

## Inpatient Hospital: Claim Completion Guide

### Overview

Multiple provider types utilize the Institutional claim format when submitting claims to Michigan Medicaid. Certain claim data is required for all institutional claims. Other data becomes required, based on policy and the indicated enrollment type of the billing provider. This document outlines the required and situational elements for all Inpatient Hospital providers submitting an institutional claim format.

Listed in alphabetical order

Field Name	Description	Required or Situational	Example	Additional Information
Admission Date/hour	Date the patient was admitted for inpatient care	R	MMDDYYYY	
Admitting Diagnosis	The condition that caused the beneficiary to come to the hospital.	R	ICD 9 or ICD 10 format	
Condition Codes	Used to identify conditions or events related to the claim.	S	<ul style="list-style-type: none"> <li>45 ambiguous gender characteristics.</li> <li>81 C-Section/Inductions Medically Necessary &lt;39wks</li> </ul>	
Occurrence Span Information	Claim-related occurrences that are related to a time period.	S	71 used to report previous inpatient hospital stay.	
Occurrence Code	Report a date that may affect claims processing.	S	A3 date primary benefits exhausted.	
Patient Control Number	The unique alpha-numeric control number is assigned by the provider.	R	0123456789	
Patient Discharge Status	This code indicates the patient's discharge status as of the "Through" date of the billing period	R	01 Discharged to home or self-care (routine discharge)	
Point of Origin for Admission or Visit	The provider enters the code indicating the source of the referral for this admission or visit.	R	1= Non-Health Care Facility Point of Origin (Physician Referral) 2= Clinic or Physician's Office 4= Transfer from a Hospital (different facility). 5= Transfer from an SNF, ICF, ALF, or NR (born inside the hospital) 6= Transfer from another Health Care Facility (born outside the hospital) 7= Emergency Room 8= Court/Law Enforcement 9= Information Not Available	

Field Name	Description	Required or Situational	Example	Additional Information
Present on Admission Indicator (POA)	Conditions present at the time the order for inpatient admission occurs.	R	Y or N	<a href="#">POA Exempt Codes</a>
Principal or Primary Diagnosis	Condition after study that caused the admission.	R	The principal diagnosis is the condition established after study to be chiefly responsible for the admission.	
Priority (Type) of Admission or Visit	Code representing the circumstances under which the patient was or will be admitted	R	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information Not Available	
Revenue Code	Identify specific accommodation and/or ancillary charges.	R	0XXX	
Surgical Codes	report medical or surgical procedures that are performed.	S/R	ICD 9 and ICD 10 PCS	Required when billing a surgical revenue code. Some require manual review and documentation.
Taxonomy Code	Unique 10-character code that designates the provider classification and specialization.	S/R	273Y00000X Rehabilitation Unit.	Required for Rehabilitation claims. <a href="#">Healthcare Provider Taxonomy Code Set</a>
Type of Bill	Indicates the type of facility, type of care, and the sequence of the bill in the episode of care.	R	011X Hospital Inpatient (Part A) 012X Hospital Inpatient Part B	The leading zero is ignored when the claim is processed.
Value Codes	Two alphanumeric digits and each value allows up to nine numeric digits (0000000.00). Whole numbers or non-dollar amounts are right justified to the left of the dollars and cents delimiter. Some values are reported as cents, so the provider must refer to specific codes for instructions.	S	<ul style="list-style-type: none"> <li>D3 Patient Pay Amount</li> <li>80 covered days</li> </ul>	

## Resources

- [CHAMPS DDE Institutional Claim Reference Guide](#)
- Center for Medicare and Medicaid Services (CMS):
  - Patient Status and Admission Source codes- [Medicare Claims Processing](#) under Pub 100-04
  - Medicare Claims Processing Manual- [Chapter 25](#)