
| 24 | Home IV patient also receiving home health aide (HHA) services |
| 25 | Patient is a non-U.S. resident |
| 26 | VA-eligible patient chooses to receive services in a Medicare certified facility |
| 27 | Patient referred to a sole community hospitals for a diagnostic laboratory test |
| 28 | Patient and/or spouse's employer group health plan (EGHP) is secondary to Medicare |
| 29 | Disabled beneficiary and/or family member's large group health plan (LGHP) is secondary to Medicare |
| 30 | Non-research services provided to patients enrolled in a qualified clinical trial |
| 31 | Patient is a student (full-time day) |
| 32 | Patient is a student (cooperative/work study program) |
| 33 | Patient is a student (full-time night) |
| 34 | Patient is a student (part-time) |

Condition Codes (continued)

Form locators 18–28

Accommodations

| Use this condition code: | If the accommodation was: |
|--------------------------|--|
| 36 | General care patient in a special unit |
| 37 | Ward accommodation at the patient's request |
| 38 | Semi-private room not available |
| 39 | Private room medically necessary |
| 40 | Same-day transfer |
| 41 | Partial hospitalization |
| 42 | Continuing care not related to inpatient admission |
| 43 | Continuing care not provided within prescribed post-discharge window |
| 44 | Inpatient admission changed to outpatient |

Condition Codes (continued)

Form locators 18–28

Skilled Nursing Facility (SNF) Information

| Use this condition code: | If the: |
|--------------------------|--|
| 55 | SNF bed not available (patient was discharged from a hospital and a SNF bed was not available for more than 30 days) |
| 56 | Medical appropriateness (admission to a SNF facility was delayed more than 30 days after the hospital discharge because the condition made it inappropriate to begin active care within that period) |
| 57 | SNF readmission (patient received Medicare-covered SNF care within 30 days of this readmission) |
| 58 | Terminated Medicare Advantage enrollee whose three day hospital stay was waived. |
| 59 | Non-primary end-stage renal disease (ESRD) facility |

Condition Codes (continued)

Form locators 18–28

Prospective Payment

| Use this condition code: | If you are being paid under a prospective payment system and : |
|--------------------------|---|
| 60 | There is a day outlier |
| 61 | There is a cost outlier |
| 66 | The Provider does not wish cost outlier payment |
| 67 | The Beneficiary elects not to use life-time reserve (LTR) days |
| 68 | The Beneficiary elects to use LTR days |
| 69 | An Indirect medical education (IME), direct graduate medical education (DGME), nursing and allied health (N&AH) payment only. |

Condition Codes (continued)

Form locators 18–28

Renal Dialysis Setting

| Use this condition code: | If the patient: |
|--------------------------|--|
| 70 | Self-administered anemia management drug |
| 71 | Received full care in unit |
| 72 | Had self care in unit (patient managed his/her own dialysis services without staff assistance in a hospital or renal dialysis facility) |
| 73 | Had self-care training (is a renal dialysis patient and you are billing for special dialysis services where the patient and his helper, if necessary, were learning to perform dialysis) |
| 74 | Was home (received dialysis services at home, but code 75 below does not apply) |
| 75 | Was home – 100 percent reimbursement (received dialysis services at home using a dialysis machine that was purchased by Medicare under the 100% program) |
| 76 | Received backup in-facility dialysis |
| 77 | Is treated by a provider who accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment in full |
| 78 | Has new coverage not implemented by HMO (For outpatient bills, condition code 04 should be omitted) |
| 79 | Received Physical therapy (PT), occupational therapy (OT), speech therapy (ST), and comprehensive outpatient rehabilitation facility (CORF) services <i>off-site</i> |

Condition Codes (continued)

Form locators 18–28

Program Indicator Codes

| Use this condition code: | If the special program indicator is: |
|--------------------------|---|
| A1 | Early and periodic screening diagnosis and treatment, community health accreditation program (EPSDT/CHAP) |
| A2 | Physically handicapped children's program |
| A3 | Special federal funding |
| A4 | Family planning |
| A5 | Disability |
| A6 | Vaccines/Medicare 100% payment for pneumonia and influenza |
| A9 | Second opinion surgery |

Condition Codes (continued)

Form locators 18–28

Peer Review Organization (PRO) Approval Indicator Services

| Use this condition code: | If the admission/service was: |
|--------------------------|--|
| C1 | Approved as billed |
| C2 | Automatically approval as billed based on focused review |
| C3 | Partially approval |
| C4 | Denied |
| C5 | Is post-payment review applicable |
| C6 | Required admission pre-authorization |
| C7 | Had extended authorization (was authorized for an extended length of time, but the services provided have not been reviewed) |

Condition Codes (continued)

Form locators 18–28

Claim Change Reasons

| Use this condition code: | If the reason for the claim change is: |
|--------------------------|--|
| D0 | Changes to service dates |
| D1 | Changes to charges |
| D2 | Changes in revenue codes/HCPCS/HIPPS rate codes |
| D3 | Second or subsequent interim prospective payment system (PPS) bill |
| D4 | Changes in ICD-9-CM diagnosis and/or procedure codes |
| D5 | Cancel to correct health insurance claim number (HICN) or provider identification number |
| D6 | Cancel only to repay a duplicate or Office of Inspector General (OIG) overpayment |
| D7 | Change to make Medicare the secondary payer |
| D8 | Change to make Medicare the primary payer |
| D9 | Any other change |
| E0 | Change in patient status |
| G0 | Distinct medical visit |
| H0 | Delayed filing, statement of intent submitted |
| H2 | Discharge by a hospice provider for cause |
| W2 | Duplicate of original bill |
| W3 | Level I appeal |
| W4 | Level II appeal |
| W5 | Level III appeal |

Hour Codes

Form locators 13 & 16

Accident, Admission, and Discharge Hour/Inpatient & Outpatient Claims

| Use this hour code: | If you want to indicate this time frame: |
|---------------------|--|
| 00 | 12:00 midnight–12:59 a.m. |
| 01 | 01:00–01:59 a.m. |
| 02 | 02:00–02:59 a.m. |
| 03 | 03:00–03:59 a.m. |
| 04 | 04:00–04:59 a.m. |
| 05 | 05:00–05:59 a.m. |
| 06 | 06:00–06:59 a.m. |
| 07 | 07:00–07:59 a.m. |
| 08 | 08:00–08:59 a.m. |
| 09 | 09:00–09:59 a.m. |
| 10 | 10:00–10:59 a.m. |
| 11 | 11:00–11:59 a.m. |
| 12 | 12:00 noon–12:59 p.m. |
| 13 | 01:00–01:59 p.m. |
| 14 | 02:00–02:59 p.m. |
| 15 | 03:00–03:59 p.m. |
| 16 | 04:00–04:59 p.m. |
| 17 | 05:00–05:59 p.m. |
| 18 | 06:00–06:59 p.m. |
| 19 | 07:00–07:59 p.m. |
| 20 | 08:00–08:59 p.m. |
| 21 | 09:00–09:59 p.m. |
| 22 | 10:00–10:59 p.m. |
| 23 | 11:00–11:59 p.m. |

Value Codes

Form locators 39–41

| Use this code: | If you are submitting a claim for: |
|----------------|--|
| 01 | Most common semi-private room rate |
| 02 | Hospital has no semi-private rooms |
| 04 | Professional component charges, which are combined billed |
| 05 | Professional component included in charges and also billed separately to carrier |
| 06 | Medicare blood deductible |
| 08 | Medicare lifetime reserve amount (in the first calendar year) |
| 09 | Medicare co-insurance amount (in the first calendar year in billing period) |
| 10 | Medicare lifetime reserve amount (in the second calendar year) |
| 11 | Medicare co-insurance amount (in the second calendar year) |
| 12 | A working-aged beneficiary/spouse with employer group health plan |
| 13 | An end-stage renal disease (ESRD) beneficiary in a Medicare coordination period with an employer group health plan |
| 14 | No fault, including auto/other |
| 15 | Workers' compensation |
| 16 | Public Health Service or other federal agency |
| 30 | Pre-admission testing |
| 31 | Patient liability amount |
| 32 | Multiple patient ambulance transport |

