Obstetrics: UB-04 Billing Examples for Inpatient Services – Designated Public Hospitals

Page updated: November 2022

Examples in this section are to help Designated Public Hospitals (DPHs) reimbursed under Certified Public Expenditure (CPE) per diem who bill obstetrical (OB) and newborn inpatient services on the UB-04 claim form. See important Notice below.

Notice: Effective for admissions on or after July 1, 2013, reimbursement for inpatient general acute care hospitals (which do not participate in certified public expenditure reimbursement) is based on a diagnosis-related groups (DRG) reimbursement methodology. Due to DRG, the instructions in this manual section may not pertain to your facility. If your facility is reimbursed according to the DRG model, refer to corresponding DRG instructions in the appropriate Part 2 provider manual.

Refer to the *Obstetrics: Revenue Codes and Billing Policy for Designated Public Hospitals* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Inpatient Services: Designated Public Hospitals* 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.

Billing Tips

When completing claims, do not enter the decimal points in ICD10 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.

DPH OB CPE Per Diem Hospital: Cesarean Delivery of Acutely Sick Newborn

Figures 1a and 1b; Cesarean delivery, acutely sick newborn in DPH reimbursed under CPE per diem.

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

Case Description

A mother, who was admitted on June 1, delivers an acutely sick newborn by cesarean section on June 2. (the baby does not require neonatal intensive care unit services (NICU). The mother is discharged on June 7 and the baby is discharged on June 8.

Overview of Policy

The mother's hospital stay is OB authorization-free because she delivered within the first two hospital days and is discharged within four days following the cesarean section delivery. Services for the acutely sick newborn prior to the mother's discharge are not separately reimbursable; however, revenue code 172 is billed on the mother's claim so the service can be considered for disproportionate share calculation. Services for the acutely sick newborn after the mother's discharge are separately reimbursable.

Mother's Claim

Figure 1a: Mother's claim.

Enter the two-digit facility type code "11" and the one-character claim frequency code "1" as "111" in the *Type of Bill* field (Box 4).

Enter the date of the mother's admission, June 1, 2022, in six-digit format (060122) in the *Admission Date* field (Box 12). Enter the 4 p.m. hour of admission in military terms (16) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14), enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The total length of the mother's stay is entered in the *Statement Covers Period* field (Box 6). Enter the day of admission (060122) as the "From" date and the day of discharge (060722) as the "Through" date. Enter the hour of discharge in military time in the *Discharge Hour* field (Box 16). In this case, the discharge hour is 11 a.m. Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this case, the "01" indicates the mother was "discharged to home."

The patient's Medicare status is shown in the *Condition Code*s field (Boxes 18 through 28). Condition code "YO" indicates the recipient is under age 65 and does not have Medicare coverage.

Revenue code 152 is entered in the *Revenue Code* field (Box 42) to bill OB-related room and board services for the mother. Enter the description of code 152 (room and board, ward, OB) in the *Description* field (Box 43). Enter a 6 in the *Service Units* field (Box 46) to indicate the number of days the mother stayed in the hospital. Do not count the day of discharge.

Revenue code 172 is entered in the *Revenue Cod*e field (Box 42) so that the services for the acutely sick newborn prior to the mother's discharge can be considered for disproportionate share calculation. Enter the description of code 172 (disproportionate share) in the *Description* field (Box 43). All ancillary services are listed, though for DPHs as they are not reimbursed separately from the all-inclusive CPE per diem rate. Units of service are not required for ancillary services.

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

No TAR number is required in the *Treatment Authorization Codes* field (Box 63). The mother delivered within the first two hospital days and those first two inpatient days are OB authorization-free. In addition, because she delivered by cesarean, she qualifies for four "post-delivery" OB authorization-free days.

Enter the appropriate diagnosis code in Box 67. In this case, ICD-10-CM diagnosis code Z37.0 represents birth of a single live newborn. ICD-10-PCS procedure code 10D00Z0 representing classical cesarean section, is entered in the *Principal Procedure* field (Box 74) as 10D00Z0. The date of the delivery, June 2, 2022, is entered as 060222.

Enter the attending physician's National Provider Identifier (NPI) in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).

Baby's Claim

Figure 1b: Baby's claim.

Enter the two-digit facility type code "11" and the one-character claim frequency code "1" as "111" in the *Type of Bill* field (Box 4).

Enter the date of delivery, June 2, 2022, in six-digit format (060222) as

the date of admission for the newborn in the *Admission Date* field (Box 12). Enter the baby's noon hour of birth as the hour of admission in military terms (12) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14) enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The length of time the baby stays at the hospital after its mother's discharge is entered in the *Statement Covers Period* field (Box 6). The baby is discharged the day after the mother. The date of the mother's discharge (060722) is entered as the "From" date and the day of the baby's discharge (060822) is entered as the "Through" date. Enter the hour of discharge in military time in the *Discharge Hour* field (Box 16). In this case, the discharge hour is 10 a.m. Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this scenario, the "01" indicates the baby was "discharged to home."

The recipient's Medicare status is shown in the *Condition Codes* field (Boxes 18 through 28). Condition code "YO" indicates the recipient is under age 65 and does not have Medicare coverage.

