

Response 25 - occurrence\_codes.txt

01 AUTO ACCIDENT  
02 NO FAULT INS INVOLVED - INCLUD AUTO ACCIDENT/OTHER  
03 ACCIDENT/TORT LIABILITY  
04 ACCIDENT/EMPLOYMENT RELATED  
05 OTHER ACCIDENT  
06 CRIME VICTIM  
09 START OF INFERTILITY TREATMENT CYCLE  
10 LAST MENSTRUAL PERIOD  
11 ONSET OF SYMPTOMS/ILLNESS  
12 DATE OF ONSET FOR A CHRONICALLY DEPENDENT INDIV.  
17 DATE OF OUTP OCCUPATIONAL THERAPY PLAN EST/REVIEW  
18 DATE OF RETIRMENT PATIENT/BENEFICIARY  
19 DATE OF RETIRMENT SPOUSE  
20 DATE GUARANTEE OF PAYMENT BEGAN  
21 DATE UR NOTICE RECEIVED  
22 DATE ACTIVE CARE ENDED  
23 DATE OF CANCELLATION OF HOSPICE ELECTION PERIOD  
24 DATE INSURANCE DENIED  
25 DATE BENEFITS TERMINATED BY PRIMARY PAYER  
26 DATE SNF BED BECAME AVAILABLE  
27 DATE HOME HEALTH PLAN ESTABLISHED OR LAST REVIEWED  
28 DATE COMP OUTP REHAB PLAN EST. OR LAST REVIEWED  
29 DATE OUTP PHYS THERAPY PLAN EST OR LAST REVIEWED  
30 DATE OUTP SPEECH PATHOLOGY PLAN EST OR LAST REVIEW  
31 DATE BENE NOTIFIED OF INTENT TO BILL (ACCOM)  
32 DATE BENE NOTIFIED OF INTENT TO BILL (PROCEDURES)  
33 1ST DAY OF MCARE COORDINATION PERIOD FOR ESRD BENE  
34 DATE OF ELECTION OF EXTENDED CARE FACILITIES  
35 DATE TREATMENT STARTED FOR PHYSICAL THERAPY  
36 DATE OF INP HOSP DISCHARGE FOR COVERED TRANSPLANT  
37 DATE OF INP HOSP DISCHARGE FOR NONCOVERED TRANSPLA  
38 DATE TREATMETN STARTED FOR HOME IV THERAPY  
39 DATE DISCHARGED ON CONT. COURSE OF IV THERAPY  
40 SCHEDULED DATE OF ADMISSION  
41 DATE OF FIRST TEST FOR PRE-ADMISSION TESTING  
42 DATE OF DISCHARGE  
43 SCHEDULED DATE OF CANCELED SURGERY  
44 DATE TREATMETN STARTED FOR OCCUPATIONAL THERAPY  
45 DATE TREATMETN STARTED FOR SPEECH THERAPY  
46 DATE TREATMENT STARTED FOR CARDIAC REHABILITATION  
51 OVERNIGHT DELIVERY ROOM  
55 DATE OF DEATH  
74 NONCOVERED LEVEL OF CARE/LEAVE OF ABSENCE  
99 ICU/CCU STAY  
A0 RESERVED FOR NATIONAL ASSIGNMENT  
A1 BIRTHDATE - INSURED A  
A2 EFFECTIVE DATE INSURED A POLICY  
A3 BENEFITS EXHAUSTED  
A4 SPLIT BILL DATE  
B0 RESERVED FOR NATIONAL ASSIGNMENT  
B1 BIRTHDATE - INSURED B  
B2 EFFECTIVE DATE INSURED B POLICY  
B3 BENEFITS EXHAUSTED  
C0 RESERVED FOR NATIONAL ASSIGNMENT  
C1 BIRTHDATE - INSURED C  
C2 EFFECTIVE DATE - INSURED C POLICY  
C3 BENEFITS EXHAUSTED  
E0 RESERVED FOR NATIONAL ASSIGNMENT  
E1 BIRTHDATE - INSURED D  
E2 EFFECTIVE DATE - INSURED D POLICY  
E3 BENEFITS EXHAUSTED  
F0 RESERVED FOR NATIONAL ASSIGNMENT  
F1 BIRTHDATE - INSURED E

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F2 EFFECTIVE DATE - INSURED E POLICY  
F3 BENEFITS EXHAUSTED  
G0 RESERVED FOR NATIONAL ASSIGNMENT  
G1 BIRTHDATE - INSURED F  
G2 EFFECTIVE DATE - INSURED F POLICY  
G3 BENEFITS EXHAUSTED  
M3 ICF LOC  
M4 RESIDENTIAL LOC