Rhode Island Medicaid

<u>837 Institutional – Hospice claim form</u>

This document is a field –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Solution Software. Examples of the values needed in order to process the claim are given. Those fields with "Not Required" listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does not guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered.

** Represents a list that must be created in order to process the claim. Please see additional documentation on how to create your list.

Please use the TAB button to navigate throughout the software

<u>Header 1</u>

FIELD	VALUE
Type of Bill	Select appropriate bill type
Provider ID **	Select your 10 digit National Provider Identifier number from the drop down list.
Taxonomy Code	This will auto populate when NPI is selected from the Provider List.
Last/Org Name	This will auto populate using the TAB button after selecting the NPI.
First Name	This will auto populate using the TAB button after selecting the NPI.
Client ID **	This is the MID of the client you are billing services for. Choose from the drop down list.
Account Number	This will auto populate using the TAB button when the client number is selected from the client list.
Last Name	This will auto populate using the TAB button when the client number is selected from the client list.
First Name	This will auto populate using the TAB button when the client number is selected from the client list.
MI	**NOT REQUIRED**
From DOS	The date you began services for the client.
To DOS	The date you stopped providing services to the client
Medical Record Number	**NOT REQUIRED**
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes

Release of Medical Data	Auto – Populated to Y = Yes
Patient Status	Must be appropriate for this client. Select the appropriate value from the drop down list.
Report Type Code	**NOT REQUIRED**
Report Transmission Code	**NOT REQUIRED**

Header 2

FIELDS	VALUE
Qualifier	Select appropriate Diagnosis Qualifier either ICD-9 or ICD-10
Diagnosis Code: Primary Admit	Enter the ICD-9 or ICD-10 code describing the conditions for which you are treating the client i.e. 010019 Pre-existing essential hypertension complicating pregnancy, unspecified trimester. These can be acquired from the clients Primary Care Physician or your medical records and are based on date of service.
E –Code	**NOT REQUIRED**
Attending Provider ** SSN/Tax ID	The information will auto populate when the NPI provider number is selected from the Other Provider List selecting the TAB button on your keyboard
Taxonomy Code	This will auto populate when the NPI is selected from the Provider List.
Last/Org Name	This will auto populate when the provider number is selected from the Other Provider List selecting the tab button on your keyboard
First Name	This will auto populate when the provider number is selected from the Other Provider List selecting the tab button on your keyboard
Admission Date	**NOT REQUIRED**
Time	**NOT REQUIRED**
Type	Choose an appropriate value from the drop down list for the type of admission. You may choose 9 for information not available.
Source	Choose an appropriate value from the drop down list for the type of admission. You may choose 9 for information not available.
Discharge Hour	**NOT REQUIRED**
Other Insurance Ind.	Is auto populated to N = no This may be changed to Y = yes if billing Medical Assistance as a secondary * please see attachment for further instructions when billing secondary claims

Header 3

FIELDS	VALUE
Referring Provider ** SSN/Tax ID	The information will auto populate when the NPI provider number is selected from the Other Provider List selecting the TAB button on your keyboard
Last/Org Name	This will auto populate when the provider number is selected from the Other Provider List selecting the tab button on your keyboard
First Name	This will auto populate when the provider number is selected from the Other Provider List selecting the tab button on your keyboard

SRV 1

FIELDS	VALUE
From DOS	The date you began servicing the client
To DOS	The date you stopped servicing the client
Revenue Code	Appropriate to services rendered
Procedure	The procedure code representing the service you are billing for
Modifiers	Use if applicable
Billed Amount	The total dollar amount you are billing for the procedure
Units	The total units you are billing for
Basic Unit of Measure	Auto populated to DA = Days
Line Item Control NBR	**NOT REQUIRED**