
CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS**PAGE(S) 30**

FORMS AND LINKS

The hospital fee schedules can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm.

The following forms are included in this appendix:

- The Short Cervix Guide
- Sample UB04 Instructions and Sample Claim Forms

An updated list of the Ambulatory Surgery codes can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_non-Rural_non-State.pdf

http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_Rural_State.pdf

The pre-certification forms listed below can be obtained from the Louisiana Medicaid web site at: <http://www.lamedicaid.com/provweb1/Forms/PCforms.htm>.

- PCF01 – PCF06
- PCF0A
- Acute Long Term Hospital Length of Stay Criteria
- Hospital-Based Alcoholism and Drug Treatment Units
- Psychiatric Unit Admission/Extension Criteria for Adults
- Psychiatric Unit Admission/Extension Criteria for Children
- Rehabilitation Hospital Length of Stay Criteria
- BHSF Form 142-C and Instructions (Hospital Admission Form)

Other hospital related forms can be obtained from the Louisiana Medicaid web site at:

<http://www.lamedicaid.com/provweb1/Forms/forms.htm>

CHAPTER 25: HOSPITALS SERVICES

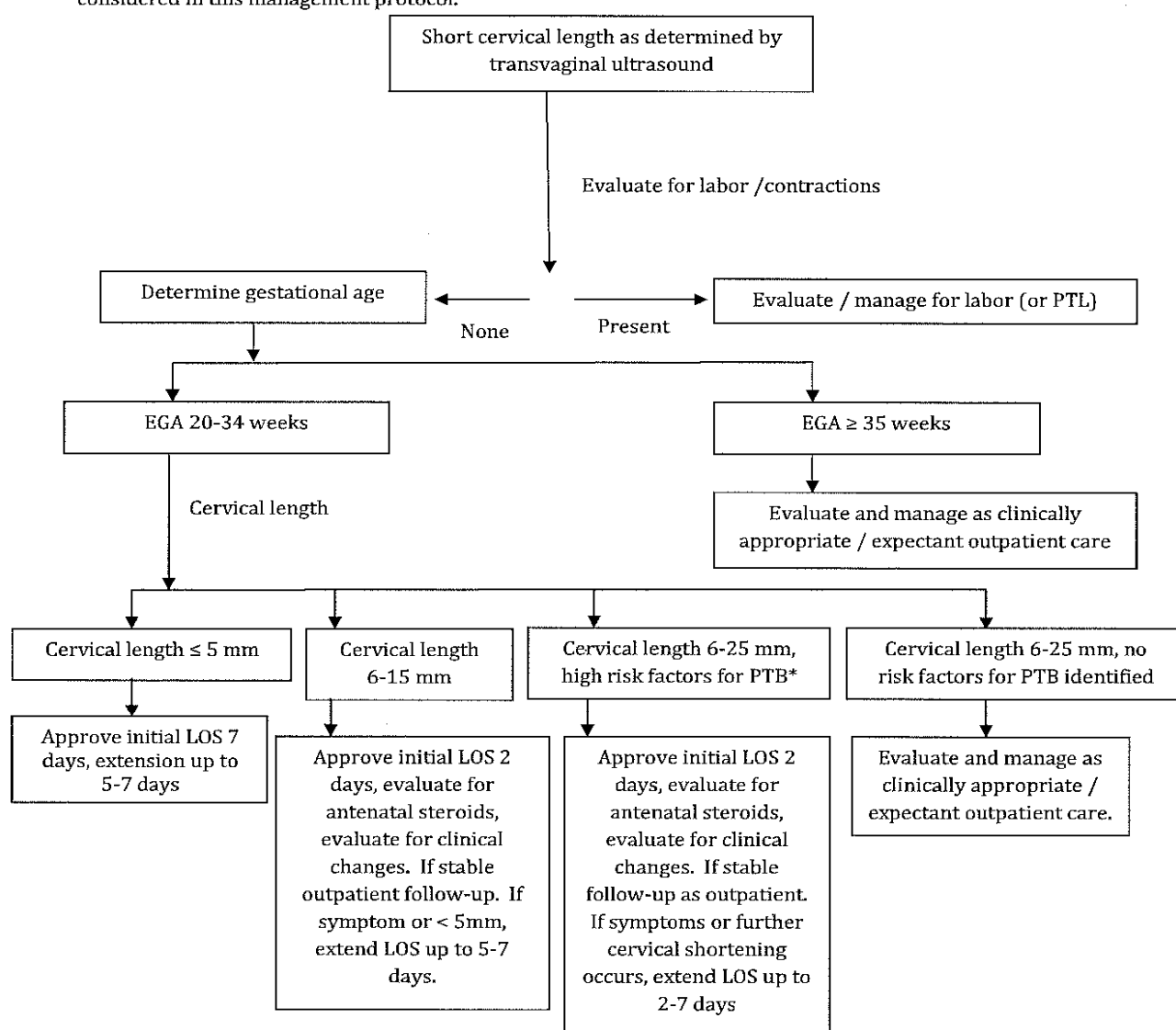
APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Short Cervix Guide

Short Cervical Length in Pregnancy

A shortened cervical length, as measured by transvaginal ultrasound, has been associated with increased risk of preterm birth in some pregnancies. However, there is no clear published guidance on management of these pregnancies, or that intervention results in improved outcomes. Use of antenatal steroids has shown benefit in appropriately selected patients. The following protocol is suggested as a guide for selection of patients for inpatient evaluation / management. It is not intended to be a strict protocol and should be adapted as clinical conditions warrant, as provided by the patient's provider. Patients with cervical lengths of > 25 mm (20-37 weeks gestation) are generally considered to be at low risk for preterm birth and are not considered in this management protocol.



*Risk factors include, but not limited to, multiple gestation, prior preterm birth / labor, incompetent cervix, FFN status.

CHAPTER 25: HOSPITALS SERVICES**APPENDIX A: FORMS AND LINKS****PAGE(S) 30****UB04 Instructions for Hospitals (includes NDCs)**

Locator No.	Description	Instructions	Alerts
1	Provider Name, Address, Telephone Number	Required. Enter the name and address of the facility.	
2	Pay to Name/Address/ Identification Number (ID)	Situational. Enter the name, address, and Louisiana Medicaid ID of the provider if different from the provider data in Field 1.	
3a	Patient Control Number	Optional. Enter the patient control number. It may consist of letters and/or numbers and may be a maximum of 20 characters.	If you require the patient control number for posting, include it here.
3b	Medical Record Number	Optional. Enter patient's medical record number (up to 24 characters).	If you require the medical record number for posting, include it here.
4	Type of Bill	<p>Required. Enter the 3-digit code indicating the specific type of facility, bill classification and frequency. This 3-digit code requires one digit each, in the following format:</p> <p><u>a. First digit-type facility</u> 1 = Hospital</p> <p><u>b. Second digit-classification</u> 1 = Inpatient Medicaid and/or Medicare Part A or Parts A and B 2 = Inpatient Medicaid and Medicare Part B only 3 = Outpatient or Ambulatory Surgical Center</p> <p><u>c. Third digit-frequency</u> 0 = Non-payment claim 1 = Admission through discharge 2 = Interim-first claim 3 = Interim-continuing 4 = Interim-last claim 7 = Replacement of prior claim 8 = Void of prior claim</p>	
5	Federal Tax Number	Optional.	
6	Statement Covers Period - (the from and through dates) dates of the period covered by this bill.	Required. Enter the beginning and ending service dates.	

CHAPTER 25: HOSPITALS SERVICES**APPENDIX A: FORMS AND LINKS****PAGE(S) 30**

Locator No.	Description	Instructions	Alerts
7	Unlabeled	<p>Optional. State Assigned.</p> <p>Note: Hospitals billing for services associated with moderate to high level emergency physician care (99283, 99284, 99285) should place a '3' in Form Locator 7 on the UB-04.</p> <p>Hospitals billing for services associated with low level emergency physician care (99281, 99282) should place a '1' in Form Locator 7 on the UB-04.</p>	<p>If providers do not use the emergency indicator correctly, the claim will deny with a 104 error edit.</p> <p>Covered days are reported in the value code field (39-41) as value code 80.</p>
8	Patient's Name	Required. Enter the recipient's name exactly as shown on the recipient's Medicaid eligibility card: last name, first name, middle initial.	
9a-e	Patient's Address (Street, City, State, Zip)	<p>Required. Enter patient's permanent address appropriately in Form Locator 9a-e.</p> <p>9a = Street address 9b = City 9c = State 9d = Zip Code 9e = Zip Plus</p>	
10	Patient's Birthdate	Required. Enter the patient's date of birth using 6 digits (MMDDYY). If only one digit appears in a field, enter a leading zero.	
11	Patient's Sex	<p>Required. Enter sex of the patient as:</p> <p>M = Male F = Female U = Unknown</p>	
12	Admission Date	Required for hospital services. Enter the date on which care began (MMDDYY). If there is only one digit in a field, enter a leading zero.	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
13	Admission Hour	<p>Required for hospital services. Enter the 2-digit code which corresponds to the hour the patient was admitted for care as:</p> <p><u>Code Time</u> 00 = 12:00 - 12:59 midnight 01 = 01:00 - 01:59 A.M. 02 = 02:00 - 02:59 03 = 03:00 - 03:59 04 = 04:00 - 04:59 05 = 05:00 - 05:59 06 = 06:00 - 06:59 07 = 07:00 - 07:59 08 = 08:00 - 08:59 09 = 09:00 - 09:59 10 = 10:00 - 10:59 11 = 11:00 - 11:59 12 = 12:00 - 12:59 noon 13 = 01:00 - 01:59 P.M. 14 = 02:00 - 02:59 15 = 03:00 - 03:59 16 = 04:00 - 04:59 17 = 05:00 - 05:59 18 = 06:00 - 06:59 19 = 07:00 - 07:59 20 = 08:00 - 08:59 21 = 09:00 - 09:59 22 = 10:00 - 10:59 23 = 11:00 - 11:59</p>	
14	Type Admission	<p>Required for hospital services. Enter one of the appropriate codes indicating the priority of this admission.</p> <p>1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn</p>	
15	Point of Origin	<p>Required for inpatient hospital services. Enter the appropriate code to indicate the point of patient origin for this admission from the 'Point of Origin' codes listed below.</p>	<p>Formerly Source of Admission.</p> <p>The updated and revised codes are designed to focus on patients' place or point of origin rather than the source of a physician order or referral.</p>

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions			Alerts
15 (cont'd)	Point of Origin (cont'd)	NOTE: Newborn codes are at the end of the listing.			<p>The point of origin is the <u>direct source</u> for the particular facility.</p> <p>Some codes previously used have been deleted or discontinued.</p> <p>Enter the correct revised, updated Point of Origin Code to prevent claim denials.</p> <p><u>NOTE:</u> Newborn codes are at the end of this listing.</p>
		Valid Value	Name	Description	
		1	Non-health care facility point of origin	Inpatient: The patient was admitted	
		2	Clinic or physician's office	Inpatient: The patient was admitted	
		3	Discontinued	Reserved for assignment by the National Uniform Billing Committee (NUBC)	
		4	Transfer from a hospital (different facility)	Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.	
		5	Transfer from a skilled nursing facility (SNF) or intermediate care facility (ICF)	Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.	
		6	Transfer from another health care facility	Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.	

