
Medicare/Medi-Cal Crossover Claims: Long Term Care Billing Examples

Page updated: January 2024

This section illustrates billing examples of Medicare/Medi-Cal crossover claims submitted on a *UB-04* claim form and correlating Remittance Advice (RA) examples for Long Term Care (LTC) services. Refer to the *Medicare/Medi-Cal Crossover Claims: Long Term Care* section in this manual for detailed policy information. Refer to the *UB-04 Completion: Long Term Care Services* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Note: A crossover claim reflects what was billed to Medicare, but only Medi-Cal-required fields are used for claims processing.

Billing Tips

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts.

Hard Copy Billing Examples

The following examples show how to bill hard copy Medicare/Medi-Cal crossover claims:

- *Figure 1a.* Billing Medi-Cal for Part A Services Billed to a Part A Contractor.
- *Figure 1b.* Billing Medi-Cal for a Recipient whose Part A Services Have Been Exhausted
- *Figure 2a.* Billing Medi-Cal for Part B Services Billed to a Part A Contractor.
- *Figure 2b.* Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost
- *Figure 3a.* Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1.
- *Figure 3b.* Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

Medicare RA Examples

Sample Medicare RAs on the following pages are partial examples of applicable fields only.

Billing Medi-Cal for Part A Services Billed to a Part A Contractor

Figure 1a. Billing Medi-Cal for Part A Services Billed to a Part A Contractor.

This is a sample only. Please adapt to your billing situation. The total charges of \$3789.68 (Box 47, Line 23) are the Medicare covered charges less the contract adjustment amount from the Medicare RA. There is a \$50 Medi-Cal Share of Cost (SOC) (Box 39a [value code 23 and value code amount]). The Medicare paid amount of \$2977.68 is entered in the *Prior Payments* field (Box 54a). The Medicare payment and SOC amounts are subtracted from the total charges (\$3789.68 minus \$50 minus \$2977.68), leaving the *Estimated Amount Due* field (Box 55b) as \$762.00.

Note: «If the last date of service is the discharge date, it is not included when calculating the coinsurance days. Due to Medicare consolidated billing and contract adjustments, Medicare allowed amounts may appear excessive, but are not uncommon for crossover claims.»

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|--|-------------------------|--|--|-----------------------------|----------------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----|
| 1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA | 2 | | 3a PAT. CNTRL. # b. MED. REC. # 5 FED. TAX NO. | | 123456 | | 4 TYPE OF BILL 211 | | | | | | | | | | | | | |
| 8 PATIENT NAME a | | | 9 PATIENT ADDRESS a | | | | | | | | | | | | | | | | | |
| b DOE, JOHN | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 100134 | 11 SEX M | 12 DATE 100124 | 13 HR | 14 TYPE 5 | 15 SRC 3 | 16 DHR 4 | 17 STAT 30 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 OCCURRENCE CODE 50 | 32 DATE 102724 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | | |
| 36 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | |
| 42 REV. CD. 0101 | 43 DESCRIPTION | 44 HOPS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS 9 | 47 TOTAL CHARGES 378968 | 48 NON-COVERED CHARGES | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | |
| 001 | PAGE | OF | CREATION DATE | TOTALS | 378968 | | | | | | | | | | | | | | | |
| 60 PAYER NAME MEDICARE A LTC MEDI-CAL | 51 HEALTH PLAN ID | 62 FILL SPO | 63 ASG SBN | 64 PRIOR PAYMENTS 297768 | 65 EST. AMOUNT DUE 378968 | 66 NPI 0123456789 | 67 OTHER PRV ID | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | |
| 60 INSURED'S NAME | 61 P. REL | 62 INSURED'S UNIQUE ID 90000000A95001 | 63 GROUP NAME | 64 INSURANCE GROUP NO. | 65 TREATMENT AUTHORIZATION CODES | 66 DOCUMENT CONTROL NUMBER | 67 EMPLOYER NAME | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | |
| 66 DX D1D1D1D 0 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | |
| 69 ADMIT REASON DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | |
| 74 PRINCIPAL PROCEDURE CODE | 75 OTHER PROCEDURE CODE | 76 OTHER PROCEDURE CODE | 77 OTHER PROCEDURE CODE | 78 OTHER PROCEDURE CODE | 79 OTHER PROCEDURE CODE | 80 OTHER PROCEDURE CODE | 81 OTHER PROCEDURE CODE | 82 OTHER PROCEDURE CODE | 83 OTHER PROCEDURE CODE | 84 OTHER PROCEDURE CODE | 85 OTHER PROCEDURE CODE | 86 OTHER PROCEDURE CODE | 87 OTHER PROCEDURE CODE | 88 OTHER PROCEDURE CODE | 89 OTHER PROCEDURE CODE | 90 OTHER PROCEDURE CODE | 91 OTHER PROCEDURE CODE | 92 OTHER PROCEDURE CODE | 93 OTHER PROCEDURE CODE | |
| 80 REMARKS | 81 CC | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | |

Figure 1a. Billing Medi-Cal for Part A Services Billed to a Part A Contractor

Figure 1b. Billing Medi-Cal for a Recipient whose Part A Services Have Been Exhausted

This is a sample only. Please adapt to your billing situation.

A recipient whose Part A benefits have been exhausted is illustrated by the absence of “Medicare A” in the *Payer Name* field (Box 50a) and the absence of a Medicare Paid amount in the *Prior Payments* field (Box 54a). Only “LTC Medi-Cal” is listed in the *Payer Name* field (Box 50a).

After 100 days, the recipient’s claim becomes a straight Medi-Cal claim. Therefore, the net amount of \$3456.30 is entered in the *Estimated Amount Due* field (Box 55a), equals the total charges (Box 47, Line 23) and is billed to Medi-Cal. The total charges are calculated for straight Medi-Cal claims by multiplying the appropriate Medi-Cal daily rate for the revenue code (Box 42, Line 1) and the Designated State Level Medicaid Rate Code (Boxes 39a [value code 24 and value code amount]) combination by the total number of days. Enter the total number of days in the *Service Units* field (Box 46, Line 1).

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| 1 GARDEN GROVE CARE CENTER | | 2 | | 3a PAY ORNL # 234567 | | 4 TYPE OF BILL 211 | |
| 6748 GARDEN GROVE HWY | | | | 5 FED. TAX NO. | | 6 STATEMENT COVERS PERIOD FROM 100124 THROUGH 103024 | |
| ANYTOWN, CA | | | | | | | |
| 8 PATIENT NAME DOE, JANE | | | | 9 PATIENT ADDRESS | | | |
| 10 BIRTH DATE 100135 | | | | 11 SEX F | | | |
| 12 DATE | | | | 13 HR | | | |
| 14 TYPE | | | | 15 SRC | | | |
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The Medi-Cal payment on Part A LTC crossover claims is the full coinsurance less any SOC.

Formula for Calculating Part A Crossover Amounts

The formulas for calculating Part A crossover amounts are as follows:

Total Charges

Medicare covered charges minus the contract adjustment amount, if any (from EOMB/RA).

Share of Cost (Medi-Cal)

On a Part A LTC claim, patient liability only applies to the Medi-Cal SOC. There is no Medicare deductible. If the patient has a "0" SOC, leave blank. If a patient has a SOC, enter the amount being applied to this claim in the *Value Codes and Amount* fields.

Prior Payments

Medicare paid amount (from EOMB/RA).

Estimated Amount Due

Total Charges minus SOC minus Prior Payments.

Note: LTC SOC is cleared solely by the facility in which the recipient resides. Claims (for LTC recipients) from other than the LTC facility should contain no SOC information. Refer to the *Share of Cost (SOC)* section in the Part 1 manual for detailed instructions on clearing a recipient's SOC.

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| MEDICARE CONTRACTOR 1234 B STREET ANYTOWN, CA 95555-555 555-555-5555 | | | | | | | | | |
| 05000 | GARDEN GROVE CARE CENTER | | SKILLED NURSING | | PAID DATE: 10/15/2024 | REMIT#: 01061 | PAGE 1 | | |
| PATIENT NAME | PATIENT CNTRL# | RC | REM | DRG# | DRG OUT AMT | COINSURANCE | PAT REFUND | CONTRACT ADJ | |
| MEDICARE ID # | ICNUMBER | RC | REM | OUT CD CAPCD | | COVID CHGS | ESRD NET ADJ | PER DIEM RATE | |
| FROM DT THRU DT | NACHG HICHG TOB | RC | REM | PROF COMP | MSP PAYMT | NCOVID CHGS | INTEREST | PROC CD AMT | |
| CLAIM STATUS IDE# | COST COMDY NCOMDY | RC | REM | DRG AMT | DEDUCTIBLE | DENIED CHGS | | NET REIMBURS | |
| DOE, JANE | 648648 | | | | | 992.00 | | 415.03 | |
| 9ZZ9ZZ9ZZ99 | 2091882184 | .00 | | .00 | | 4204.71 | .00 | 405.00 | |
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| | 214 | | | | | | | | |
| 1 | 8 | 8 | | .00 | | .00 | .00 | 2977.68 | |

Figure 1c. Medicare Remittance Advice (RA) for Part A Figure 1a Example

Use the *Medicare Remittance Advice* when completing the *UB-04* claim form for a Part A LTC crossover claim.

