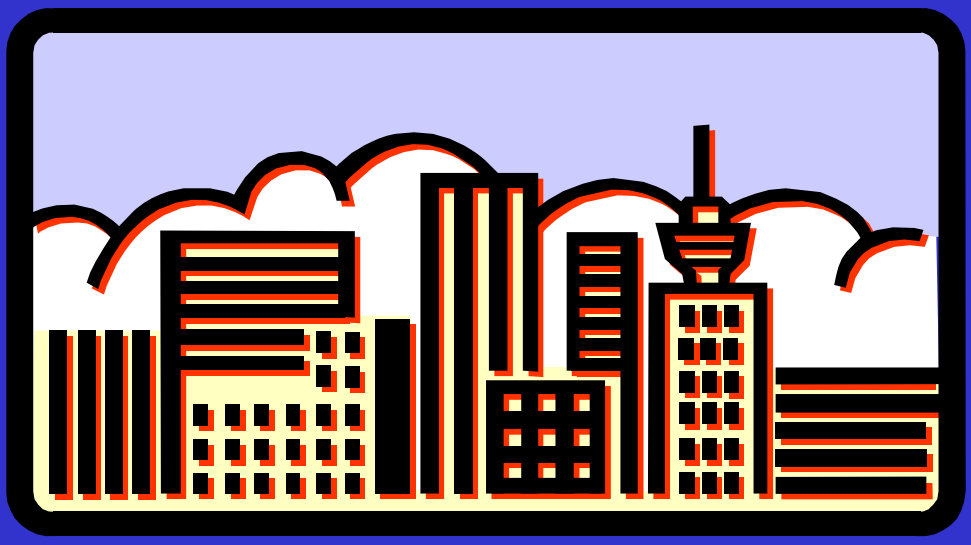

# HOSPITAL DRG WORKSHOP

UNISYS PRESENTATION

By

Vicky Hicks

# What's NEW in billing?

- **Type of Bill (form locator 4) will be 111.**

**Exception:** **Newborn claims for which type of bill 110 is to be used until mother leaves facility. This remains unchanged.**

# UB-92 CLAIM FORM

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WE CARE HOSPITAL<br>123 HAPPY ST<br>ANYTOWN, KY 40000<br>1 | 2 | | | 3 PATIENT CONTROL NO.<br>123456 | | | | 4 TYPE OF BILL<br>111 |
| | 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
| | | 04012003 | 04052003 | 4 | | | | |

| 12 PATIENT NAME | 13 PATIENT ADDRESS |
|---|---|
| | |

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 4/1/03 | 05 | | | | 01 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 01012003 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 120 | ROOM CHARGES | | | 4 | 2000 00 | | |
| 250 | PHARMACY | | | 98 | 688 42 | | |
| 001 | TOTAL | | | | 2688 42 | | |

**NO 112, 113 or 114 TYPE OF BILL ACCEPTED FOR SERVICE DATES BEGINNING 4/1/03**

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |
| 57 | | DUE FROM PATIENT | | | | |

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| JANE DOE | | 4000000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 01234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |
| | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
| | C | | D | | E | |

| 82 ATTENDING PHYS.ID |
|---|
| C123456 DR. DAN |

| 83 OTHER PHYS. ID |
|---|
| A |
| OTHER PHYS. ID |
| B |
| TAXONOMY 13BH1B2371 |

84 REMARKS

| 85 PROVIDER REPRESENTATIVE | 86 DATE |
|---|---|
| X Hand Written Signature | 04/30/2003 |

UB-92 HCFA-1450 **OCR/ORIGINAL** I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF..

