HEALTH, WELFARE AND STATE INSTITUTIONS

Minutes of Meeting - February 11, 1975

The fifth meeting of the Health, Welfare and State Institutions Committee was held on February 11, 1975 at 3:30 p.m., Room 323.

COMMITTEE MEMBERS PRESENT: Chairman Lee E. Walker
Senator Neal
Senator Gojack
Senator Hilbrecht
Senator Schofield
Senator Young

See Exhibit A for list of others present.

S.B. 68 -- Authorizes certain public health agencies and officers to disseminate to blood banks identifying data concerning any person with history of viral hepatitis.

Sharon Greene, Executive Director of Nevada Hospital Association, spoke in favor of the bill, in that it would require the Health Department to notify all blood banks of persons who have been reported as having hepatitis. This information is already being reported, but it is not being passed on to the blood banks. The bill would encourage more physicians to report hepatitis.

Dr. Edwards commented that the State Health Division has no opinion or position on this bill. They do receive about 20 reports of hepatitis per month from physicians, but there are more case than are reported.

Senator Hilbrecht moved "Do Pass"; seconded by Senator Gojack; unanimously carried. (See Exhibit B for copy of bill).

S.B. 69 -- Requires insurers to accept and health and care facilities to utilize Uniform Billing and Claims Forms.

Sharon Greene spoke in favor of the bill and provided the committee members with copies of proposed billing form (see Exhibit C). There are two sets of forms; one to be used for manual entries and the other form to be used by computer, therefore enabling this form to be adapted to any form of billing. This was field tested for 6 years in So. Carolina, Georgia and Wyoming -- all insurance representatives and Health Insurance Association of America were involved with this form,

and they have all approved it.

Dr. Bill Thomason, Administrator of Bureau of Health Facilities, advised the committee that they are responsible for licensing of the care facilities. They have no objection to using this uniform billing form, although section 3 of the bill might conflict with the objectives of licensure of health and care facilities, since this is not a health type of measure. Dr. Thomason feels that consideration should be given to the possibility of the insurance commissioner becoming involved. (See Exhibit D).

Paul Ryan, Welfare Division, commented that they concur with the idea of a uniform billing form. They have drafted a bill request and suggested that the insurance commissioner be involved in writing these forms. (see Exhibit E for bill draft request). This bill states that the insurance commissioner, in working with other groups, will devise a standard form. Senator Young felt there might be difficulties in the doctors agreeing on a standard form.

Following further discussion on this bill, Senator Gojack moved "Do Pass"; seconded by Senator Hilbrecht; unanimously carried. (See Exhibit F for copy of bill).

S.B. 91 -- Extends health and care facility classification to additional institutions.

Dr. Thomason spoke in favor of the bill. Section 3 is a preventive measure so that if this type of facility (Abortion clinic) is developed in Nevada, it will have to meet certain requirements. With respect to Section 4 (ambulatory surgical center), Dr. Thomason stated that this type of concept in the provisions of health care will become more and more popular in Nevada; therefore, some regulations should be written to define the licensing procedures.

Paul Cohen, Rehab. Division, spoke to Section 3 of the bill, stating that this section should be amended to state "excluding elementary and secondary schools". It was agreed that the amended language be left to the bill drafter, and the committee will be presented with the amended language before entertaining a motion on S.B. 91.

Senator Neal moved that the committee introduce bills requested by the State Board of Pharmacy; seconded by Senator Young; unanimously carried.

Senate

Health, Welfare & State Institutions
Minutes of Meeting
February 11, 1975
Page Three

Being no further business at this time, Senator Walker adjourned the meeting at 4:45 p.m.