CHAPTER 25: HOSPITALS SERVICES**APPENDIX A: FORMS AND LINKS****PAGE(S) 30**

Locator No.	Description	Instructions			Alerts
15 (cont'd)	Point of Origin (cont'd)	7	Discontinued	Reserved for assignment by the NUBC.	
		8	Court/law enforcement	Inpatient: The patient was admitted to this facility upon direction of a court of law, or upon the request of a law enforcement agency representative.	
		9	Information not available	Inpatient: The means by which the patient was admitted to this hospital is not known.	
		D	Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer.	Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.	
		E	Transfer from ambulatory surgery center	Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center.	
		F	Transfer from hospice and is under a hospice plan of care (POC) or enrolled in a Hospice Program.	Inpatient: The patient was admitted to this facility as a transfer from hospice.	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts												
15 (cont'd)	Point of Origin (cont'd)	<table border="1"> <thead> <tr> <th></th><th>Newborns</th><th></th></tr> </thead> <tbody> <tr> <td>1-4</td><td>Discontinued</td><td>Reserved for assignment by the NUBC</td></tr> <tr> <td>5</td><td>Born inside the hospital</td><td>A baby born inside this hospital</td></tr> <tr> <td>6</td><td>Born outside of this hospital</td><td>A baby born outside of this hospital</td></tr> </tbody> </table>		Newborns		1-4	Discontinued	Reserved for assignment by the NUBC	5	Born inside the hospital	A baby born inside this hospital	6	Born outside of this hospital	A baby born outside of this hospital	
	Newborns														
1-4	Discontinued	Reserved for assignment by the NUBC													
5	Born inside the hospital	A baby born inside this hospital													
6	Born outside of this hospital	A baby born outside of this hospital													
16	Discharge Hour	Required for hospital services. Enter the two-digit code which corresponds to the hour the patient was discharged. (See Form Locator 13.)													
17	Patient Status	<p>Required for hospital services. Enter the appropriate code to indicate patient status as of the 'Statement Covers' through date. Valid codes are:</p> <p>01 = Discharged (routine) 02 = Discharged to another short-term general hospital 03 = Discharged to skilled nursing facility 04 = Discharged to intermediate care facility 05 = Discharged to another type of institution 06 = Discharged/transferred to home under care of home health service organization 07 = Left against medical advice 20 = Expired 30 = Still patient</p>	<p>Patient Status Code 08 (discharge/transfer to home care of Home IV provider) is no longer valid. Use patient status Code 01 instead.</p>												
18-28	Condition Codes	<p>Required for hospital services. Enter C1 in Form Locator 18 for inpatient claims.</p> <p><u>PRO Approval</u> C1 Approved as billed.</p> <p>Optional. Must be a valid code if entered. Valid codes are listed as follows:</p> <p><u>Insurance</u> 01 = Military service related 02 = Condition is employment related 03 = Patient is covered by insurance not reflected here 04 = Information only bill 05 = Lien has been filed 06 = End stage renal disease in first 30 months of entitlement covered by employer group insurance</p>													

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
18-28 (cont'd)	Condition Codes (cont'd)	<u>Accommodations</u> 38 = Semi-private room not available 39 = Private room medically necessary 40 = Same day transfer <u>Special Program Indicators</u> A1 = EPSDT/CHAP A2 = Physically Handicapped Children's Program A4 = Family Planning	
29	Accident State	Leave blank.	
30	Unlabeled Field	Leave blank.	
31-34	Occurrence Codes/Dates	Situational. Enter, if applicable. Each code must be two-position numeric and have an associated date. Dates must be valid and in MMDDYY format. Valid codes are listed as follows: 01 = Accident/medical coverage 02 = Auto accident/no fault 03 = Accident/tort liability 04 = Accident/employment related 05 = Accident/no medical coverage 06 = Crime victim 24 = Date insurance denied 25 = Date benefits terminated by primary payer 27 = Date of hospice certification or recertification 42 = Date of discharge when "Through" date in Form Locator 6 (Statement Covers Period) is not the actual discharge date and the frequency code in Form Locator 4 is that of final bill. A3, B3, C3 = Benefits exhausted	
35-36	Occurrence Spans (Code and Dates)	Situational. Enter, if applicable, a code and related dates that identify an event that relates to the payment of the claim. Code and date must be valid. Date must be (MMDDYY) format. Valid codes are listed as follows: 72 = First/last visit 74 = Non-covered level of care	
37	Unlabeled	Leave Blank.	
38	Responsible Party Name and Address	Optional.	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
39-41	Value Codes and Amounts	<p>Required. Enter the appropriate value code (listed below).</p> <p>The value code structure is intended to provide reporting capability for those data elements that are routinely used but do not warrant dedicated fields.</p> <p>02 = Hospital has no semi-private rooms. Entering the code requires \$0.00 amount to be shown.</p> <p>06 = Medicare blood deductible</p> <p>08 = Medicare lifetime reserve first CY</p> <p>09 = Medicare coinsurance first CY</p> <p>10 = Medicare lifetime reserve second year</p> <p>11 = Coinsurance amount second year</p> <p>12 = Working aged recipient/spouse with employer group health plan</p> <p>13 = ESRD (end stage renal disease) recipient in the 12-month coordination period with an employer's group health plan</p> <p>14 = Automobile, no fault or any liability insurance</p> <p>15 = Worker's compensation including Black Lung</p> <p>16 = VA, PHS, or other federal agency</p> <p>30 = Pre-admission testing - this code reflects charges for pre-admission outpatient diagnostic services in preparation for a previously scheduled admission.</p> <p>37 = Pints blood furnished</p> <p>38 = Blood not replaced - deductible is patient's responsibility</p> <p>39 = Blood pints replaced</p> <p>*80 = Covered days</p> <p>*81 = Non-covered days</p> <p>*82 = Co-insurance days (required only for Medicare crossover claims)</p> <p>*83 = Lifetime reserve days (required only for Medicare crossover claims)</p> <p>A1,B1,C1 = Deductible</p> <p>A2,B2,C2 = Co-insurance</p> <p><u>*Enter the appropriate value code in the code portion of the field and the number of days in the "Dollar" portion of the "Amount" section of the field. Enter "00" in the "Cents" portion of the "Amount" section of the field.</u></p>	<p>Value Code 80 must be used to report covered days.</p> <p>Value Code 81 must be used to report non-covered days.</p> <p>Value Code 82 must be used to report co-insurance days.</p> <p>Value Code 83 must be used to report lifetime reserve days.</p> <p><u>Please read the instructions carefully for entering the new number of days' information in the Value Code fields.</u></p> <p><u>The dollars/cents data must be entered accurately to prevent claim denials.</u></p>

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
42	Revenue Code	<p>Required. Enter the applicable revenue code(s) which identifies a specific accommodation and ancillary service.</p> <p>Accommodation codes require a rate in Form Locator 44.</p> <p>For outpatient services, in Form Locator 44, all revenue codes require a CPT / HCPC procedure code when applicable based on the National Uniform Billing Standards.</p> <p>Specific revenue codes should be selected if at all possible (i.e. 258 = IV Solutions, 305 = Lab / Hematology, etc.).</p> <p>The amount charged must be present in Form Locator 47.</p> <p>Codes must be valid and entered in ascending order, except for the final entry for total charges.</p> <p>Revenue Code 001 must be entered in Form Locator 42 line 23 with corresponding total charges entered in Form Locator 47 line 23.</p>	<p>Revenue Codes 89x (other donor bank) are now unassigned. Use revenue codes 81x instead.</p>
43	Revenue Description	<p>Required. Enter the narrative description of the corresponding Revenue Code in FL 42.</p> <p>Required for Outpatient Claims. Claims reporting Physician Administered Drugs must contain the following:</p> <p>Report the N4 qualifier in the first two (2) positions, left-justified.</p> <p>Immediately following the N4 qualifier, report the 11 character National Drug Code number in the 5-4-2 format (no hyphens).</p> <p>Immediately following the last digit of the NDC (no delimiter), report the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:</p> <p style="padding-left: 40px;">F2 -International Unit GR-Gram ML-Milliliter UN- Unit</p> <p>Immediately following the Unit of Measurement Qualifier, report the unit quantity in NDC UNITS with a floating decimal for fractional units limited to 3 digits (to the right of the decimal).</p> <p>Any spaces unused for the quantity are left blank.</p> <p>Note that the decision to make all data elements left-justified was made to accommodate the largest quantity possible.</p> <p>The Description Field on the UB-04 is 24 characters in length. An example of the methodology is illustrated below.</p>	<p>It is necessary for hospital OUTPATIENT claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code. The NDC data must be entered in FL 43 as indicated in the adjacent "Instructions" field.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.</p> <p>Providers may now use multiple lines with Revenue Code 636 and/or the 25x category (excluding Revenue Code 258) to report multiple NDCs if needed.</p> <p>This is a reminder that Revenue Code 636 is covered for Medicaid billing.</p>