Value Codes (continued)

Form locators 39–41

| Use this code: | If you are submitting a claim for: |
|----------------|--|
| 37 | Units of blood furnished |
| 38 | Blood deductible units |
| 39 | Pints of blood replaced |
| 40 | New coverage not implemented by HMO (for inpatient claims only) |
| 41 | Black lung |
| 42 | Veteran's Affairs |
| 43 | Disabled beneficiary under age 65 with large group health plan |
| 44 | Amount provider agreed to accept from the primary insurer when this amount is less than charges but greater than the primary insurer's payment |
| 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 rehabilitation visits |
| 54 | Newborn birth weight in grams |
| 55 | Eligibility threshold for charity care |
| 56 | Skilled nurse – home visit hours (HHA only) |
| 57 | Home health aide – home visit hours (HHA only) |
| 58 | Arterial blood gas (PO ₂ /PA ₂) |
| 59 | Oxygen saturation |
| 60 | Home Health Agency branch MSA |

* See Appendix C

Value Codes (continued)

Form locators 39–41

| Use this code: | If you are submitting a claim for: |
|----------------|--|
| 61 | Place of residence where service is furnished (home health aide and hospice) |
| 66 | Medicaid spend down amount |
| 67 | Peritoneal dialysis |
| 68 | Epoetin Alfa (EPO) – drug |
| 69 | State charity care precert |
| 80 | Covered days |
| 81 | Non-covered days |
| 82 | Co-insurance days |
| 83 | Lifetime reserve days |
| A0 | Special zip code reporting |
| A1 | Deductible payer A |
| B1 | Deductible payer B |
| C1 | Deductible payer C |
| E1 | Deductible payer D; discontinued 3/1/07 |
| F1 | Deductible payer E; discontinued 3/1/07 |
| G1 | Deductible payer F; discontinued 3/1/07 |
| A2 | Co-insurance payer A |
| B2 | Co-insurance payer B |
| C2 | Co-insurance payer C |
| E2 | Co-insurance payer D |
| F2** | Co-insurance payer E; code discontinued 3/1/07 |

***For Medicare, use this code only for reporting Part B co-insurance amounts.*

Value Codes (continued)

Form locators 39–41

Use this code:

If you are submitting a claim for:

| | |
|------|---|
| G2** | Co-insurance payer F; discontinued 3/1/07 |
| A3 | Estimated responsibility payer A |
| B3 | Estimated responsibility payer B |
| C3 | Estimated responsibility payer C |
| D3 | Estimated responsibility patient |
| D4 | Clinical trial number assigned by National Library of Medicine (NLM)/National Institutes of Health (NIH) |
| E3 | Discontinued, effective with UB-04 implementation 3/1/07 |
| F3 | Discontinued, effective with UB-04 implementation 3/1/07 |
| G3 | Discontinued, effective with UB-04 implementation 3/1/07 |
| A4 | Covered self-administrable drugs—emergency |
| A5 | Covered self-administrable drugs not self-administrable in form and situation furnished to patient |
| A6 | Covered self-administrable drugs—diagnostic study and other |
| A7 | Copayment payer A; this code is used only on paper claims; for electronic 837 claim, use Loop ID 2320 CAS segment (Claim Adjustment Group Code “PR”). |
| B7 | Copayment payer B; this code is used only on paper claims; for electronic 837 claim, use Loop ID 2320 CAS segment (Claim Adjustment Group Code “PR”). |
| C7 | Copayment payer C; this code is used only on paper claims; for electronic 837 claim, use Loop ID 2320 CAS segment (Claim Adjustment Group Code “PR”). |
| E7 | Copayment payer E; discontinued 3/1/07 |
| F7 | Copayment payer F; discontinued 3/1/07 |
| G7 | Copayment payer G; discontinued 3/1/07 |
| G8 | MSA or Core-Based Statistical Area (CBSA) number (or rural state code) of the facility where inpatient hospice service is delivered. Report the number in dollar portion of the form locator right-justified to the left of the dollar/cents delimiter. |

***For Medicare, use this code only for reporting Part B co-insurance amounts.*

Occurrence Codes

Form locators 31–34

Required for claims related to an accident, pre-admission testing, or claims secondary to Medicare

| Use this code: | If the date on the claim is related to: |
|----------------|---|
| 01 | Accident, auto/medical coverage |
| 02 | No-fault insurance involved, including auto accident/other |
| 03 | Accident, tort liability |
| 04 | Accident, employment related |
| 05 | Accident/no medical or liability coverage |
| 06 | Crime victim |
| 09 | Start of infertility treatment cycle |
| 10 | Last menstrual period |
| 11 | Onset of symptoms/illness |
| 12 | Date of onset for a chronically dependent individual (home health agency claims only) |
| 16 | Date of last therapy |
| 17 | Date outpatient occupational therapy plan established or last reviewed |
| 18 | Date of retirement of patient/beneficiary |
| 19 | Date of retirement of spouse |
| 20 | Date guarantee of payment began |
| 21 | Date utilization review (UR) notice received |
| 22 | Date active care ended |
| 24 | Date insurance denied |
| 25 | Date benefits terminated by primary payer |
| 26 | Date skilled nursing facility bed became available |
| 27 | Date of hospice certification or recertification |
| 28 | Date comprehensive outpatient rehabilitation plan established or last reviewed |

Occurrence Codes (continued)

Form locators 31–34

| Use this code: | If the date on the claim is related to: |
|-----------------------|---|
| 29 | Date outpatient physical therapy plan established or last reviewed |
| 30 | Date outpatient speech pathology plan established or last reviewed |
| 31 | Date beneficiary notified of intent to bill (accommodations) |
| 32 | Date beneficiary notified of intent to bill (procedures or treatments) |
| 33 | First day of Medicare coordination period for end-stage renal disease (ESRD) beneficiaries covered by an employee group health plan |
| 34 | Date of election of extended care services |
| 35 | Date treatment started for physical therapy |
| 36 | Date of inpatient hospital discharge for covered transplant patient |
| 37 | Date of inpatient hospital discharge for non-covered transplant patient |
| 38 | Date treatment started for home IV therapy |
| 39 | Date discharged on a continuous course of IV therapy |
| 40 | Scheduled date of admission |
| 41 | Date of first test for pre-admission testing |
| 42 | Date of discharge |
| 43 | Scheduled date of cancelled surgery |
| 44 | Date treatment started for occupational therapy |
| 45 | Date treatment started for speech therapy |
| 46 | Date treatment started for cardiac rehabilitation |
| 47 | Date cost outlier status begins |
| A1 | Birth date – insured A |
| B1 | Birth date – insured B |
| C1 | Birth date – insured C |
| G1 | Birth date – insured F |

Occurrence Codes (continued)

Form locators 31–34

| Use this code: | If the date on the claim is related to: |
|-----------------------|--|
| A2 | Effective date – insured A policy |
| B2 | Effective date – insured B policy |
| C2 | Effective date – insured C policy |
| A3 | Benefits exhausted - payer A |
| B3 | Benefits exhausted - payer B |
| C3 | Benefits exhausted - payer C |
| A4 | Split bill date |

