
Home Health Agencies (HHA) Billing Examples

Page updated: August 2020

Examples in this section are to assist providers in billing Home Health Agency (HHA) services on the *UB-04* claim form. For general policy information, refer to *the Home Health Agencies (HHA)* section in this manual. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the Forms: *Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Skilled Nursing Services: “From-Through” Billing

Figure 1. Skilled nursing services: “From-through” billing. This is a sample only. Please adapt to your billing situation.

«In this case, a physician has prescribed in-home medical care for a man who requires intermittent injections. The patient has a written plan of care that is reviewed by the physician every 60 days. The agency that renders the services submits a claim for December 1, 2022. The skilled nursing visits are billed in the “from-through” format and require authorization.»

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

«On line 1, enter the procedure code description (skilled nursing visits) in the *Description* field (Box 43). Enter the “from” date of service (December 1, 2022) in the *Service Date* field (Box 45) as “120122.” No other information is entered on this line.»

On line 2, enter the specific days the services were rendered (6/1, 5, 8, 13, 20, 26 and 30) in the *Description* field. Enter code “0551” in the *Revenue Code* field (Box 42) to indicate that this is a home health skilled nursing visit. «Enter the procedure code (HCPCS code G0299 or G0300) in the *HCPCS/Rate* field (Box 44) and the “through” date of service (December 1, 2022) in the *Service Date* field (Box 45) as “120122.” Enter a “28” in the *Service Units* field (Box 46) for CPT® code G0299 or G0300 and the usual and customary charges in the *Total Charges* field (Box 47). Quantities must be billed in whole units.»

On claim line 3, enter code “0589” in the *Revenue Code* field (Box 42) to indicate that this is a home health visit. Enter the description of the service rendered (administered drugs) in the *Description* field (Box 43), the procedure code for that service (CPT code 99600) in the *HCPCS/Rate* field (Box 44) and the service date in the *Service Date* field (Box 45). Enter a “1” in the *Service Units* field (Box 46) for CPT 99600. Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 4, enter code “0270” in the *Revenue Code* field (Box 42) to indicate that this home health visit involved providing medical supplies. Enter the description of the service rendered (provided medical supplies) in the *Description* field (Box 43), the procedure code for the supplies (HCPCS code “A9999”) in the *HCPCS/Rate* field (Box 44) and the service date in the *Service Date* field (Box 45). Enter a “1” in the *Service Units* field (Box 46) for HCPCS code A9999. Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

Enter code “001” in the *Revenue Code* field (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA’s national provider identifier (NPI) is entered in the *NPI* field (Box 56).

Separately reimbursable medical supplies are subject to authorization regardless of their cost. Skilled nursing visits also require authorization. Enter the entire 11-digit *Treatment Authorization Request* (TAR) control number in the *Treatment Authorization Codes* field (Box 63). In this case, the TAR control number indicates authorization for each of the seven skilled nursing visits plus the supplies billed.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Code A9999 must be billed “By Report,” which requires that an invoice, an itemized list of supplies and a TAR be attached to the claim. Indicate in the *Remarks* field (Box 80) that the claim has attachments. (Refer to “Medical Supplies Provided by HHA” in the *Home Health Agencies (HHA)* section of this manual for additional code A9999 billing instructions.)

The rendering provider’s NPI is entered in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		31 PAT CONT # 32 FISCAL REC # 33		4 TYPE OF BILL 331	
8 PATIENT NAME DOE, JOHN				9 PATIENT ADDRESS			
10 BIRTH DATE 08241980		11 SEX M		12 DATE		13 ADMISSION	
14 OCCURRENCE DATE		15 OCCURRENCE DATE		16 OCCURRENCE DATE		17 OCCURRENCE DATE	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	
02		03		04		05	
06		07		08		09	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	

Initial Case Evaluation Billed on Same Day as Skilled Nursing Visit

Figure 2. Initial case evaluation billed on same day as skilled nursing visit. This is a sample only. Please adapt to your billing situation.

In this case, a physician has prescribed in-home medical care for a man who had a stroke. The patient has a written plan of care that is reviewed by the physician every 60 days. This claim is submitted for initial case evaluation plus treatment plan services. No *Treatment Authorization Request* (TAR) is required for a skilled nursing visit rendered on the same day as the initial evaluation (HCPCS code G0162 and revenue code 0583). These services are billed on the same claim form.

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

On claim line 1, enter code “0583” in the *Revenue Code* field (Box 42) to indicate that this is a visit/home health assessment. Enter HCPCS code G0162 in the *HCPCS/Rates* field (Box 44), an explanation of the service in the *Description* field (Box 43), and the date of service in the *Service Date* field (Box 45) in six-digit format. Enter a “4” in the *Service Units* field (Box 46); quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

«On claim line 2, enter code “0551” in the *Revenue Code* field (Box 42) to indicate that this is a home health skilled nursing/visit. Enter HCPCS code G0299 or G0300 in the *HCPCS/Rates* field (Box 44), an explanation of the service in the *Description field* (Box 43), and the date of service in the *Service Date field* (Box 45) in six-digit format. Enter a “4” in the *Service Units* field (Box 46); quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).»

