

Washington State Department of
Labor & Industries
Workers' Compensation Services

Hospital Services

Billing Instructions

State of Washington
Department of Labor and Industries
PO Box 44261 Olympia, Washington 98504-4261

Billing Instructions - State Fund Claims

Hospital Services
837 I Electronic Bills & UB-04 CMS-1450 Form

The Washington Department of Labor and Industries (L&I), or self-insured employer, is responsible for the costs of medically necessary hospital services associated with an accepted industrial injury. No co-payments or deductibles are required or allowed from workers with an acceptable claim for services covered by L&I.

Rules and policies for billing payment for hospital services are explained in

- L&I's Medical Aid Rules, **Chapters 296-20, 296-21, 296-23, 296-23A, 296-23B**
 - Available online at the L&I Web site:
<http://www.Lni.wa.gov/ClaimsIns/Rules/MedicalAid/default.asp>

and

- the Medical Aid Rules and Fee Schedules
 - Available online at the L&I Web site:
<http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp>
 - Available on Compact Disk from the L&I warehouse
 - Fax Number 360-902-4525
 - E-mail whsemail@Lni.wa.gov

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HOSPITAL INPATIENT & OUTPATIENT PAYMENT POLICIES

Current hospital payment policies can be found

1. In the Medical Aid Rules & Fee Schedules [MARFS-CD]
2. Online at L&I web site:
<http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp>
 - a. In Washington Administrative Code (WAC) [296-23A](#)

Out-of-State Hospital Payment Methods

See WAC [296-23A-0230](#) for out-of-state hospital outpatient, inpatient, and professional services payment methods.

Hospitals not in Washington State	Paid by an out-of-state POAC factor. Effective July 1, 2011 the rate is 57.8%
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Same Day Bills

Hospital bills for patients admitted and discharged the same day may be treated as outpatient bills [see Medical Aid Rules and Fee Schedules for exclusions]. Hospitals are responsible for establishing criteria to define inpatient and outpatient services for stays beyond the same day.

Radiology, Pathology and Laboratory

Hospitals are reimbursed only for the technical component for outpatient radiology, pathology and laboratory services.

Policy Changes

Hospitals are notified of changes to payment methods and policies via, Medical Aid Rules and Fee Schedules, Provider Bulletins and the L&I Medical Provider e-News listserv. To sign up to receive updates to the fee schedules, go to L&I Web site:

<http://www.Lni.wa.gov/main/listservs/provider.asp>

Specific individual hospital rates are announced via letter sent to hospital administrators.

To obtain information concerning the current hospital payment policies and rates, please visit L&I's website <http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp>

SUPPORTING DOCUMENTATION

SUPPORTING DOCUMENTATION is required to substantiate billings for both hospital inpatient and outpatient services. Bills submitted without supporting documentation may be returned or denied.

The worker's signature on the "Report of Industrial Injury or Occupational Disease" provides hospitals and other providers with authority to release medical records.

Please be certain the worker's name and the claim number are in the upper right corner of each page of the documentation.

For inpatient bills submitted, the following documents are required:

- (a) Admission history and physical examination
- (b) Discharge summary for stays over 48 hours
- (c) Emergency room reports
- (d) Operative reports
- (e) Anesthesia records and
- (f) Other documentation as requested by L&I or the self-insurer.

For outpatient bills, only the following documents are required.

- (a) Emergency room reports
- (b) Operative reports
- (c) Other documentation as requested by L&I or the self-insurer.

Please be certain the worker's name and the claim number are in the upper right corner of each page of the documentation.

Fax supporting documentation to 360-902-4567

See Supporting Documentation Fax Cover Sheet on the last page of this manual.

NOTE: Faxed documents go directly to the claim file, while mailed documents take several days to process to the claim file. OR

Mail supporting documentation separately from the UB-04 CMS-1450 bill to:

Department of Labor and Industries
Claims Section
PO Box 44291
Olympia WA 98504-4291

Medical Record Copy Fees

- No photocopy service fee may be billed for documentation submitted to support billing for services provided.
- We will pay for copies of medical records requested by L&I for information relevant to the adjudication of a specific claim.
 - The cost for copying medical records must be billed by the hospital. Bills submitted by service companies will be denied.

Bill Reviews:

Most inpatient bills and some outpatient bills are reviewed for medical necessity and relationship to accepted conditions prior to payment rather than after payment is made. However, we may also retrospectively review selected bills.