Patient Status Codes

Form locator 17

- Discharge Status Claims
- Required for all claims

| Use this code: | If the patient status is: |
|----------------|---|
| 01 | Discharged to home for self care (routine discharge) |
| 02 | Discharged/transferred to a short-term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to a Designated Cancer Center or Children's Hospital |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care |
| 07 | Left against medical advice or discontinued care |
| 09 | Admitted as an inpatient to this hospital |
| 20 | Expired |
| 30 | Still a patient |
| 40 | Expired at home |
| 41 | Expired in a medical facility (e.g., hospital, SNF, ICF, or freestanding hospice) |
| 42 | Expired – place unknown |
| 43 | Discharged/transferred to a federal health care facility |
| 50 | Hospice – home |
| 51 | Hospice – medical facility (certified) providing hospice level of care |
| 61 | Discharged/transferred to a hospital-based Medicare approved swing bed |
| 62 | Discharged/transferred to an inpatient rehabilitation facility (IRF), including rehabilitation distinct part units of a hospital. |

Patient Status Codes (continued)

Form locator 17

| Use this code: | If the claim is: |
|----------------|---|
| 63 | Discharged/transferred to a Medicare certified long-term care hospital (LTCH) |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid, but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part of a hospital |
| 66 | Discharged/transferred to a critical access hospital |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list. (See code 05.) |

UB-04 Revenue Codes for Providers— Alphabetical General Code Listing

For revenue codes related to: **See listing number:**

| | |
|--|------|
| All-Inclusive Ancillary General..... | 0240 |
| All-Inclusive Room & Board & Ancillary..... | 0100 |
| Ambulance..... | 0540 |
| Ambulatory Surgical Care..... | 0490 |
| Anesthesia..... | 0370 |
| Audiology..... | 0470 |
| Blood..... | 0380 |
| Blood Storage and Processing..... | 0390 |
| CAPD Outpatient or Home..... | 0840 |
| Cardiology..... | 0480 |
| Cast Room..... | 0700 |
| CCPD Outpatient or Home..... | 0850 |
| Clinic..... | 0510 |
| Coronary Care..... | 0210 |
| CT Scan..... | 0350 |
| Drugs Requiring Specific Identification..... | 0630 |
| Durable Medical Equipment..... | 0290 |
| EEG (Electroencephalogram)..... | 0740 |
| EKG/ECG (Electrocardiogram)..... | 0730 |
| Emergency Room..... | 0450 |
| Freestanding Clinic..... | 0520 |
| Gastrointestinal..... | 0750 |
| Hemodialysis Outpatient or Home..... | 0820 |
| Home Health Aide..... | 0570 |
| Home IV Therapy Services..... | 0640 |
| Hospice..... | 0650 |
| Incremental Nursing Charge Rate..... | 0230 |
| Inpatient Renal Dialysis..... | 0800 |
| Intensive Care..... | 0200 |
| IV Therapy..... | 0260 |
| Labor Room/Delivery..... | 0720 |
| Laboratory..... | 0300 |
| Laboratory – Pathology..... | 0310 |
| Leave of Absence..... | 0180 |
| Lithotripsy..... | 0790 |
| Medical Social Services..... | 0560 |
| Medical/Surgical Supplies (extension of 0270)..... | 062X |
| Medical/Surgical Supplies..... | 0270 |
| Miscellaneous Dialysis..... | 0880 |
| MRI (magnetic resonance imaging)..... | 0610 |
| Nuclear Medicine..... | 0340 |
| Occupational Therapy..... | 0430 |
| Oncology..... | 0280 |
| Operating Room Services..... | 0360 |

UB-04 Revenue Codes for Providers— Alphabetical General Code Listing

For revenue codes related to:

See listing number:

| | |
|---|------|
| Organ Acquisition (also see 0890)..... | 0810 |
| Osteopathic Services..... | 0530 |
| Other Diagnostic Services..... | 0920 |
| Other Imaging Services..... | 0400 |
| Other Room & Board | 0160 |
| Other Therapeutic Services..... | 0940 |
| Other Visits (Home Health)..... | 0580 |
| Outpatient Services | 0500 |
| Outpatient Special Residence Charges..... | 0670 |
| Oxygen (Home Health) | 0600 |
| Patient Convenience Items..... | 0990 |
| Peritoneal Dialysis Outpatient or Home..... | 0830 |
| Pharmacy..... | 0250 |
| Physical Therapy..... | 0420 |
| Preventive Care Services..... | 0770 |
| Professional Fees..... | 0960 |
| Professional Fees..... | 097X |
| Professional Fees..... | 098X |
| Psychiatric/Psychological Services | 091X |
| Psychiatric/Psychological Treatments..... | 0900 |
| Pulmonary Function..... | 0460 |
| Radiology – Diagnostic..... | 0320 |
| Radiology – Therapeutic..... | 0330 |
| Recovery Room | 0710 |
| Respiratory Services | 0410 |
| Respite Care (Home Health Only) | 0660 |
| Room & Board – Nursery | 0170 |
| Room & Board – Private..... | 0110 |
| Room & Board – Private (Deluxe)..... | 0140 |
| Room & Board – Semi-private, 2 Beds..... | 0120 |
| Room & Board – Semi-private, 3-4 Beds..... | 0130 |
| Room & Board – Ward | 0150 |
| Skilled Nursing..... | 0550 |
| Special Charges..... | 0220 |
| Speech-Language Pathology..... | 0440 |
| Sub-Acute Care | 0190 |
| Telemedicine..... | 0780 |
| Total Charges | 0001 |
| Treatment or Observation Room..... | 0760 |
| Units of Service (Home Health)..... | 0590 |

UB-04 Revenue Codes for Providers—Numeric Listing

| | | | |
|-------------|--|-------------|------------------------------------|
| 0001 | Total Charges | 0150 | Room & Board - Ward |
| 0020 | Health Insurance – Prospective Payment System (PPS) | 0151 | Medical/surgical/gyn |
| 0022 | SNF – (PPS) | 0152 | Obstetrics (OB) |
| 0023 | Home Health – PPS | 0153 | Pediatric |
| 0024 | Inpatient Rehab Facility – PPS | 0154 | Psychiatric |
| 0100 | All-inclusive Room & Board & Ancillary | 0155 | Hospice |
| 0101 | All-inclusive room & board | 0156 | Detox |
| | | 0157 | Oncology |
| | | 0158 | Rehab |
| | | 0159 | Other |
| 0110 | Room & Board - Private | 0160 | Nursery |
| 0111 | Medical/surgical/gyn | 0164 | Sterile environment |
| 0112 | Obstetrics (OB) | 0167 | Self care |
| 0113 | Pediatric | 0169 | Other |
| 0114 | Psychiatric | | |
| 0115 | Hospice | 0170 | Nursery |
| 0116 | Detox | 0171 | Newborn – Level I |
| 0117 | Oncology | 0172 | Newborn – Level II |
| 0118 | Rehab | 0173 | Newborn – Level III |
| 0119 | Other | 0174 | Newborn – Level IV |
| | | 0179 | Other |
| 0120 | Room & Board – Semi-private, 2 Beds | 0180 | Leave of Absence |
| 0121 | Medical/surgical/gyn | 0182 | Patient convenience |
| 0122 | Obstetrics (OB) | 0183 | Therapeutic leave |
| 0123 | Pediatric | 0185 | Nursing Home (for hospitalization) |
| 0124 | Psychiatric | 0189 | Other leave of absence |
| 0125 | Hospice | | |
| 0126 | Detox | 0190 | Sub-Acute Care |
| 0127 | Oncology | 0191 | Level I |
| 0128 | Rehab | 0192 | Level II |
| 0129 | Other | 0193 | Level III |
| | | 0194 | Level IV |
| | | 0199 | Other sub-acute care |
| 0130 | Room & Board – Semi-private, 3-4 Beds | 0200 | Intensive Care |
| 0131 | Medical/surgical/gyn | 0201 | Surgical |
| 0132 | Obstetrics (OB) | 0202 | Medical |
| 0133 | Pediatric | 0203 | Pediatric |
| 0134 | Psychiatric | 0204 | Psychiatric |
| 0135 | Hospice | 0206 | Intermediate ICU |
| 0136 | Detox | 0207 | Burn care |
| 0137 | Oncology | 0208 | Trauma |
| 0138 | Rehab | 0209 | Other |
| 0139 | Other | | |
| 0140 | Room & Board – Private (Deluxe) | | |
| 0141 | Medical/surgical/gyn | | |
| 0142 | Obstetrics (OB) | | |
| 0143 | Pediatric | | |
| 0144 | Psychiatric | | |
| 0145 | Hospice | | |
| 0146 | Detox | | |
| 0147 | Oncology | | |
| 0148 | Rehab | | |
| 0149 | Other | | |

