



UB-04 Valid Value Codes

UB-04 and 837I Value Codes are available through the NUBC at <http://www.nubc.org/guide.htm>. MHCP uses the following value codes in FL 39 – 41 in the manner noted.

Valid Value Codes			
Code	Code Name	Affected Provider	Use
24	Medicaid Rate Code	Inpatient	<p>Allows for correct payment to the inpatient hospital based on specific discharge/transfer situations. Use value code 24 for a transfer from a(n):</p> <ul style="list-style-type: none"> Acute care hospital/unit to a hospital under contract with MHCP Mental Health Division for psychiatric inpatient services (use Patient Status 02, 05 or 65) Hospital under contract with MHCP Mental Health Division for psychiatric inpatient services to an acute care hospital/unit (use Admission Source code 4) Acute care hospital to a state operated Regional Treatment Center (RTC) (use Patient Status 02, 05 or 65) State-operated RTC to an acute care hospital (use Admission Source code 4) Non-state government hospital or private hospital to a state-operated Community Behavioral Health Hospital Community Behavioral Health Hospital to a non-state government hospital or private hospital Outpatient unit of acute care hospital to another acute care hospital <p>Enter value 24 in the amount field, right-justified to left of dollars/cents delimiter.</p>
		LTC	<p>Identifies occupancy status of LTC facility where recipient resides. Payment for leave days is contingent upon occupancy status. Facility size determines what to enter in the amount field. All LTC facilities enter Value Code 24 as follows:</p> <p>Facility with 24 or less beds: 1.01 Meets occupancy standards 1.02 Does not meet occupancy standards</p> <p>Facility with 25 or more beds: Enter specific percentage (example, enter 93% occupancy rate as .93)</p>
80	Covered Days	Inpatient Swing Bed	Identifies MHCP covered days
		ICF-DD NF-2	Enter the total number of days billed on the claim.
		SNF	Enter the number of days covered by Medicare Part A when submitting coinsurance claims. Enter the Medicare coinsurance days under Value Code 82.
81	Non-covered Days	SNF	Enter the number of days not covered by Medicare Part A. Also identify the reason for the non-coverage by entering the appropriate Occurrence Code in FL 31 – 34.
82	Coinsurance Days	SNF	Enter the number of coinsurance days occurring after the 20 th day and before the 101 st day during the benefit period when submitting coinsurance claims. Enter the qualifying stay dates in FL 35 – 36.
A7, B7, C7, E7, F7, G7	Copayment	FQHC RHC	Use these value codes to report copay for the indicated payer (pharmacy included)