Respectfully submitted,

Sharon W. Maher

Sharon W. Maher, Secretary

APPROVED:

Lee E. Walker

Lee E. Walker, Chairman

SENATE Health, Welfare & State Inst. COMMITTEE

ROOM # 323
DAY Tues. DATE 2-11-75

NAME	ORGANIZATION	ADDRESS
Phyllis Harrison	NNA	
Paul Ryan	Medicaid (Welfare Div)	251 Jeanell Dr. CC
DR. LUND	HEALTH DIV.	201 S. FALL
Mrs Edwards MD	" "	" "
William Lehman, DDS.	" "	" "
MIKE NASH	" "	" "
Paul Cohen	Rehab. Division	1803 N. Carson St.
Blaine Sullivan	Rehab. Division	308 N. Curry St.
Dennis Baughman	LV Review-Journal	
Ruby Duncan	Clark Co. Welfare Right	400 Jackson St LV

EXHIBIT A

S. B. 68

SENATE BILL NO. 68—SENATORS RAGGIO AND WALKER

JANUARY 29, 1975

Referred to Committee on Health, Welfare and State Institutions

SUMMARY—Authorizes certain public health agencies and officers to disseminate to blood banks identifying data concerning any person with history of viral hepatitis. Fiscal Note: No. (BDR 40-573)

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to blood and blood products; authorizing certain health agencies and officers to disseminate to blood banks identifying data concerning any person with a history of viral hepatitis; providing a penalty; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

SECTION 1. Chapter 460 of NRS is hereby amended by adding thereto a new section which shall read as follows:

1. The state board of health, state health officer and any health authority, as defined in NRS 439.005, may disseminate to any blood bank in the State of Nevada identifying data concerning any person with a history of viral hepatitis.

2. The state board of health shall, pursuant to NRS 439.210, adopt regulations specifying the identifying data to be disseminated to blood banks pursuant to subsection 1.

3. Any identifying data received by a blood bank pursuant to this section is confidential and may be used only for screening prospective blood donors.

4. Any person who has access to identifying data disseminated to a blood bank pursuant to this section and who divulges or uses such information in any manner except to screen prospective blood donors is guilty of a misdemeanor.

EXHIBIT B

NEVADA HOSPITAL ASSOCIATION

1450 EAST SECOND STREET RENO, NEVADA 89502 (702) 322-6905

S. B. 69

UNIFORM BILLING AND CLAIMS FORMS

A uniform billing project began in 1968 when an advisory panel was established to work with staff of the American Hospital Association's Bureau of Fiscal Services and determine if a nationwide uniform billing set could replace the multitude of claim forms used by hospitals to obtain reimbursement from third party purchasers of care. For several years, the work pressures of multiple writing of data on many different third party claim forms and on patient bills had caused hospitals frustration and additional expense. Some scattered local efforts had been undertaken to promote standardization and simplification. These efforts, however, produced only local approvals and resulted in only limited utilization.

The panel, composed of representatives of hospitals and third party purchasers, established certain objectives it felt had to be achieved before a nationwide uniform billing set could be successful. These objectives were:

1. The form must be useable by all hospitals;
2. It must furnish the basic information required by all third party purchasers;
3. It must be acceptable as a claim form to all third party purchasers, thereby replacing the many different forms then in use;
4. It must result in savings, both in time and materials, and in cash flow improvements.

The panel conducted basic research to determine the scope of the billing problem and the related cost factors. It was obvious that the costs associated with repetitive writing were enormous.

Thus the first uniform billing form was established. During the next five or six years, while the form was being field tested, several changes and improvements were made, such as the addition of the medical abstract, which not only showed the diagnosis and

(continued)

Exhibit C

procedure information, but also all information required by the latest Medicare regulations. Another change made was an information summary which would be more understandable to the patient.

On August 21, 1974, a meeting was held at the American Hospital Association in Chicago to review the results of the field tests. Representatives of hospitals, third parties from the two states where the field tests took place, the Social Security Administration, the Blue Cross Association, the Health Insurance Association of America and the Hospital Financial Management Association were present.

It was reported at this meeting that the form was useable in all hospitals in the field, and that the form had won widespread acceptance by hospital business office staffs. It was reported that some clerical staff had even stated that they would quit their jobs rather than return to the previous procedure.

It was agreed at the meeting that the field tests demonstrated that the uniform billing set furnishes all the information required by third party purchasers of care and that the form is acceptable to them. While savings are difficult to document from field tests, those hospitals able to quantify the results reported significant savings and improvement in cash flow from third parties.

