Rhode Island Medicaid

837 Institutional –UB 04 Outpatient Claim Form

This document is a field –by –field instructional help sheet. The fields are listed in a left to right format as they appear in the Provider Electronic 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

FIELD	VALUE
Type of Bill	Appropriate for the claim you are billing.
Provider ID	Select your 10 digit National Provider Identifier.
Taxonomy Code	This will auto populate when the NPI is selected form the Provider List.
Last/Org Name	This will auto populate when the provider NPI is selected from the Provider List using the tab button on your keyboard.
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	This would be date you provided services to the client.
To DOS	This would be 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	Choose a valid value from the drop down list.
Report Type Code	**NOT REQUIRED**
Report Transmission Code	**NOT REQUIRED**

Header 2

FIELD	VALUE
Qualifier	Select appropriate Diagnosis Qualifier either ICD-9 or ICD-10
Diagnosis Code Primary	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**
Patient Reason For Visit	Choose appropriate diagnosis code. Can be the same as the primary
Attending Provider** SSN/Tax ID	The information will auto populate when the NPI provider number is selected from the Other Provider List selecting tab button on your keyboard
Taxonomy Code	This will auto populate when selecting the NPI from the Provider List.
Last/Org Name	This will auto populate when the NPI provider number is selected from the Other Provider List selecting the tab button on your keyboard
First Name	This will auto populate when the NPI provider number is selected from the Other Provider List selecting the tab button on your keyboard
MI	**NOT REQUIRED**

Header 3

FIELD	VALUE
Occurrence Codes and Dates	**NOT REQUIRED**
Occurrence Span Codes and Dates	Dates Required ONLY if occurrence codes are entered

Header 4

FIELD	VALUE
Value Codes and Amounts	**NOT REQUIRED**
Condition Codes	**NOT REQUIRED**

Header 5

FIELD	VALUE
Admission Date	**NOT REQUIRED**
Time	**NOT REQUIRED**
Type	Choose an appropriate value from the drop down list for the type of admission. May choose 9 – Information not available.
Source	Choose appropriate value from the drop down list. May choose 9 – Information not available.
Discharge Hour	**NOT REQUIRED**
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.
Referring Provider** SSN/Tax ID	The information will auto populate when the NPI provider number is selected from the Other Provider List selecting tab button on your keyboard. The **Referring Provider field** applies to the following provider types: Ambulatory Surgical Centers and Dialysis.
Last/Org Name	This will auto populate when the NPI provider number is selected from the Other Provider List selecting the tab button on your keyboard
First Name	This will auto populate when the NPI provider number is selected from the Other Provider List selecting the tab button on your keyboard

SRV1

FIELD	VALUE
From DOS	The date you provided services to the client.
To DOS	The date you stopped providing services to the client.
Revenue Code	Use what is appropriate
Procedure	**If J Code is used please select NDC Indicator and add NDC to the valid field**
Modifiers	Auto populated to UN = Units
Billed Amount	Will auto populate when claim is completed
Basic Unit of Measure	Auto populated to UN = Units
Units	The total units you are billing for
Line Item Control Number	**NOT REQUIRED**
NDC Indicator	Select if appropriate