The sick-newborn services rendered after the mother's discharge (one day) are billed with revenue code 172. Enter code 172 in the *Revenue Code* field (Box 42) and the description of code 172 (nursery newborn, Level II) in the *Description* field (Box 43). Enter a 1 in the *Service Units* field (Box 46) to indicate billing one hospital day for the baby.

Note: Reimbursement for acute care days billed with revenue code 172 begins the day of the mother's discharge. This claim bills for services rendered to the baby on June 7.

All ancillary services are listed, though DPHs are not reimbursed separately from the CPE per diem rate. Units of service are not required for ancillary services.

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

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 the mother's ID number.

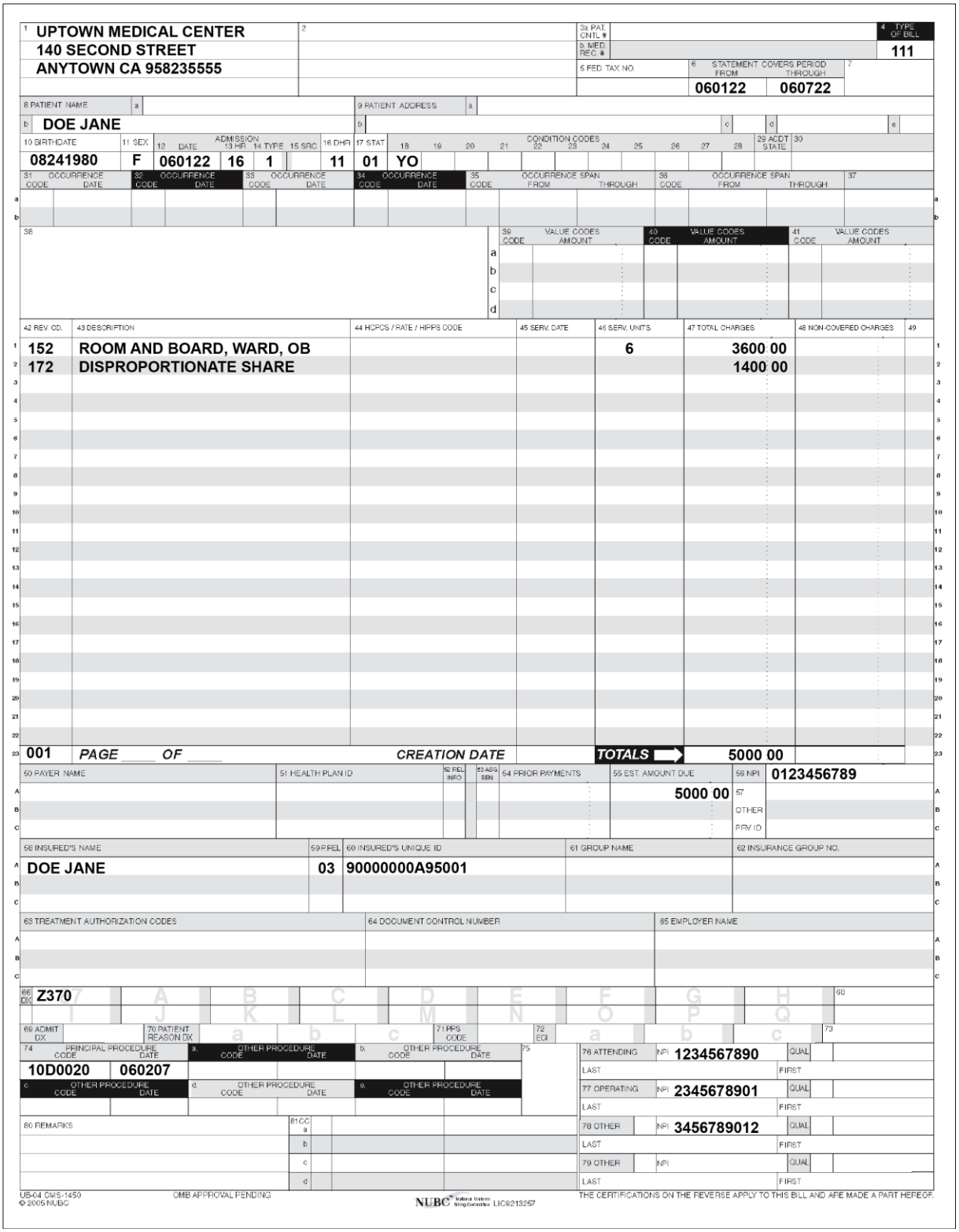
Enter the appropriate diagnosis code in Box 67. In this case, ICD-10-CM diagnosis code P50.0 represents fetal blood loss. Enter without decimal points as P5000. When revenue code 172 is associated with a delivery, the ICD-10-CM procedure code on the baby's claim is consistent with the procedure code on the mother's claim. ICD-10-PCS procedure code 10D00Z0 (classical cesarean section) is entered in the *Principal Procedure* field (Box 74) as 10D00Z0.The date that the procedure was performed is entered in six-digit format as 060722.

Enter the attending physician's NPI in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).