On claim line 23, enter code “001” in the *Revenue Code* field (Box 42) to designate that this is the total charge line, and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). Enter the HHA’s NPI in the *NPI* field (Box 56).

Enter an appropriate ICD-10-CM diagnosis code in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The rendering provider’s NPI is entered in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		3 PATIENT #		4 TYPE OF BILL 331	
5 PATIENT NAME DOE, JOHN		6 PATIENT ADDRESS			
10 BIRTHDATE 08241980		11 SEX M		12 DATE	
13 ADMISSION NO		14 TYPE		15 SCD	
16 DHR		17 STAT		18	
19		20		21	
22		23		24	
25		26		27	
28		29		30	
31		32		33	
34		35		36	
37		38		39	
40		41		42	
43		44		45	
46		47		48	
49		50		51	
52		53		54	
55		56		57	
58		59		60	
61		62		63	
64		65		66	
67		68		69	
70		71		72	
73		74		75	
76		77		78	
79		80		81	
82		83		84	
85		86		87	
88		89		90	
91		92		93	
94		95		96	
97		98		99	
100		101		102	
103		104		105	
106		107		108	
109		110		111	
112		113		114	
115		116		117	
118		119		120	
121		122		123	
124		125		126	
127		128		129	
130		131		132	
133		134		135	
136		137		138	
139		140		141	
142		143		144	
145		146		147	
148		149		150	
151		152		153	
154		155		156	
157		158		159	
160		161		162	
163		164		165	
166		167		168	
169		170		171	
172		173		174	
175		176		177	
178		179		180	
181		182		183	
184		185		186	
187		188		189	
190		191		192	
193		194		195	
196		197		198	
199		200		201	
202		203		204	
205		206		207	
208		209		210	
211		212		213	
214		215		216	
217		218		219	
220		221		222	
223		224		225	
226		227		228	
229		230		231	
232		233		234	
235		236		237	
238		239		240	
241		242		243	
244		245		246	
247		248		249	
250		251		252	
253		254		255	
256		257		258	
259		260		261	
262		263		264	
265		266		267	
268		269		270	
271		272		273	
274		275		276	
277		278		279	
280		281		282	
283		284		285	
286		287		288	
289		290		291	
292		293		294	
295		296		297	
298		299		300	
301		302		303	
304		305		306	
307		308		309	
310		311		312	
313		314		315	
316		317		318	
319		320		321	
322		323		324	
325		326		327	
328		329		330	
331		332		333	
334		335		336	
337		338		339	
340		341		342	
343		344		345	
346		347		348	
349		350		351	
352		353		354	
355		356		357	
358		359		360	
361		362		363	
364		365		366	
367		368		369	
370		371		372	
373		374		375	
376		377		378	
379		380		381	
382		383		384	
385		386		387	
388		389		390	
391		392		393	
394		395		396	
397		398		399	
400		401		402	
403		404		405	
406		407		408	
409		410		411	
412		413		414	
415		416		417	
418		419		420	
421		422		423	
424		425		426	
427		428		429	
430		431		432	
433		434		435	
436		437		438	
439		440		441	
442		443		444	
445		446		447	
448		449		450	
451		452		453	
454		455		456	
457		458		459	
460		461		462	
463		464		465	
466		467		468	
469		470		471	
472		473		474	
475		476		477	
478		479		480	
481		482		483	
484		485		486	
487		488		489	
490		491		492	
493		494		495	
496		497		498	
499		500		501	
502		503		504	
505		506		507	
508		509		510	
511		512		513	
514		515		516	
517		518		519	
520		521		522	
523		524		525	
526		527		528	
529		530		531	
532		533		534	
535		536		537	
538		539		540	
541		542		543	
544		545		546	
547		548		549	
550		551		552	
553		554		555	
556		557		558	
559		560		561	
562		563		564	
565		566		567	
568		569		570	
571		572		573	
574		575		576	
577		578		579	
580		581		582	
583		584		585	
586		587		588	
589		590		591	
592		593		594	
595		596		597	
598		599		600	
601		602		603	
604		605		606	
607		608		609	
610		611		612	
613		614		615	
616		617		618	
619		620		621	
622		623		624	
625		626		627	
628		629		630	
631		632		633	
634		635		636	
637		638		639	
640		641		642	
643		644		645	
646		647		648	
649		650		651	
652		653		654	
655		656		657	
658		659		660	
661		662		663	
664		665		666	
667		668		669	
670		671		672	
673		674		675	
676		677		678	
679		680		681	
682		683		684	
685		686		687	
688		689		690	
691		692		693	
694		695		696	
697		698		699	
700		701		702	
703		704		705	
706		707		708	
709		710		711	
712		713		714	
715		716		717	
718		719		720	
721		722		723	
724		725		726	
727		728		729	
730		731		732	
733		734		735	
736		737		738	
739		740		741	
742		743		744	
745		746		747	
748		749		750	
751		752		753	
754		755		756	
757		758		759	
760		761		762	
763		764		765	
766		767		768	
769		770		771	
772		773		774	
775		776		777	
778		779		780	
781		782		783	
784		785		786	
787		788		789	
790		791		792	
793		794		795	
796		797		798	
799		800		801	
802		803		804	
805		806		807	
808		809		810	
811		812		813	
814		815		816	
817		818		819	
820		821		822	
823		824		825	
826		827		828	
829		830		831	
832		833		834	
835		836		837	
838		839		840	
841		842		843	
844		845		846	
847		848		849	
850		851		852	
853		854		855	
856		857		858	