The representatives at the meeting felt strongly that no further field tests were necessary since the two completed tests showed that the objectives of the project had been achieved. They recommended that the American Hospital Association move expeditiously to present a revised uniform billing set, with the medical abstract, to the major third party purchasers of care for acceptance as a nationwide uniform bill. Subsequent meetings were held to accomplish the changes indicated by the testing, and from these meetings came the UB-16.

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57

HOSPITAL NO. | PROVIDER NO. | FED. I.D. NO. | PAGE | OF

(1) PATIENT'S LAST NAME | FIRST NAME | INITIAL | (2) STREET ADDRESS | CITY | STATE | ZIP

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(44) TOTAL CHARGES	(45) PRIMARY PAYOR	(46) SECONDARY PAYOR	(47) PAID BY PATIENT	(48) DUE FROM PATIENT

THIS AMOUNT IS NOW DUE

(49) EMPLOYMENT RELATER - NAME OF EMPLOYER YES NO | (50) DATE OF ACCIDENT | (51) PREGNANCY-DATE OF LMP

BLOOD RECORD ▶ (PINTS)	(52) FURNISHED	(53) REPLACED	(54) NOT REPLACED	(55) CHARGE PER PINT	(56) TOTAL BLOOD CHARGES

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PRIMARY

SECONDARY

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OTHER

REMARKS - SEE REVERSE FOR ASSIGNMENT AND CODE DESCRIPTION.

I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF:

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DATE

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58

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CARBON ENDS HERE

NOTICE TO PATIENT

CARBON ENDS HERE

SINCE THE HOSPITAL IS ACTING SOLELY AS AGENT FOR THE PATIENT IN FILING FOR INSURANCE BENEFITS ASSIGNED TO IT, IT CAN ASSUME NO RESPONSIBILITY FOR GUARANTEEING COVERED CHARGES SHOWN ABOVE FOR PRIMARY PAYOR AND SECONDARY PAYOR. (ACTUAL CREDIT WILL BE SHOWN ON THE [illegible]ING WHEN THE MONEY IS ACTUALLY RECEIVED.)

MISCELLANEOUS CHARGES AND CODES

CHARGES	CODES	CHARGES	CODES	CHARGES	CODES
[illegible]LANCE SERVICE	040	DENTAL SERVICES	250	NEWBORN	
AN[illegible]STHESIA	070	DIATHERMY	270	NEWBORN—SUPPLIES	600
ANESTHESIA—MD	071	EEG	410	NEWBORN—CIRCUMCISION	620
ANESTHESIA—RN	073	EKG	430	NEWBORN—NURSERY	640
ANESTHESIA—SUPPLIES	078	EMERGENCY ROOM	450	OUTPATIENT DAY RATE	660
BLOOD SERVICE	100	EQUIPMENT RENTAL	470	THERAPY	700
BLOOD—WHOLE	110	HOUSE PHYSICIAN FEES	500	MILIEU THERAPY	710
BLOOD—PLASMA	120	INTERN AND RESIDENT FEES	510	INHALATION THERAPY	720
BLOOD—OTHER COMPONENTS	125	INTRAVENOUS SOLUTIONS	520	OXYGEN THERAPY	730
BLOOD—ADMIN SUPPLIES	130	ISOTOPES (X-RAY)	550	OCCUPATIONAL THERAPY	740

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60

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			61	

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19. DATES OF QUALIFYING STAY	20. QUALIFYING AND OTHER PRIOR STAY INFORMATION
FROM ___ ___ ___ ___ ___ ___	
THRU ___ ___ ___ ___ ___ ___	