All inpatient bills require prior authorization. This includes admissions for 24-hour observation that are billed as inpatient services (using second digit code 1, Form Locator 4). All inpatient bills will be evaluated for length-of-stay and severity of illness criteria.

When there are questions, full documentation may be requested. We will notify you in these circumstances.

BILL SUBMISSION REQUIREMENTS

All charges for hospital inpatient and outpatient services provided to workers must be submitted on the UB-04 billing form using the UB-04 National Uniform Billing Committee Data Element Specifications.

Adjustments

Any changes to a paid or partially paid bill must be made on L&I's [*Provider's Request for Adjustment*](#) form. Please reference the original bill's identifier, the Internal Control Number (ICN).

Forms are available on our Web site @ <http://www.lni.wa.gov/FormPub/>

Professional Services

Physician or nursing professional services must be billed on the CMS-1500 billing form.

UB-04 CMS-1450 BILLING INSTRUCTIONS

L&I Provider Account Numbers and National Provider Identifiers

Hospitals must have an active L&I Provider Account Number to bill for services and must have registered their National Provider Identifier (NPI) with L&I prior to its use on L&I bills.

Enter your National Provider Identifier (NPI) in Form Locator 56 and/or L&I Hospital Provider Account Number in Form Locator 57A. When submitting an NPI be sure to include complete address and zip code information in Form Locator 1 and Federal Tax Identification in Form Locator 5. *Note: Hospitals may submit either their NPI (if registered with L&I) or their L&I Provider Account Number on the billing form.*

L&I assigns one Hospital Provider Account Number for all UB-04 CMS-1450 bills that cover acute services, psychiatric, rehabilitation, substances abuse and outpatient services.

Additional Provider Account Numbers Required

Hospitals must obtain additional L&I provider account numbers to bill for each of the following services:

- ◆ Physician or Nursing Professional Fees [billed on the CMS 1500 form]
- ◆ Ambulance/air transportation services [billed on the Miscellaneous Services form]
- ◆ Take home pharmacy items [billed through the L&I Point of Sale system]
- ◆ Pain Management Services [billed on the UB04]

Call our Provider Accounts Section at 360- 902-5140 or visit our web site at: <http://www.lni.wa.gov/ClaimsIns/Providers/Becoming/default.asp> to obtain an application for an additional L&I provider account number. You may also update your account to include your National Provider Identifier information.

L&I Claim Number

Enter the L&I assigned claim number for the worker being treated in Form Locator 62. Omission of this number will result in denial of payment. State Fund claim numbers are alpha-numeric, consisting of 7 characters. They begin with B, C, F, G, H, J, K, L, M, N, P, X, or Y followed by 6 digits or double alpha (e.g. AA, AB) followed by 5 digits.

ICD-9-CM Codes

Enter the correct diagnosis codes in Form Locator 67, 67A-Q and the correct procedure codes in Form Locator 74, 74a-e. Include leading zeros if appropriate.

The **ICD-9-CM Coding Handbook for Entry Level Coders** describes the LEVEL OF SPECIFICITY IN CODING REQUIRED.

- ◆ Enter the ICD-9-CM code for the principal diagnosis in Form Locator 67.
 - The principal diagnosis is the condition established after study to be chiefly responsible for causing this hospitalization.
 - Do not use the code accepted by L&I for the claim unless it is the **principal diagnosis** established by medical records for this hospitalization.
- ◆ **Use the most detailed code.**
- ◆ **Use only valid ICD-9-CM codes.**
- ◆ ICD-9-CM codes that are not specific or invalid will be denied. For example: 848.9 Sprain NOS
- ◆ Report three and four digit codes **only if** further subdivisions are not available.
- ◆ If three and four digit codes have subdivisions, report the appropriate subdivision code.

Treatment Authorization Number (For Inpatient & Targeted Outpatient Procedures)

Enter the treatment authorization number in Form Locator 63.

Providers are required to comply with L&I's inpatient pre-admission review program. If circumstances prevent a call prior to admission, please call as early as possible during the admission, as concurrent review may still be possible. Failure to verify authorization may result in delayed or denied payment.