When billing code 172, the date of the mother's discharge is required in the *Remarks* field (Box 80) of the claim. In this case, the mother was discharged on June 7, 2022 (060722).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 060122 THROUGH 060722

8 PATIENT NAME: b DOE JANE

10 BIRTHDATE: 08241980 | 11 SEX: F | 12 ADMISSION DATE: 060122 | 13 HR: 16 | 14 TYPE: 1 | 15 SRC: | 16 DHR: 11 | 17 STAT: 01 | CONDITION CODES: YO

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
152	ROOM AND BOARD, WARD, OB			6	3600 00	
172	DISPROPORTIONATE SHARE				1400 00	
001	PAGE ____ OF ____		CREATION DATE	TOTALS	5000 00	

50 PAYER NAME | 51 HEALTH PLAN ID | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE: 5000 00 | 56 NPI: 0123456789

58 INSURED'S NAME: DOE JANE | 59 P REL: 03 | 60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: Z370

74 PRINCIPAL PROCEDURE CODE / DATE: 10D0020 060207

76 ATTENDING NPI: 1234567890

77 OPERATING NPI: 2345678901

78 OTHER NPI: 3456789012

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Figure 1a: Mother's claim: DPH OB CPE Per Diem Hospital: Cesarean Delivery of Acutely Sick Newborn.

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD FROM: 060222 THROUGH: 060822

8 PATIENT NAME: b DOE BABY

10 BIRTHDATE: 060222
11 SEX: M
ADMISSION 12 DATE: 060222 13 HR: 12 14 TYPE: 1 16 DHR: 10 17 STAT: 01
CONDITION CODES 18: YO

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
172	NURSERY NEWBORN, LEVEL II			1	650 00	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	650 00	

55 EST. AMOUNT DUE: 650 00
56 NPI: 0123456789

58 INSURED'S NAME: DOE JANE
59 P REL: 03
60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: P5000

74 PRINCIPAL PROCEDURE CODE: 10D0020 DATE: 060222

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901
78 OTHER NPI: 3456789012

80 REMARKS: MOTHER DISCHARGED 060722

UB-04 CMS-1450 © 2005 NUBC OMB APPROVAL PENDING NUBC LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 1b: DPH OB CPE Per Diem Hospital: Cesarean Delivery of Acutely Sick Newborn.

Multiple Births of Twins with Differing Dates of Birth

Figure 2a and 2b; Multiple births of twins with differing dates of birth.

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

Case Description

A mother, who is admitted on June 1, delivers her first twin (well newborn) vaginally on June 2 and her second twin (sick newborn) vaginally on June 3. The mother and her well newborn are discharged on June 5. The sick newborn is discharged on June 7.

Overview of Policy

The mother's hospital stay is OB authorization-free because she delivered within the first two hospital days and is discharged within two days following the vaginal delivery. The first healthy twin is billed on the mother's claim. The second twin requires NICU services. Assembly Bill 1397 prohibits hospitals from discharging a mother before 48 hours following a vaginal delivery, unless early discharge is agreed upon by both the treating physician and the mother. If the mother is discharged early, a post-discharge follow-up visit must be made available to the mother and her newborn within 48 hours of discharge.

Mother's Claim

Figure 2a: Mother and well newborn's (newborn #1) claim.

Enter the two-digit facility type code "11" and one-character claim frequency code "1" as "111" in the *Type of Bill* field (Box 4).

Enter the date of the mother's admission, June 1, 2022, in six-digit format (060122) in the *Admission Date* field (Box 12). Enter the 9 p.m. hour of admission in military terms (21) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14) enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The total length of the mother's stay is entered in the *Statement Covers Period* field (Box 6). Enter the day of admission (060122) as the "From" date and the day of discharge (060522) as the "Through" date. Enter the hour of discharge in military time in the *Discharge Hour* field (Box 16). In this case, the discharge hour is 11 a.m. Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this case, the "01" indicates the mother was "discharged to home."

The recipient's Medicare status is shown in the *Condition Codes* field (Boxes 18 through 28). Condition code "YO" indicates the recipient is under age 65 and does not have Medicare coverage.

Revenue code 152 is entered in the *Revenue Code* field (Box 42) to bill OB-related room and board services for the mother. Enter the description of code 152 (room and board, ward, OB) in the Description field (Box 43). Enter a 4 in the Service Units field (Box 46) to indicate the number of days the mother stayed in the hospital. Do not count the day of discharge.

Services for the well newborn prior to the mother's discharge are billed on the mother's claim with revenue code 171 in the *Revenue Code* field (Box 42). Enter the description for code 171 (nursery newborn, Level I) in the *Description* field (Box 43). Enter a 3 in the *Service Units* field (Box 46) to indicate the number of days the well newborn stayed in the hospital. Do not count the day of discharge.

Revenue code 171 is not separately reimbursable and is used for disproportionate share calculations.

All ancillary services are listed, though DPHs are not reimbursed separately from the all-inclusive CPE per diem rate. Units of service are not required for ancillary services.

Enter the usual and customary charges in the Total Charges field (Box 47). Enter code 001 in the Revenue Code column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in "TOTALS" (Box 47, line 23).