21. ADMITTING DIAGNOSES (IF EMPLOYMENT RELATED, ALSO GIVE NAME AND ADDRESS OF EMPLOYER)

MEDICARE

REPORT OF ELIGIBILITY ☐ BLUE CROSS ☐

A. EFFECTIVE DATE - HOSPITAL INSURANCE / /

B. EFFECTIVE DATE - MEDICAL INSURANCE / /

C. HOSPITAL DAYS REMAINING
FULL _____
COINSURANCE _____

D. LIFETIME RESERVE DAYS REMAINING

E. MEDICAL PLAN DEDUCTIBLE
MET ☐
NOT MET ☐

F. REMAINING INPATIENT DEDUCTIBLE $ _____

G. PINTS REMAINING BLOOD DEDUCTIBLE _____

H. ECF DAYS REMAINING
FULL _____
COINSURANCE _____

I. 3 DAY HOSPITAL STAY REQUIREMENT
MET ☐
NOT MET ☐

J. 28 DAY TRANSFER REQUIREMENT
MET ☐
NOT MET ☐

K. HHA VISITS REMAINING
PART A _____
PART B _____

L. PHYSCHIATRIC DAYS REMAINING _____

M. OPEN ITEM INFORMATION
1. INTERMEDIARY

2. PROVIDER

3. DATE ADMITTED

4. DATE DISCHARGED

N. DAYS

O. ROOM COVERAGE

P. ANCILLARY COVERAGE

Q. DEDUCTIBLE

R. COINSURANCE

$ _____ PER DAY OR _____ DAYS

S. COB YES ☐ NO ☐

T. OTHER COVERAGE INFORMATION

REMARKS:

INTERMEDIARY OR BLUE CROSS APPROVAL

DATE / /

NOTICE OF ADMISSION

HOSPITAL NO.	PROVIDER NO.	FED. I.D. NO.	PAGE
			82

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MET ☐
NOT MET ☐

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N. DAYS

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P. ANCILLARY COVERAGE

Q. DEDUCTIBLE

R. COINSURANCE

$ _____ PER DAY OR _____ DAYS

S. COB YES ☐ NO ☐

T. OTHER COVERAGE INFORMATION

REMARKS:

INTERMEDIARY OR BLUE CROSS APPROVAL

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DATE / /

HOSPITAL NO. | PROVIDER NO. | FED. I.D. NO. | 63

(1) PATIENT'S LAST NAME | FIRST NAME | INITIAL | (2) STREET ADDRESS | CITY | STATE | ZIP

(3) PATIENT'S RECORD NO. | (4) SEX M F | (5) DATE OF BIRTH MO DAY YR | (6) RACE W B O | (7) ADMISSION DATE HR MO DAY YR | (8) DATE OF DISCHARGE MO DAY YR

(9) PRIMARY PAYOR - NAME | (10) CLAIM-CERTIFICATE-I.D. NO.

(11) SECONDARY PAYOR - NAME | (12) CLAIM-CERTIFICATE-I.D. NO.

(13) ATTENDING PHYSICIAN NAME | (14) ATT PHYS.SS NO. | (15) OPERATING PHYSICIAN NAME | (16) OPER.PHYS.SS NO.

17. NATURE OF ADMISSION					18. EXPECTED PRINCIPAL SOURCE OF PAYMENT (SELECT ONE)									19. DISPOSITION OF PATIENT (SELECT ONE)								20. CERTIFICATION DATA (SELECT ONE)				21 NUMBER OF DAYS INITIALLY CERTIFIED	22 NUMBER OF REQUESTS FOR EXTENSION	23 TOTAL DAYS CERTIFIED
EMERGENCY	URGENT	ELECTIVE	ROUTINE	NEWBORN	MEDICARE	MEDICAID	BLUE CROSS	INSURANCE CO.	OTHER GOV'T PAYMENT	WORKMAN'S COMPENSATION	SELF-PAY	NO CHARGE	OTHER	DISCHARG. TO HOME OR SELF-CARE (ROUT. DISCHARGE)	DISCHARG/TRANS. TO SKILLED NURSE FACILITY (SNF)	DISCHARGE TO HOME CARE OF ORGAN. HOME HEALTH SERV.	DISCHARG/TRANS. TO INTERMEDIATE CARE FACIL. (ICF)	TRANSFERRED TO ANOTHER SHORT TERM GEN. HOSP.	DISCHARGED OR TRANSFERRED TO ANOTHER INSTITUT.	DIED	LEFT AGAINST MED. ADVICE	PRE-ADMISSION CERT. PERFORMED	POST ADMISSION CERT. (WITHIN 24 HRS. OF ADM.)	POST ADMISSION CERT. (AFTER 24 HRS. OF STAY)	PATIENT NOT CERTIFIED			
A	B	C	D	E	A	B	C	D	E	F	G	H	J	A	B	C	D	E	F	G	H	A	B	C	D			