UB-04 Revenue Codes for Providers—Numeric Listing

| | | | |
|-------------|--|-------------|--|
| 0210 | Coronary Care | 0270 | Medical/Surgical Supplies and Devices |
| 0211 | Myocardial infarction | 0271 | Non-sterile supplies |
| 0212 | Pulmonary care | 0272 | Sterile supplies |
| 0213 | Heart transplant | 0273 | Take-home supplies |
| 0214 | Intermediate critical care unit (CCU) | 0274 | Prosthetic/orthotic devices |
| 0219 | Other | 0275 | Pacemaker |
| | | 0276 | Intraocular lens |
| 0220 | Special Charges | 0277 | Oxygen – take home |
| 0221 | Admission | 0278 | Other implants |
| 0222 | Technical support | 0279 | Other supplies/devices |
| 0223 | UR service | | |
| 0224 | Late discharge – medically necessary | 0280 | Oncology |
| 0229 | Other | 0289 | Other oncology |
| | | | |
| 0230 | Incremental Nursing Charge Rate | 0290 | Durable Medical Equipment (not renal) |
| 0231 | Nursery | 0291 | Rental |
| 0232 | Obstetrics (OB) | 0292 | Purchase – new equipment |
| 0233 | Intensive care unit (ICU) | 0293 | Purchase – used equipment |
| 0234 | Critical care unit (CCU) | 0294 | Supplies/drugs for DME (HHA only) |
| 0235 | Hospice | 0299 | Other equipment |
| 0239 | Other | | |
| | | 0300 | Laboratory |
| 0240 | All-Inclusive Ancillary – General | 0301 | Chemistry |
| 0241 | Basic | 0302 | Immunology |
| 0242 | Comprehensive | 0303 | Renal patient (home) |
| 0243 | Specialty | 0304 | Non-routine dialysis |
| 0249 | Other | 0305 | Hematology |
| | | 0306 | Bacteriology and microbiology |
| 0250 | Pharmacy | 0307 | Urology |
| 0251 | Generic drugs | 0309 | Other |
| 0252 | Non-generic drugs | | |
| 0253 | Take home drugs | 0310 | Laboratory - Pathology |
| 0254 | Incident to other diagnostic services | 0311 | Cytology |
| 0255 | Incident to radiology | 0312 | Histology |
| 0256 | Experimental drugs | 0314 | Biopsy |
| 0257 | Non-Rx | 0319 | Other |
| 0258 | IV solutions | | |
| 0259 | Other | 0320 | Radiology - Diagnostic |
| | | 0321 | Angiocardiology |
| 0260 | IV Therapy | 0323 | Arthrography |
| 0261 | Infusion pump | 0324 | Arteriography |
| 0262 | IV therapy/pharmacy services | 0324 | Chest X-ray |
| 0263 | IV therapy/drug/supply delivery | 0329 | Other |
| 0264 | IV therapy/supplies | | |
| 0269 | Other | | |

UB-04 Revenue Codes for Providers–Numeric Listing

| | |
|--|---|
| 0330 Radiology - Therapeutic and/or Chemotherapy Administration | 0410 Respiratory Services |
| 0331 Chemotherapy – injected | 0412 Inhalation therapy |
| 0332 Chemotherapy – oral | 0413 Hyperbaric oxygen therapy |
| 0333 Radiation therapy | 0419 Other |
| 0335 Chemotherapy – IV | 0420 Physical Therapy |
| 0339 Other | 0421 Visit charge |
| 0340 Nuclear Medicine | 0422 Hourly charge |
| 0341 Diagnostic | 0423 Group rate |
| 0342 Therapeutic | 0424 Evaluation or re-evaluation |
| 0343 Diagnostic radiopharmaceuticals | 0429 Other |
| 0344 Therapeutic radiopharmaceuticals | 0430 Occupational Therapy |
| 0349 Other | 0431 Visit charge |
| 0350 Computerized Tomography (CT Scan) | 0432 Hourly charge |
| 0351 Head scan | 0433 Group rate |
| 0352 Body scan | 0434 Evaluation or re-evaluation |
| 0359 Other CT scans | 0439 Other |
| 0360 Operating Room Services | 0440 Speech Therapy – Language Pathology |
| 0361 Minor surgery | 0441 Visit charge |
| 0362 Organ transplant, not kidney | 0442 Hourly charge |
| 0367 Kidney transplant | 0443 Group rate |
| 0369 Other | 0444 Evaluation or re-evaluation |
| 0370 Anesthesia | 0449 Other |
| 0371 Incident to radiology | 0450 Emergency Room (ER) |
| 0372 Incident to other diagnostic services | 0451 EMTALA emergency medical screening |
| 0374 Acupuncture | 0452 ER beyond EMTALA screening |
| 0379 Other | 0456 Urgent Care |
| 0380 Blood | 0459 Other emergency room |
| 0381 Packed red cells | 0460 Pulmonary Function |
| 0382 Whole blood | 0469 Other pulmonary function |
| 0383 Plasma | 0470 Audiology |
| 0384 Platelets | 0471 Diagnostic |
| 0385 Leukocytes | 0472 Treatment |
| 0386 Other components | 0479 Other |
| 0387 Other derivatives (cryoprecipitates) | 0480 Cardiology |
| 0389 Other | 0481 Cardiac catheter lab |
| 0390 Blood Storage/Processing | 0482 Stress test |
| 0391 Blood administration | 0483 Echocardiography |
| 0392 Processing and storage | 0489 Other |
| 0399 Other blood handling | |
| 0400 Other Imaging Services | |
| 0401 Diagnostic mammography | |
| 0402 Ultrasound | |
| 0403 Screening mammography | |
| 0404 Positron emission tomography (PET scan) | |
| 0409 Other imaging services | |