Utilization Review procedures can be found at the L&I Web site:

<http://www.lni.wa.gov/ClaimsIns/Providers/AuthRef/UtilReview/default.asp>

Our Utilization Review Notification Lines are available nationwide: Phone: 1-800-541-2894
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L&I HOSPITAL INPATIENT/OUTPATIENT UTILIZATION REVIEW (UR) PROGRAM

includes:

Prior authorization for inpatient admissions & targeted outpatient surgical & diagnostic procedures

- ◆ Physical and Occupational Therapy (for visits over 24)
- ◆ Length of stay and continued stay evaluation - for inpatient admission
- ◆ Discharge coordination

Admitting physicians must call L&I's contracted UR firm to request an authorization number for an inpatient admission or outpatient procedure prior to all non-emergent, elective hospital inpatient stays, including these admissions:

- ◆ Rehabilitation treatment (other than inpatient pain clinic treatment)
- ◆ Acute care inpatient psychiatric treatment

Utilization Review procedures can be found at the L&I Web site:

<http://www.lni.wa.gov/ClaimsIns/Providers/AuthRef/UtilReview/default.asp>

An authorization number does not guarantee payment. Payment is contingent upon the authorization and eligibility of the worker by the claims manager. Hospitals should verify authorization with the admitting doctor or by calling:

- ◆ The Claim Information System: **1-800-831-5227**
- ◆ The L&I Service Location nearest you: **See our web site listed below**
<http://www.Lni.wa.gov/Main/ContactInfo/OfficeLocations/default.asp>
- ◆ The Provider Hotline: **1-800-848-0811**
- ◆ The Claims Manager: **See L&I Resource at the end of this booklet**

Critical Access Hospitals Using Swing Beds for Sub Acute Care

As of July 1, 2011, Critical Access Hospitals will be paid for swing bed services utilizing a hospital-specific POAC rate.

You may contact an Occupational Nurse consultant (ONC) for approval. To obtain information for contacting the nurse consultant call the Provider Hotline at 1-800-831-5227.

Upon approval from a Labor & Industries (ONC), Critical Access Hospitals should bill their usual charge for sub acute care (swing bed use) on the UB-04 billing form. Identify these services in the Type of Bill field (Form Locator 04) with 018x series (Hospital Swing Beds).

UB-04 CMS-1450 Billing Detail

The following data elements are required by L&I on bills for services provided to workers.

Note: All form locators are required unless otherwise noted

Legend Bill Type Field

- I = inpatient bills
- O = outpatient bills

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED (UNLESS OTHERWISE SPECIFIED)
1	I/O	PROVIDER NAME, ADDRESS, ZIP CODE & TELEPHONE NUMBER
2	I/O	PAY-TO NAME AND ADDRESS
3a	I/O	PATIENT CONTROL NUMBER (Hospital Account Number)
3b	I/O	MEDICAL/HEALTH RECORD NUMBER
4	I/O	TYPE OF BILL

This four-digit alphanumeric code gives three specific pieces of information after a leading zero. Labor and Industries will ignore the leading zero (1st digit) and will continue to process three specific pieces of information. Indicate type of bill using the remaining three digits as follows:

2nd digit – Type of Facility

- 1 Hospital, includes swing beds
- 2 Skilled Nursing
- 3 Home Health
- 4 Religious Non-Medical
- 6 Intermediate Care
- 7 Clinic or Hospital Based Renal Dialysis *
- 8 Special facility or hospital ASC surgery *

Notes for Type of Facility (2nd digit) and Bill Classification (3rd digit)

* If code 7 is used, then the Bill Classification (Clinics Only) – 3rd digit must be used.

* If code 8 is used, then the Bill Classification (Special Facilities Only) – 3rd digit must be used.

3rd digit - Bill Classification (Except Clinics and Special Facilities)

- 1 Inpatient (Medicare Part A) - either 1 or 2 will work for L&I inpatient bills
- 2 Inpatient (Medicare Part B Only)
- 3 Outpatient
- 4 Other (for hospital reference diagnostic services, or home health not under a plan of treatment)
- 5 Intermediate Care - Level I***
- 6 Intermediate Care - Level II***
- 8 Swing Bed

3rd digit - Bill Classification (Clinics Only) must be used with Type of Facility code 7

- 1 Rural Health
- 2 Hospital Based or Independent (Free-Standing) Renal Dialysis Center
- 3 Free Standing
- 4 Other Rehabilitation Facility (ORF)
- 5 Comprehensive Outpatient Rehabilitation Facility (CORF)
- 9 Other