No TAR number is required in the *Treatment Authorization Codes* field (Box 63).

Enter an appropriate ICD-10-CM diagnosis code in Box 67. In this case, ICD-10-CM diagnosis code Z38.30 indicates a twin liveborn infant, born in a hospital, delivered vaginally. Enter without decimal points as Z3830. ICD-10-PCS procedure code 10D07Z3 (low forceps operation) is entered in the *Principal*

Procedure field (Box 74). The date of the delivery, June 2, 2016, is entered as 060216.

When billing claims involving multiple births, the multiple births and specific birth date for each baby should be included in the *Remarks* field (Box 80).

Enter the attending physician's NPI in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).

Sick Twin's Claim Form

Figure 2b: Second twin's claim (sick newborn requiring NICU services).

Enter the two-digit facility type code "11" and one-character claim frequency code "1" as "111" in the Type of Bill field (Box 4).

Enter the date of the second twin's delivery, June 3, 2022, in six-digit format (060322) as the date of admission in the *Admission Date* field (Box 12). Enter the twin's 1 a.m. hour of birth as the hour of admission in military terms (1) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14) enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The length of time the baby stays in the hospital is entered in the *Statement Covers Period* field (Box 6). The day of birth (060322) is entered as the "From" date and the day of discharge (060716) is entered as the "Through" date. Enter the hour of discharge in military time in the *Discharge Hour* field (Box 16). In this case, the discharge hour is 3 p.m. (15). Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this scenario, the "01" indicates the baby was "discharged to home."

The recipient's Medicare status is shown in the *Condition Codes* field (Boxes 18 – 28). Condition code "YO" indicates the recipient is under age 65 and does not have Medicare coverage.

The NICU services for the second twin must be billed using revenue code 174 on a claim separate from the mother. Enter code 174 in the *Revenue Code* field (Box 42) and the description of code 174 (nursery, newborn; Level IV) in the *Description* field (Box 43). Enter a 4 in the Service Units field (Box 46) to indicate four days of NICU care. Do not include the day of discharge.

All ancillary services are listed, though DPHs are not reimbursed separately from the all-inclusive CPE per diem rate. Units of service are not required for ancillary services. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the Revenue Code column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in "Totals" (Box 47, line 23).

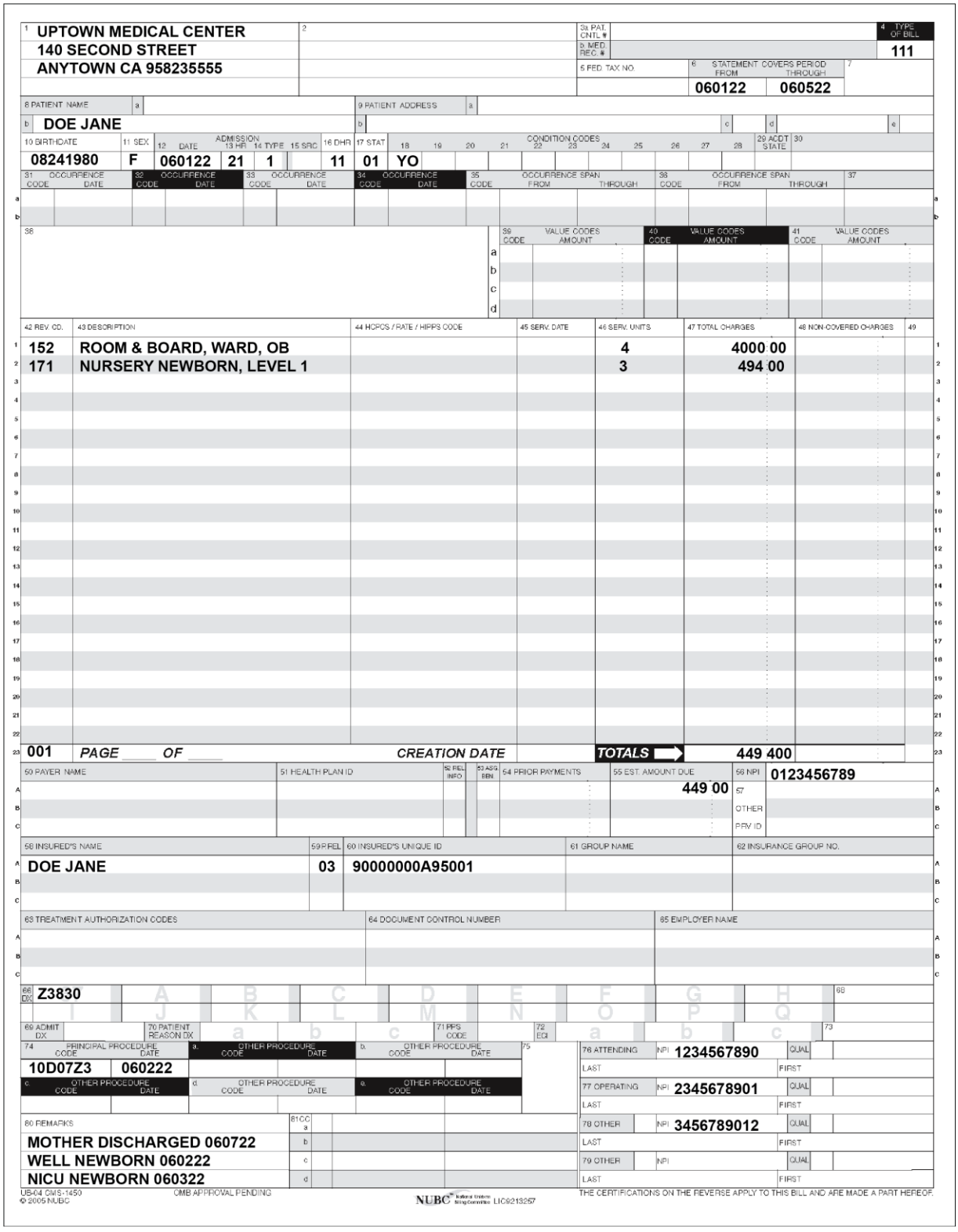
Type the mother's name (the insured party) in the *Insured's Name* field (Box 58). Enter code 03 in the *Patient's Relationship to Insured* field (Box 59) to designate that the recipient is the insured's child who is using the mother's ID number.