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
43 (cont'd)	Revenue Description (cont'd)	<p>N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 5 6 7. 5 6 7</p> <p>Two page claims are accepted for Medicaid inpatient hospital claims. We now accept two-page Medicaid outpatient hospital claims (without TPL). Use "Page ____ of ____" on line 23 as needed for two-page claims. Enter "Page 1 of 2" or "Page 2 of 2" as appropriate.</p>	<p>A total of 10 digits may be entered – 7 preceding the decimal and 3 following the decimal.</p> <p>We now accept two page Medicaid hospital outpatient claims without TPL.</p>
44	HCPCS/Rates HIPPS Code	<p>Required for inpatient services. Enter the accommodation rate for any accommodation Revenue Codes indicated in FL 42. The accommodation rate must be numeric.</p> <p>For pharmacy outpatient services: Claims reporting Physician Administered Drugs identified with alphanumeric HCPCS codes must contain the following:</p> <p>Enter the corresponding HCPCS Code for the NDC reported in FL 43.</p> <p>For other outpatient services: In Form Locator 44, all Revenue Codes require a CPT/HCPCS procedure code when applicable based on the National Uniform Billing Standards.</p> <p>If a modifier is required for the service, enter the appropriate modifier following the CPT/HCPCS procedure code when applicable.</p>	<p>It is necessary for hospital OUTPATIENT claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code. The NDC data must be entered in FL 43 as indicated in the adjacent "Instructions" field. Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.</p> <p>Providers may now use multiple lines with Revenue Code 636 and/or the 25x category (excluding Revenue Code 258) to report multiple NDCs if needed.</p> <p>This is a reminder that Revenue Code 636 is covered for Medicaid billing.</p> <p>NOTE: Revenue Code 258 is excluded from this requirement.</p> <p>A total of 10 digits may be entered – 7 preceding the decimal and 3 following the decimal.</p> <p>We now accept two page Medicaid hospital outpatient claims without TPL.</p>
45	Service Date	Required for outpatient services. Enter the appropriate	The CREATION DATE

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
		service date (MMDDYY) on each line indicating a revenue code. Required. Enter the date the claim is submitted for payment in the block just to the right of the CREATION DATE label on line 23. Must be a valid date in the format MMDDYY. Must be later than the through date in Form Locator 6.	replaces the Date of Provider Representative Signature (Form Locator 86 on the UB-92).
46	Units of Service	Required. Enter the appropriate unit(s) of service by revenue code.	Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.
47	Total Charges	Required. Enter the charges pertaining to the related revenue codes.	
48	Non-Covered Charges	Situational. Indicate charges included in Form Locator 47 which are not payable under the Medicaid Program.	
49	Unlabeled Field (National)	Leave Blank.	
50-A,B,C	Payer Name	Situational. Enter insurance plans other than Medicaid on Lines "A", "B" and/or "C". If another insurance company is primary payer, entry of the name of the insurer is required . If the patient is a Medically Needy Spend-down recipient or has made payment for non-covered services, indicate the recipient name (as entered in Form Locator 8) as payer and the amount paid. The Medically Needy Spend-down form (110-MNP) must be attached if the date of service falls on the first day of the spend-down eligibility period.	
51-A,B,C	Health Plan Identification Number (ID)	Situational. Enter the corresponding health plan ID number for other plans listed in Form Locator 50 A, B, and C. If other insurance companies are listed, then entry of their health plan ID numbers is required .	
52-A,B,C	Release of Information	Optional.	
53-A,B,C	Assignment of Benefits Certification Indicator	Optional.	
54-A,B,C	Prior Payments	Situational. Enter the amount the facility has received toward payment of this bill from private insurance carrier noted in Form Locator 50 A, B and C. If private insurance was available, but no private insurance payment was made, then enter '0' or '0 00' in this field. If the patient has Medicare Part B only, enter the amount billed to Medicare Part B.	
55-A,B,C	Estimated Amount	Optional.	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
	Due		
56	NPI	Required. Enter the provider's National Provider Identifier (NPI)	The 10-digit NPI must be entered here.
57	Other Provider ID	Required. Enter the 7-digit numeric provider identification number which was assigned by the Medicaid Program in 57a.	The 7-digit Medicaid provider number must be entered here.
58-A,B,C	Insured's Name	Required. Enter the recipient's name as it appears on the Medicaid ID card in 58A. Situational: If insurance coverage other than Medicaid applies, enter the name of the insured as it appears on the identification card or policy of the other carrier (or carriers) in 58B and/or 58C, as appropriate.	
59-A,B,C	Patient's Relationship Insured	Situational. If insurance coverage other than Medicaid applies, enter the patient's relationship to insured from Form Locator 50 that relates to the insured's name in Form Locator 58 B and C. Acceptable codes are as follows: 01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 = Nephew or Niece 10 = Foster child 15 = Ward (Ward of the Court. This code indicates that the patient is a ward of the insured as a result of a court order) 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent of a Minor Dependent 32 = Mother 33 = Father 39 = Organ Donor 41 = Injured Plaintiff 43 = Child where insured has no financial responsibility	
60-A,B,C	Insured's Unique ID	Required. Enter the recipient's 13-digit Medicaid Identification Number as it appears on the Medicaid ID card in 60A. Situational. If insurance coverage other than Medicaid applies, enter the insured's identification number as assigned by the other carrier or carriers in 60B and 60C as appropriate.	
61-A,B,C	Insured's Group	Situational. If insurance coverage other than Medicaid applies,	ONLY the 6-digit code

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
	Name (Medicaid not Primary)	enter the Medicaid TPL carrier code of the insurance company indicated in Form Locator 50, on the corresponding line of 61A, 61B, and/or 61C, as appropriate.	should be entered for commercial and Medicare HMOs in this field. DO NOT enter dashes, hyphens or the word TPL in the field. NOTE: DO NOT ENTER A 6-DIGIT CODE FOR TRADITIONAL MEDICARE
62-A,B,C	Insured's Group Number (Medicaid not Primary)	Situational. If insurance coverage other than Medicaid applies, enter on lines 62A, 62 B and/or 62C, as appropriate, the insured's number or code assigned by the carrier or carriers to identify the group under which the individual is covered.	
63-A,B,C	Treatment Authorization Code	Situational. If the services on the claim require prior authorization or pre-certification, enter the prior authorization or pre-certification number in 63A.	
64-A,B,C	Document Control Number	Situational. If filing an adjustment or void, enter an "A" for an adjustment or a "V" for a void as appropriate in 64A. Enter the internal control number from the paid claim line as it appears on the remittance advice in 64B. Enter one of the appropriate reason codes for the adjustment or void in 64C. Appropriate codes follow: <u>Adjustments</u> 01 = Third Party Liability Recovery 02 = Provider Correction 03 = Fiscal Agent Error 90 = State Office Use Only – Recovery 99 = Other <u>Voids</u> 10 = Claim Paid for Wrong Recipient 11 = Claim Paid for Wrong Provider 00 = Other	To adjust or void more than one claim line on an outpatient claim, a separate UB-04 form is required for each claim line since each line has a different internal control number.
65-A,B,C	Employer Name	Situational. If insurance coverage other than Medicaid applies and is provided through employment, enter the name of the employer on the appropriate line.	
66	DX Version Qualifier (Diagnosis and Procedure Code Qualifier)	Required – Enter the applicable ICD indicator to identify which version of ICD coding is being reported between the vertical, dotted lines in the upper right-hand portion of the field. 9 ICD-9-CM 0 ICD-10-CM	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
67 67 A-Q	Principal Diagnosis Codes Other Diagnosis code	<p>Required. Enter the ICD-9-CM/ICD-10-CM code for the principal diagnosis.</p> <p>Situational. Enter the ICD-9-CM/ICD-10-CM code or codes for all other applicable diagnoses for this claim.</p> <p>NOTE:</p> <p>ICD-9-CM Diagnosis Codes beginning with "E" or "M" are not acceptable for any Diagnosis Code.</p> <p>ICD-10-CM "V", "W", "X", and "Y" series diagnosis codes are not part of the current diagnosis file and should not be used when completing claims to be submitted to Medicaid.</p> <p>Present on Admission (POA) information is required for all diagnoses on all inpatient claims. The POA indicator is assigned to the principal and all other diagnoses. The values for these fields are as follows:</p> <ul style="list-style-type: none"> • Y=Present at the time of inpatient admission • N=Not present at the time of inpatient admission • U=Documentation is insufficient to determine if condition is present on admission • W=Provider is unable to clinically determine whether condition was present on admission or not 	<p>The most specific diagnosis codes must be used. General codes are not acceptable. A code is invalid if it has not been coded to the full number of digits required for that code.</p> <p>ICD-9 diagnosis codes must be used on claims for dates of service prior to 10/1/15.</p> <p>ICD-10 diagnosis codes must be used on claims for dates of service on or after 10/1/15.</p> <p>Refer to the provider notice concerning the federally required implementation of ICD-10 coding which is posted on the ICD-10 Tab at the top of the Home page (www.lamedicaid.com).</p>
68	Unlabeled	Leave blank.	
69	Admitting Diagnosis	Situational. If the claim is for inpatient services, enter the admitting Diagnosis Code.	Refer to form locator 67.
70	Patient Reason for Visit	Optional. Enter the appropriate Diagnosis Code indicating the patient's presenting symptom.	Refer to form locator 67.
71	Prospective Payment System (PPS) Code	Leave blank.	
72 A B C	ECl (External Cause of Injury)	Leave blank.	
73	Unlabeled.	Leave blank.	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

Locator No.	Description	Instructions	Alerts
74 74 a - e	Principal Procedure Code / Date Other Procedure Code / Date	Situational. Enter a valid current ICD-9-CM/ICD-10-PCS procedure code when an inpatient procedure is performed. Situational. Enter valid current ICD-9-CM/ICD-10-PCS procedure codes as appropriate for multiple inpatient procedures.	ICD-9 procedure codes must be used on claims for dates of service prior to 10/1/15. ICD-10 procedure codes must be used on claims for dates of service on or after 10/1/15. Refer to the provider notice concerning the federally required implementation of ICD-10 coding which is posted on the ICD-10 Tab at the top of the Home page (www.lamedicaid.com).
75	Unlabeled	Leave blank.	
76	Attending	Required. Enter the name and NPI number of the attending physician.	<u>This field must be completed.</u> The attending provider name and NPI <u>cannot</u> be the billing provider. The individual attending provider information must be entered in this field. The attending provider must be enrolled with LA Medicaid.
77	Operating	Situational. If applicable, enter the name and NPI number of the operating physician. Note: For sterilization procedures, the surgeon's name must appear in Form Locator 77.	