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED (UNLESS OTHERWISE SPECIFIED)
		<u>3rd digit - Bill Classification (Special Facilities Only) must be used with Type of Facility code 8</u> 1 Hospice (non-hospital based) 2 Hospice (hospital based) 3 Ambulatory Surgery Center 4 Free Standing Birthing Center 5 Critical Access Hospital 9 Other <u>4th digit – Frequency</u> 1 Admit through Discharge Claim 2 Interim - First Claim 3 Interim - Continuing Claim 4 Interim - Last Claim 5 Late Charge(s) (Note: Late charges will not be paid after bill has been audited) Note for Frequency (4th digit): L&I recognizes the 4th digit in this Form Locator, however adjustments to previously paid bills must be submitted on L&I's "Provider's Request for Adjustment" form. Note: Interim billing is discouraged.
5	I/O	FEDERAL TAX NUMBER
6	I/O	STATEMENT COVERS PERIOD Enter the beginning and end dates (MMDDYY) of the period included on this bill. Enter the admit and discharge dates, if the bill is for an inpatient admission and the patient was discharged.
8b	I/O	PATIENT NAME Enter the worker's last name, first name and middle initial
9a-d	I/O	PATIENT ADDRESS Enter worker's street address, city, State, ZIP code
10	I/O	PATIENT BIRTHDATE Enter MMDDYYYY
11	I/O	PATIENT SEX
12	I/O	ADMISSION DATE Enter MMDDYY
13	I/O	ADMISSION HOUR Not required. If submitted, the data will be ignored.
14	I	TYPE OF ADMISSION 1 = Emergent 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Information not available
15	I/O	SOURCE OF ADMISSION Not required. If submitted, the data will be ignored.

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED (UNLESS OTHERWISE SPECIFIED)
16	I	DISCHARGE HOUR Not required. If submitted, the data will be ignored.
17	I/O	PATIENT STATUS 01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another short-term general hospital for inpatient care 03 = Discharged/transferred to skilled nursing facility (SNF) 04 = Discharged/transferred to an immediate care facility (ICF) 05 = Discharged/transferred to another type of health care institution not defined elsewhere in this code list 06 = Discharged/transferred to home under care of organized home health service organization 07 = Left against medical advice or discontinued care 09 = Admitted as an inpatient to this hospital 20 = Expired 30 = Still patient 40 = Expired at home (for use only on Medicare and TRICARE claims for hospice care) 41 = Expired in a medical facility (for use only on Medicare and TRICARE claims for hospice care) 42 = Expired – place unknown (for use only on Medicare and TRICARE claims for hospice care) 43 = Discharged/transferred to federal health care facility 50 = Hospice – home 51 = Hospice – medical facility (certified) providing hospice level of care 61 = Discharged/transferred within this institution to hospital-based Medicare approved swing bed 62 = Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital 63 = Discharged/transferred to a long term care hospital (LTCH) 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare 65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 66 = Discharged/transferred to a critical access hospital (CAH)
18-28	I/O	CONDITION CODES Required if applicable.
29	I/O	ACCIDENT STATE Not required. If submitted, the data will be ignored.
31-34	I/O	OCCURRENCE CODES AND DATES Not required. If submitted, the data will be ignored.
35-36	I/O	OCCURRENCE SPAN CODES AND DATES Not required. If submitted, the data will be ignored.
38	I/O	RESPONSIBLE PARTY NAME AND ADDRESS Not required. If submitted, the data will be ignored.
39-41	I/O	VALUE CODES AND AMOUNTS Not required. If submitted, the data will be ignored

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED (UNLESS OTHERWISE SPECIFIED)
42	I/O	REVENUE CODE [Only National Revenue Codes are used]
43	I/O	REVENUE CODE DESCRIPTION Enter the narrative description of the revenue code or HCPCS procedure code when required
44	I/O	HCPCS/RATES/HIPPS RATE CODES <ul style="list-style-type: none"> ▪ Enter the accommodation rate for inpatient bills or ▪ Enter the CMS Common Procedure Coding System (HCPCS) code and modifiers applicable to services for outpatient bills. (See table for revenue codes requiring CPT/HCPCS)
45	O	SERVICE DATE Enter the Service Date in MMDDYY format
46	I/O	SERVICE UNITS
47	I/O	TOTAL CHARGES
48	I/O	NON-COVERED CHARGES
50	I/O	PAYER IDENTIFICATION (NAME) Not required. If submitted, the data will be ignored.
51	I/O	HEALTH PLAN IDENTIFICATION NUMBER Not required. If submitted, the data will be ignored.
52	I/O	RELEASE OF INFORMATION CERTIFICATION INDICATOR Not required. If submitted, the data will be ignored.
53	I/O	ASSIGNMENT OF BENEFITS CERTIFICATION INDICATOR Not required. If submitted, the data will be ignored.
54	I/O	PRIOR PAYMENTS – PAYER Not required. If submitted, the data will be ignored.
55	I/O	ESTIMATED AMOUNT DUE – PAYER Not required. If submitted, the data will be ignored.
56	I/O	NATIONAL PROVIDER IDENTIFIER – BILLING PROVIDER
57	I/O	OTHER PROVIDER IDENTIFIER 57 A Enter Labor and Industries provider number
58	I/O	INSURED’S NAME
59	I/O	PATIENTS RELATIONSHIP TO INSURED Not required. If submitted, the data will be ignored.
60	I/O	INSURED’S UNIQUE IDENTIFICATION Not required. If submitted, the data will be ignored.
61	I/O	INSURED GROUP NAME Not required. If submitted, the data will be ignored.
62	I/O	INSURANCE GROUP NUMBER Enter the L&I claim number of the worker
63	I/O	TREATMENT AUTHORIZATION CODE <i>For more information, see pp. 7-8 of this billing instruction</i>
64	I/O	DOCUMENT CONTROL NUMBER (DCN) Not required. If submitted, the data will be ignored.
65	I/O	EMPLOYER NAME <ul style="list-style-type: none"> ▪ Required when a patient’s employer is a Self-Insured firm ▪ Not required for State Fund Claimants. If submitted, the data will be ignored.

