
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 “32” (nursing facility – outpatient) and one-character claim frequency code “1” as “321” in the *Type of Bill* field (Box 4). «Code “34” (Inpatient admit through discharge claim) and one-character claim frequency code “1” as “341” may be an option based on whether there is a plan of treatment in effect or not.»

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		3a PAT. CNTRL. #		4 TYPE OF BILL 321	
8 PATIENT NAME a DOE, JOHN		9 PATIENT ADDRESS a					
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION TYPE	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
1 SKILLED NURSING VISITS		G0299		060121		28	
2 0551 6/1, 5, 8, 13, 20, 26, 30		G0299		060121		28	
3 0589 ADMINISTERED DRUGS		99600		060121		1	
4 0270 MEDICAL SUPPLIES		A9999		060121		1	
5		6		7		8	
9		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		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		8			

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 “32” (nursing facility – outpatient) and one-character claim frequency code “1” as “321” in the *Type of Bill* field (Box 4). «Code “34” (Inpatient admit through discharge claim) and one-character claim frequency code “1” as “341” may be an option based on whether there is a plan of treatment in effect or not.»

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		2		3a PAT. CNTRL. # 3b MED. REC. #		4 TYPE OF BILL 321	
8 PATIENT NAME a DOE, JOHN		9 PATIENT ADDRESS a		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTH-DATE b 08241980		11 SEX c M		12 DATE		13 ADMISSION TYPE	
31 OCCURRENCE CODE a		32 OCCURRENCE DATE b		33 OCCURRENCE CODE c		34 OCCURRENCE DATE d	
35 OCCURRENCE CODE a		36 OCCURRENCE DATE b		37 OCCURRENCE CODE c		38 OCCURRENCE DATE d	
39 CODE a		40 VALUE CODES AMOUNT b		41 CODE c		42 VALUE CODES AMOUNT d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
1 0583 INITIAL CASE EVALUATION		G0162		060121		4	
2 0551 SKILLED NURSING VISIT, RN		G0299		060121		4	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		10200	
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 FILL INFO		53 AS9 BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE B 10200		56 NPI C 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID A 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX A D1D1D1D		67 ADMISSION REASON DX B 0		68 PRINCIPAL PROCEDURE CODE C		69 PATIENT REASON DX D	
70 OTHER PROCEDURE CODE E		71 OTHER PROCEDURE DATE F		72 OTHER PROCEDURE CODE G		73 OTHER PROCEDURE DATE H	
74 OTHER PROCEDURE CODE I		75 OTHER PROCEDURE DATE J		76 OTHER PROCEDURE CODE K		77 OTHER PROCEDURE DATE L	
78 ATTENDING NPI M 1234567890		79 OTHER NPI		80 REMARKS		81 QUAL	
82 LAST FIRST		83 LAST FIRST		84 LAST FIRST		85 LAST FIRST	

Figure 2: Initial Case Evaluation Billed on Same Day as Skilled Nursing Visit.

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 "32" (nursing facility – outpatient) and one-character claim frequency code "1" as "321" in the *Type of Bill* field (Box 4). «Code "34" (Inpatient admit through discharge claim) and one-character claim frequency code "1" as "341" may be an option based on whether there is a plan of treatment in effect or not.»

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).

1 UPTOWN MEDICAL CENTER		2		3a PAT. CNTL. #		4 TYPE OF BILL	
140 SECOND STREET				b. MED. REC. #		321	
ANYTOWN CA 958235555				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME				9 PATIENT ADDRESS			
b DOE, BABY GIRL							
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
01212021	F						
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1 0551	SKILLED NURSING VISIT, RN	G0300		012121	4	10000	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	001	PAGE	OF	CREATION DATE	TOTALS	10000	
50 PAYER NAME		51 HEALTH PLAN ID		52 FILL INFO	53 ASB BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A O/P MEDI-CAL							10000
B							
C							
56 INSURED'S NAME		59 PREL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.
A JANE DOE		03	90000000A95001				
B							
C							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
A							
B							
C							
66 ICD		67 ICD		68 ICD		69 ICD	
D1D1D1D		A B C D E F G H		I J K L M N O P Q		R S T U V W X Y Z	
70 ADMIT DX		71 PATIENT REASON DX		72 ICD		73 ICD	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE	
a		b		c		d	
78 ATTENDING (NPI)		79 OPERATING (NPI)		80 OTHER (NPI)		81 OTHER (NPI)	
LAST FIRST		LAST FIRST		LAST FIRST		LAST FIRST	
		1234567890					
82 REMARKS		83 CC		84 CC		85 CC	
a		b		c		d	

Figure 3: Services to Both Mother and Baby on Same Day: Baby's Claim.

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 "32" (nursing facility – outpatient) and one-character claim frequency code "1" as "321" in the *Type of Bill* field (Box 4). «Code "34" (Inpatient admit through discharge claim) and one-character claim frequency code "1" as "341" may be an option based on whether there is a plan of treatment in effect or not.»

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. CNTRL. #		4 TYPE OF BILL 321	
8 PATIENT NAME a DOE, JOHN		9 PATIENT ADDRESS b					
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE	
34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE	
38		39		40		41	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIRPS CODE		45 SERV. DATE	
46		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0551 SKILLED NURSING VISIT		G0299		020121		4 10000	
2 0551 SKILLED NURSING VISIT		G0299		020121		5 12500	
3		4		5		6	
7		8		9		10	
11		12		13		14	
15		16		17		18	
19		20		21		22	
23 001 PAGE OF		CREATION DATE		TOTALS		22500	
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 FILL INFO		53 ASST BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 22500		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES A 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 D1D1D1D		67		68		69	
70 ADMIT DX		71 PATIENT REASON DX		72 ICD		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 CC	
82		83		84		85	
86		87		88		89	
90 REMARKS		91		92		93	
94		95		96		97	
98		99		00		01	

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.