(24) CODE	(25) a - **PRINCIPAL DIAGNOSIS**
	b - OTHER DIAGNOSIS
	c - OTHER DIAGNOSIS
	d - OTHER DIAGNOSIS
	e - OTHER DIAGNOSIS

(26) CODE	(27) PROC. DATE MO DAY YR	(28) a - **PRINCIPAL PROCEDURE**
	MO DAY YR	b - OTHER SIGNIFICANT PROCEDURE
	MO DAY YR	c - OTHER SIGNIFICANT PROCEDURE
	MO DAY YR	d - OTHER SIGNIFICANT PROCEDURE

INSTRUCTIONS

DIAGNOSIS

1 - ENTER ONLY THE PRINCIPAL DIAGNOSIS IN ITEM (25) a.

2 - ENTER ADDITIONAL DIAGNOSES RELATED TO THIS STAY IN ITEMS (32) b thru e.

3 - *Enter only one diagnosis on each line.*

SURGICAL PROCEDURES

1 - ENTER ONLY THE PRINCIPAL PROCEDURE IN ITEM (28) a.

2 - ENTER ADDITIONAL PROCEDURES RELATED TO THIS STAY IN ITEMS (28) b thru d.

3 - *Enter only one procedure on each line.*

JOHN H. CARR, M.D., M.P.H., F.A.A.P.
STATE HEALTH OFFICER

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CARSON CITY, NEVADA 89701

February 4, 1975

MEMORANDUM

TO: Senator Lee E. Walker, Chairman, Committee on Health, Welfare and State Institutions, through John H. Carr, M.D., State Health Officer

FROM: William L. Thomason, D.D.S., Administrator
Bureau of Health Facilities

SUBJECT: Senate Bill 69 (BDR 57-36)

The Bureau of Health Facilities of the Nevada Division of Health is the State agency responsible for licensure of health and care facilities under NRS 449. The Bureau feels that the use of a Uniform Billing and Claims Form would be an advantage to the operators of health and care facilities. However, the Bureau questions if the use of this form should become a requirement for licensure as stated in Section 3 of Senate Bill 69. The broad major objective of the Bureau of Health Facilities in licensing health and care facilities is to assure the health, welfare and safety of Nevada citizens residing in these facilities. We feel that this licensure requirement will not be contributory toward that goal, but will merely be beneficial to the operators of the health and care facilities. The Bureau feels that the use of the Uniform Billing and Claims Form should be stressed by the health and care facility organizations to their members and the members should elect to either use or not to use this form as their individual situations warrant.

In view of the above the Bureau feels that it is inappropriate for this legislation to be tied to our licensing statute.

WLT/bws

cc: Committee Members

EXHIBIT D

EXECUTIVE AGENCY BILL DRAFT REQUEST

REQUEST LIMITED TO

ONE SUBJECT ONLY

FOR LCB USE ONLY

BDR#_____

FROM: WELFARE DIVISION

VIA: Department of Administration

TO: Legislative Counsel

I. Intent of Proposed Bill: (Brief summary of intended effect)

To simplify and expedite claim billing by all insurers including health care service contractors.

II. Justification of Purpose: (Brief narrative of requirement. Use continuation sheets if necessary)

A uniform health insurance claim form has been recommended by the Nevada State Medical Association and the Medicaid Medical Advisory Board. A uniform claim form would be more efficient to use. It would save time in understanding and preparing claim forms. It would reduce the number of forms needed to be retained by physicians and it would increase accuracy in preparing claims by virtue of more easily acquired understanding of the form.

III. NRS Title, Chapter and Section affected: (If applicable)

NRS Chapter 689A	Health Insurance Contracts
NRS Chapter 689B	Group and Blanket Health Insurance
NRS Chapter 695B	Non-profit Hospital, Medical and Dental Service Corporations

Each of the above chapters should have a section added specifying the requirement for a uniform health insurance claim form.