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED (UNLESS OTHERWISE SPECIFIED)
66	I/O	DIAGNOSIS AND PROCEDURE CODE QUALIFIER (ICD VERSION INDICATOR) Not required. If submitted, the data will be ignored.
67	I/O	PRINCIPAL DIAGNOSIS CODE [enter only valid ICD-9-CM codes]
67 A-Q	I/O	OTHER DIAGNOSIS CODES [enter only valid ICD-9-CM codes]
69	I	ADMITTING DIAGNOSIS [enter only valid ICD-9-CM codes]
70 a-c	O	PATIENT'S REASON FOR VISIT [enter only valid ICD-9-CM codes]
71	I/O	PROSPECTIVE PAYMENT SYSTEM (PPS) CODE Not required. If submitted, the data will be ignored.
72	I/O	EXTERNAL CAUSE OF INJURY (ECI)CODE
74	I/O	PRINCIPAL PROCEDURE CODE AND DATE Enter only valid ICD-9-CM codes for inpatient bills Enter only valid CPT or HCPCS codes for outpatient bills
74 a-e	I/O	OTHER PROCEDURE CODES AND DATES Enter only valid ICD-9-CM codes for inpatient bills Enter only valid CPT or HCPCS codes for outpatient bills
76	I/O	ATTENDING PROVIDER NAME AND IDENTIFIERS Not required. If submitted, the data will be ignored.
77	I/O	OPERATING PHYSICIAN NAME AND IDENTIFIERS Not required. If submitted, the data will be ignored.
78-79	I/O	OTHER PROVIDER NAME AND IDENTIFIERS Not required. If submitted, the data will be ignored.
80	I/O	REMARKS FIELD (NOTE: Use only when applicable. Inappropriate use of Remarks will unnecessarily cause suspense of bills).
81	I/O	CODE-CODE (CC) FIELD Enter Code List Qualifier and provider taxonomy code.

1		2		3a PAT. CNTL #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	

8 PATIENT NAME			9 PATIENT ADDRESS		
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10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE		30	
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31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE SPAN FROM THROUGH		38 OCCURRENCE SPAN FROM THROUGH	
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39		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT	
		a		:				:				:	
		b		:				:				:	
		c		:				:				:	
		d		:				:				:	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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17							17
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21							21
22							22
PAGE ____ OF ____		CREATION DATE		TOTALS			

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ADG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		B		C		D		E		F		G	

58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		B		C		D		E	

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A		B		C	

66 DX		67		A		B		C		D		E		F		G		H		68	
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69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73					
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		QUAL			
								LAST		FIRST			
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI		QUAL			
								LAST		FIRST			

80 REMARKS		81 CC		a		b		c		d		78 OTHER NPI		QUAL			
												LAST		FIRST			
												79 OTHER NPI		QUAL			
												LAST		FIRST			

