

Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

This claim example shows a claim where a patient was in the facility for 31 days.

837 Institutional Nursing Home

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Service

Type Of Bill 212 Original Claim #

Provider ID 1245450154 Taxonomy Code 208800000X

Last/Org Name SMITH

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 30 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
|-----------|-----------|------------|---------------|----------------|--------|

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 1 Tab

If the patient status billed is:

- 20 – Expired
- 30 – Still a patient
- 40 – Expired at Home
- 41 – Expired in Medical Facility
- 42 – Expired – Unknown

Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

The screenshot displays a software window titled "837 Institutional Nursing Home". At the top, there are summary fields: "Total Charge" (00), "OI Amount" (00), "Billed Amount" (00), and "Services" (1). Below this is a header navigation bar with tabs: "Header 1", "Header 2" (selected), "Header 3", "Header 4", "Header 5", and "Service".

The "Header 2" tab contains the following information:

- Admission:** Date: 07/01/2014, Hour: 00, Type: 4
- From DOS:** 07/01/2014, **To DOS:** 07/31/2014
- Attending:** Provider ID: 1245450154, Last/Org Name: SMITH
- Referring:** Provider ID: 001316414, Last/Org Name: BROWN

At the bottom of the form is a table with the following columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status.

On the right side of the window, there is a vertical toolbar with the following buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, and Close.

Header 2 Tab

In the example above the number of Covered days is equal to the number of days elapsed between the From and To Dates of Service (i.e. 07/01/2014-07/31/2014).

Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,260.00 DI Amount .00 Billed Amount 4,260.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | |
|---------------------|----|-------|----|--|-----|
| 1 | 80 | 31.00 | 2 | | .00 |
| 4 | | .00 | 5 | | .00 |
| 7 | | .00 | 8 | | .00 |
| 10 | | .00 | 11 | | .00 |
| | | | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 4,260.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 5 Tab

Use the value code '80' to report the number of Covered Days. In this example, the patient was covered for 31 days.

Value Codes:

80-Covered Days

81-Non-Covered Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,550.00 OI Amount .00 Billed Amount 1,550.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 07/01/2014 Revenue Code 100 Billed Amount 1,550.00
 Units 31.0 Basis of Measurement DA Unit Rate 50.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|---------|-------|-----------------|--------------|-------|---------------|
| | 1 | 07/01/2014 | 100 | 31.0 | 1,550.00 |

Copy Srv
Delete Srv

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units is equal to the number of Covered days in Header 5.

***Note: In this example the Date of Service on the Service Tab is the same as the From Date of Service on Header 2.

Provider Electronic Solutions Software Example of claim with Client Death

This is an example of a claim where the client has died and explains how to bill the appropriate number of covered days or units through the client's date of death.

837 Institutional Nursing Home

Total Charge 1,550.00 OI Amount .00 Billed Amount 1,550.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Service |

Type Of Bill 212 Original Claim #

Provider ID 1336139500 Taxonomy Code 282N00000X

Last/Org Name YALE NEW HAVEN HOSPITAL

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 20 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 1

In the example above the Patient Status is 20 – Expired.

**Provider Electronic Solutions Software
Example of claim with Client Death**

837 Institutional Nursing Home

Total Charge 1,550.00 OI Amount .00 Billed Amount 1,550.00 Services 1

Header 1 **Header 2** Header 3 Header 4 Header 5 Service

Admission
 Date 01/01/2001 Hour 00 Type 4

From DOS 03/01/2003 To DOS 03/08/2003

Attending
 Provider ID 1245450154
 Last/Org Name SMITH

Referring
 Provider ID 001316414
 Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 2 Tab

In the example above the Patient Expired 03/08/03.

Provider Electronic Solutions Software Example of claim with Client Death

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,550.00 OI Amount .00 Billed Amount 1,550.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | | | | |
|---------------------|----|------|----|--|-----|----|--|-----|
| 1 | 80 | 8.00 | 2 | | .00 | 3 | | .00 |
| 4 | | .00 | 5 | | .00 | 6 | | .00 |
| 7 | | .00 | 8 | | .00 | 9 | | .00 |
| 10 | | .00 | 11 | | .00 | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 5 Tab

In this example, Value Code 80 is used to report the number of Covered Days as 8 based on the From DOS 03/01/2003 and TO DOS 03/08/2003 shown on Header 2 tab.