# STRAIGHT MEDICAID MOM’S CLAIM

- **TOB 111**
- **MOM’S 10 DIGIT MEDICAID NUMBER**
- **MOM’S NAME**
- **MOM’S AUTHORIZATION NUMBER**

# UB-92 CLAIM FORM

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WE CARE HOSPITAL<br>123 HAPPY ST<br>ANYTOWN, KY 40000<br>1 | 2 | | | | | | 3 PATIENT CONTROL NO.<br>123456 | 4 TYPE OF BILL<br>111 |
| | 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
| | | 05012003 | 05032003 | 2 | | | | |

| 12 PATIENT NAME | 13 PATIENT ADDRESS |
|---|---|
| | |

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 4/1/03 | 05 | | | | 01 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 01012003 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 112 | ROOM CHARGES | | | 2 | 1600 00 | | |
| 250 | PHARMACY | | | 98 | 688 42 | | |
| 270 | MEDICAL SUPPLIES | | | 1 | 3 75 | | |
| 300 | LAB | | | 2 | 51 70 | | |
| 720 | LABOR DELIVERY ROOM | | | 1 | 2104 16 | | |
| 732 | TELEMETRY | | | 1 | 173 50 | | |
| 001 | TOTAL | | | | 4621 53 | | |

**NO CHANGES IN BILLING**

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |
| 57 | | DUE FROM PATIENT | | | | |

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| JANE DOE | | 4000000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 01234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |

| OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|
| C | | D | | E | |

| 82 ATTENDING PHYS.ID |
|---|
| C123456 DR. DAN |

| 83 OTHER PHYS. ID |
|---|
| A |

| OTHER PHYS. ID |
|---|
| B |
| TAXONOMY 13BH1B2371 |

84 REMARKS

| 85 PROVIDER REPRESENTATIVE | 86 DATE |
|---|---|
| X Hand Written Signature | 05/30/2003 |

UB-92 HCFA-1450 **OCR/ORIGINAL**

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

# NON-PAYMENT BABY'S CLAIM (IF DATES ARE SAME AS MOM'S)

- **TOB 110**
- **MOM'S 10 DIGIT MEDICAID NUMBER**
- **MOM'S NAME**
- **MOM'S AUTHORIZATION NUMBER**

# UB-92 CLAIM FORM

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WE CARE HOSPITAL<br>123 HAPPY ST<br>ANYTOWN, KY 40000<br>1 | 2 | | | | | | 3 PATIENT CONTROL NO.<br>123456 | 4 TYPE OF BILL<br>110 |
| | 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
| | | 05012003 | 05032003 | 2 | | | | |

| 12 PATIENT NAME | 13 PATIENT ADDRESS |
|---|---|
| | |

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 4/1/03 | 05 | | | | 01 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 01012003 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 171 | ROOM CHARGES NURSERY | | | 2 | 984 00 | | |
| 250 | PHARMACY | | | 3 | 125 48 | | |
| 270 | MEDICAL SUPPLIES | | | 1 | 67 85 | | |
| 300 | LAB | | | 1 | 40 00 | | |
| 001 | TOTAL | | | | 4621 53 | | |

**NO CHANGES IN BILLING**

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |
| 57 | | DUE FROM PATIENT | | | | |

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| BABY DOE | | 4000000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 01234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |

| OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|
| C | | D | | E | |

82 ATTENDING PHYS.ID
C123456 DR. DAN

83 OTHER PHYS. ID
A

OTHER PHYS. ID
B
TAXONOMY 13BH1B2371

84 REMARKS

85 PROVIDER REPRESENTATIVE

86 DATE
05/30/2003

X Hand Written Signature

UB-92 HCFA-1450 **OCR/ORIGINAL** I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF..

# CHANGE IN BILLING

# BABY'S CLAIM AFTER MOM'S DISCHARGE

- **TOB 111 BEGINNING 4/1/03**
- **BABY'S 10 DIGIT MEDICAID NUMBER**
- **BABY'S NAME**
- **BABY'S AUTHORIZATION NUMBER**

# UB-92 CLAIM FORM

WE CARE HOSPITAL
123 HAPPY ST
ANYTOWN, KY 40000
1

2
**BEFORE DRG IMPLEMENTATION**

3 PATIENT CONTROL NO.: 123456
4 TYPE OF BILL: 112

| 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
|---|---|---|---|---|---|---|---|
| | 05042002 | 05312002 | 28 | | | | |