1 GOOD HEALTH HOSPITAL		2		3a PAT CNTL#		4 TYPE OF BILL 111										
1234 KING STREET				b. MED. REC.#												
ANY CITY		ST	XXXX-XXXX	5 FED.TAX NO.		6 STATEMENT COVER PERIOD FROM THROUGH										
				XX-XXXXXXX		MMDYY	MMDYY									
8 PATIENT NAME			a	9 PATIENT ADDRESS			a									
b		b		c		d	e									
10 BIRTHDATE	11 SEX	12 DATE ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28				29 ACDT STATE	30				
MMDYYYY	X	MMDYY	XX	X	X	XX	XX	XX								
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURANCE SPAN FROM THROUGH		36 OCCURANCE SPAN FROM THROUGH		37				
XX	MMDYY	XX	MMDYY													
38 DEPT OF LABOR & INDUSTRIES PO BOX 44266 OLMPIA WA 98504-4266					39 VALUE CODES CODE AMOUNT			40 VALUE CODES CODES AMOUNT			41 VALUE CODES CODES AMOUNT					
SAMPLE INPATIENT					a											
					b											
					c											
					d											
42 REV.CD.	43 DESCRIPTION			44 HCPCS / RATES / ICDPS CODE		45 SERV.D ATE	48 SERV.UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49				
XXX	XXXXXXXXXXXXXXXXXX			XXX.XX			X	XXXX	XX	XXX	XX					
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50 PAYER NAME		51 HEALTH PLAN ID			52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI					
DEPT OF L&I		XXXXXX			X	X					57					
											OTHER					
											PRV ID					
58 INSURED'S NAME			59P.REL	60 INSURED'S UNIQUE ID			61 GROUP NAME			62 INSURANCE GROUP NO.						
XXXXXXXX XXXX XXXXXXXX			XX	XXX-XX-XXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXX			X 000000						
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME								
XXXXXXXXXX				XXXXXXXXXX XXXXXXXX XXXXXXXXXXXXXXXX												
66 DX	67	A	B	C	D	E	F	G	H	68						
		I	J	K	L	M	N	O	P	Q						
69 ADMIT DX	70 PATIENT REASON DX		a	b	c	71 PPS CODE	72 ECI			73						
74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75		76 ATTENDING NPI		QUAL						
								LAST		FIRST						
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE			77 OPERATING NPI		QUAL						
								LAST		FIRST						
80 REMARKS		81 CC a						78 OTHER NPI		QUAL						
		b						LAST		FIRST						
		c						79 OTHER NPI		QUAL						
		d						LAST		FIRST						

Revenue Codes Requiring CPT/HCPCS Codes On Outpatient Bills

Hospitals paid by the Ambulatory Payment Classification (APC) system are required to submit CPT/HCPCS codes on each line item for which the Outpatient Code Editor requires them. Non-APC hospitals are strongly encouraged to supply CPT/HCPCS codes on **each** line item as well, but are **required** to do so for the revenue codes in the revenue code table (next table in this document).

Since the CPT/HCPCS codes are more specific than the revenue codes, services and charges which fall within one revenue code may need to be broken down in more than one line item. You may need to break down each line item, repeating the **same** revenue code on multiple bill lines with **different** CPT/HCPCS codes.

On the UB-04 CMS-1450 form:

- ◆ Enter the Revenue codes in Form Locator 42
- ◆ Enter the CPT/HCPCS codes in Form Locator 44
- ◆ Enter the appropriate units of service for each valid CPT or HCPCS code or the number of items supplied in Form Locator 46. Consult the appropriate coding books for additional information.

National Revenue Codes With Instructions

L&I uses the National Revenue Codes maintained by the National Uniform Billing Committee. For a complete list of the National Revenue codes, please refer to www.nubc.org.

The following table contains ONLY the National Revenue codes which have special instructions and is not inclusive of all revenue codes which may be billed.

Revenue Code	Description	Special Provider Instructions	L&I
19X	Subacute Care	None	Covered
25X	PHARMACY	Yes Not to be used to dispense for home use	Covered
256	Experimental Drugs		Not usually covered
26X	IV THERAPY	None	Covered
27X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	None	Covered
28X	ONCOLOGY	None	Covered
29X	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENTAL)	None Requires a separate L&I Provider Number	Covered
30X	LABORATORY		Covered
300	General Classification	HCPCS code required for Outpatient	Covered
301	Chemistry	HCPCS code required for Outpatient	Covered

