

UB-92 Desk Reference for Hospitals

Patient Status Codes (Form Locator 22)	Condition Codes (Form Locators 24-30)
<p>01 Discharge to home or self-care – Routine Discharge 02 Discharged/transferred to another hospital for inpatient care 03 Discharged/transferred to a 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</p>	<p>02 Condition is Employment Related 03 Patient is Covered by Insurance Not Reflected Here 05 Lien Has Been Filed 60 Day Outlier 77 Provider accepts or is obligated/required to a contractual agreement or law to accept payment by primary payer as payment in full A1 EPSDT AA Abortion Consent (MA 3) – Rape AB Abortion Consent (MA 3) – Incest AD Abortion Consent (MA 3) – Danger to Life AI Sterilization Patient Consent Form (MA 31) X2 Medicare EOMB on File X3 Hysterectomy Acknowledgment Form (MA 30) X4 Medicare Denial on File X5 Third Party Payment on File X6 Restricted Recipient Referral Form X7 Medical Documentation for Hysterectomy Y0 Newborn Eligibility B3 Pregnancy Y3 Copay Not Collected Y6 Third Party Denial on File</p>
Occurrence Codes (Form Locators 32-35)	<p>Patient's Relationship to Insured Codes (Form Locator 59)</p>
<p>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 C3 Benefits Exhausted</p>	<p>18 Patient is Insured 01 Spouse 19 Natural Child/Insured Financial Responsibility 43 Natural Child/Insured does not have Financial Responsibility 17 Step Child 10 Foster Child 15 Ward of the Court 20 Employee 21 Unknown 22 Handicapped Dependent 39 Organ Donor 40 Cadaver Donor 05 Grandchild 07 Niece/Nephew 41 Injured Plaintiff 23 Sponsored Dependent 24 Minor Dependent of a Minor Dependent 32 Mother 33 Father 04 Grandparent <i>Continued on the next page</i></p>
Occurrence Span Codes (Form Locator 36)	<p>These values are valid for paper claim submission on the UB-92 Claim Form only.</p>
<p>71 Prior Stay Dates 74 Non-covered Level of Care/Leave of Absence <i>(JCAHO RTF only)</i></p>	<p>Provider Handbook UB-92</p>
Value Codes (Form Locators 39-41)	<p>1</p>
<p>06 Medicare Blood Deductible 38 Medicare Blood Deductible Pints Furnished 39 Medicare Blood Deductible Pints Replaced A1 Deductible Payer A B1 Deductible Payer B A2 Coinsurance and Lifetime Reserve Payer A B2 Coinsurance and Lifetime Reserve Payer B X0 Medicare Part B</p>	<p>February 24, 2004</p>
Employment Status Codes (Form Locator 64)	<p>9</p>
<p>1 Employed Full Time 2 Employed Part Time 3 Not Employed 4 Self-employed 5 Retired 6 On Active Duty 9 Unknown</p>	<p>1</p>

	Patient's Relationship to Insured Codes (Form Locator 59) <i>Continued from the previous page</i>
	53 Life Partner 29 Significant Other 36 Emancipated Minor G8 Other Relationship <i>Please note that the Patient's Relationship to Insured Codes are the same codes used electronically in the 837I.</i>