CHAPTER 25: HOSPITALS SERVICES**APPENDIX A: FORMS AND LINKS****PAGE(S) 30**

Locator No.	Description	Instructions	Alerts
78	Other	<p>Situational. If applicable, enter the name and NPI number of the referring provider or other physician.</p> <p>Note: If a referring provider is entered on the claim, the information must be entered in FL 78 with Qualifier DN.</p>	<p>A referring provider is NOT required on the claim. However, if a referring provider is entered on the claim, the name and NPI number must be entered here with the Qualifier DN indicating referring provider.</p> <p>If entered, the Referring provider must be enrolled with LA Medicaid.</p>
79	Other	Situational. If applicable, enter the name and NPI number of any other physician.	
80	Remarks	Situational. Enter explanations for special handling of claims.	Special handling instructions are entered in FL 80.
81 a - d	Code-Code – QUAL / CODE / VALUE	Leave blank.	

Signature is not required on the UB-04.

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE OUTPATIENT HOSPITAL CLAIM FORM
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-9 DIAGNOSIS CODE DATES BEFORE 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAT. CNTL. # b. MED. REC. # 5 FED. TAX NO.		111111111		4 TYPE OF BILL 131	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		6 STATEMENT COVERS PERIOD FROM 093015		7 THROUGH 093015			
10 BIRTHDATE **/**/**		11 SEX F		12 DATE 15		13 ADMISSION 14 TYPE 1		15 SPC 1	
16 DNR 18		17 STAT 01		19		20		21	
22		23		24		25		26	
27		28		29 ACCT STATE		30			
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE	
36 OCCURRENCE DATE		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52		53		54		55	
56		57		58		59		60	
61		62		63		64		65	
66		67		68		69		70	
71		72		73		74		75	
76		77		78		79		80	
81		82		83		84		85	
86		87		88		89		90	
91		92		93		94		95	
96		97		98		99		100	
101		102		103		104		105	
106		107		108		109		110	
111		112		113		114		115	
116		117		118		119		120	
121		122		123		124		125	
126		127		128		129		130	
131		132		133		134		135	
136		137		138		139		140	
141		142		143		144		145	
146		147		148		149		150	
151		152		153		154		155	
156		157		158		159		160	
161		162		163		164		165	
166		167		168		169		170	
171		172		173		174		175	
176		177		178		179		180	
181		182		183		184		185	
186		187		188		189		190	
191		192		193		194		195	
196		197		198		199		200	
201		202		203		204		205	
206		207		208		209		210	
211		212		213		214		215	
216		217		218		219		220	
221		222		223		224		225	
226		227		228		229		230	
231		232		233		234		235	
236		237		238		239		240	
241		242		243		244		245	
246		247		248		249		250	
251		252		253		254		255	
256		257		258		259		260	
261		262		263		264		265	
266		267		268		269		270	
271		272		273		274		275	
276		277		278		279		280	
281		282		283		284		285	
286		287		288		289		290	
291		292		293		294		295	
296		297		298		299		300	
301		302		303		304		305	
306		307		308		309		310	
311		312		313		314		315	
316		317		318		319		320	
321		322		323		324		325	
326		327		328		329		330	
331		332		333		334		335	
336		337		338		339		340	
341		342		343		344		345	
346		347		348		349		350	
351		352		353		354		355	
356		357		358		359		360	
361		362		363		364		365	
366		367		368		369		370	
371		372		373		374		375	
376		377		378		379		380	
381		382		383		384		385	
386		387		388		389		390	
391		392		393		394		395	
396		397		398		399		400	
401		402		403		404		405	
406		407		408		409		410	
411		412		413		414		415	
416		417		418		419		420	
421		422		423		424		425	
426		427		428		429		430	
431		432		433		434		435	
436		437		438		439		440	
441		442		443		444		445	
446		447		448		449		450	
451		452		453		454		455	
456		457		458		459		460	
461		462		463		464		465	
466		467		468		469		470	
471		472		473		474		475	
476		477		478		479		480	
481		482		483		484		485	
486		487		488		489		490	
491		492		493		494		495	
496		497		498		499		500	
501		502		503		504		505	
506		507		508		509		510	
511		512		513		514		515	
516		517		518		519		520	
521		522		523		524		525	
526		527		528		529		530	
531		532		533		534		535	
536		537		538		539		540	
541		542		543		544		545	
546		547		548		549		550	
551		552		553		554		555	
556		557		558		559		560	
561		562		563		564		565	
566		567		568		569		570	
571		572		573		574		575	
576		577		578		579		580	
581		582		583		584		585	
586		587		588		589		590	
591		592		593		594		595	
596		597		598		599		600	
601		602		603		604		605	
606		607		608		609		610	
611		612		613		614		615	
616		617		618		619		620	
621		622		623		624		625	
626		627		628		629		630	
631		632		633		634		635	
636		637		638		639		640	
641		642		643		644		645	
646		647		648		649		650	
651		652		653		654		655	
656		657		658		659		660	
661		662		663		664		665	
666		667		668		669		670	
671		672		673		674		675	
676		677		678		679		680	
681		682		683		684		685	
686		687		688		689		690	
691		692		693		694		695	
696		697		698		699		700	
701		702		703		704		705	
706		707		708		709		710	
711		712		713		714		715	
716		717		718		719		720	
721		722		723		724		725	
726		727		728		729		730	
731		732		733		734		735	
736		737		738		739		740	
741		742		743		744		745	
746		747		748		749		750	
751		752		753		754		755	
756		757		758		759		760	
761		762		763		764		765	
766		767		768		769		770	
771		772		773		774		775	
776		777		778		779		780	
781		782		783		784		785	
786		787		788		789		790	
791		792		793		794		795	
796		797		798		799		800	
801		802		803		804		805	
806		807		808		809		810	
811		812		813		814		815	
816		817		818		819		820	
821		822		823		824		825	
826		827		828		829		830	
831		832		833		834		835	
836		837		838		839		840	
841		842		843		844		845	
846		847		848		849		850	
851		852		853		854		855	
856		857		858		859		860	
861		862		863		864		865	
866		867		868		869		870	
871		872		873		874		875	
876		877		878		879		880	
881		882		883		884		885	
886		887		888					

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE OUTPATIENT HOSPITAL CLAIM FORM
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAY. CHITL # b. MED. REC. # 1111111111		4 TYPE OF BILL 131	
5 PATIENT NAME a DOE, JANE		6 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		7 STATEMENT PERIOD FROM 102015		8 STATEMENT PERIOD THROUGH 102015	
10 BIRTHDATE b		11 SEX F		12 DATE 05		13 ADMISSION 13a 13b 13c 13d 13e 13f 13g 13h 13i 13j 13k 13l 13m 13n 13o 13p 13q 13r 13s 13t 13u 13v 13w 13x 13y 13z	
14 OCCURRENCE DATE b		15 OCCURRENCE DATE b		16 OCCURRENCE DATE b		17 OCCURRENCE DATE b	
18 OCCURRENCE DATE b		19 OCCURRENCE DATE b		20 OCCURRENCE DATE b		21 OCCURRENCE DATE b	
22 OCCURRENCE DATE b		23 OCCURRENCE DATE b		24 OCCURRENCE DATE b		25 OCCURRENCE DATE b	
26 OCCURRENCE DATE b		27 OCCURRENCE DATE b		28 OCCURRENCE DATE b		29 OCCURRENCE DATE b	
30 OCCURRENCE DATE b		31 OCCURRENCE DATE b		32 OCCURRENCE DATE b		33 OCCURRENCE DATE b	
34 OCCURRENCE DATE b		35 OCCURRENCE DATE b		36 OCCURRENCE DATE b		37 OCCURRENCE DATE b	
38 OCCURRENCE DATE b		39 OCCURRENCE DATE b		40 OCCURRENCE DATE b		41 OCCURRENCE DATE b	
42 REV. CD 42		43 DESCRIPTION 43		44 HCPCS / RATE / HIPPS CODE 44		45 SERV. DATE 45	
46 SERV. UNITS 46		47 TOTAL CHARGES 47		48 NON-COVERED CHARGES 48		49	
50 PRYER NAME A Medicaid		51 HEALTH PLAN ID 51		52 PRIOR PAYMENTS 52		53 EST. AMOUNT DUE 53	
54 PRIOR PAYMENTS 54		55 EST. AMOUNT DUE 55		56 NPI 56		57 OTHER 57	
58 INSURED'S NAME A DOE, JANE		59 INSURED'S UNIQUE ID 59 0123456789012		60 GROUP NAME 60 TPL CARRIER 60 CODE IF 60 APPLICABLE		61 INSURANCE GROUP NO. 61 1234567890	
62 TREATMENT AUTHORIZATION CODES 62		63 DOCUMENT CONTROL NUMBER 63		64 EMPLOYER NAME 64		65	
66 R188 66		67 K7030 67		68 R17 68		69 E876 69	
70 F1020 70		71 71		72 72		73 73	
74 PRINCIPAL PROCEDURE 74		75 OTHER PROCEDURE 75		76 ATTENDING 76		77 OPERATING 77	
78 OTHER 78		79 OTHER 79		80 LAST 80		81 FIRST 81	
82 LAST 82		83 FIRST 83		84 LAST 84		85 FIRST 85	
86 LAST 86		87 FIRST 87		88 LAST 88		89 FIRST 89	
90 LAST 90		91 FIRST 91		92 LAST 92		93 FIRST 93	
94 LAST 94		95 FIRST 95		96 LAST 96		97 FIRST 97	
98 LAST 98		99 FIRST 99		100 LAST 100		101 FIRST 101	

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

[illegible]

