

UB-92 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 *Inpatient* claim, an *Outpatient* claim or *Both*.

FACILITY TYPE CODE		INPATIENT	OUTPATIENT	BOTH
11X	Hospital - Inpatient (including Medicare Part A)	X		
12X	Hospital - Inpatient (Medicare Part B only)	X (a)		
13X	Hospital - Outpatient		X	
14X	Hospital - Other (e.g., referenced diagnostic services, home health not under a plan of treatment)		X	
17X	Hospital - Subacute Inpatient	X		
18X	Hospital - Swing Beds	X		
21X	Skilled Nursing - Inpatient (including Medicare Part A)	X		
22X	Skilled Nursing - Inpatient (Medicare Part B only)	X (a)		
23X	Skilled Nursing - Outpatient		X	
24X	Skilled Nursing - Other			X
27X	Skilled Nursing - Subacute Inpatient	X		
28X	Skilled Nursing - Swing Beds	X		
32X	Home Health - For visits under plan of treatment under Medicare Part B only		X	
33X	Home Health - For visits under plan of treatment under Medicare Part A, including DME under Part A		X	
34X	Home Health - Other (for medical and surgical services not under a plan of treatment)		X	
41X	Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christian Science)	X		
5XX	Religious Non-Medical Health Care Institutions - Post Hospital Extended Care Services			X
64X	Intermediate Care - Other			X
65X	Intermediate Care - Level I			X
66X	Intermediate Care - Level II			X
67X	Intermediate Care - Subacute Inpatient (uses revenue Code 019X)	X		
71X	Clinic - Rural Health		X	
72X	Clinic - Hospital Based or Independent Renal Dialysis Center		X	
73X	Clinic - Freestanding		X	
74X	Clinic - Outpatient Rehabilitation Facility (ORF)		X	
75X	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)		X	
76X	Clinic - Community Mental Health Center		X	
79X	Clinic - Other		X	
81X	Special Facility - Hospice (non-hospital based)			X
82X	Special Facility - Hospice (hospital based)			X
83X	Special Facility - Ambulatory Surgery Center		X	

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84X	Special Facility - Free Standing Birthing Center			X
85X	Special Facility - Critical Access Hospital			X
86X	Special Facility - Residential Facility	X		
89X	Special Facility - Other			X

(a) These bill types are considered inpatient, but are billed as if they are outpatient, i.e., ancillary services only (no accommodation revenue codes), HCPCS at the line level, etc.