Provider Electronic Solutions Software Example of claim with Client Death

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,120.00 OI Amount .00 Billed Amount 1,120.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 Revenue Code 100 Billed Amount 1,120.00
 Units 8.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

Add Srv Copy Srv Delete Srv

| Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|-------|-----------------|--------------|-------|---------------|
| 1 | 03/01/2003 | 100 | 8.0 | 1,120.00 |

Find...
Print
Close

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Service Tab

In the example above the number of Units is equal to the number of Covered days.

***Note: In this example the Date of Service on the Service Tab is the same as the From Date of Service on Header 2.

Provider Electronic Solutions Software Example of claim with Non-covered Reserve Day

The following is an example of a claim being submitted for a client with a Non-covered reserve day. This is represented by the revenue center code of 189 on the service date of 03/15/2003 on the service tab.

The screenshot shows a software window titled "837 Institutional Nursing Home". At the top, there are summary fields: "Total Charge" (0.00), "OI Amount" (0.00), "Billed Amount" (0.00), and "Services" (1). Below this is a tabbed interface with "Header 1" selected. The form contains the following fields:

- Type Of Bill: 212
- Original Claim #: [Empty]
- Provider ID: 1245450154
- Taxonomy Code: 208800000X
- Last/Org Name: SMITH
- Client ID: 001234568
- Account #: PESV381
- Last Name: AYALATEST
- First Name: ELVIS
- MI: [Empty]
- Patient Status: 30
- Medical Record #: ROUTINE CLAIM
- Release of Medical Data: Y
- Benefits Assignment: Y
- Report Type Code: [Empty]
- Report Transmission Code: [Empty]
- Attachment Ct: [Empty]

On the right side of the form, there is a vertical toolbar with buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, and Close. At the bottom of the form, there is a table header with columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status.

Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

**Provider Electronic Solutions Software
Example of claim with Non-covered Reserve Day**

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,100.00 OI Amount 00 Billed Amount 2,100.00 Services 2

Header 1 Header 2 Header 3 Header 4 Header 5 Service

Admission
Date 01/01/2001 Hour 01 Type 4

From DOS 03/01/2003 To DOS 03/15/2003

Attending
Provider ID 1245450154
Last/Org Name SMITH

Referring
Provider ID 001316414
Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 2 Tab

In the example above there are 14 covered days beginning with From DOS 3/1/2003 through To DOS of 03/15/2003.

**Provider Electronic Solutions Software
Example of claim with Non-covered Reserve Day**

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,120.00 OI Amount .00 Billed Amount 1,120.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | |
|---------------------|----|-------|----|----|------|
| 1 | 80 | 14.00 | 2 | 81 | 1.00 |
| 3 | | | 5 | | .00 |
| 4 | | .00 | 6 | | .00 |
| 7 | | .00 | 8 | | .00 |
| 10 | | .00 | 11 | | .00 |
| | | | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 5

Value code 80 is entered to show 14 Covered Days and Value Code 81 is entered to show 1 Non-Covered Day.

Provider Electronic Solutions Software Example of claim with Non-covered Reserve Day

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,100.00 OI Amount .00 Billed Amount 2,100.00 Services 2

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 Revenue Code 100 Billed Amount 1,960.00
 Units 14.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 1,960.00 |
| Copy Srv | 2 | 03/15/2003 | 189 | 1.0 | 140.00 |
| Delete Srv | | | | | |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units for Service Line 1 is equal to the number of Covered days as shown on Header 2 and Service 2 is equal to the number of Non-Covered Days as shown on Header 5 Value Code 81.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

The following is an example of a claim being submitted for a client who went on Home Leave for 3 days on 03/15/2003. This is represented by the revenue center code of 183 on the service date of 03/15/2003 with 3 units on the service tab.

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,100.00 OI Amount .00 Billed Amount 2,100.00 Services 2

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Service

Type Of Bill 212 Original Claim #

Provider ID 1336139500 Taxonomy Code 282N00000X

Last/Org Name YALE NEW HAVEN HOSPITAL

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 30 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,100.00 OI Amount .00 Billed Amount 2,100.00 Services 2

Header 1 Header 2 Header 3 Header 4 Header 5 Service

Admission
Date 01/01/2001 Hour 01 Type 4

From DOS 03/01/2003 To DOS 03/31/2003

Attending
Provider ID 1245450154
Last/Org Name SMITH

Referring
Provider ID 001316414
Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 2 Tab