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE OUTPATIENT HOSPITAL CLAIM FORM ADJUSTMENT
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-9 DIAGNOSIS CODE DATES BEFORE 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PRI. CNTL. # b. MED. REC. # c. FED. TAX NO.		4 TYPE OF BILL 137	
8 PATIENT NAME a. DOE, JANE		9 PATIENT ADDRESS b. 1235 R. STREET, BATON ROUGE LA 70000					
10 BIRTHDATE **/**/**	11 SEX F	12 DATE	13 ADMISSION 15 15	14 TYPE 1	15 SPC 1	16 DHR 18	17 STAT 01
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	
102		103		104		105	
106		107		108		109	
110		111		112		113	
114		115		116		117	
118		119		120		121	
122		123		124		125	
126		127		128		129	
130		131		132		133	
134		135		136		137	
138		139		140		141	
142		143		144		145	
146		147		148		149	
150		151		152		153	
154		155		156		157	
158		159		160		161	
162		163		164		165	
166		167		168		169	
170		171		172		173	
174		175		176		177	
178		179		180		181	
182		183		184		185	
186		187		188		189	
190		191		192		193	
194		195		196		197	
198		199		200		201	
202		203		204		205	
206		207		208		209	
210		211		212		213	
214		215		216		217	
218		219		220		221	
222		223		224		225	
226		227		228		229	
230		231		232		233	
234		235		236		237	
238		239		240		241	
242		243		244		245	
246		247		248		249	
250		251		252		253	
254		255		256		257	
258		259		260		261	
262		263		264		265	
266		267		268		269	
270		271		272		273	
274		275		276		277	
278		279		280		281	
282		283		284		285	
286		287		288		289	
290		291		292		293	
294		295		296		297	
298		299		300		301	
302		303		304		305	
306		307		308		309	
310		311		312		313	
314		315		316		317	
318		319		320		321	
322		323		324		325	
326		327		328		329	
330		331		332		333	
334		335		336		337	
338		339		340		341	
342		343		344		345	
346		347		348		349	
350		351		352		353	
354		355		356		357	
358		359		360		361	
362		363		364		365	
366		367		368		369	
370		371		372		373	
374		375		376		377	
378		379		380		381	
382		383		384		385	
386		387		388		389	
390		391		392		393	
394		395		396		397	
398		399		400		401	
402		403		404		405	
406		407		408		409	
410		411		412		413	
414		415		416		417	
418		419		420		421	
422		423		424		425	
426		427		428		429	
430		431		432		433	
434		435		436		437	
438		439		440		441	
442		443		444		445	
446		447		448		449	
450		451		452		453	
454		455		456		457	
458		459		460		461	
462		463		464		465	
466		467		468		469	
470		471		472		473	
474		475		476		477	
478		479		480		481	
482		483		484		485	
486		487		488		489	
490		491		492		493	
494		495		496		497	
498		499		500		501	
502		503		504		505	
506		507		508		509	
510		511		512		513	
514		515		516		517	
518		519		520		521	
522		523		524		525	
526		527		528		529	
530		531		532		533	
534		535		536		537	
538		539		540		541	
542		543		544		545	
546		547		548		549	
550		551		552		553	
554		555		556		557	
558		559		560		561	
562		563		564		565	
566		567		568		569	
570		571		572		573	
574		575		576		577	
578		579		580		581	
582		583		584		585	
586		587		588		589	
590		591		592		593	
594		595		596		597	
598		599		600		601	
602		603		604		605	
606		607		608		609	
610		611		612		613	
614		615		616		617	
618		619		620		621	
622		623		624		625	
626		627		628		629	
630		631		632		633	
634		635		636		637	
638		639		640		641	
642		643		644		645	
646		647		648		649	
650		651		652		653	
654		655		656		657	
658		659		660		661	
662		663		664		665	
666		667		668		669	
670		671		672		673	
674		675		676		677	
678		679		680		681	
682		683		684		685	
686		687		688		689	
690		691		692		693	
694		695		696		697	
698		699		700		701	
702		703		704		705	
706		707		708		709	
710		711		712		713	
714		715		716		717	
718		719		720		721	
722		723		724		725	
726		727		728		729	
730		731		732		733	
734		735		736		737	
738		739		740		741	
742		743		744		745	
746		747		748		749	
750		751		752		753	
754		755		756		757	
758		759		760		761	
762		763		764		765	
766		767		768		769	
770		771		772		773	
774		775		776		777	
778		779		780		781	
782		783		784		785	
786		787		788		789	
790		791		792		793	
794		795		796		797	
798		799		800		801	
802		803		804		805	
806		807		808		809	
810		811		812		813	
814		815		816		817	
818		819		820		821	
822		823		824		825	
826		827		828		829	
830		831		832		833	
834		835		836		837	
838		839		840		841	
842		843		844		845	
846		847		848		849	
850		851		852		853	
854		855		856		857	
858		859		860		861	
862		863		864		865	
866		867		868		869	
870		871		872		873	
874		875		876			

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

SAMPLE OUTPATIENT HOSPITAL CLAIM FORM ADJUSTMENT WITH AN ATTENDING PROVIDER ONLY (WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAT. CNTL # 111111111		4 TYPE OF BILL 137	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 102015	
10 BIRTH DATE **/**/**		11 SEX F		12 DATE 05		13 TYPE 1	
14 SPC 1		15 DHR 19		16 STAT 01		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	
102		103		104		105	
106		107		108		109	
110		111		112		113	
114		115		116		117	
118		119		120		121	
122		123		124		125	
126		127		128		129	
130		131		132		133	
134		135		136		137	
138		139		140		141	
142		143		144		145	
146		147		148		149	
150		151		152		153	
154		155		156		157	
158		159		160		161	
162		163		164		165	
166		167		168		169	
170		171		172		173	
174		175		176		177	
178		179		180		181	
182		183		184		185	
186		187		188		189	
190		191		192		193	
194		195		196		197	
198		199		200		201	
202		203		204		205	
206		207		208		209	
210		211		212		213	
214		215		216		217	
218		219		220		221	
222		223		224		225	
226		227		228		229	
230		231		232		233	
234		235		236		237	
238		239		240		241	
242		243		244		245	
246		247		248		249	
250		251		252		253	
254		255		256		257	
258		259		260		261	
262		263		264		265	
266		267		268		269	
270		271		272		273	
274		275		276		277	
278		279		280		281	
282		283		284		285	
286		287		288		289	
290		291		292		293	
294		295		296		297	
298		299		300		301	
302		303		304		305	
306		307		308		309	
310		311		312		313	
314		315		316		317	
318		319		320		321	
322		323		324		325	
326		327		328		329	
330		331		332		333	
334		335		336		337	
338		339		340		341	
342		343		344		345	
346		347		348		349	
350		351		352		353	
354		355		356		357	
358		359		360		361	
362		363		364		365	
366		367		368		369	
370		371		372		373	
374		375		376		377	
378		379		380		381	
382		383		384		385	
386		387		388		389	
390		391		392		393	
394		395		396		397	
398		399		400		401	
402		403		404		405	
406		407		408		409	
410		411		412		413	
414		415		416		417	
418		419		420		421	
422		423		424		425	
426		427		428		429	
430		431		432		433	
434		435		436		437	
438		439		440		441	
442		443		444		445	
446		447		448		449	
450		451		452		453	
454		455		456		457	
458		459		460		461	
462		463		464		465	
466		467		468		469	
470		471		472		473	
474		475		476		477	
478		479		480		481	
482		483		484		485	
486		487		488		489	
490		491		492		493	
494		495		496		497	
498		499		500		501	
502		503		504		505	
506		507		508		509	
510		511		512		513	
514		515		516		517	
518		519		520		521	
522		523		524		525	
526		527		528		529	
530		531		532		533	
534		535		536		537	
538		539		540		541	
542		543		544		545	
546		547		548		549	
550		551		552		553	
554		555		556		557	
558		559		560		561	
562		563		564		565	
566		567		568		569	
570		571		572		573	
574		575		576		577	
578		579		580		581	
582		583		584		585	
586		587		588		589	
590		591		592		593	
594		595		596		597	
598		599		600		601	
602		603		604		605	
606		607		608		609	
610		611		612		613	
614		615		616		617	
618		619		620		621	
622		623		624		625	
626		627		628		629	
630		631		632		633	
634		635		636		637	
638		639		640		641	
642		643		644		645	
646		647		648		649	
650		651		652		653	
654		655		656		657	
658		659		660		661	
662		663		664		665	
666		667		668		669	
670		671		672		673	
674		675		676		677	
678		679		680		681	
682		683		684		685	
686		687		688		689	
690		691		692		693	
694		695		696		697	
698		699		700		701	
702		703		704		705	
706		707		708		709	
710		711		712		713	
714		715		716		717	
718		719		720		721	
722		723		724		725	
726		727		728		729	
730		731		732		733	
734		735		736		737	
738		739		740		741	
742		743		744		745	
746		747		748		749	
750		751		752		753	
754		755		756		757	
758		759		760		761	
762		763		764		765	
766		767		768		769	
770		771		772		773	
774		775		776		777	
778		779		780		781	
782		783		784		785	
786		787		788		789	
790		791		792		793	
794		795		796		797	
798		799		800		801	
802		803		804		805	
806		807		808		809	
810		811		812		813	
814		815		816		817	
818		819		820		821	
822		823		824		825	
826		827		828		829	
830		831		832		833	
834		835		836		837	
838		839		840		841	
842		843		844		845	
846		847		848		849	
850		851		852		853	
854		855		856		857	
858		859		860		861	
862		863		864		865	
866		867		868		869	
870							

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE INPATIENT HOSPITAL CLAIM FORM
SPLIT BILLED WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-9 DIAGNOSIS CODE DATES BEFORE 10/1/15)**

ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000										2		3a PAT. CNTRL.# b. MED. REC.# 111111111										4 TYPE OF BILL 112	
										5 FED. TAX NO.		6 STATEMENT FROM 093015										7 COVERS PERIOD THROUGH 093015	
9 PATIENT NAME a DOE, JANE										9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000													
b										b										c		d	
10 BIRTHDATE 11 SEX 12 DATE 13 MTH 14 TYPE 15 SPC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACOT STATE 30										CONDITION CODES 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100													
31 OCCURRENCE DATE 32 CODE 33 OCCURRENCE DATE 34 CODE 35 OCCURRENCE DATE 36 CODE 37 OCCURRENCE DATE 38 CODE 39 OCCURRENCE DATE 40 CODE 41 OCCURRENCE DATE 42 CODE 43 OCCURRENCE DATE 44 CODE 45 OCCURRENCE DATE 46 CODE 47 OCCURRENCE DATE 48 CODE 49 OCCURRENCE DATE 50 CODE 51 OCCURRENCE DATE 52 CODE 53 OCCURRENCE DATE 54 CODE 55 OCCURRENCE DATE 56 CODE 57 OCCURRENCE DATE 58 CODE 59 OCCURRENCE DATE 60 CODE 61 OCCURRENCE DATE 62 CODE 63 OCCURRENCE DATE 64 CODE 65 OCCURRENCE DATE 66 CODE 67 OCCURRENCE DATE 68 CODE 69 OCCURRENCE DATE 70 CODE 71 OCCURRENCE DATE 72 CODE 73 OCCURRENCE DATE 74 CODE 75 OCCURRENCE DATE 76 CODE 77 OCCURRENCE DATE 78 CODE 79 OCCURRENCE DATE 80 CODE 81 OCCURRENCE DATE 82 CODE 83 OCCURRENCE DATE 84 CODE 85 OCCURRENCE DATE 86 CODE 87 OCCURRENCE DATE 88 CODE 89 OCCURRENCE DATE 90 CODE 91 OCCURRENCE DATE 92 CODE 93 OCCURRENCE DATE 94 CODE 95 OCCURRENCE DATE 96 CODE 97 OCCURRENCE DATE 98 CODE 99 OCCURRENCE DATE 100 CODE																							
38 DOE, JANE 1235 R. STREET BATON ROUGE LA 70000										39 CODE 40 CODE 41 CODE 42 CODE 43 CODE 44 CODE 45 CODE 46 CODE 47 CODE 48 CODE 49 CODE 50 CODE 51 CODE 52 CODE 53 CODE 54 CODE 55 CODE 56 CODE 57 CODE 58 CODE 59 CODE 60 CODE 61 CODE 62 CODE 63 CODE 64 CODE 65 CODE 66 CODE 67 CODE 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 CODE 77 CODE 78 CODE 79 CODE 80 CODE 81 CODE 82 CODE 83 CODE 84 CODE 85 CODE 86 CODE 87 CODE 88 CODE 89 CODE 90 CODE 91 CODE 92 CODE 93 CODE 94 CODE 95 CODE 96 CODE 97 CODE 98 CODE 99 CODE 100 CODE													
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON COVERED CHARGES 49																							
1 112 Room and Board 2 450 Emergency Room 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
PAGE 1 OF 1										CREATION DATE 100715										TOTALS 1570 : 89			
50 PRIOR NAME 51 HEALTH PLAN ID 52 REL INFO 53 ARD BIN 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
58 INSURED'S NAME DOE, JANE										60 INSURE D'S UNIQUE ID 0123456789012										61 GROUP NAME TPL CARRIER CODE IF APPLICABLE		62 INSURANCE GROUP NO. 1234567890	
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME																							
66 64201 Y V270 N 66541 N 66411 N V0481 N V061 N 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
69 ADMIT 70 PATIENT 71 PRS 72 ECI 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
74 PRINCIPAL PROCEDURE 75 OTHER PROCEDURE 76 OTHER PROCEDURE 77 OTHER PROCEDURE 78 OTHER PROCEDURE 79 OTHER PROCEDURE 80 OTHER PROCEDURE 81 OTHER PROCEDURE 82 OTHER PROCEDURE 83 OTHER PROCEDURE 84 OTHER PROCEDURE 85 OTHER PROCEDURE 86 OTHER PROCEDURE 87 OTHER PROCEDURE 88 OTHER PROCEDURE 89 OTHER PROCEDURE 90 OTHER PROCEDURE 91 OTHER PROCEDURE 92 OTHER PROCEDURE 93 OTHER PROCEDURE 94 OTHER PROCEDURE 95 OTHER PROCEDURE 96 OTHER PROCEDURE 97 OTHER PROCEDURE 98 OTHER PROCEDURE 99 OTHER PROCEDURE 100 OTHER PROCEDURE																							
80 REMARKS 81 CC 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
76 ATTENDING 77 OPERATING 78 OTHER 79 OTHER 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							
80 REMARKS 81 CC 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																							

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE INPATIENT HOSPITAL CLAIM FORM
SPLIT BILLED WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAY. CNTL. # b. MED. REC. # 5 FED. TAX NO.		111111111		4 TYPE OF BILL 114	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		6 STATEMENT COVERS PERIOD FROM 100115		7 THROUGH 100315			
10 BIRTHDATE **/**/**** F 093015		11 SEX F		12 DATE OF ADMISSION 13 HR 14 TYPE 15 SPC 23 1 2 15		16 DHR 01		17 STAT C1	
18		19		20		21		22	
23		24		25		26		27	
28		29		30		31		32	
33		34		35		36		37	
38		39		40		41		42	
43		44		45		46		47	
48		49		50		51		52	
53		54		55		56		57	
58		59		60		61		62	
63		64		65		66		67	
68		69		70		71		72	
73		74		75		76		77	
78		79		80		81		82	
83		84		85		86		87	
88		89		90		91		92	
93		94		95		96		97	
98		99		100		101		102	
103		104		105		106		107	
108		109		110		111		112	
113		114		115		116		117	
118		119		120		121		122	
123		124		125		126		127	
128		129		130		131		132	
133		134		135		136		137	
138		139		140		141		142	
143		144		145		146		147	
148		149		150		151		152	
153		154		155		156		157	
158		159		160		161		162	
163		164		165		166		167	
168		169		170		171		172	
173		174		175		176		177	
178		179		180		181		182	
183		184		185		186		187	
188		189		190		191		192	
193		194		195		196		197	
198		199		200		201		202	
203		204		205		206		207	
208		209		210		211		212	
213		214		215		216		217	
218		219		220		221		222	
223		224		225		226		227	
228		229		230		231		232	
233		234		235		236		237	
238		239		240		241		242	
243		244		245		246		247	
248		249		250		251		252	
253		254		255		256		257	
258		259		260		261		262	
263		264		265		266		267	
268		269		270		271		272	
273		274		275		276		277	
278		279		280		281		282	
283		284		285		286		287	
288		289		290		291		292	
293		294		295		296		297	
298		299		300		301		302	
303		304		305		306		307	
308		309		310		311		312	
313		314		315		316		317	
318		319		320		321		322	
323		324		325		326		327	
328		329		330		331		332	
333		334		335		336		337	
338		339		340		341		342	
343		344		345		346		347	
348		349		350		351		352	
353		354		355		356		357	
358		359		360		361		362	
363		364		365		366		367	
368		369		370		371		372	
373		374		375		376		377	
378		379		380		381		382	
383		384		385		386		387	
388		389		390		391		392	
393		394		395		396		397	
398		399		400		401		402	
403		404		405		406		407	
408		409		410		411		412	
413		414		415		416		417	
418		419		420		421		422	
423		424		425		426		427	
428		429		430		431		432	
433		434		435		436		437	
438		439		440		441		442	
443		444		445		446		447	
448		449		450		451		452	
453		454		455		456		457	
458		459		460		461		462	
463		464		465		466		467	
468		469		470		471		472	
473		474		475		476		477	
478		479		480		481		482	
483		484		485		486		487	
488		489		490		491		492	
493		494		495		496		497	
498		499		500		501		502	
503		504		505		506		507	
508		509		510		511		512	
513		514		515		516		517	
518		519		520		521		522	
523		524		525		526		527	
528		529		530		531		532	
533		534		535		536		537	
538		539		540		541		542	
543		544		545		546		547	
548		549		550		551		552	
553		554		555		556		557	
558		559		560		561		562	
563		564		565		566		567	
568		569		570		571		572	
573		574		575		576		577	
578		579		580		581		582	
583		584		585		586		587	
588		589		590		591		592	
593		594		595		596		597	
598		599		600		601		602	
603		604		605		606		607	
608		609		610		611		612	
613		614		615		616		617	
618		619		620		621		622	
623		624		625		626		627	
628		629		630		631		632	
633		634		635		636		637	
638		639		640		641		642	
643		644		645		646		647	
648		649		650		651		652	
653		654		655		656		657	
658		659		660		661		662	
663		664		665		666		667	
668		669		670		671		672	
673		674		675		676		677	
678		679		680		681		682	
683		684		685		686		687	
688		689		690		691		692	
693		694		695		696		697	
698		699		700		701		702	
703		704		705		706		707	
708		709		710		711		712	
713		714		715		716		717	
718		719		720		721		722	
723		724		725		726		727	
728		729		730		731		732	
733		734		735		736		737	
738		739		740		741		742	
743		744		745		746		747	
748		749		750		751		752	
753		754		755		756		757	
758		759		760		761		762	
763		764		765		766		767	
768		769		770		771		772	
773		774		775		776		777	
778		779		780		781		782	
783		784		785		786		787	
788		789		790		791		792	
793		794		795		796		797	
798		799		800		801		802	
803		804		805		806		807	
808		809		810		811		812	
813		814		815		816		817	
818		819		820		821		822	
823		824		825		826		827	
828		829		830		831		832	
833		834		835		836		837	
838		839		840		841		842	
843		844		845		846		847	
848		849		850		851		852	
853		854		855		856		857	
858		859		860		861		862	
863		864		865		866		867	
868		869		870		871		872	
873		874		875		876		877	
878		879		880		881		882	
883		884		885		886		887	
888		889		890		891		892	
893		894		895		896		897	
898		899		900		901		902	
903		904		905		906		907	
908		909		910		911		912	
913		914		915		916		917	
918		919		920		921		922	
923		924		925		926		927	
928		929		930		931		932	
933		934		935		936		937	
938		939		940		941		942	
943		944		945		946		947	
948		949		950		951		952	
953		954		955		956		957	
958		959		960		961		962	
963		964		965		966		967	
968		969		970		971		972	
973		974		975		976		977	
978		979		980		981		982	
983		984		985		986		987	
988		989		990		991		992	
993		994		995		996		997	
998		999		1000		1001		1002	

