The details of the following changes are contained in the UB-04 Manual or in the minutes. 
(Minutes not yet posted are italicized.)

**Effective Date** | **Form Locator** | **Description**
---|---|---
7/1/12 | FL 04: | Approved new Type of Bill for Licensed Freestanding Emergency Medical Facility
        (MARCH 1-2, 2011 MEETING MINUTES)
7/1/12 | FL 04: | Change Inpatient/Outpatient General Designation of Freestanding Birthing Centers (084x) from “TBD” to “OP”. 
        (AUGUST 9-10, 2011 MEETING MINUTES)
7/1/12 | FL 35-36: | New Occurrence Span Code for Antepartum Days at Reduced Level of Care 
        (NOVEMBER 16, 2011 CONFERENCE CALL MINUTES)
7/1/12 | FL 18-28: | New Hospice Condition Code for Out of Service Area Discharges
        (JANUARY 18, 2012 CONFERENCE CALL MINUTES)
7/1/12 | FL 04, FL 16: | Addition of Type of Bill Frequency Code 7 to Discharge Hour Reporting Requirements 
        (JANUARY 18, 2012 CONFERENCE CALL MINUTES)
10/1/12 | FL 31-34: | New Occurrence Code for Date of Death 
        (JANUARY 18, 2012 CONFERENCE CALL MINUTES)
10/1/12 | FL 43: | Billing of Line Item Rendering Physician for Paper UB-04s Only 
        (SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)
4/1/13 | FL 39-41: | New Value Code for Demonstration Claims:
        | Code | Title | Definition |
        | Y5 | Part B Deductible | This is the amount of Part B deductible applied by the A/B MAC to this demonstration/model claim. 
        (SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)
The details of the following changes are contained in the UB-04 Manual or in the minutes. *(Minutes not yet posted are italicized.)*

### Effective Date  Form Locator

**4/1/13**

**FL 39-41:** Minor Change in Definitions of Value Codes for Demonstration Claims:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y1</td>
<td>Part A Demonstration Payment</td>
<td>This is the portion of the payment designated as reimbursement for Part A services under the demonstration/model.</td>
</tr>
<tr>
<td>Y2</td>
<td>Part B Demonstration Payment</td>
<td>This is the portion of the payment designated as reimbursement for Part B services under the demonstration/model. No deductible or coinsurance has been applied.</td>
</tr>
<tr>
<td>Y3</td>
<td>Part B Coinsurance</td>
<td>This is the amount of Part B coinsurance applied by the A/B MAC to this demonstration/model claim.</td>
</tr>
<tr>
<td>Y4</td>
<td>Conventional Provider Payment</td>
<td>This is the amount Medicare would have reimbursed the provider for Part A services if there had been no demonstration/model.</td>
</tr>
</tbody>
</table>

*(SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)*

**7/1/13**

**FL 04:** Change Inpatient/Outpatient General Designation of 089x - Special Facility - Other from “IP or OP” to “OP”.

*(MAY 16, 2012 CONFERENCE CALL MINUTES)*

**10/1/13**

**FL 17:** New Patient Discharge Status Code 69 for Discharged/transferred to a Designated Disaster Alternative Care Site

*(JULY/AUGUST 2012 MEETING MINUTES & OCTOBER 17, 2012 CONFERENCE CALL MINUTES)*

**10/1/13**

**FL 17:** 15 New Patient Discharge Codes to Indicate a Planned Acute Care Hospital Inpatient Readmission

*(JULY/AUGUST 2012 MEETING MINUTES)*

**10/1/13**

**FL 04:** Revised Titles of Home Health Bill Types 032x and 034x; Discontinuation of 033x

*(JULY/AUGUST 2012 MEETING MINUTES)*

**N/A - Determined by Payer**

**FL 39-41:** Value Codes Q0-Q9 Reclassified as Payer use only Codes

*(JULY/AUGUST 2012 MEETING MINUTES)*
The details of the following changes are contained in the UB-04 Manual or in the minutes. *(Minutes not yet posted are italicized.)*