Billing Medi-Cal for Part B Services Billed to a Part A Contractor

Figure 2a. Billing Medi-Cal for Part B services billed to a Part A Contractor

This is a sample only. Please adapt to your billing situation.

The total charges of \$2939.17 (Box 47, Line 23) is the amount allowed by Medicare. The recipient has a Medicare deductible of \$100.00 (Box 39a [value code A1 and value code amount]). The sum of the Medicare paid amount of \$2227.39 and the contract adjustment amount of \$77.56 (\$2304.95) is entered in the *Prior Payments* field (Box 54a). The coinsurance of \$534.22 from the Medicare RA, which is entered in the *Value Codes and Amount* field (Box 40a [value code A2 and value code amount]), plus the Medicare deductible of \$100.00 equals the net amount of \$634.22 billed to Medi-Cal in the *Estimated Amount Due* field (Box 55b).

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| 1 GARDEN GROVE CARE CENTER | | 2 | | 39 PAT CONTR # 123456 | | 4 TYPE OF BILL | |
| 6748 GARDEN GROVE HWY | | | | 5 MED REC # | | 221 | |
| ANYTOWN, CA | | | | 6 FED TAX NO. | | 7 STATEMENT COVERS PERIOD FROM 100124 THROUGH 102824 | |
| 8 PATIENT NAME | | | | 9 PATIENT ADDRESS | | | |
| 10 DOE, JOHN | | | | | | | |
| 19 BIRTH DATE | 18 SEX | 13 DATE | ADMISSION 13 HRT | 14 TYPE | 15 SMO | 16 DHR | 17 STAT |
| 100134 | M | 100124 | 5 | 3 | 4 | 30 | |
| 31 OCCURRENCE CODE | 32 OCCURRENCE DATE | 33 OCCURRENCE DATE | 34 OCCURRENCE DATE | 35 OCCURRENCE DATE | 36 OCCURRENCE DATE | 37 OCCURRENCE DATE | 38 OCCURRENCE DATE |
| 50 | 112724 | | | | | | |
| 39 CODE | | | | 40 VALUE CODES AMOUNT | | 41 VALUE CODES AMOUNT | |
| | | | | A1 10000 | | A2 53422 | |
| 42 REV CD | 43 DESCRIPTION | 44 HOPS / RATE / HIPP CODE | 45 SERV DATE | 46 SERV UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
| | | | | | | | |
| 001 PAGE OF | | | | CREATION DATE | TOTALS | 293917 | |
| 50 PAYER NAME | | 51 HEALTH PLAN ID | 52 RE-EMP | 53 ADA BBL | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI |
| MEDICARE B | | | | | 230495 | 63422 | 0123456789 |
| LTC MEDI-CAL | | | | | | | |
| 58 INSURED'S NAME | | 59 FREL | 60 INSURED'S UNIQUE ID | | 61 GROUP NAME | 62 INSURANCE GROUP NO. | |
| | | | 90000000A95001 | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | 64 DOCUMENT CONTROL NUMBER | | | 65 EMPLOYER NAME | |
| | | | | | | | |
| 67 | A | B | C | D | E | F | G |
| 68 ADMIT DATE | 69 PATIENT REASON CODE | 70 ICD-9 | 71 ICD-9 | 72 ICD-9 | 73 ICD-9 | 74 ICD-9 | 75 ICD-9 |
| 74 PRINCIPAL PROCEDURE CODE | 75 OTHER PROCEDURE CODE | 76 OTHER PROCEDURE CODE | 77 OTHER PROCEDURE CODE | 78 OTHER PROCEDURE CODE | 79 OTHER PROCEDURE CODE | 76 ATTENDING NPI | 76 QUAL |
| | | | | | | 0234567891 | |
| 80 REMARKS | 81 ICD-9 | 82 ICD-9 | 83 ICD-9 | 84 ICD-9 | 85 ICD-9 | 77 OPERATING NPI | 77 QUAL |
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| | | | | | | 78 OTHER NPI | 78 QUAL |
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| | | | | | | 79 OTHER NPI | 79 QUAL |
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Figure 2a. Billing Medi-Cal for Part B Services Billed to a Part A Contractor

Figure 2b. Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost.