UB-04 Revenue Codes for Providers–Numeric Listing

| | |
|---|--|
| 0490 Ambulatory Surgical Care | 0570 Home Health Aide |
| 0499 Other | 0571 Visit charge |
| 0500 Outpatient Services | 0572 Hourly charge |
| 0509 Other | 0579 Other |
| 0510 Clinic | 0580 Other Visits (Home Health) |
| 0511 Chronic pain center | 0581 Visit charge |
| 0512 Dental clinic | 0582 Hourly charge |
| 0513 Psychiatric clinic | 0589 Other |
| 0514 OB/Gyn clinic | 0590 Units of Service (Home Health) |
| 0515 Pediatric clinic | 0600 Oxygen (Home Health) |
| 0516 Urgent care clinic | 0601 Oxygen – state/equip/suppt/or cont |
| 0517 Family practice clinic | 0602 Oxygen – state/equip/under 1 LPM |
| 0519 Other clinic | 0603 Oxygen – state/equip/over 4 LPM |
| 0520 Free-Standing Clinic | 0604 Oxygen – portable add-on |
| 0521 Rural health clinic | 0609 Other |
| 0522 Rural health – home | 0610 Magnetic Resonance Imaging (MRI) |
| 0523 Family practice clinic | 0611 MRI brain (including brain stem) |
| 0524 Rural Health Family Clinic | 0612 MRI spinal cord (including spine) |
| 0525 Rural Health – other residential facility | 0614 MRI – other |
| 0526 Urgent care clinic | 0615 MRA – head and neck |
| 0527 Rural Health – visiting nurse | 0616 MRA – lower extremities |
| 0528 Rural Health – other site | 0618 MRA – other |
| 0529 Other freestanding clinic | 0619 Other |
| 0530 Osteopathic Services | 0620 Medical/Surgical Supplies - Extension of 270 |
| 0531 Osteopathic therapy | 0621 Supplies incident to radiology |
| 0539 Other | 0622 Supplies incident to other diagnostic services |
| 0540 Ambulance | 0623 Surgical dressings |
| 0541 Supplies | 0624* FDA investigational devices |
| 0542 Medical transport | 0630 Drugs Requiring Specification Identification |
| 0543 Heart mobile | 0631 Single source drug |
| 0544 Oxygen | 0632 Multiple source drug |
| 0545 Air ambulance | 0633 Restrictive prescription |
| 0546 Neonatal ambulance services | 0634 Erythropoietin (EPO) less than 10,000 units |
| 0547 Pharmacy | 0635 Erythropoietin (EPO) greater than 10,000 units |
| 0548 Telephone transmission EKG | 0636 Drugs requiring detailed coding |
| 0549 Other (ALS) | 0637 Self-administrable drugs |
| 0550 Skilled Nursing | |
| 0551 Visit charge | |
| 0552 Hourly charge | |
| 0559 Other | |
| 0560 Home Health - Medical Social Services | |
| 0561 Visit charge | |
| 0562 Hourly charge | |
| 0569 Other | |

*Note: This service requires authorization.

UB-04 Revenue Codes for Providers–Numeric Listing

| | |
|---|---|
| 0640 Home IV Therapy Services | 0730 EKG/ECG (Electrocardiogram) |
| 0641 Non-routine nursing/central line | 0731 Holter monitor |
| 0642 IV site care, central line | 0732 Telemetry |
| 0643 IV start/care/peripheral line | 0739 Other |
| 0644 Non-routine nursing/peripheral line | |
| 0645 Training patient/caregiver/central line | 0740 EEG (Electroencephalogram) |
| 0646 Training disabled patient/central line | |
| 0647 Training patient/caregiver/peripheral line | 0750 Gastrointestinal |
| 0648 Training disabled patient/peripheral line | |
| 0649 Other | 0760 Treatment or Observation Room |
| | 0761 Treatment room |
| 0650 Hospice | 0762 Observation room |
| 0651 Routine home care | 0769 Other specialty rooms |
| 0652 Continuous home care | |
| 0655 Inpatient respite care | 0770 Preventive Care Services |
| 0656 General inpatient care (non-respite) | 0771 Vaccine administration |
| 0657 Physician services | |
| 0658 Hospice R&B Nursing Facility | 0780 Telemedicine |
| 0659 Other | |
| 0660 General Respite Care (Home Health Only) | 0790 Extra-Corporeal Shock Wave Therapy |
| 0661 Hourly charge/skilled nursing | |
| 0662 Hourly charge/home health aide/homemaker/companion | 0800 Inpatient Renal Dialysis |
| 0633 Daily Respite Charge | 0801 Hemodialysis |
| 0669 Other Respite | 0802 Peritoneal dialysis (non-CAPD) |
| | 0803 Continuous ambulatory peritoneal dialysis (CAPD) |
| 0670 Outpatient Special Residence Charges | 0804 Continuous cycling peritoneal dialysis (CCPD) |
| 0671 Hospital owned | 0809 Other |
| 0672 Contracted | |
| 0679 Other special residence charges | 0810 Organ Acquisition |
| 0680 Trauma Response | 0811 Living donor |
| 0681 Level I Trauma | 0812 Cadaver donor |
| 0682 Level II Trauma | 0813 Unknown donor |
| 0683 Level III Trauma | 0814 Unsuccessful organ search – donor bank charges |
| 0684 Level IV Trauma | 0819 Other donor |
| 0689 Other | |
| 0700 Cast Room | 0820 Hemodialysis Outpatient or Home |
| 0710 Recovery Room | 0821 Hemodialysis – composite or other rate |
| | 0822 Home supplies |
| 0720 Labor Room/Delivery | 0823 Home equipment |
| 0721 Labor | 0824 Maintenance – 100% |
| 0722 Delivery | 0825 Support services |
| 0723 Circumcision | 0829 Other |
| 0724 Birthing center | |
| 0729 Other | |

UB-04 Revenue Codes for Providers–Numeric Listing

| | |
|--|--|
| 0830 Peritoneal Dialysis Outpatient or Home | 091X Behavioral Health Treatment - Reserved |
| 0831 Peritoneal dialysis – composite or other rate | 0911 Rehabilitation |
| 0832 Home supplies | 0912 Partial hospitalization – less intensive |
| 0833 Home equipment | 0913 Partial hospitalization – intensive |
| 0834 Maintenance – 100% | 0914 Individual therapy |
| 0835 Support services | 0915 Group therapy |
| 0839 Other | 0916 Family therapy |
| 0840 CAPD (Dialysis) Outpatient or Home | 0917 Biofeedback |
| 0841 CAPD - composite or other rate | 0918 Testing |
| 0842 Home supplies | 0919 Other |
| 0843 Home equipment | 0920 Other Diagnostic Services |
| 0844 Maintenance – 100% | 0921 Peripheral vascular lab |
| 0845 Support services | 0922 Electromyelogram |
| 0849 Other | 0923 Pap smear |
| 0850 CCPD (Dialysis) Outpatient or Home | 0924 Allergy test |
| 0851 CCPD – composite or other rate | 0925 Pregnancy test |
| 0852 Home supplies | 0929 Other diagnostic service |
| 0853 Home equipment | 0930 Medical rehab day program-Reserved |
| 0854 Maintenance – 100% | 0931 Medical rehab day program – half-day |
| 0855 Support services | 0932 Medical rehab day program – full-day |
| 0859 Other | 0940 Other Therapeutic Services |
| 0880 Miscellaneous Dialysis | 0941 Recreational therapy |
| 0881 Ultra-filtration | 0942 Education/training |
| 0882 Home dialysis aid visit | 0943 Cardiac rehabilitation |
| 0889 Other | 0944 Drug rehabilitation |
| 0900 Behavioral Health Treatment | 0945 Alcohol rehabilitation |
| 0901 Electroshock treatment | 0946 Complex medical equipment – routine |
| 0902 Milieu therapy | 0947 Complex medical equipment – ancillary |
| 0903 Play therapy | 0948 Pulmonary rehab |
| 0904 Activity therapy | 0949 Other therapeutic services |
| 0905 Intensive outpatient services – psychiatric | 0950 Other therapeutic services – reserved |
| 0906 Intensive outpatient services – chemical dependency | 0951 Athletic training |
| 0907 Community Behavioral Health Program (Day Treatment) | 0952 Kinesiotherapy |
| | 0960 Professional Fees |
| | 0961 Psychiatric |
| | 0962 Ophthalmology |
| | 0963 Anesthesia – MD |
| | 0964 Anesthesia – CRNA |
| | 0969 Other |