IV. Amendment or Repeal of Existing Law: (if amending, quote applicable NRS section using brackets to enclose words proposed to be deleted and underscoring proposed new language. If Repealer, merely state "Repeal NRS _____". Use continuation sheets if necessary.)

OPTIONAL

N/A

EXHIBIT E

V. New Legislation: (Suggest wording to accomplish intent. Use continuation sheets if necessary)

OPTIONAL

The commissioner shall prescribe uniform health insurance claim forms which shall be used by all insurers transacting health insurance in this state and by all state agencies that require health insurance claim forms for their records. Exclusions may be agreed upon between the Insurance Commissioner and other concerned parties. (Sample forms attached.)

VI. Fiscal Note:

Is Fiscal Note Required: Yes ____ No X

If YES, it is attached Yes ____ No ____

VII. Preprinting of Bill: (Subsection 6 of NRS 218.240)

May bill be preprinted? Yes X No ____

VIII. Name of individual to be contacted if more information needed:

Name: Minor L. Kelso Telephone # 885-4775

Irma Edwards Telephone # 885-4270

Signature of Agency Head

Date: _____

From: Department of Administration

To: Legislative Counsel

Approved for preparation of bill draft. Comments on fiscal note entered on Form FN-3, attached, if fiscal note required.

Signature
Department of Administration

Rev. 5/24/74

CLAIM FORM

EXHIBIT 1

TYPE OR PRINT | MEDICARE | MEDICAID | CHAMPUS | AUTO INJURY | OTHER

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. Patient's name (First name, middle initial, last name)
2. Patient's sex: Male | Female
3. Insured's Identifying No. (Include any letters)
4. Patient's address (Street, city, state, ZIP code)
5. Insured's Group No. (or Group Name)
6. If patient has other health insurance, health plan or state assistance, enter its Name, Address and Policy or Medical Assistance Number
7. Was illness or injury connected with patient's employment? No | Yes | Unknown
8. Patient's or authorized person's signature
I authorize the release of any medical information necessary to process this claim.
SIGNED
9. Date signed
10. Patient's date of birth
11. Patient's relationship to insured: Self | Spouse | Child | Other
12. Insured's name (First name, middle initial, last name) Address (Street, city, state, ZIP code)
13. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED (Insured or Authorized Person)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE: ILLNESS / INJURY / PREGNANCY (LMP) | DATE FIRST VISIT | DATE SIMILAR | DATE CAP
15. DATE FIRST CONSULTED FOR THIS CONDITION
16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? No | Yes
17. DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK
18. DATES OF PATIENT'S DISABILITY: TOTAL DISABILITY FROM DATE / THROUGH DATE; PARTIAL DISABILITY FROM DATE / THROUGH DATE
19. NAME OF REFERRING PHYSICIAN
20. IF SERVICE RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES: DATE ADMITTED / DATE DISCHARGED
21. NAME & ADDRESS OF FACILITY WHERE SERVICE
22. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO PROCEDURE, SERVICE OR SUPPLIES)

A DATE OF EACH SERVICE	B PLACE OF SERVICE (See codes below)	C (EXPLAIN UNUSUAL CIRCUMSTANCES) PROCEDURES AND OTHER SERVICES OR SUPPLIES RENDERED PROCEDURE #	D CHARGES	E DAYS OR UNITS

23. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NO. | SOCIAL SECURITY NO. | TOTAL CHARGE
24. EMPLOYER ID NO. | AMOUNT PAID
25. PROVIDER IDENTIFYING NO. | BALANCE DUE
26. ASSIGNMENT: YES | NO
27. SIGNATURE OF PHYSICIAN OR SUPPLIER (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF.)
28. DATE SIGNED
29. YOUR PATIENT'S ACCOUNT NO.

