

UB-04 Desk Reference for Hospitals

These values are valid for paper claim submission on the UB-04 Claim Form only.

<p>Type of Bill Codes (Form Locator 4)</p> <p>INPATIENT ONLY: First Digit 1 Type of Facility – Hospital Second Digit 1 Bill Classification – Inpatient Third Digit 0 Non Payment/Zero Claim 1 Admit through Discharge Claim 2 Interim – First Claim 7 Replacement of Prior Claim 8 Void/Cancel of Prior Claim</p> <p>OUTPATIENT ONLY: First Digit 1 Type of Facility – Hospital Second Digit 3 Bill Classification – Outpatient 4 Bill Classification – Hospital Special Treatment Room Third Digit 0 Nonpayment/Zero Claim 1 Admit through Discharge Claim 7 Replacement of Prior Claim 8 Void/Cancel of Prior Claim</p>
<p>Admission Type (Form Locator 14)</p> <p>1 Emergency Admission 2 Urgent Admission 3 Elective Admission 4 Newborn Admission 5 Trauma Admission (Emergency Admission)</p>
<p>Condition Codes (Form Locators 18–28)</p> <p>2 Condition is Employment Related 3 Patient is Covered by Insurance Not Reflected Here 05 Lien Has Been Filed 44 Outpatient Observation Only 60 Day Outlier 77 Provider accepts or is obligated/required to a contractual agreement or law to accept payment by primary payer as payment in full A1 EPSDT A4 Family Planning Outpatient AA Abortion Consent (MA 3) – Rape AB Abortion Consent (MA 3) – Incest AD Abortion Consent (MA 3) – Danger to Life AI Sterilization Patient Consent Form (MA 31) X2 Medicare EOMB on File</p>

<p>Condition Codes (continued) B3 Pregnancy X3 Hysterectomy Acknowledgment Form (MA 30) X4 Medicare Denial on File X5 Third Party Payment on File X6 Restricted Recipient Referral Form X7 Medical Documentation for Hysterectomy Y0 Newborn Eligibility Y3 Copay Not Collected Y6 Third Party Denial on File</p>
<p>Patient Status Codes (Form Locator 17)</p> <p>1 Discharge to home or self-care – Routine Discharge 2 Discharged/transferred to another hospital for inpatient care 3 Discharged/transferred to a skilled nursing facility 04 Discharged/transferred to an intermediate care facility 05 Discharged/transferred to another type of institution for inpatient care 07 Left against medical advice or discontinued care 20 Expired 30 Still a patient</p>
<p>Occurrence Codes (Form Locators 31–34)</p> <p>1 Auto Accident 2 No Fault Accident 3 Accident/Tort Liability 4 Accident/Employment Related 5 Other Accident 6 Crime Victim 24 Date Insurance Denied 25 Date Benefits Terminated By Primary Payer A3 Benefits Exhausted B3 Benefits Exhausted C3 Benefits Exhausted DR Disaster Related</p>
<p>Occurrence Span Codes (Form Locator 35–36)</p> <p>71 Prior Stay Dates 74 Non-covered Level of Care/Leave of Absence (JCAHO RTF only) MR Disaster Related</p>

Value Codes (Form Locators 39–41)
<p>06 Medicare Blood Deductible 14 No Fault, Including Auto/Other 15 Worker’s Compensation 16 PHS or Other Federal Agency 38 Medicare Blood Deductible Pints Furnished 39 Medicare Blood Deductible Pints Replaced 47 Any Liability Insurance 54 Birth Weight 66 Patient Pay 73 Sequestration Adjustment Amount 80 Covered Days 81 Non-Covered Days 82 Co-insurance Days 83 Lifetime Reserve Days, Inpatient Only A1 Deductible Payer A A2 Coinsurance and Lifetime Reserve Payer A A7 Copayment, Payer A B1 Deductible Payer B B2 Coinsurance and Lifetime Reserve Payer B B7 Copayment, Payer B X0 Medicare Part B</p>
Patient’s Relationship to Insured Codes (Form Locator 59)
<p>01 Spouse 4 Grandparent 5 Grandchild 07 Niece/Nephew 10 Foster Child 15 Ward of the Court 17 Step Child 18 Patient is Insured 19 Natural Child/Insured Financial Responsibility 20 Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Minor Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Natural Child/Insured does not have Financial Responsibility 53 Life Partner G8 Other Relationship <i>Please note that the Patient’s Relationship to Insured Codes are the same codes used electronically in the 837I.</i></p>

Present on Admission (POA) Indicator Codes (Form Locators 67, 67 A-Q)
<p>INPATIENT ONLY: Y Yes, present at the time of inpatient admission N No, not present at the time of inpatient admission U Unknown, documentation is insufficient to determine if condition was present at time of inpatient admission W Clinically undetermined, provider is unable to clinically determine whether condition was present at time of inpatient admission or not 1 Exempt from POA reporting</p>
Claims Adjustment Reason Codes (Form Locator 80)
<p>8001 Changing the Patient Control Number 8002 Changing the Covered Dates 8003 Changing the Covered/Non covered Days 8004 Changing the Admission Dates/Time 8005 Changing the Discharge Times 8006 Changing the Status 8007 Changing the Medical Record Number 8008 Changing the Condition Codes (sometimes to make claim an “outlier” claim) 8009 Change the Occurrence Codes 8010 Changing the Value Codes 8011 Change the Revenue Codes 8012 Change the Units Billed 8013 Change the Amount Billed 8014 Change the Payer Codes 8015 Change the Prior Payments 8016 Change the Prior Authorization Number 8017 Change the Diagnosis Codes 8018 Change the ICDN Codes and Dates 8019 Change the Phys. ID Numbers 8020 Changed the Billed Date</p>