UB-04 Type of Bill

This document provides a list of valid codes to be selected from when assigning the "Type of Bill" (FL 4) on a UB-92 claim form. Each type of bill code is further specified for use on an invatient claim, an Outpatient claim or Both.

	FACILITY TYPE CODE	INPATIENT	OUTPATIENT	BOTH
HX	Hospital - Inpatient (Including Medicare Part A)	×		
2 ×	Hospital - Inpatient (Medicare Part 8 only)	X (3)		
3×	Hospital - Outpate it		×	
430	Hospital - Other @ g., referenced diagnostic services, home health not under a plan of treatment.		×	
7° X:	Hospital - Subacute In patient	ж		
8 X	Hospital - Swing Beds	ж		
100	Skilled Nursing – In patient (in cliding Medicare Part A)	×		
2×	Skilled Nursing - Inpatient (Medicare Part Forty)	X 630		
3 X	Skilled Numbig - Outpatent		-X	100.00
4×	Skilled Norsing - Other			×
$T \times$	Skilled Nursing - Subacute in patter t	ж		
多 图	Skilled Nursing - Swing Beds	×		
2 ×	Home Health - For visit under plan of treatment under Medicare Part 5 only		-×	
3 X	Home Hears - For virit under plan of treatment under Medicare Part A, holiding DME under Part A	6.0	×	
4.80	Home Hearts - Other obrimedical and surgical services not under a plan of treatments	-	×	
100	Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christian Solence)	×		
XX	Peligious Nos-Medical Health Care Issues - Post Hospital Extended Care Services			×
430	Intermediate Care - Other			×
5 X	Intermediate Care - Level I		1	×
¢×.	Intermediate Care - Level II	<u></u>		×
7×	Intermediate Care - Sub-acute inpattent (uses retenue Code 0 1900)	×		
100	Clinic - R trail Healti		×	
2 X	Clinic - Hospital Based or Independent Renal Distysis Center		×	
3 X	Clinic - Freestanding		×	
430	Clinic - Outpatient Rehabilitation Facility (ORF)		×	
5 X	Clinic - Comprehensive Outpattent Rehabilitation Facility (CORF)		×	
¢×.	Clinic - Community Mental Health Center		×	
5 X	Clinic - Other	Tr.	×	
130	Special Facility - Hospice (non-hospital based)	7		×
2 X :	Special Facility - Hospice (hospital based)	T-		×
3 X	Special Facility - Ambiliatory Surgery Center		×	7.7
4.X	Special Facility - Free Standing Birthing Center			×
5 X	Special Facility - Critical Access Hospital	2)		ж
GW.	Special Facility - Reside a ttal Facility	×		
9 X	Special Facility - Other	- 2000		×
	(a) These bill types are considered inpatient but ar	e billed as if the	V 250	

Medicare Type Of Bill Codes List

S Ashworth

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