Enter an appropriate ICD-10-CM code in Box 67. In this case, ICD-10-CM P15.9 diagnosis code represents Birth injury, unspecified for the newborn. Enter without decimal points as P159. In this case, no ICD-10-PCS procedure code is needed in the *Principal Procedure* field (Box 74). When billing claims involving multiple births, the multiple births and specific birth date for each baby should be included in the *Remarks* field (Box 80).

Enter the attending physician's NPI in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 060122 THROUGH 060522

8 PATIENT NAME: DOE JANE

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	29 ACDT STATE	30
08241980	F	060122	21	1		11	01	YO		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
152	ROOM & BOARD, WARD, OB			4	4000 00	
171	NURSERY NEWBORN, LEVEL 1			3	494 00	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	449 400	

50 PAYER NAME | 51 HEALTH PLAN ID | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE: 449 00 | 56 NPI: 0123456789

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE JANE	03	90000000A95001		

66 DX: Z3830

74 PRINCIPAL PROCEDURE: CODE 10D07Z3, DATE 060222

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901
78 OTHER NPI: 3456789012
79 OTHER NPI:

80 REMARKS:
MOTHER DISCHARGED 060722
WELL NEWBORN 060222
NICU NEWBORN 060322

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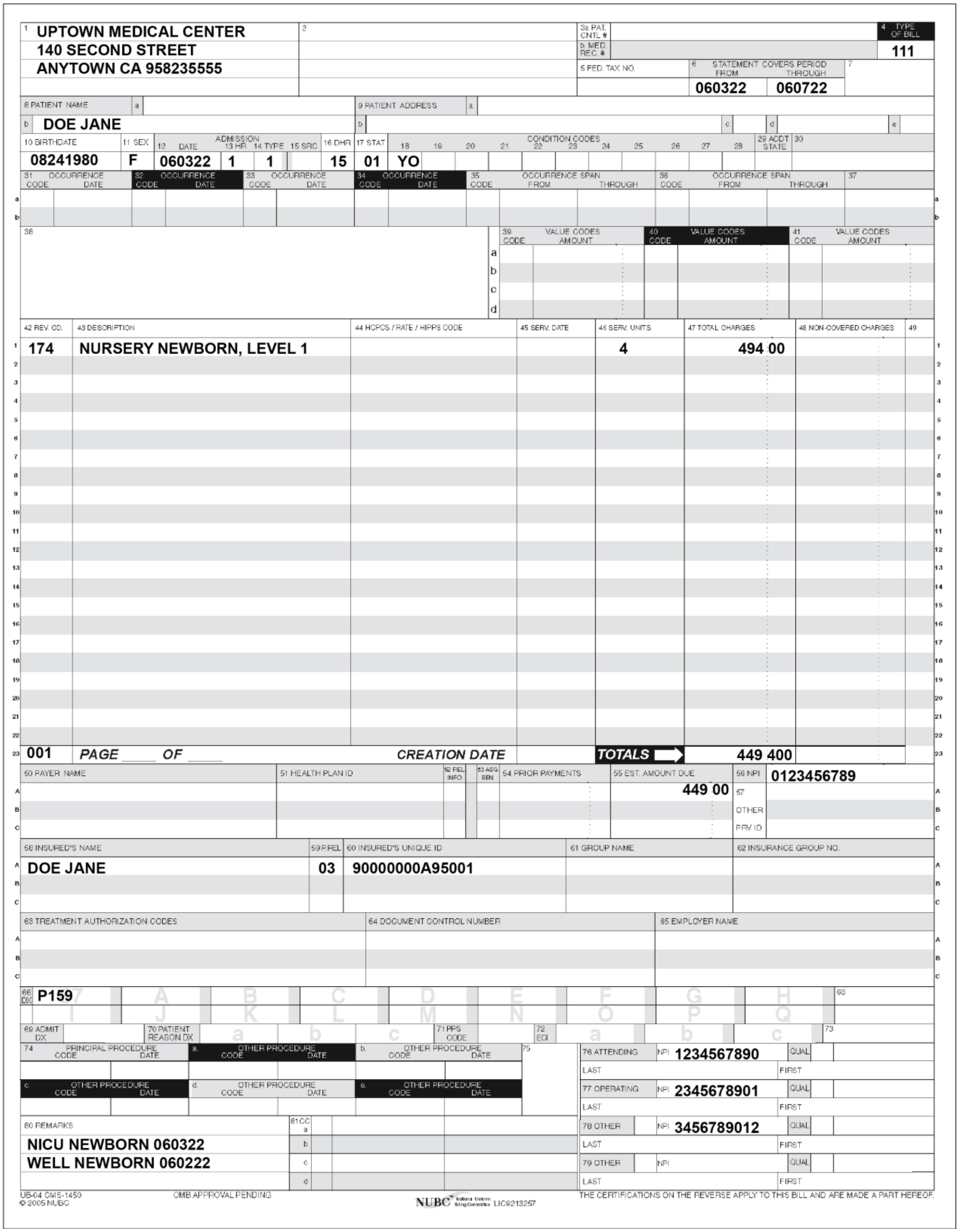
Figure 2a: Mother's and Well Newborn's (Newborn #1) Claim: DPHs Reimbursed Under CPE Per Diem: Multiple Births of Twins with Different Dates of Birth.