UB-04 CMS-1450

APPROVED OMB NO. 0908-0907

NUBC

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

SAMPLE INPATIENT HOSPITAL CLAIM FORM
NOT SPLIT BILLED WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE AND A THROUGH DATE ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAT. CNTL. # b. MED. REC. # 111111111		4 TYPE OF BILL 111	
8 PATIENT NAME a. DOE, JANE		9 PATIENT ADDRESS a. 1235 R. STREET, BATON ROUGE LA 70000					
10 BIRTHDATE 11 SEX 12 DATE 13 HPI 14 TYPE 15 SFC 16 DHR 17 STAT 18 19 20 21		22 23 24 25 26 27 28 29 ACCT 30		CONDITION CODES			
31 OCCURRENCE DATE 32 CODE 33 OCCURRENCE DATE 34 CODE 35 OCCURRENCE DATE 36 CODE 37 OCCURRENCE DATE 38 CODE		39 OCCURRENCE DATE 40 CODE 41 OCCURRENCE DATE 42 CODE 43 OCCURRENCE DATE 44 CODE 45 OCCURRENCE DATE 46 CODE		47 OCCURRENCE DATE 48 CODE 49 OCCURRENCE DATE 50 CODE			
38 DOE, JANE 1235 R. STREET BATON ROUGE LA 70000		39 CODE 80		40 VALUE CODES AMOUNT 3.00		41 CODE 42 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIRPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
112 Room and Board		1000.00		3		3000.00	
250 Pharmacy				22		570.89	
270 Medical/Surgical Supply				14		618.00	
272 Sterile Supply				2		142.57	
300 Laboratory- Gen Classific				3		270.00	
302 Lab/ Immunology				1		50.00	
305 Lab Hematology				5		80.86	
370 Anesthesia				1		759.00	
636 Drugs				8		619.85	
710 Recovery Room				116		2589.00	
720 Labor/Delivery				11		4563.00	
PAGE 1 OF 1		CREATION DATE		100715		TOTALS 13263.17	
50 PRVYR NAME Medicaid		51 HEALTH PLAN ID		52 PRIOR PAYMENTS TPL : .. PAYMENT IF APPLICABLE		53 EST. AMOUNT DUE 54 NPI 1234567890 55 OTHER PRV ID 1234567	
56 INSURED'S NAME DOE, JANE		57 INSURE D'S UNIQUE ID 0123456789012		58 GROUP NAME TPL carrier code if applicable		59 INSURANCE GROUP NO.	
60 TREATMENT AUTHORIZATION CODES		61 DOCUMENT CONTROL NUMBER		62 EMPLOYER NAME			
63 OI0013 Y Z370 N O714 N O701 N Z23 N		64		65			
66 ADMIT DX 010013 Y Z370 N O714 N O701 N Z23 N		67 PATIENT REASON DX a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z.		68 ICD CODE 71 ICD CODE 72 ICD CODE		69	
70 PRINCIPAL PROCEDURE CODE 010013		71 OTHER PROCEDURE CODE 100114		72 OTHER PROCEDURE CODE 100114		73 OTHER PROCEDURE CODE 100114	
74 ATTENDING NPI 1987654322		75 QUAL 1765432		76 LAST WALKER		77 FIRST J	
78 OPERATING NPI		79 QUAL		80 LAST		81 FIRST	
82 OTHER NPI		83 QUAL		84 LAST		85 FIRST	
86 OTHER NPI		87 QUAL		88 LAST		89 FIRST	
90 REMARKS		91		92		93	
94		95		96		97	
98		99		100		101	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

SAMPLE INPATIENT HOSPITAL CLAIM FORM
NOT SPLIT BILLED WITH A REFERRING PROVIDER
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000										2										3a PAT. CNTRL. # 11111111 b. MED. REG. # c. FED. TAX NO. 113016 d. STATEMENT COVERS PERIOD FROM 120416 THROUGH										4 TYPE OF BILL 111									
8 PATIENT NAME a. DOE, JANE										9 PATIENT ADDRESS a. 1235 R. STREET, BATON ROUGE LA 70000																													
10 BIRTHDATE 11 SEX F 12 DATE OF BIRTH 09/30/15 13 ADMISSION 14 TYPE 1 15 SPC 2 16 DHR 15 17 STAT 01 C1 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										CONDITION CODES																													
31 OCCURRENCE DATE 32 CODE 33 OCCURRENCE DATE 34 CODE 35 OCCURRENCE DATE 36 CODE 37 OCCURRENCE DATE 38 CODE 39 OCCURRENCE DATE 40 CODE 41 OCCURRENCE DATE 42 CODE 43 CODE																																							
36 DOE, JANE 1235 R. STREET BATON ROUGE LA 70000										39 VALUE CODES AMOUNT 40 CODE 41 VALUE CODES AMOUNT 42 CODE 43 VALUE CODES AMOUNT																													
44 REV. CD. 45 DESCRIPTION 46 HCPCS / RATE / HIPP'S CODE 47 SERV. DATE 48 SERV. UNITS 49 TOTAL CHARGES 50 NON-COVERED CHARGES 51																																							
1 112 Room and Board 1000.00																																							
2 250 Pharmacy																																							
3 270 Medical/Surgical Supply																																							
4 272 Sterile Supply																																							
5 300 Laboratory- Gen Classific																																							
6 302 Lab/ Immunology																																							
7 305 Lab Hematology																																							
8 370 Anesthesia																																							
9 636 Drugs																																							
10 710 Recovery Room																																							
11 720 Labor/Delivery																																							
SAMPLE																																							
EXAMPLE OF ICD 10 WITH A REFERRING PROVIDER																																							
PAGE 1 OF 1										CREATION DATE 100715										TOTALS 18826.17																			
52 PAYER NAME Medicaid										53 HEALTH PLAN ID										54 PRIOR PAYMENTS TPL : ..										55 EST. AMOUNT DUE 1234567890									
56 INSURED'S NAME DOE, JANE										57 INSURED'S UNIQUE ID 0123456789012										58 GROUP NAME TPL carrier										59 INSURANCE GROUP NO.									
60 TREATMENT AUTHORIZATION CODES										61 DOCUMENT CONTROL NUMBER										62 EMPLOYER NAME																			
63 OI0013 Y Z370 N O714 N O701 N Z23 N																																							
64 ADMIT DX 70 PATIENT REASON DX 71 PRS CODE 72 ECI 73																																							
74 PRINCIPAL PROCEDURE CODE 00Q00ZZ 120216										75 OTHER PROCEDURE CODE DATE										76 ATTENDING NPI 1987654322 QUAL 1765432																			
77 OPERATING NPI										78 OTHER DN NPI 1589999999 QUAL										79 OTHER NPI																			
80 REMARKS										81 CC a b c d										82 LAST WALKER FIRST J																			
																				83 LAST DOE FIRST APRIL																			
																				84 LAST FIRST																			

UB-04 CMS-1450

APPROVED OMB NO. 0908-0097

NTRC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE INPATIENT HOSPITAL CLAIM FORM ADJUSTMENT
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-9 DIAGNOSIS CODE DATES BEFORE 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAT. CNTL. # b. MED. RESC. # 111111111		4 TYPE OF BILL 117	
8 PATIENT NAME a. DOE, JANE		9 PATIENT ADDRESS a. 1235 R. STREET, BATON ROUGE LA 70000		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 093015 THROUGH 093015	
10 BIRTHDATE **/**/**** F 093015		11 SEX F		12 DATE OF ADMISSION 13 ICD-9 TYPE 14 ICD-9 PROC. 15 ICD-9 CODE 16 DHR 17 STAT 18 C1		19 CONDITION CODES 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
43		44		45		46	
47		48		49		50	
51		52		53		54	
55		56		57		58	
59		60		61		62	
63		64		65		66	
67		68		69		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	
103		104		105		106	
107		108		109		110	
111		112		113		114	
115		116		117		118	
119		120		121		122	
123		124		125		126	
127		128		129		130	
131		132		133		134	
135		136		137		138	
139		140		141		142	
143		144		145		146	
147		148		149		150	
151		152		153		154	
155		156		157		158	
159		160		161		162	
163		164		165		166	
167		168		169		170	
171		172		173		174	
175		176		177		178	
179		180		181		182	
183		184		185		186	
187		188		189		190	
191		192		193		194	
195		196		197		198	
199		200		201		202	
203		204		205		206	
207		208		209		210	
211		212		213		214	
215		216		217		218	
219		220		221		222	
223		224		225		226	
227		228		229		230	
231		232		233		234	
235		236		237		238	
239		240		241		242	
243		244		245		246	
247		248		249		250	
251		252		253		254	
255		256		257		258	
259		260		261		262	
263		264		265		266	
267		268		269		270	
271		272		273		274	
275		276		277		278	
279		280		281		282	
283		284		285		286	
287		288		289		290	
291		292		293		294	
295		296		297		298	
299		300		301		302	
303		304		305		306	
307		308		309		310	
311		312		313		314	
315		316		317		318	
319		320		321		322	
323		324		325		326	
327		328		329		330	
331		332		333		334	
335		336		337		338	
339		340		341		342	
343		344		345		346	
347		348		349		350	
351		352		353		354	
355		356		357		358	
359		360		361		362	
363		364		365		366	
367		368		369		370	
371		372		373		374	
375		376		377		378	
379		380		381		382	
383		384		385		386	
387		388		389		390	
391		392		393		394	
395		396		397		398	
399		400		401		402	
403		404		405		406	
407		408		409		410	
411		412		413		414	
415		416		417		418	
419		420		421		422	
423		424		425		426	
427		428		429		430	
431		432		433		434	
435		436		437		438	
439		440		441		442	
443		444		445		446	
447		448		449		450	
451		452		453		454	
455		456		457		458	
459		460		461		462	
463		464		465		466	
467		468		469		470	
471		472		473		474	
475		476		477		478	
479		480		481		482	
483		484		485		486	
487		488		489		490	
491		492		493		494	
495		496		497		498	
499		500		501		502	
503		504		505		506	
507		508		509		510	
511		512		513		514	
515		516		517		518	
519		520		521		522	
523		524		525		526	
527		528		529		530	
531		532		533		534	
535		536		537		538	
539		540		541		542	
543		544		545		546	
547		548		549		550	
551		552		553		554	
555		556		557		558	
559		560		561		562	
563		564		565		566	
567		568		569		570	
571		572		573		574	
575		576		577		578	
579		580		581		582	
583		584		585		586	
587		588		589		590	
591		592		593		594	
595		596		597		598	
599		600		601		602	
603		604		605		606	
607		608		609		610	
611		612		613		614	
615		616		617		618	
619		620		621		622	
623		624		625		626	
627		628		629		630	
631		632		633		634	
635		636		637		638	
639		640		641		642	
643		644		645		646	
647		648		649		650	
651		652		653		654	
655		656		657		658	
659		660		661		662	
663		664		665		666	
667		668		669		670	
671		672		673		674	
675		676		677		678	
679		680		681		682	
683		684		685		686	
687		688		689		690	
691		692		693		694	
695		696		697		698	
699		700		701		702	
703		704		705		706	
707		708		709		710	
711		712		713		714	
715		716		717		718	
719		720		721		722	
723		724		725		726	
727		728		729		730	
731		732		733		734	
735		736		737		738	
739		740		741		742	
743		744		745		746	
747		748		749		750	
751		752		753		754	
755		756		757		758	
759		760		761		762	
763		764		765		766	
767		768		769		770	
771		772		773		774	
775		776		777		778	
779		780		781		782	
783		784		785		786	
787		788		789		790	
791		792		793		794	
795		796		797		798	
799		800		801		802	
803		804		805		806	
807		808		809		810	
811		812		813		814	
815		816		817		818	
819		820		821		822	
823		824		825		826	
827		828		829		830	
831		832		833		834	
835		836		837		838	
839		840		841		842	
843		844		845		846	
847		848		849		850	
851		852		853		854	
855		856		857		858	
859		860		861		862	
863		864		865		866	
867		868		869		870	
871		872		873		874	
875		876		877		8	

