

BILL TYPES (UB-82 & UB-92)

INPATIENT HOSPITAL:

111	REGULAR INPATIENT
112	FIRST PORTION: CONTINUOUS STAY INPATIENT CLAIM.
113	SUBSEQUENT PORTION: CONTINUOUS STAY INPATIENT CLAIM.
114	FINAL PORTION: CONTINUOUS STAY INPATIENT CLAIM.
115	INPATIENT: LATE CHARGE(S) ONLY CLAIM.
116	INPATIENT: ADJUSTMENT OF PRIOR CLAIM NEEDED.
117	INPATIENT: REPLACEMENT OF PRIOR CLAIM.
118	INPATIENT: VOID/CANCEL OF PRIOR CLAIM.

OUTPATIENT HOSPITAL:

131	REGULAR OUTPATIENT
132	FIRST INTERIM: CONTINUING OUTPATIENT CLAIM.
133	SUBSEQUENT INTERIM: CONTINUING OUTPATIENT CLAIM.
134	FINAL INTERIM: OUTPATIENT CLAIM.
135	OUTPATIENT: LATE CHARGE(S) ONLY CLAIM.
136	OUTPATIENT: ADJUSTMENT OF PRIOR CLAIM.
137	OUTPATIENT: REPLACEMENT OF PRIOR CLAIM.
138	OUTPATIENT: VOID/CANCEL OF PRIOR CLAIM.

OUTPATIENT DIAGNOSTIC (NO TREATMENT PLAN):

141	OUTPATIENT DIAGNOSTIC, ADMIT THROUGH DISCHARGE.
142	OUTPATIENT DIAGNOSTIC, INTERIM, FIRST CLAIM.
143	OUTPATIENT DIAGNOSTIC, INTERIM, CONTINUING CLAIM.
144	OUTPATIENT DIAGNOSTIC, INTERIM, FINAL CLAIM.
145	OUTPATIENT DIAGNOSTIC, LATE CHARGE(S) ONLY CLAIM.
146	OUTPATIENT DIAGNOSTIC, ADJUSTMENT OF PRIOR CLAIM.
147	OUTPATIENT DIAGNOSTIC, REPLACEMENT OF PRIOR CLAIM.
148	OUTPATIENT DIAGNOSTIC, VOID/CANCEL OF PRIOR CLAIM.

EXTENDED CARE FACILITY:

211	EXTENDED CARE FACILITY (ECF)
212	FIRST PORTION: CONTINUOUS ECF CLAIM.

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EXTENDED CARE FACILITY:

213	SUBSEQUENT PORTION: CONTINUOUS ECF CLAIM.
214	FINAL PORTION: CONTINUOUS ECF CLAIM.
215	EXTENDED CARE FACILITY: LATE CHARGE(S) ONLY CLAIM.
216	EXTENDED CARE FACILITY: ADJUSTMENT OF PRIOR CLAIM.
217	EXTENDED CARE FACILITY: REPLACEMENT OF PRIOR CLAIM.
218	EXTENDED CARE FACILITY: VOID/CANCEL OF PRIOR CLAIM.

COORDINATED HOME CARE/HOME HEALTH:

311	COORDINATED HOME CARE (CHC)
312	FIRST PORTION: CONTINUOUS CHC CLAIM.
313	SUBSEQUENT PORTION: CONTINUOUS CHC CLAIM.
314	FINAL PORTION: CONTINUOUS CHC CLAIM.
315	COORDINATED HOME CARE: LATE CHARGE(S) ONLY CLAIM.
316	COORDINATED HOME CARE: ADJUSTMENT OF PRIOR CLAIM.
317	COORDINATED HOME CARE: REPLACEMENT OF PRIOR CLAIM.
318	COORDINATED HOME CARE: VOID/CANCEL OF PRIOR CLAIM.

COORDINATED HOME CARE (MEDICARE B TREATMENT PLAN):

321	COORDINATED HOME CARE: ADMIT THROUGH DISCHARGE.
322	COORDINATED HOME CARE: INTERIM, FIRST CLAIM.
323	COORDINATED HOME CARE: INTERIM, CONTINUING CLAIM.
324	COORDINATED HOME CARE: INTERIM, FINAL CLAIM.
325	COORDINATED HOME CARE: LATE CHARGE(S) ONLY CLAIM.
326	COORDINATED HOME CARE: ADJUSTMENT OF PRIOR CLAIM.
327	COORDINATED HOME CARE: REPLACEMENT OF PRIOR CLAIM.
328	COORDINATED HOME CARE: VOID/CANCEL OR PRIOR CLAIM.