Services to Both Mother and Baby on Same Day

Figure 3. Services to both mother and baby on same day (baby's claim) This is a sample only. Please adapt to your billing situation

In this case, a physician prescribes in-home medical care for a newly released mother and her infant, who has cerebral palsy. The infant has a written plan of care that is reviewed by the physician every 60 days. The agency submits *Treatment Authorization Requests* (TARs) for skilled nursing visits for both the mother and infant. Both TARs are approved. Skilled nursing services are rendered for both the mother and infant on the same day. The mother's services are billed on a separate claim form. This example shows the infant's claim form.

Enter the two-digit facility type code "33" (home health – outpatient) and one-character claim frequency code "1" as "331" in the *Type of Bill* field (Box 4). HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

«On claim line 1, enter code "0551" in the *Revenue Code* field (Box 42) to indicate this is a home health skilled nursing/visit. Enter HCPCS code "G0299" or "G0300" in the *HCPCS/Rate* field (Box 44) for services rendered to the baby. An explanation for code G0154 is entered in the *Description* field (Box 43).»

Enter the date of service for code «G0299 or G0300 in the *Service Date* field (Box 45) in six-digit format. Enter a "4" in the *Service Units* field (Box 46) for code G0299 or G0300.» Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 23, enter code "001" in the *Revenue Code* field (Box 42) to designate that this is the total charge line, and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA's NPI is entered in the *NPI* field (Box 56).

Type the mother's name (the insured party) in the *Insured's Name* field (Box 58). Enter code "03" in the *Patient's Relationship to Insured* field (Box 59) to designate that the recipient is the insured's child who is using her mother's ID number. Enter the mother's Medi-Cal ID number in the Insured's *Unique ID* field (Box 60).

Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The rendering provider's NPI is entered in the *Operating* field (Box 77).

Multiple Services, Same Procedure on Same Day

Figure 4. Multiple services billed with same procedure code, same date of service, different times during the day. This is a sample only. Please adapt to your billing situation.

«In this case, a physician has prescribed in-home medical care for a man who had a stroke. The patient has a written plan of care that is reviewed by the physician every 60 days. The nurse rendered care at the patient’s home from 8:15 a.m. to 9:15 a.m. and returned the same evening to continue care from 7:30 p.m. to 8:45 p.m. Both visits are for skilled nursing services (HCPCS code G0299 or G0300 and revenue code 0551).»

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4). HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

«On claim line 1, enter the description of the procedure with the start time and end time of the first visit (skilled nursing visit 8:15 thru 9:15 a.m.) in the *Description* field (Box 43). Enter code “0551” in the *Revenue Code* field (Box 42) to indicate this is a home health skilled nursing/visit and enter the procedure code (“G0299 or G0300”) in the *HCPCS/Rate* field (Box 44). Enter a “4” in the *Service Unit* field (Box 46). Quantities must be billed in whole units.»

«On claim line 2, enter the description of the procedure with the start time and end time of the second visit (skilled nursing visit 7:30 thru 8:45 p.m.) in the *Description* field (Box 43). Enter code “0551” in the *Revenue Code* field (Box 42), and the procedure code (“G0299 or G0300”) in the *HCPCS/Rate* field (Box 44). Enter a “5” in the *Service Unit* field (Box 46). Quantities must be billed in whole units.»

Enter the date of service for each code in the *Service Date* field (Box 45) in six-digit format. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 23, enter code “001” in the *Revenue Code* field (Box 42) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA’s NPI is entered in the *NPI* field (Box 56).

Skilled nursing visits require authorization. Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. The rendering provider’s NPI is entered in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL 331	
8 PATIENT NAME a. DOE, JOHN				9 PATIENT ADDRESS a.			
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1	0551	SKILLED NURSING VISIT 8:15-9:15	G0299	020121	4	100 00	
2	0551	SKILLED NURSING VISIT 7:30-8:45	G0299	020121	5	125 00	
23 001		PAGE OF		CREATION DATE		TOTALS 225 00	
50 PAYER NAME A. O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO.		53 ASST. SERV.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 225 00		56 NPI 0123456789		57 OTHER PRV. ID	
58 INSURED'S NAME		59 F-REL.		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX D1D1D1D		67		68		69	
70 ADMIT DX		71 PATIENT REASON DX		72 PPS CODE		73 EQ	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE		77 ATTENDING NPI	
78 ATTENDING NPI		79 OPERATING NPI		80 OTHER NPI		81 OTHER NPI	
82 OTHER NPI		83 OTHER NPI		84 OTHER NPI		85 OTHER NPI	
86 REMARKS		87		88		89	

Figure 4: Multiple Services, Same Procedure on Same Day, Different Times of Day.

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.