

CMS-1500 Billing Guide for PROMISe™ MA Early Intervention (EI), EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Purpose of the document The purpose of this document is to provide a block-by-block reference guide to assist the following provider types in successfully completing the CMS-1500 claim form:

Medical Assistance (MA) Early Intervention, Early Intervention Maintenance & Infants, Toddlers and Families (ITF) Waiver Provider

Document format This document contains a table with four columns. Each column provides a specific piece of information as explained below:

Block Number – Provides the block number as it appears on the claim.

Block Name – Provides the block name as it appears on the claim.

Block Code – Lists a code that denotes how the claim block should be treated. They are:

- **M** – Indicates that the claim block must be completed.
 - **A** – Indicates that the claim block must be completed, if applicable.
 - **O** – Indicates that the claim block is optional.
 - **LB** – Indicates that the claim block should be left blank.
 - * – Indicates special instruction for block completion.
 - **Notes** – Provides important information specific to completing the claim block. In some instances, the Notes section will indicate provider specific block completion instructions or refer to the PA PROMISe™ Provider Handbook for the CMS-1500 Claim Form for further clarification.
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CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

IMPORTANT INFORMATION FOR CMS-1500 CLAIM FORM COMPLETION

Note #1: If you are submitting handwritten claim forms you must use **blue** or **black** ink.

Note #2: **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.

Note #3: When completing the following blocks of the CMS-1500, **do not use decimal points and be sure to enter dollars and cents:**

1. Block 24F (\$Charges)
2. Block 29 (Amount Paid)

If you fail to enter both dollars and cents, your claim may process incorrectly. For example, if your county negotiated rate is sixty-five dollars and you enter 65, your county negotiated rate may be read as .65 cents.

Example #1: When completing Block 24F, enter your county negotiated rate, without a decimal point. You must include the dollars and cents. If your negotiated rate is thirty-five dollars, enter:

24F	
\$CHARGES	
35	00

Example #2: When completing Block 29, you are reporting patient pay assigned by the County Assistance Office (CAO). Enter patient pay as follows, including dollars and cents:

29	
Amount Paid	
50	00

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You must follow these instructions to complete the CMS-1500 claim when billing the Department of Human Services. **Do not imprint, type, or write any information on the upper right hand portion of the form.** This area is used to stamp the Internal Control Number (ICN), which is vital to the processing of your claim. Do not submit a photocopy of your claim to Medical Assistance.