In the example above there are 31 covered days for From DOS 3/1/2003 through To DOS 03/31/2003.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,260.00 OI Amount .00 Billed Amount 4,260.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | |
|---------------------|----|-------|----|--|-----|
| 1 | 80 | 31.00 | 2 | | .00 |
| 4 | | .00 | 5 | | .00 |
| 7 | | .00 | 8 | | .00 |
| 10 | | .00 | 11 | | .00 |
| | | | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 4,260.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 5

Value Code 80 shows 31 covered days

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,480.00 OI Amount .00 Billed Amount 4,480.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 Revenue Code 100 Billed Amount 1,960.00
 Units 14.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 1,960.00 |
| Copy Srv | 2 | 03/15/2003 | 183 | 3.0 | 560.00 |
| Delete Srv | 3 | 03/01/2003 | 100 | 14.0 | 1,960.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units on Line Item 1 is equal to the period before the client went on Home Leave.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,480.00 OI Amount .00 Billed Amount 4,480.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/15/2003 Revenue Code 183 Billed Amount 560.00
 Units 3.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 1,960.00 |
| Copy Srv | 2 | 03/15/2003 | 183 | 3.0 | 560.00 |
| Delete Srv | 3 | 03/01/2003 | 100 | 14.0 | 1,960.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above, the Date of Service on Line Item 2 is equal to the day the client went on Home Leave and the number of Units is equal to the number of days the client was on Home Leave from DOS 3/15/2003.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,480.00 **OI Amount** .00 **Billed Amount** 4,480.00 **Services** 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 **Revenue Code** 100 **Billed Amount** 1,960.00
Units 14.0 **Basis of Measurement** DA **Unit Rate** 140.00

Referring
Provider ID _____
Last/Org Name _____ **First Name** _____

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|-------------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 1,960.00 |
| Copy Srv | 2 | 03/15/2003 | 183 | 3.0 | 560.00 |
| Delete Srv | 3 | 03/01/2003 | 100 | 14.0 | 1,960.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All

Find...
Print
Close

Service Tab

In the example above, the number of Units on Line Item 3 is equal to the period after the client returned from Home Leave.

Provider Electronic Solutions Software Example of claim with Home Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,260.00 OI Amount .00 Billed Amount 4,260.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | |
|---------------------|----|-------|----|--|-----|
| 1 | 80 | 31.00 | 2 | | .00 |
| 4 | | .00 | 5 | | .00 |
| 7 | | .00 | 8 | | .00 |
| 10 | | .00 | 11 | | .00 |
| | | | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 4,260.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 5

Value Code 80 is used to enter the number of covered days when revenue code is 183 (Patient Went Home) as shown on the Service Tab for Service Line 2.

Provider Electronic Solutions Software Example of claim with Client Discharged to Home

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,340.00 OI Amount .00 Billed Amount 4,340.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Service

Type Of Bill 212 Original Claim #

Provider ID 1336139500 Taxonomy Code 282N00000X

Last/Org Name YALE NEW HAVEN HOSPITAL

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 01 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 1 Tab

If the patient status billed is:

01 – Discharged to home

- 02 – Discharged to another short term, general hospital
- 03 – Discharged to a skilled nursing facility
- 04 – Discharged to intermediate care facility
- 05 – Discharged to another type of institution
- 06 – Discharged to home under the care of an organized home health service organization
- 07 – Left against medical advice
- 08 – Discharged to home under care of IV Provider
- 50 – Hospice
- 51 – Hospice - Medical Facility
- 61 -Discharge to another institution for outpatient services as specified by the discharge plan of care

The number of covered plus non-covered days will be equal to the number of days elapsed between the From and To Dates of Service minus one.

(i.e. 03/01/03 to 03/05/03 = 5 days minus 1 day, because patient status is '01')

Provider Electronic Solutions Software Example of claim with Client Discharged to Home

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 4,340.00 OI Amount .00 Billed Amount 4,340.00 Services 3

Header 1 **Header 2** Header 3 Header 4 Header 5 Service

Admission
 Date 01/01/2001 Hour 01 Type 4

From DOS 03/01/2003 To DOS 03/05/2003

Attending
 Provider ID 1245450154
 Last/Org Name SMITH

Referring
 Provider ID 001316414
 Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 2 Tab

In the example above there are 4 covered days.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,960.00 OI Amount .00 Billed Amount 1,960.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

| Value Codes/Amounts | | | | | | | |
|---------------------|----|--|------|----|--|-----|----|
| 1 | 80 | | 4.00 | 2 | | .00 | 3 |
| 4 | | | .00 | 5 | | .00 | 6 |
| 7 | | | .00 | 8 | | .00 | 9 |
| 10 | | | .00 | 11 | | .00 | 12 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234560 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Header 5 Tab

Value Code 80 is used to report 4 covered days before the client was discharged home.

