



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

MEDICAID ALERT

December 1992

TO: Chief Executive Officer - Hospitals

APPLICABILITY: ONLY APPLICABLE TO THOSE REIMBURSED UNDER THE DRG SYSTEM

SUBJECT: Modification to the Instructions for the Completion of
FIELD 45 of the UB-82 Claim Form

EFFECTIVE: January 1, 1993

BACKGROUND: Numerous hard copy claims submitted on the UB-82 claim form
have pended, denied, or paid incorrectly due to the improper
completion of FIELD 45.

PURPOSE: The purpose of this Medicaid Alert is to notify all DRG
hospitals of the change in the requirements for the completion
of FIELD 45 of the UB-82 claim form.


DEFINITION: FIELD 45 is an unlabeled field on the UB-82 claim form which
currently requires the following data:

Position 1-9	Requires up to nine characters of the patient's medical record number. If the number has less than nine characters, trailing zeroes (0) should be entered.
Position 10	Readmission status - Enter zero (0), 1, or 9. 0 = no 1 = yes 9 = unknown
Position 11-13	Enter the DRG
Position 14	Enter the appropriate code to determine if the claim is an outlier. C = Clinical L = Low Trim S = Same day stay H = High Trim T = Transfer V = Low Volume

ACTION: Effective January 1, 1993, for all DRG hospitals, only the 3-digit DRG is required in FIELD 45 of the UB-82 claim form. Place no other values in this field. If your software program prints the entire medical record number along with other values, please circle the DRG only.

All hard copy claims that do not meet the new requirement will be returned unprocessed.

For further questions regarding this Medicaid Alert, please contact Paramax/Unisys, Provider Services Unit, 1-800-776-6334.


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(GREEN TAB MARKED "4").

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