COORDINATED HOME CARE (MEDICARE A TREATMENT PLAN INCLUDING DME):

331	COORDINATED HOME CARE: ADMIT THROUGH DISCHARGE
332	COORDINATED HOME CARE: INTERIM, FIRST CLAIM
333	COORDINATED HOME CARE: INTERIM, CONTINUING CLAIM
334	COORDINATED HOME CARE:INTERIM, FINAL CLAIM

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COORDINATED HOME CARE (MEDICARE A TREATMENT PLAN INCLUDING DME):

335	COORDINATED HOME CARE: LATE CHARGES(S) ONLY CLAIM
336	COORDINATED HOME CARE: ADJUSTMENT OF PRIOR CLAIM
337	COORDINATED HOME CARE: REPLACEMENT OF PRIOR CLAIM
338	COORDINATED HOME CARE: VOID/CANCEL OF PRIOR CLAIM

COORDINATED HOME CARE (MEDICAL & SURGICAL WITH NO TREATMENT PLAN):

341	COORDINATED HOME CARE: ADMIT THROUGH DISCHARGE
342	COORDINATED HOME CARE: INTERIM, FIRST CLAIM
343	COORDINATED HOME CARE: INTERIM, CONTINUING CLAIM
344	COORDINATED HOME CARE: INTERIM, FINAL CLAIM
345	COORDINATED HOME CARE: LATE CHARGES(S) ONLY CLAIM
346	COORDINATED HOME CARE: ADJUSTMENT OF PRIOR CLAIM
347	COORDINATED HOME CARE: REPLACEMENT OF PRIOR CLAIM
348	COORDINATED HOME CARE: VOID/CANCEL OF PRIOR CLAIM

CHRISTIAN SCIENCE HOSPITAL:

411	HOSPITAL INPATIENT, ADMIT THROUGH DISCHARGE
412	HOSPITAL INPATIENT, INTERIM FIRST CLAIM
413	HOSPITAL INPATIENT, INTERIM, CONTINUING CLAIM
414	HOSPITAL INPATIENT, INTERIM, FINAL CLAIM
415	HOSPITAL INPATIENT, LATE CHARGE(S) ONLY CLAIM
416	HOSPITAL INPATIENT, ADJUSTMENT OF PRIOR CLAIM
417	HOSPITAL INPATIENT, REPLACEMENT OF PRIOR CLAIM
418	HOSPITAL INPATIENT, VOID/CANCEL OF PRIOR CLAIM

CHRISTIAN SCIENCE EXTENDED CARE FACILITY:

511	EXTENDED CARE FACILITY, ADMIT THROUGH DISCHARGE
512	EXTENDED CARE FACILITY, INTERIM, FIRST CLAIM
513	EXTENDED CARE FACILITY, INTERIM, CONTINUING CLAIM
514	EXTENDED CARE FACILITY, INTERIM, FINAL CLAIM
515	EXTENDED CARE FACILITY, LATE CHARGE(S) ONLY CLAIM
516	EXTENDED CARE FACILITY, ADJUSTMENT OF PRIOR CLAIM

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CHRISTIAN SCIENCE EXTENDED CARE FACILITY:

517	EXTENDED CARE FACILITY, REPLACEMENT OF PRIOR CLAIM
518	EXTENDED CARE FACILITY, VOID/CANCEL OF PRIOR CLAIM

CLINIC RURAL HEALTH:

711	RURAL HEALTH
721	DIALYSIS CENTER
731	FREE STANDING CLINIC
741	OUTPATIENT REHABILITATION FACILITY (ORF)
751	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)
752	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), INTERIM, FIRST CLAIM
753	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), INTERIM, CONTINUING CLAIM
754	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), INTERIM, FINAL CLAIM
755	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), LATE CHARGE(S) ONLY
756	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), ADJUSTMENT OF PRIOR CLAIM
757	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), REPLACEMENT OF PRIOR CLAIM
758	CLINIC OUTPATIENT REHABILITATION FACILITY (CORF), VOID/CANCEL OF PRIOR CLAIM
831	AMBULATORY SURGERY CENTER

HOSPICE (NON-HOSPITAL BASED):