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 1,960.00 OI Amount .00 Billed Amount 1,960.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 Revenue Code 100 Billed Amount 1,960.00

Units 4.0 Basis of Measurement DA Unit Rate 140.00

Referring
Provider ID
Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|---------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 4.0 | 1,960.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234569 | AYALATEST | ELVIS | 1,550.00 | | R |

Service Tab

In the example above the number of Units is equal to the period before the client was discharged to Home.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 560.00 OI Amount .00 Billed Amount 560.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Service |

Type Of Bill 212 Original Claim #

Provider ID 1336139500 Taxonomy Code 282N00000X

Last/Org Name YALE NEW HAVEN HOSPITAL

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 30 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 560.00 OI Amount .00 Billed Amount 560.00 Services 1

Header 1 Header 2 Header 3 Header 4 Header 5 Service

Admission
Date 01/01/2001 Hour 01 Type 4

From DOS 03/01/2003 To DOS 03/31/2003

Attending
Provider ID 1245450154
Last/Org Name SMITH

Referring
Provider ID 001316414
Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 2 Tab

In the example above there are 31 covered days.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 580.00 OI Amount .00 Billed Amount 580.00 Services 1

Header 1 | Header 2 | Header 3 | **Header 4** | Header 5 | Service

Occurrence Codes/Dates

| | | | | | | | | |
|---|----|------------|---|--|------------|---|--|------------|
| 1 | 42 | 03/15/2003 | 2 | | 00/00/0000 | 3 | | 00/00/0000 |
| 4 | | 00/00/0000 | 5 | | 00/00/0000 | 6 | | 00/00/0000 |
| 7 | | 00/00/0000 | 8 | | 00/00/0000 | | | |

Occurrence Span Codes/Dates

| | | | | | | | |
|---|--|------------|------------|---|--|------------|------------|
| 1 | | 00/00/0000 | 00/00/0000 | 2 | | 00/00/0000 | 00/00/0000 |
|---|--|------------|------------|---|--|------------|------------|

Condition Codes

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1 | | 2 | | 3 | | 4 | |
| 5 | | 6 | | 7 | | | |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 4 Tab

In the example above the Occurrence codes is 42 and the date the client was discharged to a General Hospital.

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,940.00 OI Amount .00 Billed Amount 2,940.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | **Header 5** | Crossover | Service

Value Codes/Amounts

| | | | | | | | | |
|----|----|-------|----|----|------|----|--|-----|
| 1 | 80 | 26.00 | 2 | 81 | 5.00 | 3 | | .00 |
| 4 | | .00 | 5 | | .00 | 6 | | .00 |
| 7 | | .00 | 8 | | .00 | 9 | | .00 |
| 10 | | .00 | 11 | | .00 | 12 | | .00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 5 Tab

In the example, Value Code 80 is reflected to show there were a total of 26 Covered Days and value code 81 shows that there were 5 Non Covered days.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,940.00 OI Amount .00 Billed Amount 2,940.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/01/2003 Revenue Code 100 Billed Amount 560.00
 Units 14.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 560.00 |
| Copy Srv | 2 | 03/15/2003 | 185 | 5.0 | 700.00 |
| Delete Srv | 3 | 03/20/2003 | 100 | 12.0 | 1,680.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units on Line Item 1 with Revenue Code 100 is equal to the number of Covered Days before the client was discharged to the Hospital.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,940.00 OI Amount .00 Billed Amount 2,940.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/15/2003 Revenue Code 185 Billed Amount 700.00
 Units 5.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 560.00 |
| Copy Srv | 2 | 03/15/2003 | 185 | 5.0 | 700.00 |
| Delete Srv | 3 | 03/20/2003 | 100 | 12.0 | 1,680.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units on Line Item 2 with Revenue Code 185 is equal to the period the client was discharged to the Hospital for 5 Covered Days.

