

VALUE CODES (UB-92)

01	=	MOST COMMON SEMI-PRIVATE RATE (MCSP)
02	=	HOSPITAL HAS NO SEMI-PRIVATE ROOMS
04	=	INPATIENT PROFESSIONAL COMPONENT CHARGES ARE COMBINED BILLED
05	=	PROFESSIONAL COMPONENT INCLUDED IN CHARGES AND BILLED SEPARATE TO CARRIER
06	=	MEDICARE BLOOD DEDUCTIBLE
08	=	MEDICARE LIFETIME RESERVE AMOUNT IN THE FIRST YEAR
09	=	MEDICARE CO-INSURANCE AMOUNT IN THE FIRST YEAR
10	=	LIFETIME RESERVE AMOUNT IN SECOND YEAR
11	=	COINSURANCE AMOUNT IN SECOND YEAR
12	=	WORKING AGE BENEFICIARY/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN
13	=	ESRD BENEFICIARY IN A MEDICARE COORDINATION PERIOD WITH EMPLOYER GROUP HEALTH PLAN
14	=	NO FAULT, INCLUDING AUTO/OTHER
15	=	WORKER'S COMPENSATION
16	=	PHS (PUBLIC HEALTH SERVICE) OR OTHER FEDERAL AGENCY
30	=	PRE-ADMISSION TESTING
31	=	PATIENT LIABILITY AMOUNT
37	=	PINTS OF BLOOD FURNISHED
38	=	BLOOD DEDUCTIBLE PINTS
39	=	PINTS OF BLOOD REPLACED
40	=	NEW COVERAGE NOT IMPLEMENTED BY HMO (FOR INPATIENT SERVICE ONLY)
41	=	BLACK LUNG
42	=	VA
43	=	DISABLED BENEFICIARY UNDER AGE 65 WITH LGHP
44	=	AMOUNT PROVIDER AGREED TO ACCEPT FROM PRIMARY PAYER WHEN THIS AMOUNT IS LESS THAN CHARGES BUT HIGHER THAN PAYMENT RECEIVED, WHEN A MEDICARE SECONDARY PAYMENT IS DUE
45	=	ACCIDENT HOUR (SEE CODE STRUCTURE BELOW)

CODE STRUCTURE/TIME:

AM MIDNIGHT		PM NOON	
00	12:00 - 12:59	12	12:00 - 12:59
01	01:00 - 01:59	13	01:00 - 01:59
02	02:00 - 02:59	14	02:00 - 02:59
03	03:00 - 03:59	15	03:00 - 03:59
04	04:00 - 04:59	16	04:00 - 04:59
05	05:00 - 05:59	17	05:00 - 05:59
06	06:00 - 06:59	18	06:00 - 06:59
07	07:00 - 07:59	19	07:00 - 07:59
08	08:00 - 08:59	20	08:00 - 08:59
09	09:00 - 09:59	21	09:00 - 09:59
10	10:00 - 10:59	22	10:00 - 10:59
11	11:00 - 11:59	23	11:00 - 11:59
		99	hour UNKNOWN

VALUE CODES (UB-92)

46	=	NUMBER OF GRACE DAYS
47	=	ANY LIABILITY INSURANCE
48	=	HEMOGLOBIN READING
49	=	HEMATOCRIT READING
50	=	PHYSICAL THERAPY VISIT
51	=	OCCUPATIONAL THERAPY VISIT
52	=	SPEECH THERAPY VISITS
53	=	CARDIAC REHAB VISITS

HOME HEALTH – SPECIFIC CODES *:

56	=	SKILLED NURSING HOURS IN THE HOME *
57	=	HOME HEALTH AIDE HOURS IN THE HOME *
58	=	ARTERIAL BLOOD GAS (PO2/PA2) *
59	=	OXYGEN SATURATION (O2 SAT/OXIMETRY) *
60	=	HHA BRANCH MSA *

67	=	PERITONEAL DIALYSIS
68	=	EPO-DRUG
80	=	ER/AMB. SURG. & RELATED AMOUNTS
A1	=	DEDUCTIBLE PAYER A
B1	=	DEDUCTIBLE PAYER B
C1	=	DEDUCTIBLE PAYER C
A2	=	COINSURANCE PAYER A
B2	=	COINSURANCE PAYER B
C2	=	COINSURANCE PAYER C
A3	=	ESTIMATED RESPONSIBILITY PAYER A
B3	=	ESTIMATED RESPONSIBILITY PAYER B
C3	=	ESTIMATED RESPONSIBILITY PAYER C
D3	=	ESTIMATED RESPONSIBILITY PATIENT
A4	=	COVERED SELF-ADMINISTRABLE DRUGS - EMERGENCY
A5	=	COVERED SELF-ADMINISTRABLE DRUGS - NOT SELF-ADMINISTRABLE IN FORM AND SITUATION FURNISHED TO PATIENT
A6	=	COVERED SELF-ADMINISTRABLE DRUGS - DIAGNOSTIC STUDY AND OTHER

0	=	NOT APPLICABLE
1	=	PINTS
2	=	VISITS
3	=	DAYS
4	=	UNITS
5	=	DOLLARS
6	=	CONFINEMENTS
7	=	PEOPLE (INDIVIDUAL MEMBERS)

VALUE CODES (UB-92)

8	=	NUMBER OF CLAIMS (FOR NEXT PERIOD DEDUCTIBLE TAKEN
9	=	SURGICAL PROCEDURES
A	=	WEEK
B	=	HOURS
C	=	CALENDER YEARS