UB-04 Revenue Codes for Providers–Numeric Listing

0970 Professional Fees - Reserved

- 0971 Laboratory
- 0972 Radiology – diagnostic
- 0973 Radiology – therapeutic
- 0974 Radiology – nuclear medicine
- 0975 Operating room
- 0976 Respiratory therapy
- 0977 Physical therapy
- 0978 Occupational therapy
- 0979 Speech therapy

0980 Professional Fees - Reserved

- 0981 Emergency room
- 0982 OPD
- 0983 Clinic
- 0984 Medical/social services
- 0985 Electrocardiogram (EKG)
- 0986 Electroencephalogram (EEG)
- 0987 Hospital visit
- 0988 Consultation
- 0989 Private duty nurse

0990 Patient Convenience Items

- 0991 Cafeteria/guest tray
- 0992 Private linen services
- 0993 Telephone/telegraph
- 0994 TV/radio
- 0995 Nonpatient room rentals
- 0996 Late discharge charge
- 0997 Admission kits
- 0998 Beauty shop/barber
- 0999 Other

1000 Behavioral Health Accommodations

- 1001 Residential treatment – psychiatric
- 1002 Residential treatment – chemical dependency
- 1003 Supervised living
- 1004 Halfway house
- 1005 Group home

2100 Alternative Therapy Services

- 2101 Acupuncture
- 2102 Acupressure
- 2103 Massage
- 2104 Reflexology
- 2105 Biofeedback
- 2106 Hypnosis
- 2109 Other alternative therapy services

3100 Adult Day Care - Reserved

- 3101 Adult day care, medical, social – hourly
- 3102 Adult day care, social – hourly
- 3103 Adult day care, medical, social – daily
- 3104 Adult daycare, social – daily
- 3105 Adult foster care – daily
- 3109 Other adult care

Revenue Codes/Pre-Admission Testing

Form locator 42

Required for services provided to a member up to three days prior to an inpatient admission (Applies to these plans: HMO, group Indemnity, non-group indemnity, group PPO, and Medex®. Employer group plan requirements may differ; please refer to the covered member's identification card.)

| Use this code: | If the patient receives these services: |
|----------------|---|
| 254 | Drugs incident to other diagnostic services |
| 255 | Drugs incident to radiology |
| 300–309 | Laboratory |
| 310–319 | Laboratory pathological |
| 320–329 | Radiology diagnostic |
| 341 | Nuclear medicine, diagnostic |
| 350–359 | CT scan (computerized tomography) |
| 400–409 | Other imaging services |
| 460–469 | Pulmonary function |
| 480–489 | Cardiology with HCPCS codes 93015, 93307, 93308, 93320, 93501, 93503, 93505, 93510, 93526, 93541, 93541–93562 |
| 530–539 | Osteopathic services |
| 610–619 | MRI (magnetic resonance imaging) |
| 620–622 | Medical/surgical supplies, incident to radiology or other diagnostic services |
| 730–739 | EKG/ECG (electrocardiogram) |
| 740 | EEG (electroencephalogram) |
| 920–929 | Other diagnostic services |

Revenue Code Ranges* That Do Not Require HCPCS Codes

Form locator 44

| Use these outpatient revenue codes: | If the service is for: |
|-------------------------------------|---|
| 001 | Total charge |
| 250–259 | Pharmacy |
| 270–273, 275-279 | Medical-surgical supplies and devices** |
| 370–379 | Anesthesia |
| 380–389 | Blood |
| 620–622 | Medical-surgical supplies, extension of 270-279** |
| 710 | Recovery room/other recovery room |
| 990–999 | Patient convenience items |
| For other codes not listed here | See Appendix H |

**All other revenue code ranges require the submission of a HCPCS code.*

***Coordinated Home Health Care providers must use HCPCS codes for these revenue codes.*

Relationship Codes

Form locator 59

Required for all inpatient and outpatient claims

| Use this relationship code: | If the patient has this relationship with the subscriber: |
|-----------------------------|---|
| 01 | Spouse |
| 18 | Self |
| 19 | Child |
| 20 | Employee |
| 21 | Unknown |
| 39 | Organ donor |
| 40 | Cadaver donor |
| 53 | Life partner |
| G8 | Other relationship |

Source of Admission (SOA) Codes

Form locator 15

Code structure for emergency, elective, or other type of admission. (Required for all inpatient claims and some outpatient claims. Use these codes on outpatient claims with revenue codes: 360: operating room; 450: emergency room; and 490: ambulatory surgical care.)

| Use this SOA code: | If the patient was admitted under these circumstances: |
|--|---|
| <p>1. Non-health care facility point of origin</p> <p>Usage note: Includes patients coming from home, a physician's office, or workplace.</p> | <p>Inpatient: The patient was admitted to this facility upon an order of a physician.</p> <p>Outpatient: The patient presents to this facility with an order from a physician for services or seeks scheduled services for which an order is not required (e.g., mammography). Includes non-emergent self-referrals.</p> |
| <p>2. Clinic</p> | <p>Inpatient: The patient was admitted to this facility as a transfer from a freestanding or non-freestanding claim.</p> <p>Outpatient: the patient was referred to this facility for outpatient or referenced diagnostic services.</p> |
| <p>4. Transfer from a hospital</p> <p>Usage note: Excludes transfers from hospital inpatient in the same facility.</p> | <p>Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or an outpatient.</p> <p>Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.</p> |
| <p>5. Transfer from a skilled nursing facility (SNF) or intermediate care facility (ICF)</p> | <p>Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.</p> <p>Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from a SNF or ICF where he or she was a resident.</p> |
| <p>6. Transfer from another health care facility</p> | <p>Inpatient: The patient was admitted to this facility as a hospital transfer from another type of health care facility not defined elsewhere in this code list.</p> <p>Outpatient: The patient was transferred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.</p> |

Source of Admission (SOA) Codes (continued)

| Use this SOA code: | If the patient was admitted under these circumstances: |
|---|---|
| <p>7 Emergency room</p> <p>Usage notes: Excludes patients who came to the emergency room from another health care facility</p> | <p>Inpatient: The patient was admitted to this facility after receiving services in this facility's emergency department.</p> <p>Outpatient: The patient received unscheduled services in this facility's emergency department and discharged without an inpatient admission. Includes self-referrals in emergency situations that require immediate medical attention.</p> |
| <p>8 Court/law enforcement</p> <p>Usage notes: Includes transfers from incarceration facilities</p> | <p>Inpatient: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.</p> <p>Outpatient: The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.</p> |
| <p>9 Information not available</p> | <p>Inpatient: The means by which the patient was admitted to this hospital is not known.</p> <p>Outpatient: The means by which the patient was referred to this hospital's outpatient department is not known.</p> |
| <p>B Transfer from another Home Health Agency</p> | <p>The patient was admitted to this home health agency as a transfer from another home health agency.</p> |
| <p>C Readmission to the same Home Health Agency</p> | <p>The patient was readmitted to this home health agency within the existing 60-day payment (for use with Medicare bill type 032X).</p> |
| <p>D Transfer from one district unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer</p> | <p>Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.</p> <p>Outpatient: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.</p> |
| <p>E Transfer from Ambulatory Surgery Center</p> | <p>Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center.</p> <p>Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.</p> |
| <p>F Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program</p> | <p>Inpatient: The patient was admitted to this facility as a transfer from hospice.</p> <p>Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice.</p> |

Newborn Source of Admission Codes

Form locator 15

Required for all inpatient maternity claims

| Use this SOA code: | If the baby was delivered: |
|--------------------|--------------------------------------|
| 5 | A baby born inside this hospital |
| 6 | A baby born outside of this hospital |

Only use “Newborn Source of Admission Codes” if your type of admission is “4”.
See Appendix L, “Type of Admission Codes”

