

1 ABC Hospital 1234 Main Street Dallas, Texas 75234	2		3 PATIENT CONTROL NO. 112235				4 TYPE OF BILL 111										
5 FED. TAX NO. 752345678	6 STATEMENT COVERS PERIOD FROM 09/01/03 THROUGH 09/03/03		7 COV D. 2	8 N-C-D	9 C-I-D	10 L-R-D	11										
12 PATIENT NAME Jane M. Doe			13 PATIENT ADDRESS 1234 4th Street, Dallas, Texas 75234														
14 BIRTHDATE 08/10/1942	15 SEX F	16 MS M	17 DATE 09/01/03	18 HR 5	19 TYPE 3	20 SRC 1	21 D HR 14	22 STAT 01	23 MEDICAL RECORD NO. 000023456	24	25	26	27	28	29	30	31
32 OCCURRENCE DATE 11 09/18/02	34 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT										
Blue Cross Blue Shield of Texas PO Box 660044 Dallas, Texas 75266-0044										a	b	c	d				
42 REV. CD. 120	43 DESCRIPTION Room-Board/Semi			44 HCPCS / RATES \$464.00	45 SERV. DATE	46 SERV. UNITS 2	47 TOTAL CHARGES 928 00	48 NON-COVERED CHARGES	49								
250	Pharmacy					38	335 70										
270	Med-Surg Supplies					41	950 00										
300	Laboratory					5	281 20										
360	OR Services					5	1500 00										
370	Anesthesia					5	1200 00										
710	Recovery Room					2	300 00										
001	Total Chgs						5494 90										
50 PAYER Blue Cross Blue Shield PPO/POS			51 PROVIDER NO. HH0000		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS 0 00	55 EST. AMOUNT DUE	56								
DUE FROM PATIENT																	
58 INSURED'S NAME Jane M. Doe			59 P.REL.	60 CERT. - SSN - HIC. - ID NO. ZGP 1234567898		61 GROUP NAME ABC Group		62 INSURANCE GROUP NO. 12345									
63 TREATMENT AUTHORIZATION CODES ABC9DOOO			64 ESC 65 EMPLOYER NAME XYZ Company			66 EMPLOYER LOCATION 5678 Employers Lane, Dallas, Texas											
67 PRIN. DIAG. CD. 216.3	68 CODE 401.9	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD. 216.3	77 E-CODE	78						
79 P.C. 9	80 PRINCIPAL PROCEDURE CODE 86.3	80 PRINCIPAL PROCEDURE DATE 09/01/03	81 OTHER PROCEDURE CODE	81 OTHER PROCEDURE DATE	82 ATTENDING PHYS. ID E12345 Dr. John Doe	83 OTHER PHYS. ID	84 REMARKS	85 PROVIDER REPRESENTATIVE X A.B. Clark, MD	86 DATE 09/10/03								

B-92 HCFA-1450

OCR/Original

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

- Essential data elements
- Required essential data elements

CLAIM FIELDS

The fields listed below and highlighted on the next page are needed to process claims and are required by the Texas Department of Insurance for the submission of clean claims by facility and ancillary providers.

Essential data elements required by TDI

FIELD	DATA NEEDED
1	– Provider’s name, address and phone number
3	– Patient control number
4	– Type of bill code
5	– Provider’s federal tax ID number
6	– Statement period (beginning and ending date of claim period)
12	– Patient’s name
13	– Patient’s address
14	– Patient’s date of birth
15	– Patient’s gender
16	– Patient’s marital status
42	– Revenue code
43	– Revenue code description
46	– Units of service
47	– Total charge
50	– Payer – HMO or preferred provider carrier’s name
51	– Provider’s Number
58	– Subscriber’s name
59	– Patient’s relationship to subscriber
60	– Patient’s/subscriber’s certificate number, health claim number, ID number
62	– Group number if shown on ID number
67	– Principal diagnosis code
76	– Admission diagnosis code
82	– Attending physician ID
85	– Signature of provider representative or notation that the signature is on file with the HMO or preferred provider carrier
86	– Date bill submitted

Essential data elements required by TDI, if applicable

FIELD	DATA NEEDED
7	– Covered days – applicable if Medicare is a primary or secondary payer
8	– Non-covered days – applicable if Medicare is a primary or secondary payer
9	– Coinsurance days – applicable if Medicare is a primary or secondary payer
10	– Lifetime reserve days – applicable if Medicare is a primary or secondary payer and patient was an inpatient
17	– Date of admission, if inpatient admission, observation stays and emergency room care
18	– Admission hour, if inpatient admission, observation stays and emergency room care
19	– Type of admission (e.g.; emergency, urgent, elective, newborn), if inpatient admission
20	– Source of admission code, if inpatient admission
21	– Discharge hour, if inpatient admission, outpatient surgery or observation stays
22	– Patient status at discharge code, if patient admission, observation stays and emergency room care
24-30	– Condition codes – applicable if the UB-92 manual contains a condition code appropriate to the patient’s condition
32-35	– Occurrence codes and dates – applicable if the UB-92 manual contains an occurrence code appropriate to the patient’s condition
36	– Occurrence span code – from and through dates – applicable if the UB-92 manual contains an occurrence span code appropriate to the patient’s condition
39-41	– Value code and amounts, if patient admission
44	– HCPCS/Rates – applicable if Medicare is a primary or secondary
45	– Service date, if outpatient admission
54	– Prior payments – payer and patient – applicable if payments have been made to the provider by or on behalf of the patient or subscriber or by a primary plan
63	– Verification number. If no verification has been obtained, preauthorization number if required.
68-75	– Diagnoses codes other than principal diagnoses code – applicable if there are diagnoses other than the principal diagnosis
79	– Procedure coding methods used – applicable if the UB-92 manual indicates a procedural coding method appropriate to the patient’s condition
80	– Principal procedure code – applicable if a patient has undergone an inpatient or outpatient surgical procedure
81	– Other procedure code – applicable as an extension of Field 80 if additional surgical procedures were performed

