PROVIDER QUICK TIPS

#162

Revised CMS-1500 Health Insurance Claim Form (02/12)

Effective July 1, 2014, professional claims submitted via paper billing must be submitted on the new 02/12 version of the CMS-1500 Health Insurance Claim Form, revised February 2012. Claims submitted on other versions of the CMS-1500 form will be returned unprocessed.

The purpose of this Quick Tip is to provide an overview of the changes to completion instructions for the CMS-1500 form by comparing the old 08/05 version to the new 02/12 version. In several instances, the block name has changed, but completion for Medical Assistance (MA) will not change.

The main changes are related to diagnosis codes and block 21 of the CMS-1500 form.

- Expanded to accept up to twelve diagnosis codes that may be a maximum of seven characters in length.
- Requires an indicator to specify if the diagnosis codes used are ICD-9-CM (indicator "9") or ICD-10-CM (indicator "0") codes. Claims may not contain both ICD-9 and ICD-10 codes on the same claim form.
- Currently, the diagnosis codes are shown as items 1 through 4 listed in two columns. The revised CMS-1500 form lists the diagnosis codes as items A through L, broken out into three rows.
    - The primary through fourth codes should be entered in the first row across -- identified as A through D;
    - The fifth through eighth codes should be entered in the second row across -- identified as E through H;
    - The ninth through twelfth codes should be entered in the third row across -- identified as I through L.

For specific instructions based on provider type and/or service, please refer to the PA PROMIS*e*™ Billing Guides located in Appendix A of the 837 Professional/CMS-1500 Form Handbook.

The billing guides can be accessed from the PROMIS*e*™ Provider Handbooks and Billing Guides page of the Department of Public Welfare's (the department's) website at the following link:

http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm

These guides will be updated prior to the implementation of the revised CMS-1500 form.

NOTE: Changes have also been made to the MA 539 (CMS-1500 Medicare Attachment) due to sequestration. When entering attachment type 05 in Block 19 of the CMS-1500 form to bill MA for Medicare Deductible or Coinsurance, a completed MA 539 must accompany the claim form. The revised MA 539 form and instructions can be found on the department's website at the following link:

http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/s_002627.pdf

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#162

Important Notes

Upper Right Corner of the CMS–1500: Do not imprint, type, or handwrite any information in the upper right portion of the claim form. This area is used by the department to stamp the Internal Control Number (ICN), which is vital to the processing of your claim.

Font Sizes: Because of limited field size, either of the following type faces and sizes are recommended for form completion:

- Times New Roman, 10 point
- Arial, 10 Point

Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.

Handwritten claim forms: If you are handwriting claim forms, please use blue or black ink.

Laser and Inkjet Produced claim forms & Photocopies of claim forms: The department will not accept photocopies of claim forms or claim forms produced by laser or inkjet printers. All claim forms must be original, with a red background. Please note that providers can use laser or inkjet printers to print data onto the CMS-1500 form; however, the claim form must have the red background.

Block Name	CMS-1500 – Old (08/05)		Block Name	CMS-1500 – New (02/12)	
Patient Status	**Block 8** Optional	Place an **X** in the appropriate blocks to describe the patient's status.	**Reserved for NUCC Use**	**Block 8** Leave Blank	Do not complete this block
Other Insured's Date of Birth and Sex	**Block 9b** Applicable	If a secondary insurance exists, enter the other insured's date of birth. Please make sure the date is in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) and indicate the patient's gender by placing an X in the appropriate box	**Reserved for NUCC Use**	**Block 9b** Leave Blank	Do not complete this block
Employer's Name or School Name	**Block 9c** Applicable	Enter the name of the other insured's employer.	**Reserved for NUCC Use**	**Block 9c** Leave Blank	Do not complete this block
Reserved For Local Use	**Block 10d** Applicable	This block has two uses: 1) It is optional to enter the nine-digit social security number of the policyholder if the policyholder is not	**Claim Codes (Designated by NUCC)**	**Block 10d** Applicable	No change for MA

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DEPARTMENT OF PUBLIC WELFARE

		the recipient. 2) When billing for an EPSDT Screen, enter the applicable two-character EPSDT Referral Code.			
Employer's Name or School Name	**Block 11b** Applicable	Enter the name of the other insured's employer for the primary insurance.	**Other Claim ID (Designated by NUCC)**	**Block 11b** Leave blank	Do not complete this block
Reserved for Local Use	**Block 19** Applicable	Complete with attachment type codes, when applicable. See Billing Guide for detailed instructions. When using **AT05**, indicating a Medicare payment, please complete and attach a "Supplemental Medicare Attachment for Providers" form When using **AT10**, indicating a payment from commercial Insurance, please complete and attach a "Supplemental Attachment for Commercial Insurance for Providers" form.	**Additional Claim Information (Designated by NUCC)**	**Block 19** Applicable	No change for MA.
Diagnosis or Nature of Illness or Injury	**Block 21** Applicable	Enter the most specific three-, four-or five-digit ICD-9-CM code that describes the diagnosis. The primary ICD-9-CM code block (21.1) must be completed. The second, third, and fourth diagnosis codes must be completed if applicable.	**Diagnosis or Nature of Illness or Injury**	**Block 21** Must/Applicable (Added space for ICD indicator and total of 12 diagnosis codes)	The ICD indicator (ICD Ind) is required. If a valid "9" or "0" indicator is not entered into the ICD Ind space, claims will be returned as incomplete. Enter the most specific ICD-9-CM code (indicator "9") or ICD-10-CM code (indicator "0") that describes the diagnosis. The primary diagnosis

					code block (21.A) must be completed. The second through twelfth diagnosis codes (B-L) must be completed if applicable. **NOTE:** *Do not submit ICD-10-CM codes or ICD Ind "0" on claims for dates of service prior to October 1, 2014.*
Medicaid Resubmission	**Block 22** Applicable	This block has two uses: 1) When resubmitting a rejected claim. If resubmitting a rejected claim, enter tne 13-digit ICN of the **ORIGINAL** rejected claim in the right portion of this block (e.g., 1103123523123). 2) When submitting a claim adjustment for a previously approved claim. If submitting a claim adjustment, enter ADJ in the left portion of the block and the **LAST APPROVED** 13-digit ICN, a space and the 2-digit lint number from the RA statement in the right portion of the block (e.g., ADJ 1103123523123 01).	**Resubmission**	**Block 22** Applicable	No change for MA.
Diagnosis Pointer	**Block 24e** Must	This block may contain up to 4 digits. If the service was provided for the primary diagnosis (in block 21,) enter **1**. If	**Diagnosis Pointer**	**Block 24e** Must	This block may contain up to 4 letters Enter the corresponding letter(s) (A-L) that identify the diagnosis code(s) in Block 21.

		provided for the secondary diagnosis, enter **2**. If provided for the third diagnosis, enter **3**. For for the fourth diagnosis, enter **4**.			If the service provided ws for the primary diagnosis (in Block 21A,) enter A. If provided for the secondary diagnosis, enter B. If provided for the third through twelfth diagnosis, enter the letter that corresponds to the applicable diagnosis. NOTE: The primary diagnosis pointer must be entered first.
Balance Due	**Block 30** Leave Blank	Do not complete this block.	**Rsvd for NUCC Use**	**Block 30** Leave Blank	Do not complete this block.

Thank you for your service to our Medical Assistance recipients.
We value your participation.
Check the department's website often at: www.dpw.state.pa.us/

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