This is a sample only. Please adapt to your billing situation.

The total charges of \$959.25 (Box 47, Line 23) is the amount allowed by Medicare. There is a Medicare deductible of \$100.00 (Box 40a [value code A1 and value code amount]). The sum of the Medicare paid amount of \$643.43 and the contract adjustment amount of \$77.56 (\$720.99) is entered in the *Prior Payments* field (Box 54a). The SOC of \$200.00 is entered in the *Value Codes and Amount* field (Box 39a [value code 23 and value code amount]). The coinsurance from the Medicare RA, which is entered in the *Value Codes and Amount* field (Box 41a [value code A2 and value code amount]) plus the Medicare deductible minus the SOC equals the net amount of \$38.26 billed to Medi-Cal in the *Estimated Amount Due* field (Box 55b).

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| 1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA | | 2 | | 30 PATE CMTL # 234567 | | 4 TYPE OF BILL 221 | | | | | | | |
| 5 PATIENT NAME DOE, JANE | | | | 6 PATIENT ADDRESS | | | | | | | | | |
| 7 BIRTH DATE 100135 | | 8 SEX F | | 9 DATE 100124 | | 10 CHRG 5 3 4 | | 11 STAT 30 | | 12 CONDITION CODES 20 21 22 23 24 25 26 27 28 | | 13 ACCT STATE | |
| 14 OCCURRENCE DATE 50 112724 | | 15 OCCURRENCE DATE | | 16 OCCURRENCE DATE | | 17 OCCURRENCE DATE | | 18 CODE FROM THROUGH | | 19 OCCURRENCE DATE | | 20 CODE FROM THROUGH | |
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The Medi-Cal payment on Part B crossover claims is calculated as the full coinsurance plus the deductible less any Medi-Cal SOC.

Formula for Calculating Part B Crossover Amounts

The formula for calculating Part B crossover amounts is as follows:

Total Charges

Medicare allowed amount (from EOMB/RA).

Medicare Deductible/Share of Cost (Medi-Cal)

On a Part B claim, recipient liability applies to the Medicare deductible. However, if a recipient also has a SOC, enter the SOC in the *Value Codes and Amount* field of the claim.

If a portion of the Medicare claim is applied to the recipient’s annual deductible, enter the deductible applied in the *Value Codes and Amount* field (from EOMB/RA); if no deductible is applied to this claim, leave blank.

Prior Payments

Medicare paid amount plus any “contract adjusted amount” (from EOMB/RA).

Estimated Amount Due

The coinsurance plus Medicare deductible minus any SOC being applied to this claim.

| | | | | | | | | | |
|--|-----------------------------|----|--------|--------------------------|-------------|-------------|--------------|---------------|--|
| MEDICARE CONTRACTOR 1234 B STREET ANYTOWN, CA 95555-5555 555-555-5555 | | | | | | | | | |
| 05999 | GARDEN GROVE CARE CENTER | | PART B | PAID DATE: 11/01/2024 | REMIT#: 500 | PAGE 1 | | | |
| PATIENT NAME | PATIENT CNTRL# | RC | REM | DRG# | DRG OUT AMT | COINSURANCE | PAT REFUND | CONTRACT ADJ | |
| MEDICARE ID # | ICNNUMBER | RC | REM | OUT CD CAPCD | | COVD CHGS | ESRD NET ADJ | PER DIEM RATE | |
| FROM DT THRU DT | NACHG HICHG TOB | RC | REM | PROF COMP | MSP PAYMT | NCOVD CHGS | INTEREST | PROC CD AMT | |
| CLAIM STATUS IDE# | COST_CQDY NCOVDY | RC | REM | DRG AMT | DEDUCTIBLE | DENIED CHGS | | NET REIMBURS | |
| DOE, JOHN | 1234JS | | | | | | | | |
| 9ZZ9ZZ9ZZ99 | 202071029402 | | | | | 534.22 | | 77.56 | |
| 10/01/2024 10/28/2024 | QC N221 | | | | 100.00 | 2939.17 | | .85 | |
| | | | | | | | | 2861.61 | |
| | | | | | | | | 2227.39 | |
| DOE, JANE | 654811 | | | | | | | | |
| 9ZZ99Z9ZZ99 | 20207102890602 | | | | | 138.26 | | 77.56 | |
| 10/01/2024 10/28/2024 | QC N221 | | | | 100.00 | 959.25 | | .85 | |
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Figure 2c. Medicare Remittance Advice (RA) for Part B Figure 2a and 2b Examples