Revenue Code	Description	Special Provider Instructions	L&I
302	Immunology	HCPCS code required for Outpatient	Covered
303	Renal patient (home)	HCPCS code required for Outpatient	Covered
304	Non-routing dialysis	HCPCS code required for Outpatient	Covered
305	Hematology	HCPCS code required for Outpatient	Covered
306	Bacteriology & Microbiology	HCPCS code required for Outpatient	Covered
307	Urology	HCPCS code required for Outpatient	Covered
309	Other Laboratory	HCPCS code required for Outpatient	Covered
31X	LABORATORY – PATHOLOGICAL		Covered
310	General Classification	HCPCS code required for Outpatient	Covered
311	Cytology	HCPCS code required for Outpatient	Covered
312	Histology	HCPCS code required for Outpatient	Covered
314	Biopsy	HCPCS code required for Outpatient	Covered
319	Other	HCPCS code required for Outpatient	Covered
32X	RADIOLOGY – DIAGNOSTIC		Covered
320	General Classification	HCPCS code required for Outpatient	Covered
321	Angiocardiography	HCPCS code required for Outpatient	Covered
322	Arthrography	HCPCS code required for Outpatient	Covered
323	Arteriography	HCPCS code required for Outpatient	Covered
324	Chest X-Ray	HCPCS code required for Outpatient	Covered
329	Other	HCPCS code required for Outpatient	Covered
33X	RADIOLOGY – THERAPEUTIC		Covered
330	General Classification	HCPCS code required for Outpatient	Covered
331	Chemotherapy – Injected	HCPCS code required for Outpatient	Covered
332	Chemotherapy – Oral	HCPCS code required for Outpatient	Covered

Revenue Code	Description	Special Provider Instructions	L&I
333	Radiation Therapy	HCPCS code required for Outpatient	Covered
335	Chemotherapy – IV	HCPCS code required for Outpatient	Covered
339	Other	HCPCS code required for Outpatient	Covered
34X	NUCLEAR MEDICINE		Covered
340	General Classification	HCPCS code required for Outpatient	Covered
341	Diagnostic	HCPCS code required for Outpatient	Covered
342	Therapeutic – Oral	HCPCS code required for Outpatient	Covered
343	Diagnostic Radiopharmaceuticals	HCPCS code required for Outpatient	Covered
349	Other	HCPCS code required for Outpatient	Covered
35X	CT SCAN		Covered
350	General Classification	HCPCS code required for Outpatient	Covered
351	Head Scan	HCPCS code required for Outpatient	Covered
352	Head Scan	HCPCS code required for Outpatient	Covered
359	Other CT Scan	HCPCS code required for Outpatient	Covered
36X	OPERATING ROOM SERVICES	HCPCS code required for Outpatient	Covered
37X	ANESTHESIA	None	Covered
374	Acupuncture		Not usually covered
40X	OTHER IMAGING SERVICES		Covered
403	Screening Mammography	HCPCS code required for Outpatient	Covered
404	Positron Emission Tomography		Not usually covered
41X	RESP	HCPCS code required for Outpatient	Covered
42X	PHYSICAL THERAPY	HCPCS code required for Outpatient	Covered
43X	OCCUPATIONAL THERAPY	HCPCS code required for Outpatient	Covered
44X	SPEECH THERAPY	HCPCS code required for Outpatient	Covered
45X	EMERGENCY ROOM	HCPCS code required for Outpatient	Covered
451	EMTALA Emergency Screening Svcs		Not usually covered
452	ER Beyond EMTALA Screening		Not usually covered

Revenue Code	Description	Special Provider Instructions	L&I
46X	PULMONARY FUNCTION	HCPCS code required for Outpatient	Covered
47X	AUDIOLOGY	HCPCS code required for Outpatient	Covered
48X	CARDIOLOGY	HCPCS code required for Outpatient	Covered
49X	AMBULATORY SURGICAL CARE	ASC services should be billed on CMS 1500 form	Covered
51X	CLINIC	HCPCS code required for Outpatient	Covered
53X	OSTEOPATHIC SERVICES	HCPCS code required for Outpatient	Covered
54X	AMBULANCE	Bill on Miscellaneous Services form Requires a separate L&I Provider Number	Covered
55X	Skilled Nursing	Skilled Nursing Services should be billed on Statement for Miscellaneous Services form	Covered
57X	Home Health – Home Health Aide		Not usually covered
58X	Home Health – Other Visits		Not usually covered
59X	UNITS OF SERVICE (HOME HEALTH)		Not usually covered
60X	Home Health – Oxygen		Not usually covered
609	Other Oxygen		Not usually covered
61X	MRI	HCPCS code required for Outpatient	Covered
62X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	HCPCS code required for Outpatient	Covered
624	FDA Investigational Devices		Not usually covered
63X	DRUGS REQUIRING SPECIFIC ID		Covered
630	General Classification	HCPCS code required for Outpatient	Covered
64X	Home IV Therapy Services		Not usually covered
65X	HOSPICE SERVICES	HCPCS code required for Outpatient	Covered
66X	Respite Care	HCPCS code required for Outpatient	Covered
669	Other Respite Care		Not usually covered
67X	Outpatient Special Residence Charges		Not usually covered