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD FROM: 060322 THROUGH: 060722

8 PATIENT NAME: DOE JANE

10 BIRTHDATE: 08241980 | 11 SEX: F | 12 ADMISSION DATE: 060322 | 13 HR: 1 | 14 TYPE: 1 | 16 DHR: 15 | 17 STAT: 01 | 18 CONDITION CODES: YO

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
174	NURSERY NEWBORN, LEVEL 1			4	494 00	
001	PAGE ___ OF ___	CREATION DATE		TOTALS	449 400	

55 EST. AMOUNT DUE: 449 00

56 NPI: 0123456789

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID
DOE JANE	03	90000000A95001

67 P159

76 ATTENDING NPI 1234567890

77 OPERATING NPI 2345678901

78 OTHER NPI 3456789012

80 REMARKS:
NICU NEWBORN 060322
WELL NEWBORN 060222

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Figure 2b: Sick Newborn's (Newborn #2) Claim: DPHs Reimbursed Under CPE Per Diem: Multiple Births of Twins With Different Dates of Birth

Vaginal Delivery Prior to Hospital Admission

Figures 3; Vaginal delivery prior to hospital admission.

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

Case Description

A mother vaginally delivers a well newborn at home on June 2. The mother and her healthy baby are admitted to the hospital on June 3.

Mother and Baby's Claim

Enter the two-digit facility type code "11" and one-character claim frequency code "1" as "111" in the field (Box 4).

Enter the date of the mother and baby's admission, June 3, 2022, in six-digit format (060322) in the *Admission Date* field (Box 12). Enter the 5 p.m. hour of admission in military terms (17) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14) enter the "type" of admission. In this case, the "4" indicates a newborn. In the *Source of Admission* field (Box 15) enter a "4" to indicate an extramural birth.

The total length of the mother and baby's stay is entered in the *Statement Covers Period* field (Box 6). Enter the day of admission (060322) as the "From" date and the day of discharge as the "Through" date. In this case, the discharge date is June 5, 2022 (060522).

Enter the hour of discharge in military time in the *Discharge Hour* field

(Box 16). In this case, the discharge hour is 11 a.m. Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this case, the "01" indicates the mother was "discharged to home."

The recipient's Medicare status is shown in the *Condition Codes* field (Boxes 18 thru 28). Condition code "YO" indicates the recipient is under age 65 and does not have Medicare coverage.

Revenue code 159 is entered in the *Revenue Code* field (Box 42) to bill services for the mother. Enter the description of code 159 (room and board, ward) in the *Description* field (Box 43). Enter a 2 in the *Service Units* field (Box 46) to indicate the number of days the mother stayed in the hospital. Do not count the day of discharge.

Services for the well newborn prior to the mother's discharge are billed on the mother's claim with revenue code 171 in the *Revenue Code* field (Box 42). Enter the description for code 171 (nursery newborn, Level I) in the *Description* field (Box 43). Enter a 2 in the *Service Units* field (Box 46) to indicate the number of days the well newborn stayed in the hospital. Do not count the day of discharge.

Revenue code 171 is not separately reimbursable and is used for disproportionate share calculations.

All ancillary services are listed, though DPHs are not reimbursed separately from the all-inclusive CPE per diem rate. Units of service are not required for ancillary services.

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

No TAR number is required in the *Treatment Authorization Codes* field (Box 63).

Enter an appropriate ICD-10-CM diagnosis code in Box 67. In this case, ICD-10-CM diagnosis code Z37.0 indicates birth of a single live newborn. Enter without decimal points as Z370. The claim must be billed with an ICD-10-PCS procedure code; ICD-10-PCS procedure code 10D07Z8 (Extraction of products of conception, other, via natural or artificial opening) is an acceptable code to be entered in the *Principal Procedure* field (Box 74). The date of the delivery, June 2, 2022, is entered as 060222

The date of birth is included in the *Remarks* field (Box 80).

