



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE December 18, 2006	EFFECTIVE DATE January 2, 2007	NUMBER 99-06-16
SUBJECT IMPLEMENTATION OF THE CMS-1500 HEALTH INSURANCE CLAIM FORM (Version 08/05)	BY  James L. Hardy, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to notify providers that, **effective January 2, 2007**, the Department of Public Welfare (Department) will be implementing the revision of the CMS-1500 Health Insurance Claim Form (08/05) and its new attachments. The attachments are the CMS-1500 Commercial Insurance Attachment (MA-538) and the CMS-1500 Medicare Attachment (MA-539).

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program, with the exception of dentists (provider type 27) and pharmacies (provider type 24), who currently submit claims on the CMS-1500 Form.

BACKGROUND/DISCUSSION:

The CMS-1500 Health Insurance Claim Form answers the needs of many health payers. It is the basic healthcare form accepted nationwide by most insurance entities and health plans as the standard form for claims submitted by physicians and suppliers and, in some cases, ambulance services.

Although many providers now submit electronic claims, many of the software/hardware systems depend on the existing CMS-1500 Claim Form in its current image. Changes have been made to the form in order to accommodate the National Provider Identifier (NPI) as well as current identifiers.

Currently, the Department accepts the CMS-1500 (12/90 version) but is now moving toward the use of the revised 08/05 version of the CMS-1500 Health Insurance Claim Form.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry telephone line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

Additionally, there are two new attachments that are to be used in conjunction when submitting insurance payment information with the revised claim form.

The attachments are:

- CMS-1500 Commercial Insurance Attachment (MA-538), and,
- CMS-1500 Medicare Attachment (MA-539).

PROCEDURE:

CMS-1500 Health Insurance Claim Form (12/90 Version)

Effective January 2, 2007 through March 30, 2007, the Department will accept claims submitted by providers on ***either*** the current CMS-1500 (12/90 version) or the revised Form CMS-1500 (08/05 version) and its attachments.

CMS-1500 Health Insurance Claim Form (08/05 Version)

Effective April 2, 2007, only the revised CMS-1500 (08/05 version) and its attachments will be accepted.

NOTE: *The new Commercial and Medicare Attachments (MA-538 and MA-539) will be necessary for any insurance payment indicated by Attachment Type 10 or 05 in block 19 of the claim form. If you receive insurance payment information, you must complete either the MA-538 or the MA-539 and attach it to the new CMS-1500 (08/05) form. The provider may obtain these forms by completing the Provider Order Form (MA-300X) or download from the website, www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp.*

IMPORTANT:

All claims received by the Department on or after April 2, 2007 that are submitted on previous versions of the CMS-1500 will be returned to the provider.

Providers who also contract with any MA Managed Care Organization (MCO) should review each MCO's policies and submit claims accordingly.

PROMISe Provider Billing Guides, the Desk Reference for the CMS-1500 (08/05) and its attachments will be available on the OMAP website,

<http://www.dpw.state.pa.us/Business/BillingInfo/003675041.htm>

under Provider Information on December 18, 2006. Additional information about the CMS-1500 Claim Form is available on the CMS website, www.cms.hhs.gov.