Provider Electronic Solutions Software Example of claim with Hospital Reserve Days

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,940.00 OI Amount .00 Billed Amount 2,940.00 Services 3

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 03/20/2003 Revenue Code 100 Billed Amount 1,680.00
 Units 12.0 Basis of Measurement DA Unit Rate 140.00

Referring
 Provider ID
 Last/Org Name First Name

| Add Srv | Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|------------|-------|-----------------|--------------|-------|---------------|
| | 1 | 03/01/2003 | 100 | 14.0 | 560.00 |
| Copy Srv | 2 | 03/15/2003 | 185 | 5.0 | 700.00 |
| Delete Srv | 3 | 03/20/2003 | 100 | 12.0 | 1,680.00 |

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,120.00 | | R |
| 001234568 | AYALATEST | ELVIS | 1,550.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Service Tab

In the example above the number of Units on Line 3 with Revenue Code 100 is equal to the period after the client returned back to the Long Term Care Facility.

Provider Electronic Solutions Software Example of a Medicare Crossover Claim

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 3,000.00 OI Amount .00 Billed Amount 3,000.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | Service

Type Of Bill 212 Original Claim #

Provider ID 1336139500 Taxonomy Code 282N00000X

Last/Org Name YALE NEW HAVEN HOSPITAL

Client ID 001234568 Account # PESV381

Last Name AYALATEST First Name ELVIS MI

Patient Status 30 Medical Record # ROUTINE CLAIM

Release of Medical Data Y Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 4,260.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

Provider Electronic Solutions Software Example of a Medicare Crossover Claim

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 3,000.00 OI Amount .00 Billed Amount 3,000.00 Services 1

Header 1 **Header 2** Header 3 Header 4 Header 5 Crossover Service

Admission
 Date 01/01/2004 Hour 00 Type 4

From DOS 01/01/2004 To DOS 01/30/2004

Attending
 Provider ID 1245450154
 Last/Org Name SMITH

Referring
 Provider ID 001316414
 Last/Org Name BROWN

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 4,260.00 | | R |

Add
Copy
Delete
Undo All
Save
Edit All
Find...
Print
Close

Header 2 Tab

In the example above there are 30 covered days.

Provider Electronic Solutions Software Example of a Medicare Crossover Claim

HP Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

837 Institutional Nursing Home

Total Charge 2,940.00 OI Amount 0 Billed Amount 2,940.00 Services 3

Header 1 | Header 2 | **Header 3** | Header 4 | Header 5 | Crossover | Service

Diagnosis Codes

Qualifier ICD-10 Other: 1 2 3 4

Primary 250 5 6 7 8

Admit 250

Facility ID 1336139500 Delay Reason

Other Insurance Indicator N Crossover Indicator Y

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 001234568 | AYALATEST | ELVIS | 1,500.00 | | R |

Buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close

Header 3 Tab

In the example above select 'Yes' in the Crossover Indicator field to indicate a crossover claim and the Crossover Tab will then appear.

Provider Electronic Solutions Software Example of a Medicare Crossover Claim

The screenshot shows a software window titled "837 Institutional Nursing Home" with standard window controls. Below the title bar, there are summary fields: "Total Charge" (3,225.00), "OI Amount" (.00), "Billed Amount" (3,225.00), and "Services" (1). A tabbed interface is visible with tabs for "Header 1", "Header 2", "Header 3", "Header 4" (selected), "Header 5", "Crossover", and "Service".

The "Header 4" tab contains three sections:

- Occurrence Codes/Dates:** A grid of 8 input fields. Fields 1, 2, 3, 4, 5, and 6 each contain a date "00/00/0000". Fields 7 and 8 are empty.
- Occurrence Span Codes/Dates:** A grid of 4 input fields. Field 1 contains a dropdown arrow and "00/00/0000". Field 2 contains "00/00/0000". Fields 3 and 4 are empty.
- Condition Codes:** A grid of 7 input fields, all of which are empty.

On the right side of the form, there is a vertical stack of buttons: "Add", "Copy", "Delete", "Undo All", "Save", and "Edit All".

Header 4 Tab

Enter the occurrence code (if required), condition code, and date.