Enter the attending physician's NPI in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT. CNTL # | b. MED. REC. #

4 TYPE OF BILL: 111

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM: 060322 THROUGH: 060322

7

8 PATIENT NAME: b DOE JANE

9 PATIENT ADDRESS

10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18
08241980	F	060322	17	4	4	15	01	YO

CONDITION CODES 18–28; 29 ACDT STATE; 30

31–34 OCCURRENCE CODE / DATE; 35–36 OCCURRENCE SPAN CODE / FROM / THROUGH; 37

38

39–41 VALUE CODES CODE / AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
159	ROOM AND BOARD, WARD			2	400000		
171	NURSERY NEWBORN, LEVEL I			3	49400		
001	PAGE ___ OF ___	CREATION DATE		TOTALS	449 400		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
					449 00	0123456789

57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE JANE	03	90000000A95001		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: Z370

67 A–Q; 68

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE: 10D07Z8 DATE: 060222

a.–e. OTHER PROCEDURE CODE / DATE

75

76 ATTENDING NPI 1234567890 QUAL LAST FIRST

77 OPERATING NPI 2345678901 QUAL LAST FIRST

78 OTHER NPI 3456789012 QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS: WELL NEWBORN 060322

81CC a b c d

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Figure 3: One Claim for Mother and Baby: DPHs Reimbursed Under CPE Per Diem: Vaginal Delivery Prior to Hospital Admission.

OB Per-Diem Hospital: Well Newborn TAR-Free Period

Figure 4; OB authorization-free period for a well newborn after the mother is discharged or expires: DPHs Billing CPE Per Diem.

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

Case Description

A mother is admitted and vaginally delivers a well newborn on June 16, 2022. She is discharged from the hospital on June 17, 2022; however, the well newborn remains in the hospital and is discharged on June 19, 2022.

Overview of Policy

The mother's unused OB authorization-free days (if any) may be extended to the well newborn who stays in the hospital after the mother is discharged or expires during the OB authorization-free period DPHs should submit one claim to bill for both the days the mother and baby are in the hospital together and the days the well newborn remained in the hospital after the mother was discharged. This policy only applies to babies whose mothers are eligible for Medi-Cal.

One Claim for Mother and Baby

Enter the two-digit facility type code "11" and one-character claim frequency code "1" as "111" in the *Type of Bill* field (Box 4). Enter the date of the mother's admission, June 16, 2022, in six-digit format (061622) in the *Admission Date* field (Box 12). Enter the 6 a.m. hour of admission in military time (6) in the *Admission Hour* field (Box 13). In the *Admission Type* field (Box 14) enter the "type" of admission. In this case, the "1" indicates an emergency admit.

The *Statement Covers Period* field (Box 6) must indicate the date of discharge for the well newborn. Enter the date of the mother's admission (061622) as the "From" date and the date of the well newborn's discharge as the "Through" date (061922). Enter the hour of discharge in military time in the *Discharge Hour* field (Box 16). In this case, the discharge hour is 9 a.m. Enter the type of discharge (to home, transferred, etc.) in the *Status* field (Box 17). In this case, the "01" indicates the well newborn was "discharged to home."

The inpatient days during which the well newborn received hospital care before the mother was discharged must also be indicated in Box 42 using revenue code 171. Enter the description of code 171 (nursery newborn, Level I) in Box 43. Enter a 1 in Box 46 to indicate services were rendered to the well newborn for one day before the mother was discharged on June 17.

All ancillary services are listed, though DPHs are not reimbursed separately from the all-inclusive CPE per diem rate. Units of service are not required for ancillary services.

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

No TAR number is required in the *Treatment Authorization Codes* field (Box 63).

The hospital stay is TAR-free:

- One pre-OB authorization-free day (June 16). A maximum of two consecutive days are reimbursable without possible reimbursed claims review if the delivery occurs within the first two days of admission.
- Two post-OB authorization-free days (June 17 through June 18). Following delivery, a maximum of two consecutive OB authorization-free days for a vaginal delivery are reimbursable without post review. For DPHs billing CPE per diem, the mother's unused OB authorization-free days may be extended to the newborn who stays in the hospital after the mother is discharged or expires during the OB authorization-free period.