Revenue Code	Description	Special Provider Instructions	L&I
70X	CAST ROOM	HCPCS code required for Outpatient	Covered
71X	RECOVERY ROOM	None	Covered
72X	LABOR ROOM/DELIVERY		Not usually covered
723	Circumcision		Not usually covered
73X	EKG/ECG	HCPCS code required for Outpatient	Covered
74X	EEG	HCPCS code required for Outpatient	Covered
75X	GASTRO-INTESTINAL SERVICES	HCPCS code required for Outpatient	Covered
76X	TREATMENT OR OBSERVATION ROOM	HCPCS code required for Outpatient	Covered
77X	PREVENTIVE CARE SERVICES	HCPCS code required for Outpatient	Covered
78X	TELEMEDICINE	HCPCS code required for Outpatient	Not usually covered
79X	LITHOTRIPSY	HCPCS code required for Outpatient	Covered
80X	INPATIENT RENAL DIALYSIS	HCPCS code required for Outpatient	Covered
81X	Acquisition of Body Components	HCPCS code required for Outpatient	Covered
814	Unsuccessful Organ Search – Donor Bank Charges		Not usually covered
82X	HEMODIALYSIS		Not usually covered
822	Home Supplies		Not usually covered
823	Home Equipment		Not usually covered
83X	PERITONEAL DIALYSIS		Not usually covered
832	Home Supplies		Not usually covered
833	Home Equipment		Not usually covered
84X	CAPD		Not usually covered
843	Home Equipment		Not usually covered
85X	CCPD		Not usually covered
852	Home Supplies		Not usually covered
853	Home Equipment		Not usually covered
88X	MISCELLANEOUS DIALYSIS	HCPCS code required for Outpatient	Covered
90X	PSYCHIATRIC / PSYCHOLOGICAL TREATMENTS	HCPCS code required for Outpatient	Covered
902	Milieu Therapy	HCPCS code required for Outpatient	Covered
904	Activity Therapy	HCPCS code required for Outpatient	Covered

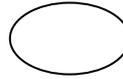
Revenue Code	Description	Special Provider Instructions	L&I
91X	PSYCHIATRIC / PSYCHOLOGICAL SERVICES	HCPCS code required for Outpatient	Covered
92X	OTHER DIAGNOSTIC SERVICES	HCPCS code required for Outpatient	Covered
920	General Classification	HCPCS code required for Outpatient	Covered
929	Other Diagnostic Service	HCPCS code required for Outpatient	Covered
94X	Other Therapeutic Services	HCPCS code required for Outpatient	Covered
95X	Other Therapeutic Services		Not usually covered
96X	PROFESSIONAL FEES	Bill on CMS-1500 using HCPCS	Covered
97X	PROFESSIONAL FEES (Extension of 96X and 97X)	Bill on CMS-1500 using HCPCS	Covered
98X	PROFESSIONAL FEES (Extension of 96X and 97X)	Bill on CMS-1500 using HCPCS	Covered
99X	PATIENT CONVENIENCE ITEMS		Not usually covered
990	General Classification		Not usually covered
991	Cafeteria/Guest Tray		Not usually covered
992	Private Linen Service		Not usually covered
993	Telephone/Telegraph		Not usually covered
994	TV/Radio		Not usually covered
995	Non-patient room Rentals		Not usually covered
996	Late Discharge Charge		Not usually covered
997	Admission Kits		Not usually covered
998	Beauty Shop/Barber		Not usually covered
999	Other Patient Convenience Items		Not usually covered
210X	ALTERNATIVE THERAPY SERVICES		Covered
2103	Massage Therapy	HCPCS code required for Outpatient (97124)	Covered

L&I Supporting Documentation – Fax Cover Sheet

L&I Claimant Name

L&I Claim Number

Use ONE cover sheet per bill & DO NOT attach a copy of the bill



check here if the bill was submitted electronically.

Date Cover Sheet Prepared: _____

Bill Identification Information:

Patient First Name: _____ MI: ____ Last: _____

Patient Date of Birth: ____ ____ ____ Date(s) of Service _____

Provider of Service: _____ NPI# or L&I#: _____

Provider Office Contact Person:

Name: _____ Phone Number: _____

Comments (Optional)

List of documentation attached: