

## **OCCURRENCE CODES (UB-92)**

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THE CODE AND ASSOCIATED DATE DEFINING A SIGNIFICANT EVENT RELATING TO THIS BILL THAT MAY AFFECT PAYER PROCESSING.

<b>ACCIDENT RELATED CODES:</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
01	AUTO ACCIDENT
02	NO FAULT INSURANCE INVOLVED – INCLUDING AUTO ACCIDENT/OTHER
03	ACCIDENT/TORT LIABILITY
04	ACCIDENT/EMPLOYMENT RELATED
05	OTHER ACCIDENT
06	CRIME VICTIM
07	START OF INFERTILITY TREATMENT CYCLE
10	LAST MENSTRUAL PERIOD
11	ONSET OF SYMPTOMS/ILLNESS

<b>RESPIRE CARE (HHA ONLY):</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
12	DATE OF ONSET FOR A CHRONICALLY DEPENDENT INDIVIDUAL

<b>INSURANCE RELATED CODES:</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
17	DATE OUTPATIENT OCCUPATIONAL THERAPY PLAN ESTABLISHED OR LAST REVIEWED
18	DATE OF RETIREMENT – PATIENT/BENEFICIARY
19	DATE OF RETIREMENT – SPOUSE
20	GUARANTEE OF PAYMENT BEGAN
21	UR NOTICE RECEIVED
22	DATE ACTIVE CARE ENDED
24	DATE INSURANCE DENIED
25	DATE BENEFITS TERMINATED BY PRIMARY PAYER
26	DATE SNF BED AVAILABLE
27	DATE HOME HEALTH PLAN ESTABLISHED OR LAST REVIEWED
28	DATE COMPREHENSIVE OUTPATIENT REHABILITATION PLAN ESTABLISHED OR LAST REVIEWED
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 (PROCEDURE OR TREATMENT)
33	FIRST DAY OF THE MEDICARE COORDINATION PERIOD FOR ESRD BENEFICIARIES COVERED BY EGHP
34	DATE OF ELECTION OF EXTENDED CARE FACILITIES
35	DATE TREATMENT STARTED FOR PHYSICAL THERAPY

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<b>INSURANCE RELATED CODES:</b>	
36	DATE OF INPATIENT HOSPITAL DISCHARGE FOR COVERED TRANSPLANT PATIENTS
37	DATE OF INPATIENT HOSPITAL DISCHARGE FOR NON-COVERED TRANSPLANT PATIENTS
38	DATE TREATMENT STARTED FOR HOME IV THERAPY
39	DATE DISCHARGED ON A CONTINUOUS COURSE OF IV THERAPY

<b>SERVICE RELATED CODES:</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
40	SCHEDULED DATE OF ADMISSION
41	DATE OF FIRST TEST FOR PRE-ADMISSION TESTING
A1	BIRTHDATE – INSURED A
A2	EFFECTIVE DATE – INSURED A POLICY
A3	BENEFITS EXHAUSTED
B1	BIRTHDATE – INSURED B
B2	EFFECTIVE DATE – INSURED B POLICY
B3	BENEFITS EXHAUSTED
42	DATE OF DISCHARGE
43	SCHEDULED DATE OF CANCELED SURGERY
44	DATE TREATMENT STARTED FOR OCCUPATIONAL THERAPY
45	DATE TREATMENT STARTED FOR SPEECH THERAPY
46	DATE TREATMENT STARTED FOR CARDIAC REHAB
70-99	SEE INSTRUCTIONS IN FIELD #36 – OCCURRENCE SPAN CODES AND DATES
MO-Z9	SEE INSTRUCTIONS IN FIELD #36 – OCCURRENCE SPAN CODES AND DATES