

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 <b>for Paper UB-04s Only</b> See <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1241.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1241.pdf</a> (SEPTEMBER 19, 2012 CONFERENCE CALL MINUTES)						
4/1/13	FL 39-41: New Value Code for Demonstration Claims:						
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Code</u></th> <th style="text-align: left;"><u>Title</u></th> <th style="text-align: left;"><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>	<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

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

<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.

(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)

10/1/13

FL 42: New Revenue Code for Chemical Dependency  
(NOVEMBER 28, 2012 CONFERENCE CALL)

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<u>Effective Date</u>	<u>Form Locator</u>
10/1/13	FL 18-28: New Condition Codes for C-sections/Inductions (MARCH 6-7, 2013 MEETING MINUTES)
1/1/14	FL 42: New Revenue Code for Pre-hospice/Palliative Care Services ( <i>MAY 8, 2013 CONFERENCE CALL</i> )