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE INPATIENT HOSPITAL CLAIM FORM ADJUSTMENT
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000										2										3a PAY. CNTL. # 111111111										4 TYPE OF BILL 117																																																																					
5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM 100115										7 THROUGH 100415																																																																															
8 PATIENT NAME a DOE, JANE										9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000																																																																																									
10 BIRTHDATE b ***/**/** F 093015										11 SEX F										12 DATE 093015										13 ADMISSION 13 HR 14 TYPE 15 SPC 16 DHR 1 2 15										17 STAT 01 C1										18 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30																																																	
31 OCCURRENCE DATE a										32 OCCURRENCE DATE b										33 OCCURRENCE DATE c										34 OCCURRENCE DATE d										35 OCCURRENCE DATE e										36 OCCURRENCE DATE f										37 OCCURRENCE DATE g																																							
38 DOE, JOHN 1235 R. STREET BATON ROUGE LA 70000										39 CODE a 80										40 VALUE CODES AMOUNT 3.00										41 CODE b										42 VALUE CODES AMOUNT										43 CODE c										44 VALUE CODES AMOUNT										45 CODE d										46 VALUE CODES AMOUNT																			
42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																													
1 112										Room and Board										1000.00																				3										3000.00																				1																													
2 250										Pharmacy																														22										570.89																				2																													
3 270										Medical/Surgical Supply																														14										618.00																				3																													
4 272										Sterile Supply																														2										142.57																				4																													
5 300										Laboratory- Gen Classific																														3										270.00																				5																													
6 302										Lab/ Immunology																														1										50.00																				6																													
7 305										Lab Hematology																														5										80.86																				7																													
8 370										Anesthesia																														1										759.00																				8																													
9 636										Drugs																														8										619.85																				9																													
10 710										Recovery Room																														116										2589.00																				10																													
11 720										Labor/Delivery																														11										4563.00																				11																													
12																																																																																12																			
13																																																																																										13									
14																																																																																										14									
15																																																																																										15									
16																																																																																										16									
17																																																																																										17									
18																																																																																										18									
19																																																																																										19									
20																																																																																										20									
21																																																																																										21									
22																																																																																										22									
23																																																																																										23									
24																																																																																										24									
25																																																																																										25									
26																																																																																										26									
27																																																																																										27									
28																																																																																										28									
29																																																																																										29									
30																																																																																										30									
31																																																																																										31									
32																																																																																										32									
33																																																																																										33									
34																																																																																										34									
35																																																																																										35									
36																																																																																										36									
37																																																																																										37									
38																																																																																										38									
39																																																																																										39									
40																																																																																										40									
41																																																																																										41									
42																																																																																										42									
43																																																																																										43									
44																																																																																										44									
45																																																																																										45									
46																																																																																										46									
47																																																																																										47									
48																																																																																										48									
49																																																																																										49									
50																																																																																										50									
51																																																																																										51									
52																																																																																										52									
53																																																																																										53									
54																																																																																										54									
55																																																																																										55									
56																																																																																										56									
57																																																																																										57									
58																																																																																										58									
59																																																																																										59									
60																																																																																										60									
61																																																																																										61									
62																																																																																										62									
63																																																																																										63									
64																																																																																										64									
65																																																																																										65									
66																																																																																										66									
67																																																																																										67									
68																																																																																										68									
69																																																																																										69									
70																																																																																										70									
71																																																																																										71									
72																																																																																										72									
73																																																																																										73									
74																																																																																										74									
75																																																																																										75									
76																																																																																										76									
77																																																																																										77									
78																																																																																										78									
79																																																																																										79									
80																																																																																										80									
81																																																																																										81									
82																																																																																										82									
83																																																																																										83									
84																																																																																										84									
85																																																																																										85									
86																																																																																										86									
87																																																																																										87									
88																																																																																										88									
89																																																																																										89									
90																																																																																										90									
91																																																																																										91									
92																																																																																										92									
93																																																																																										93									
94																																																																																										94									
95																																																																																										95									
96																																																																																										96									
97																																																																																										97									
98																																																																																										98									
99																																																																																										99									
100																																																																																										100									

UB-04 CMS-1450

APPROVED OMB NO. 0908-0097

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

CHAPTER 25: HOSPITALS SERVICES

APPENDIX A: FORMS AND LINKS

PAGE(S) 30

**SAMPLE INPATIENT HOSPITAL DAYS X PER DIEM CLAIM FORM
WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAY. CHITL # b MED. REC. # c		111111111		4 TYPE OF BILL 121	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 101515		7 THROUGH 101915	
10 BIRTHDATE **/**/**** F 093015		11 SEX F		12 DATE 093015		13 ADMISSION 13 PR 14 TYPE 15 SPC 1 2		16 DHR 15	
17 STAT 01		18 CI		19		20		21	
22		23		24		25		26	
27		28		29		30		31	
32		33		34		35		36	
37		38		39		40		41	
38		39		40		41		42	
39		40		41		42		43	
40		41		42		43		44	
41		42		43		44		45	
42		43		44		45		46	
43		44		45		46		47	
44		45		46		47		48	
45		46		47		48		49	
46		47		48		49		50	
47		48		49		50		51	
48		49		50		51		52	
49		50		51		52		53	
50		51		52		53		54	
51		52		53		54		55	
52		53		54		55		56	
53		54		55		56		57	
54		55		56		57		58	
55		56		57		58		59	
56		57		58		59		60	
57		58		59		60		61	
58		59		60		61		62	
59		60		61		62		63	
60		61		62		63		64	
61		62		63		64		65	
62		63		64		65		66	
63		64		65		66		67	
64		65		66		67		68	
65		66		67		68		69	
66		67		68		69		70	
67		68		69		70		71	
68		69		70		71		72	
69		70		71		72		73	
70		71		72		73		74	
71		72		73		74		75	
72		73		74		75		76	
73		74		75		76		77	
74		75		76		77		78	
75		76		77		78		79	
76		77		78		79		80	
77		78		79		80		81	
78		79		80		81		82	
79		80		81		82		83	
80		81		82		83		84	
81		82		83		84		85	
82		83		84		85		86	
83		84		85		86		87	
84		85		86		87		88	
85		86		87		88		89	
86		87		88		89		90	
87		88		89		90		91	
88		89		90		91		92	
89		90		91		92		93	
90		91		92		93		94	
91		92		93		94		95	
92		93		94		95		96	
93		94		95		96		97	
94		95		96		97		98	
95		96		97		98		99	
96		97		98		99		100	
97		98		99		100		101	
98		99		100		101		102	
99		100		101		102		103	
100		101		102		103		104	
101		102		103		104		105	
102		103		104		105		106	
103		104		105		106		107	
104		105		106		107		108	
105		106		107		108		109	
106		107		108		109		110	
107		108		109		110		111	
108		109		110		111		112	
109		110		111		112		113	
110		111		112		113		114	
111		112		113		114		115	
112		113		114		115		116	
113		114		115		116		117	
114		115		116		117		118	
115		116		117		118		119	
116		117		118		119		120	
117		118		119		120		121	
118		119		120		121		122	
119		120		121		122		123	
120		121		122		123		124	
121		122		123		124		125	
122		123		124		125		126	
123		124		125		126		127	
124		125		126		127		128	
125		126		127		128		129	
126		127		128		129		130	
127		128		129		130		131	
128		129		130		131		132	
129		130		131		132		133	
130		131		132		133		134	
131		132		133		134		135	
132		133		134		135		136	
133		134		135		136		137	
134		135		136		137		138	
135		136		137		138		139	
136		137		138		139		140	
137		138		139		140		141	
138		139		140		141		142	
139		140		141		142		143	
140		141		142		143		144	
141		142		143		144		145	
142		143		144		145		146	
143		144		145		146		147	
144		145		146		147		148	
145		146		147		148		149	
146		147		148		149		150	
147		148		149		150		151	
148		149		150		151		152	
149		150		151		152		153	
150		151		152		153		154	
151		152		153		154		155	
152		153		154		155		156	
153		154		155		156		157	
154		155		156		157		158	
155		156		157		158		159	
156		157		158		159		160	
157		158		159		160		161	
158		159		160		161		162	
159		160		161		162		163	
160		161		162		163		164	
161		162		163		164		165	
162		163		164		165		166	
163		164		165		166		167	
164		165		166		167		168	
165		166		167		168		169	
166		167		168		169		170	
167		168		169		170		171	
168		169		170		171		172	
169		170		171		172		173	
170		171		172		173		174	
171		172		173		174		175	
172		173		174		175		176	
173		174		175		176		177	
174		175		176		177		178	
175		176		177		178		179	
176		177		178		179		180	
177		178		179		180		181	
178		179		180		181		182	
179		180		181		182		183	
180		181		182		183		184	
181		182		183		184		185	
182		183		184		185		186	
183		184		185		186		187	
184		185		186		187		188	
185		186		187		188		189	
186		187		188		189		190	
187		188		189		190		191	
188		189		190		191		192	
189		190		191		192		193	
190		191		192		193		194	
191		192		193		194		195	
192		193		194		195		196	
193		194		195		196		197	
194		195		196		197		198	
195		196		197		198		199	
196		197		198		199		200	

UB-04 CMS-1450

APPROVED OMB NO. 0908-0097

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF