Job Aid

CALIFORNIA BILLABLES PROJECT

Sample High-Risk Form

Field	Entry
1	Health Dept.
2	
3a PAT. CNTL #	
b. MED. REC. #	
4 TYPE OF BILL	
5 FED. TAX NO.	
6 STATEMENT COVERS PERIOD FROM / THROUGH	
7	
8 PATIENT NAME a	Johnny
b	Jones
9 PATIENT ADDRESS a	Street
b	City
c	ST
d	ZIP
e	
10 BIRTHDATE	2/24/92
11 SEX	M
12 ADMISSION DATE / 13 HR / 14 TYPE / 15 SRC	
16 DHR / 17 STAT	
18–28 CONDITION CODES	
29 ACDT STATE	
30	
31–34 OCCURRENCE CODE / DATE	
35–36 OCCURRENCE SPAN CODE / FROM / THROUGH	
37	
38	
39–41 VALUE CODES CODE / AMOUNT (a–d)	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	Meningococcal Vaccine	90734SK	MMDDYY				
	Vaccine Administration	90471	MMDDYY				

PAGE ___ OF ___ CREATION DATE TOTALS

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI / 57 OTHER PRV ID
A						
B						
C						

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

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

66 DX 67 A B C D E F G H I J K L M N O P Q 68

69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI a b c 73

74 PRINCIPAL PROCEDURE CODE DATE a. OTHER PROCEDURE CODE DATE b. OTHER PROCEDURE CODE DATE 75

c. OTHER PROCEDURE CODE DATE d. OTHER PROCEDURE CODE DATE e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS: Recipient is young adult living in a college dormitory.

81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.