811	HOSPICE, ADMIT THROUGH DISCHARGE
812	HOSPICE, INTERIM, FIRST CLAIM
813	HOSPICE, INTERIM, CONTINUING CLAIM
814	HOSPICE, INTERIM, FINAL CLAIM
815	HOSPICE, LATE CHARGE(S) ONLY
816	HOSPICE, ADJUSTMENT OF PRIOR CLAIM
817	HOSPICE, REPLACEMENT OF PRIOR CLAIM
818	HOSPICE, VOID/CANCEL OF PRIOR CLAIM

841	FREE STANDING BIRTHING CENTER
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TO DETERMINE ALL OTHER BILL TYPES USE THE FOLLING:

- 1ST DIGIT = TYPE OF FACILITY
2ND DIGIT = BILL CLASSIFICATION (3 DIFFERENT CATEGORIES)
FACILITIES EXCLUDING CLINICS & SPECIAL FACILITIES
CLINICS ONLY
SPECIAL FACILITIES ONLY
3RD DIGIT = FREQUENCY

TYPE OF FACILITY 1ST DIGIT:

HOSPITAL	1
SKILLED NURSING	2
HOME HEALTH	3
CHRISTIAN SCIENCE (HOSPITAL)	4
CHRISTIAN SCIENCE (EXTENDED CARE)	5
INTERMEDIATE CARE	6
CLINIC	7
SPECIAL FACILITY	8
RESERVED FOR NATIONAL USE	9

BILL CLASSIFICATION (EXCEPT CLINICS AND SPECIAL FACILITIES) 2ND DIGIT:

INPATIENT (INCLUDING MEDICARE PART A)	1
INPATIENT (MEDICARE PART B ONLY)	2
OUTPATIENT	3
OTHER (FOR HOSPITAL REFERENCED DIAGNOSTIC SERVICES, OR HOME HEALTH NOT UNDER A PLAN OF TREATMENT)	4
INTERMEDIATE CARE-LEVEL I	5
INTERMEDIATE CARE-LEVEL II	6
SUBACUTE INPATIENT (REVENUE CODE 19X REQUIRED)	7
SWING BEDS	8
RESERVED FOR NATIONAL USE	9

BILL CLASSIFICATION (CLINICS ONLY) 2ND DIGIT:

RURAL HEALTH	1
HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS CENTER	2
FREE STANDING	3

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BILL CLASSIFICATION (CLINICS ONLY) 2ND DIGIT:

OUTPATIENT REHABILITATION FACILITY (ORF)	4
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORFs)	5
COMMUNITY MENTAL HEALTH CENTER	6
RESERVED FOR NATIONAL USE	7-8
OTHER	9

BILL CLASSIFICATION (SPECIAL FACILITIES ONLY) 2ND DIGIT:

HOSPICE (NON-HOSPITAL BASED)	1
HOSPICE (HOSPITAL-BASED)	2
AMBULATORY SURGERY CENTER	3
FREE STANDING BIRTHING CENTER	4
RURAL PRIMARY CARE HOSPITAL	5
RESERVED FOR NATIONAL USE	6-8
OTHER	9

**NOTES FOR TYPE OF FACILITY (1ST DIGIT) AND BILL CLASSIFICATION (2ND DIGIT):

IF MEDICARE, HOME HEALTH - USE 32X FOR VISITS UNDER A PLAN OF TREATMENT UNDER PART B.
USE 33X FOR VISITS UNDER A PLAN OF TREATMENT UNDER PART A INCLUDING DME UNDER PART A.
USE 34X FOR MEDICAL AND SURGICAL SERVICES NOT UNDER A PLAN OF TREATMENT.

IF TYPE OF FACILITY CODE 7 (CLINIC) IS USED, THEN THE BILL CLASSIFICATION (CLINICS) 2ND DIGITS MUST BE USED. IF TYPE OF FACILITY CODE 8 (SPECIAL FACILITY) IS USED, THEN THE BILL CLASSIFICATION (SPECIAL FACILITY) 2ND DIGIT MUST BE USED.

FREQUENCY 3RD DIGIT:

NON-PAYMENT/ZERO CLAIM	0
ADMIT THROUGH DISCHARGE CLAIM	1
INTERIM - FIRST CLAIM	2
INTERIM - CONTINUING CLAIM	3
INTERIM - LAST CLAIM	4
LATE CHARGE(S) ONLY CLAIM	5
ADJUSTMENT OF PRIOR CLAIM	6 £
REPLACEMENT OF PRIOR CLAIM	7
VOID/CANCEL OF PRIOR CLAIM	8

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FREQUENCY 3RD DIGIT:

RESERVED FOR NATIONAL ASSIGNMENT	9
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