**Provider Electronic Solutions Software
Example of a Medicare Crossover Claim**

837 Institutional Nursing Home

Total Charge 3,225.00 OI Amount 5.00 Billed Amount 3,220.00 Services 2

Header 1 Header 2 Header 3 Header 4 Header 5 OI Service

Value Codes/Amounts

| | | | | | | | | |
|----|----|----------|----|--|-----|----|--|-----|
| 1 | A2 | 1,216.00 | 2 | | .00 | 3 | | .00 |
| 4 | | .00 | 5 | | .00 | 6 | | .00 |
| 7 | | .00 | 8 | | .00 | 9 | | .00 |
| 10 | | .00 | 11 | | .00 | 12 | | .00 |

Add
Copy
Delete
Undo All
Save
Edit All

Header 5 Tab

Enter Value codes A1 and A2 for crossover claims.

A1 – Deductible Payer A
(not required for this
example)

A2 – Coinsurance Payer A

**Provider Electronic Solutions Software
Example of a Medicare Crossover Claim**

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
| 003569068 | BOUND | HOME | 3,220.00 | | R |
| 003569068 | BOUND | HOME | 3,220.00 | | R |
| 003569068 | BOUND | HOME | 3,220.00 | 9/3/2014 | F |
| 003569068 | BOUND | HOME | 3,220.00 | 9/3/2014 | F |
| 003569068 | BOUND | HOME | 3,220.00 | 8/4/2011 | F |

Crossover Tab

The Crossover Tab will appear if 'Yes' is chosen for the Crossover Indicator on the Header 3 Tab.

This tab should only be used when the intent is to obtain coinsurance and deductible payments from a claim already paid by Medicare. Use this tab for the following situations:

- Claims that do not crossover from Medicare can be submitted electronically with Provider Electronic Solutions software.
- After claims have been submitted to other insurance, providers can submit the Connecticut Medical Assistance claim electronically with Provider Electronic Solutions software.

NOTE: DSS conducts monthly Electronic Claims Submission (ECS) audits, therefore, providers must retain the Explanation of Medicare Benefits (EOMB) for auditing purposes.

Fields that are populated automatically:

Release of Medical Data – Defaults to a Y

Benefits Assignment – Defaults to a Y

Required Fields:

Claim Filing Indicator Code: Indicate MA for Medicare Part A; MB for Medicare Part B

Medicare ICN: Enter the claim number assigned to the claim by Medicare. The Medicare number must be 14 characters in length. If the number is less than 14 digits, enter leading zeros.

Adjustment Group Code: Select the appropriate value from the drop down box that identifies the general category of payment adjustment by Medicare.

Adjustment Reason Code: Enter the code identifying the reason the adjustment was made by Medicare.

Adjustment Amount: Enter the difference between the billed amount and paid amount. This field is required if a value is entered in the Reason Code field on the Crossover tab.

Paid Amount: Enter the dollar amount paid by Medicare.

Paid Date: Enter the date of the Medicare EOMB. Enter the date in MM/DD/CCYY format.

Amounts:

Deductible: Enter the deductible amount as it appears on the Medicare EOMB.

Coinsurance: Enter the coinsurance amount as it appears on the Medicare EOMB.

Policy Holder:

Carrier Code: Select the carrier code (MPA or MPB) that corresponds to the policyholder for this claim.

Note: Providers must complete the policy holder list, before completing a claim with Medicare.

Last Name: Auto plugged when the carrier code is selected.

First Name: Auto plugged when the carrier code is selected.

Provider Electronic Solutions Software

Total Charge 3,225.00 **OI Amount** .00 **Billed Amount** 3,225.00 **Services** 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | Crossover | **Service**

Date Of Service 08/01/2015 **Revenue Code** 121 **Billed Amount** 3,225.00
Units 15.0 **Basis of Measurement** DA **Unit Rate** 215.00

Referring
Provider ID 1407845282
Last/Org Name MERCY **First Name** INPATIENT

| Srv # | Date Of Service | Revenue Code | Units | Billed Amount |
|-------|-----------------|--------------|-------|---------------|
| 1 | 08/01/2015 | 121 | 15.0 | 3,225.00 |

Add Srv **Copy Srv** **Delete Srv**

Add **Copy** **Delete** **Undo All** **Save** **Edit All**

Example of a Medicare Crossover Claim

Service Tab

Complete this section as though you were submitting this claim to Medicare to obtain coinsurance and deductible payments for a claim paid by Medicare.

Required Fields:

Date of Service: Enter the date on which service(s) were provided for this claim in MM/DD/CCYY format.

Revenue Code: Enter the revenue code as submitted to Medicare.

Billed Amount: Enter the amount that was billed to Medicare.

Units: Enter the number of days being billed for the Revenue Center Code (RCC).

Basis of Measurement: Enter DA for days.