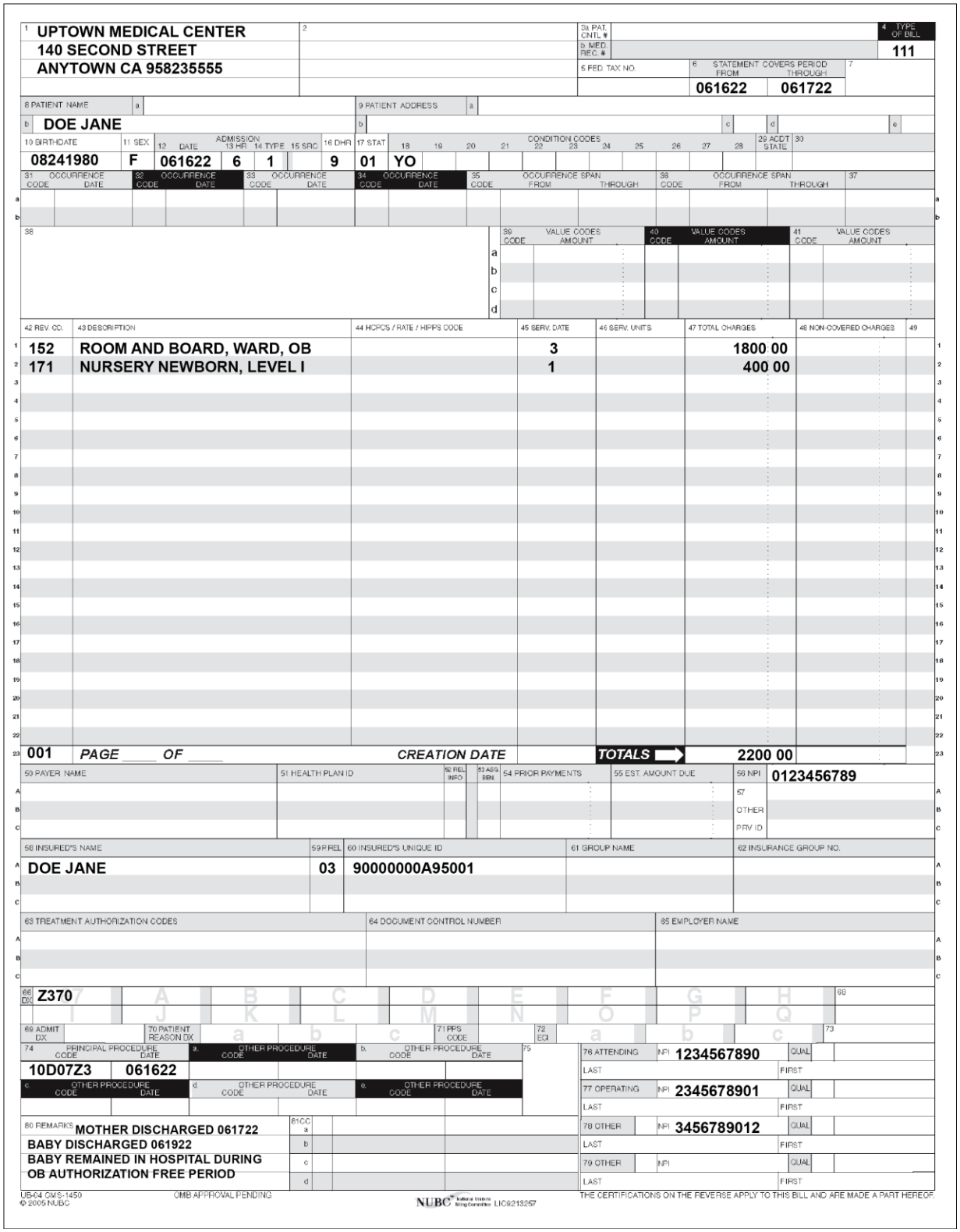
Enter the appropriate ICD-10-CM diagnosis code in Box 67. In this case, ICD-10-CM diagnosis code Z37.0 represents birth of a single live newborn. Enter without decimal points as Z370. ICD-10-PCS procedure code 10D07Z3 to indicate a low forceps operation is entered in the *Principal Procedure* field (Box 74). The date of the delivery, June 16, 2022, is entered as 061622.

The *Remarks* field (Box 80) of the claim must indicate both dates of discharge for the mother and well newborn and a statement that the baby remained in the hospital during the OB authorization-free period. In this case, the mother was discharged on June 17, 2022 (061722) and the well newborn was discharged on June 19, 2022 (061922).

Enter the attending physician's NPI in the *Attending* field (Box 76).

Enter the operating physician's NPI in the *Operating* field (Box 77).

Enter the admitting physician's NPI in the first *Other* field (Box 78).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 111

6 STATEMENT COVERS PERIOD: FROM 061622 THROUGH 061722

8 PATIENT NAME: b DOE JANE

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
08241980	F	061622	6	1		9	01	YO												

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
152	ROOM AND BOARD, WARD, OB		3		1800 00		
171	NURSERY NEWBORN, LEVEL I		1		400 00		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	2200 00		

50 PAYER NAME | 56 NPI: 0123456789

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE JANE	03	90000000A95001		

66 DX: Z370

74 PRINCIPAL PROCEDURE: CODE 10D07Z3, DATE 061622

76 ATTENDING NPI 1234567890
77 OPERATING NPI 2345678901
78 OTHER NPI 3456789012
79 OTHER NPI

80 REMARKS: MOTHER DISCHARGED 061722
BABY DISCHARGED 061922
BABY REMAINED IN HOSPITAL DURING
OB AUTHORIZATION FREE PERIOD

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Figure 4: One Claim for Mother and Baby: DPHs Reimbursed Under CPE Per Diem: Mother's TAR-Free Day Extended to Well Newborn.

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.