



## Rhode Island Medicaid

### 837 Institutional – Nursing Home Claim Form

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.**

#### Header 1

<b>FIELD</b>	<b>VALUE</b>
Type of Bill	Use 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 navigating with the TAB button.
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	<b>NOT REQUIRED</b>
From DOS	The date you began treating the client.
To DOS	The date you stopped treating the client for this billing
Medical Record #	<b>NOT REQUIRED</b>
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	Choose a valid value from the drop down list.
Report Transmission Code	<b>NOT REQUIRED</b>
Report Type Code	<b>NOT REQUIRED</b>

### Header 2

<b>FIELD</b>	<b>VALUE</b>
Qualifier	Select appropriate Diagnosis Qualifier either ICD-9 or ICD-10
Diagnosis Codes Primary Admit	Enter the ICD-9 or ICD-10 code describing the conditions for which you are treating the client i.e. <u>010019</u> 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.
Attending Provider ** SSN/Tax ID	The information will be auto populated when the provider NPI is selected from the other provider list selecting the tab button on your keyboard.
Taxonomy Code	This will auto populate when NPI is selected from the Provider List navigating with the TAB button
Last/Org Name	This will auto populate when the provider NPI is selected from the Other Provider List selecting the tab button on your keyboard.
First Name	This will auto populated when the provider number is selected from the Other Provider List selecting the tab button on your keyboard

### Header 3

<b>FIELD</b>	<b>VALUE</b>
<b>Admission Date</b>	<b>REQUIRED.</b> The date you began treating the client
Time	<b>REQUIRED.</b> The hour and minute they became your client
Type	<b>REQUIRED.</b> Choose an appropriate value from the drop down list for the type of admission
Source	<b>REQUIRED.</b> Choose an appropriate value from the drop down list for the source of the admission
Discharge Hour	<b>NOT REQUIRED, UNLESS ENTERING A DISCHARGE STATUS CODE.</b>
Other Insurance Indicator	This is auto populated to N = no. This may be changed to Y = yes if billing Medical Assistance as a secondary or co - insurance * please see "Billing Other Insurance" directions for further instructions when billing secondary claims.



## SRV

<b>FIELD</b>	<b>VALUE</b>
From DOS	Enter the date you began servicing the client for the period covered on the claim.
To DOS	Enter The date you stopped servicing the client for the period covered on the claim.
Revenue Code	Use the appropriate revenue code
Billed Amount	Will auto populate when claim is completed
Basic Unit of Measure	<b>Auto populated to DA = Days</b>
Units	The total units you are billing for.
Unit Rate	Please use your Private Pay Daily Rate.
Line Item Control NBR	<b>NOT REQUIRED</b>