12 PATIENT NAME
13 PATIENT ADDRESS

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 5/4/02 | 05 | | | | 30 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 05042002 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 175 | NEONATAL ICU | | | 28 | 19304 00 | | |
| 250 | PHARMACY | | | 103 | 8125 48 | | |
| 270 | MEDICAL SUPPLIES | | | 200 | 1067 85 | | |
| 300 | LAB | | | 25 | 7040 00 | | |
| 001 | TOTAL | | | | 35537 53 | | |

BABY CLAIM-(1ST IN SERIES)
ACTUAL DISCHARGE ON 7/2/02

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |

57 DUE FROM PATIENT

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| BABY DOE | | 8750000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 0234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |

| OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|
| C | | D | | E | |

82 ATTENDING PHYS.ID: C123456 DR. DAN

83 OTHER PHYS. ID: A

OTHER PHYS. ID: B
TAXONOMY 13BH1B2371

84 REMARKS

85 PROVIDER REPRESENTATIVE
X Hand Written Signature

86 DATE: 05/30/2003

UB-92 HCFA-1450 **OCR/ORIGINAL**

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

# UB-92 CLAIM FORM

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WE CARE HOSPITAL<br>123 HAPPY ST<br>ANYTOWN, KY 40000<br>1 | 2<br>**BEFORE DRG IMPLEMENTATION** | | | | 3 PATIENT CONTROL NO.<br>123456 | | | 4 TYPE OF BILL<br>113 |
| 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 | |
| | 06012002 | 06302002 | 30 | | | | | |

| 12 PATIENT NAME | 13 PATIENT ADDRESS |
|---|---|
| | |

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 5/4/02 | 05 | | | | 30 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 05042002 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 175 | NEONATAL ICU | | | 30 | 20444 00 | | |
| 250 | PHARMACY | | | 103 | 8125 48 | | |
| 270 | MEDICAL SUPPLIES | | | 200 | 1067 85 | | |
| 300 | LAB | | | 25 | 7040 00 | | |
| 001 | TOTAL | | | | 36677 33 | | |

BABY CLAIM-(2ND IN SERIES)
ACTUAL DISCHARGE ON 7/2/02

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |
| 57 | DUE FROM PATIENT | | | | | |

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| BABY DOE | | 8750000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 0234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |
| | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
| | C | | D | | E | |

| 82 ATTENDING PHYS.ID |
|---|
| C123456 DR. DAN |
| 83 OTHER PHYS. ID |
| A |
| OTHER PHYS. ID |
| B |
| TAXONOMY 13BH1B2371 |

84 REMARKS

| 85 PROVIDER REPRESENTATIVE | 86 DATE |
|---|---|
| X Hand Written Signature | 05/30/2003 |

UB-92 HCFA-1450 **OCR/ORIGINAL** I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF..

# UB-92 CLAIM FORM

WE CARE HOSPITAL
123 HAPPY ST
ANYTOWN, KY 40000
1

2

**BEFORE DRG IMPLEMENTATION**

3 PATIENT CONTROL NO.: 123456

4 TYPE OF BILL: 114

| 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
|---|---|---|---|---|---|---|---|
| | 07012002 | 07022002 | 1 | | | | |

12 PATIENT NAME

13 PATIENT ADDRESS

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 5/4/02 | 05 | | | | 01 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 05042002 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 175 | NEONATAL ICU | | | 1 | 1200 00 | | |
| 250 | PHARMACY | | | 5 | 25 84 | | |
| 270 | MEDICAL SUPPLIES | | | 6 | 16 85 | | |
| 001 | TOTAL | | | | 1242 69 | | |

**BABY CLAIM-(LAST IN SERIES)**
**DISCHARGE ON 7/2/02**

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |

57 DUE FROM PATIENT

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| BABY DOE | | 8750000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 0234567 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |

| OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|
| C | | D | | E | |

82 ATTENDING PHYS.ID: C123456 DR. DAN

83 OTHER PHYS. ID: A

OTHER PHYS. ID: B

TAXONOMY 13BH1B2371

84 REMARKS

85 PROVIDER REPRESENTATIVE

X Hand Written Signature

86 DATE: 05/30/2003

UB-92 HCFA-1450

**OCR/ORIGINAL**

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

# What's NEW in billing?

- Claims for Recipients aged 0-6 years are now to span month periods.