*PLACE OF SERVICE CODES

1-(IH) - INPATIENT HOSPITAL	4 - (HO) PATIENT'S HOME	7 - (NH) NURSING HOME	0 - (OF) OTHER LOCATIONS
2-(OH) - OUTPATIENT HOSPITAL	5 - DAY CARE FACILITY (PSY)	8 - (SNF) SKILLED NURSING FACILITY	A - (IE) INDEPENDENT LABORATORY
3-(O) - DOCTOR'S OFFICE	6 - NIGHT CARE FACILITY (PSY)	9 - AMBULANCE	B - OTHER MEDICAL/SURGICAL FACILITY

FORM HB-14

ENCLOSURE

PROVIDER NUMBER | PAGE | OF 68

(1) PATIENT'S LAST NAME	FIRST NAME	INITIAL	(2) STREET ADDRESS	CITY	STATE	ZIP
[redacted]						

(3) PATIENT'S IDENT NO	(4) SEX	(5) BIRTHDATE	(6) ADMISSION DATE	(7) PHYSICIAN	(8) DATES (A) DISCHANGE	(B) STILL PATIENT	(C) EXPIRED

(9) PRIMARY PAYOR - NAME	(10) NAME & RELATIONSHIP OF INSURED	(11) CLAIM CERTIFICATE - I D NO	(12) GROUP NO OR NAME	(13) BENEFITS ASSIGNED YES / NO

(14) SECONDARY PAYOR - NAME	(15) NAME & RELATIONSHIP OF INSURED	(16) CLAIM CERTIFICATE - I D NO	(17) GROUP NO OR NAME	(18) BENEFITS ASSIGNED YES / NO

(19) BILL TO

(20) DATE	(21) ROOM NO	(22) CAPL CLASS	(23) RATE	(24) Days	(25) TOTAL CHARGES

(26) [ ] PVT RM MED NECESSARY DAYS SEMI-PVT RATE $

(27) CODE	(28) MISC	(29) MED /SURG SUPPLY	(30) X RAY	(31) LABORATORY	(32) OPER /DELY ROOM	(33) DRUGS	(34) ROUTINE SERVICE	(35) DATE	(36) CREDITS CASH UNLESS COVED	(37) BALANCE
TOTAL ▶										
COVERED BY PRIMARY PAYOR ▶										
COVERED BY SECONDARY PAYOR ▶										
PATIENT ▶										

HOSPITAL CLAIM FORM

(38) DISCHARGE DIAGNOSIS (ES) (PRIMARY)

SECONDARY

(39) OBSTETRICAL OR SURGICAL PROCEDURES - DATES (PRINCIPAL)

OTHER

(40) EMPLOYMENT RELATED - NAME OF EMPLOYER YES / NO	(41) DATE OF ACCIDENT	(42) DATE PREGNANCY COMMENCED	BLOOD RECORD (PINTS)	(43) FURNISHED	(44) REPLACED	(45) NOT REPLACED	(46) CHARGE PER PINT	(47) TOTAL CHARGES
			▶					

(48) STATEMENT COVERS PERIOD FROM / THROUGH	(49) DATE GUARANTEE OF PAYMENT BEGAN	(50) DATE OF NOTICE RECEIVED	(51) LATE A-TIVE CARE ENDED	(52) DATE BENEFITS EXHAUSTED	(53) LIFETIME RESERVE DAYS USED	(54) NON COVERED DAYS	(55) COVERED DAYS

PAYOR PAYMENT CALCULATION	COVERED CHARGES	PAYMENT CALCULATION DAYS	%	X RATE $	= RESULT $	COINSURANCE/DEDUCTIBLES PTS	BLOOD DEDUCTIBLE	INPATIENT DEDUCTIBLE	DAYS	RATE	COINSURANCE	TOTAL DEDUCTIONS	PAYMENT DUE FROM PAYORS
PRIMARY →	(56)	(57)			(58)	(59)						(60)	(61) (58 MINUS 60)
SECONDARY →	(62)	(63)			(64)	(65)						(66)	(67) (64 MINUS 66)

I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

PROVIDER REPRESENTATIVE X

(68) DATE REC'D	(69) VERIFIED NON COVERAGE STAYS THRU	(70) NON PAY CODE	(71) DAYS USED

REMARKS PIP Per Diem Amount $

(72) DATE APPROVED (73) APPROVED BY SIGNATURE

S. B. 69

SENATE BILL NO. 69—SENATORS RAGGIO, HERR, YOUNG, NEAL, GOJACK, SHEERIN, CLOSE, WILSON, ECHOLS, BLAKEMORE, GIBSON, HILBRECHT, MONROE, BROWN, LAMB, DODGE, FOOTE AND WALKER

