

New Mexico Workers' Compensation Administration

Inpatient Data UB-92 Supplement

Attach to UB-92

Mail: UB-92 with Supplement to
 NM Workers' Compensation Adm.
 P.O. Box 27198
 Albuquerque, NM 87125-7198
 Attention: Statistics Unit

OR

FAX: UB-92 with supplement to
 (505) 841-6883

Questions: call (505)-841-6000, ask for
 Statistics Unit

Please Print

(1) Injured Worker's Last Name:		(2) Sender's Name	(3) Sender's FEIN
(4) Insurer's Name:		(5) Insurer's FEIN:	
(6) Employer's Name:		(7) Employer's FEIN:	
(8) Insurer's Claim Number:		(9) Date of Payment of Billed Amt.:	
(10) Date of Submission:	(11) Number of Attached Pages:	(12) Total Amount Paid on Bill	
(13) DRG if not in block 56	(14) TPA FEIN	(15) TPA Name	

INSTRUCTIONS: Please provide the supplemental form for each inpatient bill (UB-92) submitted to the WCA through the mail or by FAX. Insurers or insurer representatives must file a UB-92 with the supplemental form (E10-1) within 10 to 90 days from the date of payment.

DEFINITIONS:

- (1) **Injured Worker's Last Name:** This block of information is required by the supplemental form to insure that the information corresponds to the UB-92 in case that the form and Billing information gets separated.
- (2) **Sender's Name:** Name of the company representing the insurer submitting the UB-92 information to the WCA.
- (3) **Sender FEIN:** Federal Tax Identification Number of the company representing the insurer submitting UB-92 data.
- (4) **Insurer Name:** Name of the company financially responsible for Workers' Compensation claim.
- (5) **Insurer FEIN:** Federal Tax Id number of insurer.
- (6) **Employers' Name:** Name of the company employing injured worker.
- (7) **Employer FEIN:** Federal Tax Id number of employer.
- (8) **Insurer's Claim Number:** The Claim Administrator's Claim Number associated with the E1.2 and E6.1 filed with the WCA.
- (9) **Date of Payment:** Date of the payment of the inpatient bill submitted to the insurer for this claim.
- (10) **Date of Submission:** The date the UB-92 is faxed or mailed to the WCA.
- (11) **Number of Attached Pages:** The number of pages faxed or mailed to the WCA for this Bill.
- (12) **Total Amount Paid:** The total amount paid to the hospital for the billed charges submitted on the UB-92
- (13) **DRG Code:** The Diagnosis-Related Group code is based on the patient's primary and secondary diagnosis and the procedures performed during an inpatient stay.

FOR INTERNAL USE

SSN	DOI	WCA#	Date Received
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E10-1/ 18-2006