



## Rhode Island Medicaid

# 837 Institutional – Inpatient 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 list.

**Please use the TAB button to navigate throughout the software.**

### Header 1

<b>FIELD</b>	<b>VALUE</b>
Type of Bill	Use the appropriate bill type for the claim you are billing
Provider ID **	Select your 10 digit National Provider Identifier.
Taxonomy Code	This will auto populate using the TAB button after selecting the NPI.
Last/Org 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 services for the client
To DOS	The date you stopped servicing the client
Medical Record Number	<b>NOT REQUIRED</b>

<b>FIELD</b>	<b>VALUE</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 Type Code	<b>NOT REQUIRED</b>
Report Transmission 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 Code: 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.
E -Code	Required - You must select a POA from the box
<b>Present on Admission</b>	Choose appropriate value from drop down box. For every diagnosis entered <b>you must select a POA box.</b>
Attending Provider**	This information will auto populate when the provider NPI is selected from the Other Provider List.
Taxonomy Code	If NPI is selected from provider list this information will auto populate.
Last/Org Name	This will be auto populate when the provider NPI is selected from the other provider list and then you hit the tab button on your keyboard.
First Name	This will auto populate when the provider NPI number is selected from the Other Provider List selecting the tab button on your keyboard.
Referring Provider**	This information will auto populate when the provider NPI is selected from the Other Provider List.
Last/Org Name	This will be auto populate when the provider NPI is selected from the other provider list and then you hit the tab button on your keyboard.
First Name	This will auto populate when the provider NPI number is selected from the Other Provider List selecting the tab button on your keyboard.

<b>FIELD</b>	<b>VALUE</b>
<b>Addl E Codes</b>	If an E code is used you must select a <b>Present on Admission Indicator</b>

### **Header 3**

<b>FIELD</b>	<b>VALUE</b>
Occurrence Codes and Dates	<b>NOT REQUIRED</b>
Occurrence Span Codes and Dates	Required <b>Only if</b> Occurrence Codes are entered.

### **Header 4**

<b>FIELD</b>	<b>VALUE</b>
Value Codes and Amounts	<b>NOT REQUIRED</b>
Condition Codes	<b>NOT REQUIRED</b>

### **Header 5**

<b>FIELD</b>	<b>VALUE</b>
Surgical Procedures Principal Operating Physician	<b>NOT REQUIRED</b>
	The information will be auto populated when the provider NPI number is selected from the Other Provider List selecting the tab button on your keyboard
Taxonomy Code	If NPI is selected from provider list this will auto populate.
Last/Org Name	This will auto populate when the provider NPI number is selected from the Other Provider List selecting the TAB button on your keyboard
First Name	This will auto populate when the provider NPI number is selected from the Other Provider List selecting the TAB button on your keyboard

### **Header 6**

<b>FIELD</b>	<b>VALUE</b>
Admission Date	The date you began the service for the client
Time	The hour and minute they entered your facility for services
Source	The source of the admission type
Discharge Hour	<b>NOT REQUIRED.</b> If applicable choose an appropriate value from the drop down list
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

### **SRV**

<b>FIELD</b>	<b>VALUE</b>
From DOS	The date you began servicing the client
To DOS	The date you stopped servicing the client
Revenue Code	Use appropriate revenue code
Billed Amount	Enter charge for the revenue code
Basic Unit of Measure	Auto populated to UN = Units
Units	Enter the total units for this claim
<b>Line Item Control NBR</b>	<b>NOT REQUIRED</b>