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Form Locator</th>
<th>Detail</th>
</tr>
</thead>
</table>
| 10/1/13        | FL 42: New Revenue Code for Chemical Dependency  
(NOVEMBER 28, 2012 CONFERENCE CALL MINUTES)  
FL 42: New Revenue Code for Chemical Dependency  
(NOVEMBER 28, 2012 CONFERENCE CALL MINUTES) | |
| 10/1/13        | FL 18-28: New Condition Codes for C-sections/Inductions  
(MARCH 6-7, 2013 MEETING MINUTES) | |
| 12/1/13        | FL 35-36: Revise Definition of Occurrence Span Code 72 to add Inpatient Usage  
(NOVEMBER 20, 2013 CONFERENCE CALL MINUTES) | Code Title Definition |
|                | 72 First/Last Visit Dates | The from/through dates of outpatient services. For use on outpatient bills where the entire billing record is not represented by the actual From/Through service dates of Form Locator 06 (Statement Covers Period). AND On inpatient bills to denote contiguous outpatient hospital services that preceded the inpatient admission. (See November 20, 2013 Conference Call Minutes.) |
| 1/1/14         | FL 42: New Revenue Code for Pre-hospice/Palliative Care Services  
(MAY 8, 2013 CONFERENCE CALL MINUTES) | |
| 7/1/14         | FL 51: Minor Update to Terminology  
Title: Payer ID/Health Plan ID  
Definition: The number used to identify the payer or health plan.  
(APRIL 16, 2014 CONFERENCE CALL MINUTES) | |
| 7/1/14         | FL 04: Remove “Hospital” from Type of Bill 041x Title  
(MAY 21, 2014 CONFERENCE CALL MINUTES) | |
| 1/1/15         | FL 18-28: Revise the Definition of Condition Code 49  
(AUGUST 21, 2013 CONFERENCE CALL MINUTES) | |
| 7/1/15         | FL 18-28: New Condition Code for Initial Placement of a Medical Device  
(SEPTMBER 17, 2014 CONFERENCE CALL MINUTES) | |
The details of the following changes are contained in the UB-04 Manual or in the minutes.  
*Minutes not yet posted are italicized.*

### Effective Date  Form Locator

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<tr>
<th>Effective Date</th>
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</table>
| 1/1/16*        | FL 04: New Type of Bill Frequency Code for Reopenings  
(JULY 31 - AUGUST 1, 2013 MEETING MINUTES, AUGUST 20, 2014 CONFERENCE CALL MINUTES, MARCH 3-4, 2015 MEETING MINUTES and APRIL 15, 2015 CONFERENCE CALL MINUTES) |
| 1/1/16*        | FL 18-28: New Condition Codes for Reopenings  
(JULY 31 - AUGUST 1, 2013 MEETING MINUTES, AUGUST 20, 2014 CONFERENCE CALL MINUTES, MARCH 3-4, 2015 MEETING MINUTES and APRIL 15, 2015 CONFERENCE CALL MINUTES)  
*Effective date delayed from 10/1/15. See CMS revised CR 8581 and MLN Matters® Number SE1426* |
| 7/1/16         | FL 18-28: New Condition Code for Reporting Home Health Episodes with No Skilled Visits  
(SEPTEMBER 16, 2015 CONFERENCE CALL MINUTES) |
| 1/1/17         | FL 18-28: New Condition Code to identify Acute Kidney Injury Claims  
(APRIL 5-6, 2016 MEETING MINUTES) |
| 1/1/17         | FL 18-28: New Condition Code for Delayed Recertification of Hospice Terminal Illness  
(APRIL 5-6, 2016 MEETING MINUTES) |
| 1/1/17         | FL 42: New Revenue Code in 081x series for Stem Cell Acquisition Services  
(APRIL 5-6, 2016 MEETING MINUTES) |

<table>
<thead>
<tr>
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<th>Title</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>54I</td>
<td>No Skilled Home Health Visits in Billing Period. Policy Exception</td>
<td>Report when the Home Health claim is submitted without any skilled visits due to a circumstance that is allowed by the payer and indicate that the policy exception is documented at the Home Health Agency.</td>
</tr>
</tbody>
</table>

---

**Code**: FL

**Title**: New Type of Bill Frequency Code for Reopenings

**Definition**: The new code is used to identify reopenings that occur due to specific circumstances. It allows providers to indicate when a claim is submitted without any skilled visits due to an allowed circumstance. The policy exception is documented at the Home Health Agency.

---

**Code**: FL 18-28

**Title**: New Condition Codes for Reopenings

**Definition**: The new condition codes are used to identify specific scenarios during reopenings. These codes provide additional information to healthcare providers and payers about the nature of the reopening, allowing for better tracking and management of claims.

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**Code**: FL 18-28

**Title**: New Condition Code for Reporting Home Health Episodes with No Skilled Visits

**Definition**: The new code identifies episodes of home health care that do not include any skilled visits. This is particularly useful for tracking and managing the billing of home health services where no skilled care is provided.

---

**Code**: FL 18-28

**Title**: New Condition Code to identify Acute Kidney Injury Claims

**Definition**: This code is designed to specifically identify claims related to acute kidney injury, allowing for accurate billing and tracking of associated healthcare services.

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**Code**: FL 18-28

**Title**: New Condition Code for Delayed Recertification of Hospice Terminal Illness

**Definition**: This code is used to indicate situations where hospice patients experience delayed recertification due to terminal illness, ensuring that the necessary resources and support are provided.

---

**Code**: FL 42

**Title**: New Revenue Code in 081x series for Stem Cell Acquisition Services

**Definition**: This new revenue code is introduced to reflect the acquisition of stem cell services, providing a clear financial tracking mechanism for these specialized medical procedures.