ATTACHMENT 4

Sample UB-92 claim form for nursing homes billing standard Wisconsin Medicaid claim with Bedhold Days — Ancillaries (not a dual-entitlee)

APPROVED OMB NO. 0938-0279

IM BILLING NURSING HOME 1 W WILLIAMS ST ANYTOWN, WI 55555 (555) 321-1234	2
3 PATIENT CONTROL NO.	01234567890
4 TYPE OF BILL	212
5 FED. TAX NO.	
6 STATEMENT COVERS PERIOD FROM	11/01/03
THROUGH	11/30/03
7 COV D	30
8 N-C D	
9 C-I D.	
10 L-R D.	
11	
12 PATIENT NAME	RECIPIENT, IMA H.
13 PATIENT ADDRESS	
14 BIRTHDATE	
15 SEX	
16 MS	
17 ADMISSION DATE	06/21/03
18 HR	
19 TYPE	
20 SRC	4
21 D HR	
22 STAT	30
23 MEDICAL RECORD NO.	99876
24 CONDITION CODES	A5
26	
28	
30	
31	
32 OCCURRENCE CODE / DATE (a)	
(b)	
34 OCCURRENCE CODE / DATE	
36 OCCURRENCE SPAN CODE / FROM / THROUGH	
37 (A)	
(B)	
(C)	
38	
39 VALUE CODES CODE / AMOUNT (a)	
(b)	
(c)	
(d)	
41 VALUE CODES CODE / AMOUNT (a)	
(b)	
(c)	
(d)	

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0194	110103 — 110703			7	999 99		
2								
3	0185	110803 — 111203			5	999 99		
4								
5	0194	111303 — 113003			18	999 99		
6								
7	0001	TOTAL CHARGES				9999 99		
8–23								

50 PAYER	T19 MEDICAID PATIENT LIABILITY
51 PROVIDER NO.	87654321
52 REL INFO / 53 ASG BEN	
54 PRIOR PAYMENTS	
55 EST. AMOUNT DUE	99 99
56	
57	DUE FROM PATIENT ▶
58 INSURED'S NAME	
59 P.REL	
60 CERT. - SSN - HIC. - ID NO.	1234567890
61 GROUP NAME	
62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES	1234567
64 ESC	
65 EMPLOYER NAME	
66 EMPLOYER LOCATION	
67 PRIN. DIAG. CD.	4280
68 OTHER DIAG. CODES	78052
70 OTHER DIAG. CODES	5640 7806
72 OTHER DIAG. CODES	
74 OTHER DIAG. CODES	
76 ADM. DIAG. CD.	4280
77 E-CODE	
78	
79 P.C	
80 PRINCIPAL PROCEDURE CODE / DATE	
81 OTHER PROCEDURE CODE / DATE	
OTHER PROCEDURE CODE / DATE	
OTHER PROCEDURE CODE / DATE	
82 ATTENDING PHYS. ID	87654321 IM ATTENDING PHYSICIAN
83 OTHER PHYS. ID	
OTHER PHYS. ID	
84 REMARKS	
85 PROVIDER REPRESENTATIVE	X *Ima H. Provider*
86 DATE	12/09/03

UB-92 HCFA-1450 **OCR / Original**

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