Type of Admission Codes

Form locator 14

Required for all inpatient claims

| If you use this TOA code: | It means the patient: |
|-----------------------------|--|
| 1 Emergency | Required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. (Generally, these patients are admitted through the emergency room.) |
| 2 Urgent | Required immediate attention for the care and treatment of a physical or mental disorder. (Generally, these patients are admitted to the first available and suitable accommodation.) |
| 3 Elective | Had a condition which permitted adequate time to schedule a suitable accommodation. |
| 4 Newborn | Is a baby born at your facility. (If you use this code, you should also use a special source of admission code. See Appendix J for a complete list.) |
| 5 Trauma center | Visited a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation. |
| 9 Information not available | |

Type of Bill Code Listing

Form locator 4

Three-digit number required for all claims:

First digit = type of facility

Second digit = type of care being billed (bill classification)

Third digit = the sequence of the bill for a specific episode of care (frequency of bill)

Table M-1: 1st digit

| Use this <u>first</u> digit: | If you are this type of facility: | And to identify the second digit, go to: |
|------------------------------|---|--|
| 1 | Hospital | Table M-2 |
| 2 | Skilled nursing | Table M-2 |
| 3 | Home health | Table M-2 |
| 4 | Religious non-medical health care institutions | Table M-2 |
| 5 | Religious non-medical health care institutions post-hospital extended care services | Table M-2 |
| 6 | Intermediate care | Table M-2 |
| 7 | Clinic | Table M-3 |
| 8 | Special facility – Inpatient or Outpatient | Table M-4 |

Table M-2: 2nd Digit

| Use this secondary digit: | If your bill classification is: |
|---------------------------|--|
| 1 | Inpatient (including Medicare Part A) |
| 2 | Inpatient (Medicare Part B only) |
| 3 | Outpatient |
| 4 | Other for home health or hospital laboratory services provided to non-patients |
| 5 | Intermediate Care – Level 1 |
| 6 | Intermediate Care – Level 11 |
| 8 | Swing beds |

Type of Bill Code Listing (continued)

Table M-3: 2nd Digit

| Use 7 as your first digit and the following as your <u>second</u> digit: | If the clinic is: |
|--|--|
| 1 | A rural health clinic |
| 2 | A hospital-based or independent renal dialysis center |
| 3 | Freestanding |
| 4 | An outpatient rehabilitation facility (ORF) |
| 5 | A comprehensive outpatient rehabilitation facility (CORFs) |
| 6 | Counseling and Mental Health Center (CMHC) |
| 9 | Other |

Table M-4: 2nd Digit

| Use 8 as your first digit and the following as your <u>second</u> digit: | If the special facility is a(n): |
|--|----------------------------------|
| 1 | Hospice (non-hospital-based) |
| 2 | Hospice (hospital-based) |
| 3 | Ambulatory surgery center |
| 4 | Freestanding birthing center |
| 5 | Critical access hospital |
| 6 | Residential facility |
| 9 | Other |

Type of Bill Code Listing (continued)

Form locator 4

Table M-5: 2nd Digit

| Use this third digit: | If you are submitting this type of bill: | Definition: |
|-----------------------|---|--|
| 1 | Admit through discharge claim | Use for a bill that is expected to be the only bill for a course of treatment or inpatient confinement. This includes bills representing a total confinement or course of treatment and bills that represent an entire benefit period. |
| 2 | Interim – first claim (inpatient only) | Use for the first of a series of bills for the same confinement or course of treatment. |
| 3 | Interim – continuing claim (inpatient only) | Use when you have previously submitted a bill for the same confinement or course of treatment, and you expect to submit additional bills for the same confinement or course of treatment. |
| 4 | Interim – last claim (inpatient only) | Use for the last of a series of bills for the same confinement or course of treatment. This code is not intended to be used in lieu of a code for late charges, adjustments, or non-payment/zero claims. |
| 5 | Late charge(s) only claim | Use for submitting charges that you received after you submitted the admit through discharge or the last interim claim. This code is not intended to be used in lieu of an adjustment claim or replacement claim. |
| 7 | Replacement of prior claim | Use this code when you have submitted a bill and now need to restate it in its entirety, except for the identity information. When you use this code, please remember that the original bill will become null and void, and the information on the new bill represents a complete replacement of the original. |

Type of Bill Code Listing (continued)

Form locator 4

Table M-5: 3rd Digit

| Use this third digit: | If you are submitting this type of bill: | Definition: |
|------------------------------|---|--|
| 8 | Void/cancel of prior claim | This code is not intended to be used in lieu of a late charge(s) only claim. |
| 0 | Non-payment/zero claim | Use this code when you submit a bill, but do not anticipate payment as a result; use when you need to inform us of non-reimbursable periods of confinement or termination of care. |

Valid Outpatient HCPCS Codes

Form locator 44

Required for outpatient claims

| Use this HCPCS code: | If the outpatient claim is related to: |
|----------------------|--|
| H0001–H2037 | Alcohol and drug abuse treatment services |
| | Alcoholism day treatment (for use by alcohol/drug treatment facilities only) |
| 95115–95199 | Allergy immunotherapy |
| 95004–95075 | Allergy tests |
| A0021–A0999 | Ambulance |
| 90901–90911 | Biofeedback |
| 93000–93278 | Cardiography |
| 93501–93581 | Cardiac catheterization |
| 76000 | Cardiac fluoroscopy |
| 93797–93798 | Cardiac rehabilitation |
| 92950–92998 | Cardiovascular therapeutic services |
| 0001F–6005F | Category II tracking codes for performance measurement |
| 0016T–0170T | Category III codes for emerging technology |
| 96101–96120 | Central nervous system assessments/tests |
| 96401–96549 | Chemotherapy administration (or services) |
| 70010–79999 | Diagnostic radiology and nuclear medicine |
| 90935–90999 | Dialysis |
| K0001–K0899 | Durable medical equipment (DME) temporary codes |
| E0100–E8002 | Durable medical equipment |
| 93303–93350 | Echocardiography |
| 95250 | Endocrinology |

Valid Outpatient HCPCS Codes (continued)

Form locator 44

Required for outpatient claims

| Use this HCPCS code: | If the outpatient claim is related to: |
|----------------------------|---|
| B4034–B9999 | Enteral and parenteral therapy (for use by CHHC only) |
| 99201–99499 | Evaluation and management – office or other outpatient services |
| 91000–91299 | Gastroenterology |
| 96150–96155 | Health and behavior assessment/interventions |
| V5008–V5299 | Hearing services |
| 99500–99600 | Home health procedures/services |
| 99601–99602 | Home infusion procedures |
| 90281–90399 | Immune globulins |
| 90465–90474 | Immunization administration |
| 90476–90749 | Immunization injections |
| 93600–93662 | Intracardiac electrophysiological procedures/studies |
| 80048–87999 | Laboratory |
| 98940–98943 | Manipulative treatment, chiropractic |
| 98925–98929 | Manipulative treatment, osteopathic |
| 97802–97804 | Medical nutrition therapy |
| A4206–A4640 A5051–A5200 | Medical and surgical supplies (for use by CHHC only) |
| T1000–T5999 | National T codes for state Medicaid agencies |
| 95805–96020 | Neurology and neuromuscular services |
| 97003–97004 | Occupational therapy (evaluation and re-evaluation) |
| 92002–92014 | Ophthalmological services |

Valid Outpatient HCPCS Codes (continued)