Use the Medicare RA to assist in completing the *UB-04* claim form for a LTC Part B crossover claim.

Billing Medi-Cal for Part B Overlapping Dates of Service

This is a sample only. Please adapt to your billing situation.

Occasionally, two Part B claims are billed for the same recipient with overlapping dates of service (for example, physical therapy and speech therapy). To avoid denial of the claim as a duplicate in these situations, use the *Remarks* area to identify the reason for the overlapping dates of service.

Figure 3a. Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1 and

Figure 3b. Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

In these examples, the provider is billing for speech therapy on Claim 1 (Figure 3a) and physical therapy on Claim 2 (Figure 3b). The recipient is the same and the dates of service overlap.

In the *Remarks* area, the biller writes: “This is not a duplicate claim. Claim for Doe, Jane DOS 101024 through 102224 is for speech therapy. Claim for Doe, Jane, DOS 100124 through 101724 is for physical therapy. See Medicare documentation attached.”

Similarly, if the provider is billing the speech therapy and physical therapy claims at different times and one claim has already been processed, instead of attaching the Medicare documentation, the provider can attach a copy of the previously submitted claim.

| | | | | | | | |
|---|--|--------------------------|----------------------------------|---------------------------------|-----------------------|---|-----------------------|
| 1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA | | 2 | | 35 RATE CNTR # 234567 | | 4 TYPE OF BILL | |
| | | | | 5 BILL REC # | | 6 221 | |
| | | | | 8 MED. TAX. NO. | | 9 STATEMENT COVERS PERIOD FROM 101024 THROUGH 102224 | |
| 8 PATIENT NAME DOE, JANE | | 9 INPATIENT ADDRESS | | | | | |
| 10 BIRTH DATE 100135 | 11 SEX F | 12 DATE 101024 | 13 ADMISSION TYPE 5 | 14 TYPE 3 | 15 SRG 4 | 16 DHR 30 | 17 STAT |
| 18 CONDITION CODES | | 19 | | 20 | | 21 | |
| 22 OCCURRENCE DATE 50 | 23 OCCURRENCE DATE 112724 | 24 OCCURRENCE DATE | 25 OCCURRENCE DATE | 26 OCCURRENCE DATE | 27 OCCURRENCE DATE | 28 OCCURRENCE DATE | 29 OCCURRENCE DATE |
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| 1 PROVIDER NAME GARDEN GROVE CARE CENTER | | 2 ADDRESS 6748 GARDEN GROVE HWY | | 3 CITY/STATE/ZIP ANYTOWN, CA | | 39 FAX CONT. # 234567 | | 41 TYPE OF BILL 221 | |
| 8 PATIENT NAME DOE, JANE | | 9 PATIENT ADDRESS | | 6 MED. TAX NO. | | 11 STATEMENT COVERS PERIOD FROM 101024 | | 7 THROUGH 101724 | |
| 13 BIRTH-DATE 100135 | | 11 SEX F | | 12 DATE OF ADMISSION 101024 | | 14 TYPE OF ADMISSION 5 | | 10 CHARGE STATE 30 | |
| 31 OCCURRENCE DATE 50 | | 32 OCCURRENCE CODE 112724 | | 33 OCCURRENCE DATE | | 34 OCCURRENCE CODE | | 35 OCCURRENCE DATE | |
| 36 OCCURRENCE DATE | | 37 OCCURRENCE CODE | | 38 OCCURRENCE DATE | | 39 OCCURRENCE CODE | | 40 OCCURRENCE DATE | |
| 42 ICD-9-CM CODE | | 43 DESCRIPTION | | 44 HOURS / RATE / HPRS CODE | | 45 SERV. DATE | | 46 SERV. UNITS | |
| 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | | 49 | | 50 | | 51 | |
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Legend

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

| Symbol | Description |
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| « | 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. |