- Before service date 4/1/03, children's claims are billed in calendar month intervals.

- For services beginning 4/1/03, children's claims are billed as Admit through Discharge (type of bill 111).

# UB-92 CLAIM FORM

WE CARE HOSPITAL
123 HAPPY ST
ANYTOWN, KY 40000
1

2 **AFTER DRG IMPLEMENTATION**

3 PATIENT CONTROL NO.: 123456

4 TYPE OF BILL: 111

| 5 FED TAX NO | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV'D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11 |
|---|---|---|---|---|---|---|---|
| | 04012003 | 08222003 | 143 | | | | |

12 PATIENT NAME

13 PATIENT ADDRESS

| 14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | CONDITION CODES 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 4/1/03 | 05 | | | | 01 | | C1 | | | | | | | |

| 32 OCCURRENCE CODE | DATE | 33 OCCURRENCE CODE | DATE | 34 OCCURRENCE CODE | DATE | 35 OCCURRENCE CODE | DATE | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 04012003 | | | | | | | | | | A |
| | | | | | | | | | | | B |
| | | | | | | | | | | | C |

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | AMOUNT |
|---|---|---|---|---|---|---|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 175 | NEONATAL ICU | | | 143 | 128700 00 | | |
| 250 | PHARMACY | | | 1037 | 18025 84 | | |
| 270 | MEDICAL SUPPLIES | | | 600 | 7146 85 | | |
| 001 | TOTAL | | | | 153872 69 | | |

BABY CLAIM-ADMIT THROUGH DISCHARGE

| 50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 KENPAC ID (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| KENTUCKY MEDICAID | 01000000 | | | | | |

57 DUE FROM PATIENT

| 58 INSURED'S NAME | 59 P. REL | 60 CERT.-SSN-HIC.-ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| BABY DOE | | 8750000000 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
|---|---|---|---|
| 0345678 | | | |

| 67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123.4 | | | | | | | | | 123.4 | | |

| 79 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|---|
| | | | A | | B | |

| OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
|---|---|---|---|---|---|
| C | | D | | E | |

82 ATTENDING PHYS.ID: C123456 DR. DAN

83 OTHER PHYS. ID: A

OTHER PHYS. ID: B

84 REMARKS

85 PROVIDER REPRESENTATIVE

X Hand Written Signature

86 DATE: 05/30/2003

UB-92 HCFA-1450

**OCR/ORIGINAL**

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

# WHAT ELSE IS NEW???

- **OUTPATIENT SERVICES PROVIDED WITHIN 3 DAYS OF ADMIT**

  **SERVICES PROVIDED WITHIN (3) CALENDAR DAYS OF A RELATED INPATIENT ADMISSION MUST BE BILLED ON THE INPATIENT BILL AND SHALL NOT BE BILLED SEPARATELY.**

# KENTUCKY MEDICAID WILL MAKE PAYMENT ON THE FIRST CLAIM PROCESSED.

**IF THE INPATIENT CLAIM PROCESSES FIRST, THE RELATED OUTPATIENT CLAIM WILL DENY.**

**IF THE OUTPATIENT CLAIM PROCESSES FIRST, THE RELATED INPATIENT CLAIM WILL DENY.**

# Here’s what we learned today!

- **DRG implementation date 4/1/03**
- **Mom/Baby Claim Billing Remains Unchanged**
- **Children 0-6 Years of Age Claims Change Service Dates Beginning 4/1/03**

- **Beginning 4/1/03, Type of Bill 111-except for Baby Claims while Mom is also In-house.**

- **Outpatient Services within 3 Days of A Related Inpatient Stay must be Combined onto the Inpatient Claim.**

- **If the Inpatient Claim Processes before the Outpatient, the Outpatient denies and vice versa.**