JANUARY 29, 1975

Referred to Committee on Health, Welfare and State Institutions

SUMMARY—Requires insurers to accept and health and care facilities to utilize Uniform Billing and Claims Forms. Fiscal Note: No. (BDR 57-536)

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to health insurance; requiring insurers to accept and health and care facilities to utilize Uniform Billing and Claims Forms; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

SECTION 1. Chapter 689A of NRS is hereby amended by adding thereto a new section which shall read as follows:

Any insurer under a health insurance contract shall accept from a health and care facility the Uniform Billing and Claims Forms established by the American Hospital Association in lieu of their individual billing and claims forms.

SEC. 2. Chapter 689B of NRS is hereby amended by adding thereto a new section which shall read as follows:

Any insurer under a group health insurance contract or a blanket health insurance contract shall accept from a health and care facility the Uniform Billing and Claims Forms established by the American Hospital Association in lieu of their individual billing and claims forms.

SEC. 3. Chapter 449 of NRS is hereby amended by adding thereto a new section which shall read as follows:

Every health and care facility licensed pursuant to the provisions of NRS 449.001 to 449.240, inclusive, shall utilize the Uniform Billing and Claims Forms established by the American Hospital Association.

SEC. 4. NRS 449.001 is hereby amended to read as follows:

449.001 As used in NRS 449.001 to 449.245, inclusive, *and section 3 of this act,* unless the context otherwise requires, the words and terms defined in NRS 449.003 to 449.018, inclusive, have the meanings ascribed to them in such sections.

EXHIBIT F

SEC. 5. NRS 449.140 is hereby amended to read as follows:

449.140 1. Funds received from the licensure of health and care facilities shall be deposited in the health and care facility licensing administration fund and thereby merged with appropriated funds, and shall be disbursed on claims signed by the health division and paid, as other claims against the state are paid, out of the health and care facility licensing administration fund in the state treasury.

2. The health division shall enforce the provisions of NRS 449.001 to 449.245, inclusive, *and section 3 of this act,* and may incur any necessary expenses not in excess of the revenue from fees from licensure and appropriated and authorized state and federal funds.

SEC. 6. NRS 449.150 is hereby amended to read as follows:

449.150 The health division may:

1. Upon receipt of an application for a license, conduct an investigation into the premises, facilities, qualifications of personnel, methods of operation, policies and purposes of any person proposing to engage in the operation of a health and care facility. Such facility is subject to inspection and approval as to fire safety standards, on behalf of the health division, by the state fire marshal or his designate.

2. Inspect every licensed health and care facility as often as is necessary to assure that there is compliance with all applicable rules, regulations and standards.

3. Employ such professional, technical and clerical assistance as it deems necessary to carry out the provisions of NRS 449.001 to 449.245, inclusive [.] , *and section 3 of this act.*

SEC. 7. NRS 449.160 is hereby amended to read as follows:

449.160 The health division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.001 to 449.240, inclusive, *and section 3 of this act,* upon any of the following grounds:

1. Violation by the applicant or the licensee of any of the provisions of NRS 449.001 to 449.245, inclusive, *and section 3 of this act,* or of any other law of this state or of the standards, rules and regulations promulgated thereunder.

2. Aiding, abetting or permitting the commission of any illegal act.

3. Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.

4. Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

5. Failure of the applicant to obtain written approval from the state comprehensive health planning advisory council as required by NRS 439A.100 and as provided in the rules of such council.

SEC. 8. NRS 449.230 is hereby amended to read as follows:

449.230 Any duly authorized member or employee of the health division may enter and inspect any building or premises at any time to secure compliance with or prevent a violation of any provision of NRS 449.001 to 449.245, inclusive [.] , *and section 3 of this act.*

SEC. 9. NRS 449.240 is hereby amended to read as follows:

449.240 The district attorney of the county in which the facility is located shall, upon application by the health division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.001 to 449.245, inclusive [.] *, and section 3 of this act.*

EXHIBIT F