

**UB-92 Desk Reference for Long Term Care Facilities**  
*(These values are valid for paper claim submission on a UB-92 Claim Form only)*

<b>Source of Admission Codes (Form Locator 20)</b>	<b>Patient Status Codes (Form Locator 22)</b>	<b>Condition Codes (Form Locators 24-30)</b>
<p><b>1</b> Physician Referral  <b>2</b> Clinic Referral  <b>3</b> HMO Referral  <b>4</b> Transfer from a Hospital    <b>5</b> Transferred from a skilled nursing facility  <b>6</b> Transfer from Another Health Care Facility  <b>7</b> Emergency Room  <b>8</b> Court/Law Enforcement    <b>9</b> Information Not Available  <b>A</b> Transfer from a Critical Care Access Hospital</p>	<p><b>01</b> Discharge to home or self-care – Routine Discharge  <b>02</b> Discharged/transferred to another hospital for inpatient care  <b>03</b> Discharged/transferred to a skilled nursing facility  <b>04</b> Discharged/transferred to an intermediate care facility  <b>05</b> Discharged/transferred to another type of institution for inpatient care  <b>07</b> Left against medical advice or discontinued care  <b>20</b> Expired  <b>30</b> Still a patient</p>	<p><b>02</b> Condition is Employment Related    <b>03</b> Patient is Covered by Insurance Not Reflected Here  <b>05</b> Lien Has Been Filed  <b>60</b> Day Outlier    <b>77</b> Provider accepts or is obligated/required to a contractual agreement or law to accept payment by primary payer as payment in full  <b>X2</b> Medicare EOMB on File  <b>X4</b> Medicare Denial on File  <b>X5</b> Third Party Payment on File  <b>X6</b> Restricted Recipient Referral Form  <b>B3</b> Pregnancy  <b>Y6</b> Third Party Denial on File</p>
	<p><b>Occurrence Codes (Form Locators 32-35)</b></p> <p><b>01</b> Auto Accident  <b>02</b> No Fault Accident  <b>03</b> Accident/Tort Liability  <b>04</b> Accident/Employment Related  <b>05</b> Other Accident  <b>06</b> Crime Victim  <b>24</b> Date Insurance Denied  <b>25</b> Date Benefits Terminated By Primary Payer  <b>A3</b> Benefits Exhausted  <b>B3</b> Benefits Exhausted  <b>C3</b> Benefits Exhausted</p>	<p><b>Occurrence Span Codes (Form Locator 36)</b></p> <p><b>74</b> Non-covered Level of Care/Leave of Absence</p>

*Continued on the next page*

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<b>Value Codes (Form Locators 39-41)</b>	<b>Patient's Relationship to Insured Codes (Form Locator 59)</b>
<b>25</b> Prescription Drugs <b>34</b> Other Medical Expenses <b>35</b> Health Insurance Premiums	<b>18</b> Patient is Insured <b>01</b> Spouse <b>19</b> Natural Child/Insured Financial Responsibility <b>43</b> Natural Child/Insured does not have Financial Responsibility <b>17</b> Step Child <b>10</b> Foster Child <b>15</b> Ward of the Court <b>20</b> Employee <b>21</b> Unknown <b>22</b> Handicapped Dependent <b>39</b> Organ Donor <b>40</b> Cadaver Donor <b>05</b> Grandchild <b>07</b> Niece/Nephew <b>41</b> Injured Plaintiff <b>23</b> Sponsored Dependent <b>24</b> Minor Dependent of a Minor Dependent <b>32</b> Mother <b>33</b> Father <b>04</b> Grandparent <b>53</b> Life Partner <b>29</b> Significant Other <b>36</b> Emancipated Minor <b>G8</b> Other Relationship <i>Please note that the Patient's Relationship to Insured Codes are the same codes used electronically in the 837I.</i>