Form locator 44

Required for outpatient claims

| Use this HCPCS code: | If the outpatient claim is related to: |
|----------------------|---|
| 90215–92499 | Ophthalmological special services |
| L0112–L9900 | Orthotics and prosthetics |
| 93701–93799 | Other cardiovascular services |
| M0064–M0301 | Other medical services |
| 99170–99199 | Other services and procedures |
| 92502–92597 | Otorhinolaryngologic services |
| 88000–89240 | Pathology |
| P2028–P9615 | Pathology and laboratory services |
| 97010–97799 | Physical medicine and rehabilitation |
| 97001–97002 | Physical therapy evaluation/treatment per visit |
| 96567–96571 | Photodynamic therapy |
| 99354–99359 | Prolonged services |
| 90801–90899 | Psychiatry |
| 94010–94799 | Pulmonary tests and therapy |
| 96900–96999 | Special dermatological procedures |
| 99000–99091 | Special services, procedures and reports |
| V5336–V5364 | Speech/language pathology services |
| 92506–92508 | Speech therapy |
| 10021–69990 | Surgery |
| G0008–G9139 | Temporary procedures |
| 90765–90779 | Therapeutic, prophylactic and diagnostic injections and infusions |
| V2020–V2799 | Vision services |

Valid Outpatient HCPCS Codes for Chemotherapy Drugs

Form locator 44

Required for outpatient claims

| Use this code: | If you use this chemotherapy drug: |
|----------------|--|
| J9000 | Doxorubicin HCL, 10 mg |
| J9001 | Doxorubicin HCL, all lipid formulations, 10 mg |
| J9010 | Alemtuzumab, 10 mg |
| J9015 | Aldesleukin, per single use vial |
| J9017 | Arsenic trioxide, 1 mg |
| J9020 | Asparaginase, 10,000 units |
| J9025 | Azacitidine, 1 mg |
| J9027 | Clofarabine, 1 mg |
| J9031 | BCG Live (intravesical), per installation |
| J9035 | Bevacizumab, 10 mg |
| J9040 | Bleomycin sulfate, 15 units |
| J9041 | Bortezomib, 0.1 mg |
| J9045 | Carboplatin, 50 mg |
| J9050 | Carmustine, 100 mg |
| J9060 | Cisplatin, powder or solution, per 10 mg |
| J9062 | Cisplatin, 50 mg |
| J9065 | Injection, cladribine, per 1 mg |
| J9070 | Cyclophosphamide, 100 mg |
| J9080 | Cyclophosphamide, 200 mg |
| J9090 | Cyclophosphamide, 500 mg |
| J9091 | Cyclophosphamide, 1 gm |
| J9092 | Cyclophosphamide, 2 gm |
| J9093 | Cyclophosphamide, lyophilized, 100 mg |
| J9094 | Cyclophosphamide, lyophilized, 200 mg |
| J9095 | Cyclophosphamide, lyophilized, 500 mg |
| J9096 | Cyclophosphamide, lyophilized, 1 gm |
| J9097 | Cyclophosphamide, lyophilized, 2 gm |

Valid Outpatient HCPCS Codes for Chemotherapy Drugs (continued)

Form locator 44

Required for outpatient claims

| Use this code: | If you use this chemotherapy drug: |
|----------------|--|
| J9098 | Cytarabine liposome, 100 mg |
| J9100 | Cytarabine, 100 mg |
| J9110 | Cytarabine, 500 mg |
| J9120 | Dactinomycin, 0.5 mg |
| J9130 | Dacarbazine, 100 mg |
| J9140 | Dacarbazine, 200 mg |
| J9150 | Daunorubicin HCL, 10 mg |
| J9151 | Daunorubicin citrate, liposomal formulation, 10 mg |
| J9160 | Deni leukin diftitox, 300mg |
| J9165 | Diethylstilbestrol diphosphate, 250 mg |
| J9170 | Docetaxel, 20 mg |
| J9178 | Injection, epirubicin HCl, 2mg |
| J9180 | Epirubicin hydrochloride, 50 mg |
| J9181 | Etoposide, 10 mg |
| J9182 | Etoposide, 100 mg |
| J9185 | Fludarabine phosphate, 50 mg |
| J9190 | Fluorouracil, 500mg |
| J9200 | Floxuridine, 500 mg |
| J9201 | Gemcitabine HCl, 200 mg |
| J9202 | Goserelin acetate implant, per 3.6 mg |
| J9206 | Irinotecan, 20 mg |
| J9208 | Ifosomide, 1 g |

Valid Outpatient HCPCS Codes for Chemotherapy Drugs (continued)

Form locator 44

Required for outpatient claims

Use this code:

If you use this chemotherapy drug:

| | |
|-------|--|
| J9209 | Mesna, 200 mg |
| J9211 | Idarubicin hydrochloride, 5mg |
| J9212 | Injection, interferon Alfacon-1, recombinant, 1 mcg |
| J9213 | Interferon, alfa-2A, recombinant, 3 million units |
| J9214 | Interferon, alfa-2B, recombinant, 1 million units |
| J9215 | Interferon, alfa-N3, (human leukocyte derived), 250,000 IU |
| J9216 | Interferon, gamma 1-b, 3 million units |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg |
| J9218 | Leuprolide acetate, per 1 mg |
| J9219 | Leuprolide acetate implant, 65 mg |
| J9230 | Mechlorethamine HCl, (nitrogen mustard), 10 mg |
| J9245 | Injection, melphan hydrochloride, 50 mg |
| J9250 | Methotrexate sodium, 5mg |
| J9260 | Methotrexate sodium, 50 mg |
| J9263 | Injection, oxaliplatin, 0.5 mg |
| J9265 | Paclitaxel, 30mg |
| J9266 | Pegaspargase, per single dose vial |
| J9268 | Pentostatin, per 10 mg |
| J9270 | Plicamycin, 2.5 mg |
| J9280 | Mitomycin, 5 mg |
| J9290 | Mitomycin, 20mg |
| J9291 | Mitomycin, 40 mg |

Valid Outpatient HCPCS Codes for Chemotherapy Drugs (continued)

Form locator 44

Required for outpatient claims

| Use this code: | If you use this chemotherapy drug: |
|----------------|--|
| J9293 | Injection, mitoxantrone HCl, per 5 mg |
| J9300 | Gemtuzumab ozogamioin, 5 mg |
| J9310 | Rituximab, 100 mg |
| J9320 | Streptozocin, 1 g |
| J9340 | Thiotepa, 15 mg |
| J9350 | Topotecan, 4 mg |
| J9355 | Trastuzumab, 10 mg |
| J9357 | Valrubicin, intravesical, 200 mg |
| J9360 | Vinblastine sulfate, 1 mg |
| J9370 | Vincristine sulfate, 1 mg |
| J9375 | Vincristine sulfate, 2 mg |
| J9395 | Injection, fulvestrant, 25 mg |
| J9380 | Vincristine sulfate, 5mg |
| J9390 | Vinorelbine tartrate, per 10 mg |
| J9600 | Porfimer sodium, 75 mg |
| J9999 | Not otherwise classified, antineoplastic drugs |

Occurrence Span Codes

Form locator 35–36

Required for claims related to one of the following conditions

| Use this code: | If the dates on the claim are related to: |
|----------------|--|
| 70 | Qualifying stay dates for skilled nursing facility (SNF) use only |
| 71 | Prior stay dates |
| 72 | First/last visit |
| 73 | Benefit eligibility period |
| 74 | Non-covered level of care (LOA) |
| 75 | SNF level of care |
| 76 | Patient liability |
| 77 | Provider liability period |
| 78 | SNF prior stay dates |
| M0 | Quality Improvement Organization (QIO)/Utilization Review (UR) approved stay dates |
| M1 | Provider liability-no utilization |
| M2 | Inpatient respite dates |
| M3 | Intermediate Care Facility (ICF) level of care |
| M4 | Residential level of care |