UB-04 Desk Reference for Long Term Care Facilities
These values are valid for paper claim submission on the UB-04 Claim Form only.

Type of Bill Codes (Form Locator 4)
First 2 Digits
26 Nursing Facility
65 ICF/MR or ICF/ORC Facility
Third Digit
0 Non Payment/Zero Claim
1 Admit through Discharge Claim
2 Interim – First Claim
3 Interim – Continuing Claim
4 Interim – Last Claim
7 Replacement of Prior Claim
8 Void/Cancel of Prior Claim

Patient Status Codes (Form Locator 17)
01 Discharge to home or self-care – Routine Discharge
02 Discharged/transferred to another hospital for inpatient care
03 Discharged/transferred to 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

Value Codes (Form Locators 39 – 41)
23 Gross Patient Pay Amount
25 Drug Deductions
31 Lifetime Other Medical Expenses (related to facility services)
34 Other Medical Expenses
35 Health Insurance Premiums
66 Net Patient Pay Amount
80 Covered Days
81 Non-covered Days
82 Coinsurance Day

Condition Codes (Form Locators 18 – 28)
02 Condition is Employment Related
03 Patient is Covered by Insurance Not Reflected Here
05 Lien Has Been Filed
77 Provider accepts or is obligated/required to a contractual agreement of law to accept payment by primary payer as payment if full
X2 Medicare EOMB on File
X4 Medicare Denial on File
X5 Third Party Payment on File
X6 Restricted Recipient Referral Form
B3 Pregnancy
Y6 Third Party Denial on File

Admission Source Codes (Form Locator 15)
1 Physician Referral
2 Clinic Referral
3 HMO Referral
4 Transfer from a Hospital
5 Transfer from a Skilled Nursing Facility
6 Transfer from Another Health Care Facility
7 Emergency Room
8 Court/Law Enforcement
9 Information Not Available
A Transfer from a Critical Care Access Hospital

Occurrence Codes (Form Locators 31 – 34)
01 Auto Accident
02 No Fault Accident
03 Accident/Tort Liability
04 Accident/Employment Related
05 Other Accident
06 Crime Victim
24 Date Insurance Denied
25 Date Benefits Terminated by Primary Payer
A3 Benefits Exhausted
B3 Benefits Exhausted
DR Disaster Related

UB-04 Desk Reference for Long Term Care Facilities
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Revenue Codes (Form Locator 42)
0100 Facility Days
0183 Therapeutic Leave Days
0185 Hospital Reserve Bed Days

Occurrence Span Codes (Form Locators 35 – 36)
74 Non-covered Level of Care/Leave of Absence (Inpatient Hospital Stay)
MR Disaster Related

Patient's Relationship to Insured Codes (Form Locator 59)

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 Organ Donor
40 Cadaver Donor
41 Injured Plaintiff
43 Natural Child/Insured does not have Financial Responsibility
53 Life Partner
G8 Other Relationship

Please note that the Patient's Relationship to Insured Codes are the same codes used electronically in the 837I.

Medicare Non-Coverage Reasons (Form Locator 80)

- o No 3-Day Prior Hospital Stay
- o Not Transferred Within 30 Days of Hospital Discharge
- o 100 Benefit Days Exhausted
- o No 60-Day Break in Daily Skilled Care
- o Medical Necessity Requirements Not Met
- o Daily Skilled Care Requirements Not Met

Reason for Adjustment Codes (Form Locator 80)

8001 Change the Patient Control Number
8002 Change the Covered Dates
8003 Change the Covered/Non-Covered Days
8004 Change the Admission Dates/Times
8005 Change Discharge Times
8006 Change the Status
8007 Change the Medical Record Number
8008 Change the Condition Codes (sometimes to make claim an 'outlier' claim)
8009 Change the Occurrence Codes
8010 Change 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 Physician ID Numbers
8020 Change the Billed Date