

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

<u>Effective Date</u>	<u>Form Locator</u>						
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 See http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1241.pdf (SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)						
4/1/13	FL 39-41: New Value Code for Demonstration Claims: <table><thead><tr><th><u>Code</u></th><th><u>Title</u></th><th><u>Definition</u></th></tr></thead><tbody><tr><td>Y5</td><td>Part B Deductible</td><td>This is the amount of Part B deductible applied by the A/B MAC to this demonstration/model claim.</td></tr></tbody></table> (SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)	<u>Code</u>	<u>Title</u>	<u>Definition</u>	Y5	Part B Deductible	This is the amount of Part B deductible applied by the A/B MAC to this demonstration/model claim.
<u>Code</u>	<u>Title</u>	<u>Definition</u>					
Y5	Part B Deductible	This is the amount of Part B deductible applied by the A/B MAC to this demonstration/model claim.					

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4/1/13	<p>FL 39-41: Minor Change in Definitions of Value Codes for Demonstration Claims:</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Title</u></th> <th><u>Definition</u></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> <p>(SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)</p>	<u>Code</u>	<u>Title</u>	<u>Definition</u>	Y1	Part A Demonstration Payment	This is the portion of the payment designated as reimbursement for Part A services under the demonstration/model.	Y2	Part B Demonstration Payment	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.	Y3	Part B Coinsurance	This is the amount of Part B coinsurance applied by the A/B MAC to this demonstration/model claim.	Y4	Conventional Provider Payment	This is the amount Medicare would have reimbursed the provider for Part A services if there had been no demonstration/model.
<u>Code</u>	<u>Title</u>	<u>Definition</u>														
Y1	Part A Demonstration Payment	This is the portion of the payment designated as reimbursement for Part A services under the demonstration/model.														
Y2	Part B Demonstration Payment	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.														
Y3	Part B Coinsurance	This is the amount of Part B coinsurance applied by the A/B MAC to this demonstration/model claim.														
Y4	Conventional Provider Payment	This is the amount Medicare would have reimbursed the provider for Part A services if there had been no demonstration/model.														
7/1/13	<p>FL 04: Change Inpatient/Outpatient General Designation of 089x - Special Facility - Other from "IP <i>or</i> OP" to "OP". (MAY 16, 2012 CONFERENCE CALL MINUTES)</p>															
10/1/13	<p>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)</p>															
10/1/13	<p>FL 17: 15 New Patient Discharge Codes to Indicate a Planned Acute Care Hospital Inpatient Readmission (JULY/AUGUST 2012 MEETING MINUTES)</p>															
10/1/13	<p>FL 04: Revised Titles of Home Health Bill Types 032x and 034x; Discontinuation of 033x (JULY/AUGUST 2012 MEETING MINUTES)</p>															
N/A - Determined by Payer	<p>FL 39-41: Value Codes Q0-Q9 Reclassified as Payer use only Codes (JULY/AUGUST 2012 MEETING MINUTES)</p>															

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<u>Effective Date</u>	<u>Form Locator</u>						
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)						
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Title</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>72</td> <td>First/Last Visit Dates</td> <td>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.)</td> </tr> </tbody> </table>	<u>Code</u>	<u>Title</u>	<u>Definition</u>	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.)
<u>Code</u>	<u>Title</u>	<u>Definition</u>					
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 (SEPTEMBER 17, 2014 CONFERENCE CALL MINUTES)						

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<u>Effective Date</u>	<u>Form Locator</u>						
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)						
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<u>Code</u>	<u>Title</u>	<u>Definition</u>					
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	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.					
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 (APRIL 5-6, 2016 MEETING MINUTES)						
Deferred; New Effective Date is TBD	FL 42: New Revenue Code for Shorter Duration Hemodialysis (APRIL 20, 2016 CONFERENCE CALL MINUTES) (APRIL 4-5, 2017 MEETING MINUTES)						
Deferred; New Effective Date is TBD	FL 18-28: New Condition Code for Additional Hemodialysis Treatments with Medical Justification (APRIL 20, 2016 CONFERENCE CALL MINUTES) (APRIL 4-5, 2017 MEETING MINUTES)						
Deferred; New Effective Date is TBD	FL 39-41: New Value Code for Shorter Duration Hemodialysis (APRIL 20, 2016 CONFERENCE CALL MINUTES) (APRIL 4-5, 2017 MEETING MINUTES)						

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7/1/17	FL 42: New Revenue Code in 100x series for Outdoor/Wilderness Behavioral Healthcare (JULY 20, 2016 CONFERENCE CALL MINUTES)
7/1/17	FL 18-28: New Condition Code for ESRD Self Care Retraining (AUGUST 16-17, 2016 MEETING MINUTES)
8/9/17	Occurrence Codes AA-AZ set aside for Payer Use Only (AUGUST 9, 2017 MEETING MINUTES)
1/1/18	FL 31-34: New Occurrence Code for Hospice Election or Revocation Date (APRIL 4-5, 2017 MEETING MINUTES)
7/1/18	FL 53: Remove Code W (APRIL 4-5, 2017 MEETING MINUTES)
7/1/18	Clarification of Revenue Code 0206 (See http://www.nubc.org/subscribersonly/PDFs/UB-04Clarifications_v.12.00.pdf) (AUGUST 9, 2017 MEETING MINUTES)
7/1/18	New Value Code Methodology contained in the 2018 UB-04 Manual Appendix will be implemented for PAPER CLAIMS ONLY http://www.nubc.org/subscribersonly/PDFs/ValueCodeRevision.pdf (AUGUST 9, 2017 MEETING MINUTES)
1/1/19	New Value Code for County where Service was Rendered (APRIL 17, 2018 MEETING MINUTES)
4/1/19	New Value Code for Cell/Gene Therapy Invoice Cost* (AUGUST 7, 2018 MEETING MINUTES)
4/1/19	New Revenue Category for Cell/Gene Therapy* (AUGUST 7, 2018 MEETING MINUTES)
4/1/19	New Revenue Category for Pharmacy - Extension of 025x and 063x* (AUGUST 7, 2018 MEETING MINUTES)
	*For more information see: http://www.nubc.org/subscribersonly/PDFs/Cell%20Therapy%20Changes%20August%202018.pdf
7/1/19	FOR PUBLIC HEALTH DATAREPORTING ONLY when required by state or federal law or regulations. New Value Code for Heart Rate (NOVEMBER 14, 2018 CONFERENCE CALL)

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7/1/19	FOR PUBLIC HEALTH DATAREPORTING ONLY when required by state or federal law or regulations. New Value Code for Systolic Blood Pressure (NOVEMBER 14, 2018 CONFERENCE CALL)
7/1/19	FOR PUBLIC HEALTH DATAREPORTING ONLY when required by state or federal law or regulations. New Value Code for Diastolic Blood Pressure (NOVEMBER 14, 2018 CONFERENCE CALL)
1/1/20	New Occurrence Codes related to CY 2019 Home Health Prospective Payment System <i>(JANUARY 9, 2019 CONFERENCE CALL)</i>