Block No.	Block Name	Block Code	Notes
1	Type of Claim	M	Place an X in the Medicaid box.
1a	Insured's ID Number	M	Enter the 10-digit beneficiary number found on the ACCESS card. If the beneficiary number is not available, access the Eligibility Verification System (EVS) by using the beneficiary's Social Security Number (SSN) and date of birth (DOB). The EVS response will then provide the 10-digit beneficiary number to use for this block.
2	Patient's Name	M	Enter the patient's last name, first name, and middle initial.
3	Patient's Birthdate and Sex	M	Enter the patient's date of birth using an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 02151978) and indicate the patient's gender by placing an X in the appropriate box.
4	Insured's Name	LB	Do not complete this block.
5	Patient's Address	LB	Do not complete this block.
6	Patient's Relationship to Insured	LB	Do not complete this block.
7	Insured's Address	LB	Do not complete this block.
8	Reserved for NUCC Use	LB	Do not complete this block.
9	Other Insured's	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes
	Name		
9a	Other Insured's Policy or Group Number	LB	Do not complete this block.
9b	Reserved for NUCC Use	LB	Do not complete this block.
9c	Reserved for NUCC Use	LB	Do not complete this block.
9d	Insurance Plan Name or Program Name	LB	Do not complete this block.
10a-10c	Is Patient's Condition Related To:	LB	Do not complete this block.
10d	Claims Codes (Designated by NUCC)	LB	Do not complete this block.
11	Insured's Policy Group or FECA Number	LB	Do not complete this block.
11a	Insured's Date of Birth and Sex	LB	Do not complete this block.
11b	Other Claim ID (Designated by NUCC)	LB	Do not complete this block.
11c	Insurance Plan Name or Program Name	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes
11d	Is There Another Health Benefit Plan	LB	Do not complete this block.
12	Patient's or Authorized Person's Signature and Date	M	<p>The beneficiary's signature or the words Signature Exception must appear in this field.</p> <p>If the parent's signature is not on the Early Intervention documents or when billing electronically, obtain the parents/guardians signature on the Encounter Form (MA 91).</p> <p>Also, enter the date of claim submission in an 8-digit MMDDCCYY format (e.g., 03012004) with no slashes, hyphens, or dashes.)</p> <p>Note: Please refer to Section 6 of the CMS-1500 Handbook for Early Intervention requirements regarding parental signatures.</p>
13	Insured's or Authorized Person's Signature	LB	Do not complete this block.
14	Date of Current Illness, Injury or Pregnancy (LMP)	LB	Do not complete this block.
15	Other Date	LB	Do not complete this block.
16	Dates Patient Unable to Work in Current Occupation	LB	Do not complete this block.
17	Name of Referring	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes																																				
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17a	I.D. Number of Referring Provider	LB	Do not complete this block.																																				
17b	NPI #	LB	Do not complete this block.																																				
18	Hospitalization Dates Related to Current Services	LB	Do not complete this block																																				
19	Additional Claim Information (Designated by NUCC)	M	<p>Enter the County Code representing the funding county associated to the patient using a seven-digit format (CC#####)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">ID</th> <th style="text-align: center;">County/Joinder</th> </tr> </thead> <tbody> <tr><td>CC11006</td><td>ALLEGHENY</td></tr> <tr><td>CC11007</td><td>ARMSTRONG/INDIANA</td></tr> <tr><td>CC11008</td><td>BEAVER</td></tr> <tr><td>CC11009</td><td>BEDFORD/SOMERSET</td></tr> <tr><td>CC11010</td><td>BERKS</td></tr> <tr><td>CC11011</td><td>BLAIR</td></tr> <tr><td>CC11012</td><td>BRADFORD/SULLIVAN</td></tr> <tr><td>CC11013</td><td>BUCKS</td></tr> <tr><td>CC11014</td><td>BUTLER</td></tr> <tr><td>CC11015</td><td>CAMBRIA</td></tr> <tr><td>CC11016</td><td>CAMERON/ELK</td></tr> <tr><td>CC11017</td><td>CARBON/MONROE/PIKE</td></tr> <tr><td>CC11018</td><td>CENTRE</td></tr> <tr><td>CC11019</td><td>CHESTER</td></tr> <tr><td>CC11020</td><td>CLARION</td></tr> <tr><td>CC11021</td><td>CLEARFIELD/JEFFERSON</td></tr> <tr><td>CC11022</td><td>LYCOMING/CLINTON</td></tr> </tbody> </table>	ID	County/Joinder	CC11006	ALLEGHENY	CC11007	ARMSTRONG/INDIANA	CC11008	BEAVER	CC11009	BEDFORD/SOMERSET	CC11010	BERKS	CC11011	BLAIR	CC11012	BRADFORD/SULLIVAN	CC11013	BUCKS	CC11014	BUTLER	CC11015	CAMBRIA	CC11016	CAMERON/ELK	CC11017	CARBON/MONROE/PIKE	CC11018	CENTRE	CC11019	CHESTER	CC11020	CLARION	CC11021	CLEARFIELD/JEFFERSON	CC11022	LYCOMING/CLINTON
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Block No.	Block Name	Block Code	Notes
			CC11023 COLUMBIA/MONTOUR/SNYDER/UNION
			CC11024 CRAWFORD
			CC11025 CUMBERLAND/PERRY
			CC11026 DAUPHIN
			CC11027 DELAWARE
			CC11028 ERIE
			CC11029 FAYETTE
			CC11030 FOREST/WARREN
			CC11031 FRANKLIN/FULTON
			CC11032 GREENE
			CC11033 HUNTINGDON/MIFFLIN/JUNIATA
			CC11034 LACKAWANNA/SUSQUEHANNA
			CC11035 LANCASTER
			CC11036 LAWRENCE
			CC11037 LEBANON
			CC11038 LEHIGH
			CC11039 LUZERNE/WYOMING
			CC11052 MCKEAN
			CC11040 MERCER
			CC11041 MONTGOMERY
			CC11042 NORTHAMPTON
			CC11043 NORTHUMBERLAND
			CC11044 PHILADELPHIA
			CC11045 POTTER
			CC11046 SCHUYLKILL
			CC11047 TIOGA
			CC11049 WASHINGTON
			CC11050 WESTMORELAND
			CC11051 YORK/ADAMS
			CC11053 WAYNE
20	Outside Lab	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes
21	Diagnosis or Nature of Illness or Injury	M	<p>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 to the provider as incomplete.</p> <p>For dates of service prior to October 1, 2015, enter the most specific ICD-9-CM code (indicator “9”); OR for dates of service on or after October 1, 2015, enter the ICD-10-CM code (indicator “0”) that describes the diagnosis.</p> <p>The primary diagnosis block (21.A) must be completed. The second through twelfth diagnosis codes (B-L) must be completed if applicable.</p>
22	Resubmission Code	A/A/A	<p>This block has three uses:</p> <ol style="list-style-type: none"> 1) When resubmitting a rejected claim. If resubmitting a rejected claim, enter the 13-digit internal control number (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 <u>LAST APPROVED</u> 13-digit ICN, a space and the two-digit line number from the RA Statement in the right portion of the block (e.g., ADJ 1103123523123 01). 3) When voiding a claim for a previously approved/paid claim. Voiding a claim will take all of the money back from a previously approved/paid claim. When voiding a claim, enter ADJ in the left portion of the block and the 13-digit ICN of the claim being voided in the right portion of the block (e.g., ADJ 2710312352312). Complete the detail lines exactly as they appeared on the original claim

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Block No.	Block Name	Block Code	Notes
			form and enter 0.00 in the \$ Charges field.
23	Prior Authorization Number	LB	Do not complete this block.
24a	Date(s) of Service	M	<p>Enter the applicable date(s) of service in an 8-digit format.</p> <p>When billing for a service, complete either the From or the To column (but not both.). The claim must contain one date of service per detail line.</p> <p>Note: A CMS-1500 claim form can contain up to six detail lines.</p>
24b	Place of Service	M	<p>Enter the 2-digit place of service code that indicates where the service was performed.</p> <p>11 – Office 12 - Home/Community</p>
24c	EMG	LB	Do not complete this block.
24d	Procedures, Services, or Supplies (CPT/HCPCS & Modifier)	M	<p>In the first section of the block, enter the procedure code that describes the service provided.</p> <p>In the second section of the block, enter the modifier(s) that describe(s) the service provided.</p>
24e	Diagnosis Pointer	M	<p>This block may contain up to four letters.</p> <p>Enter the corresponding letter(s) (A – L) that identify the diagnosis code(s) in Block 21.</p> <p>If the service provided was 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.</p>

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Block No.	Block Name	Block Code	Notes
			Note: The primary diagnosis pointer must be entered first.
24f	\$Charges	M	Multiply your county negotiated rate by the number of units billed and enter that amount.
24g	Days or Units	M	Enter the total number of whole units provided. Note: A unit is equal to a full 15 minutes. Do not round units when billing for Early Intervention services.
24h	EPSDT/Family Planning	LB	Do not complete this block.
24i	ID Qualifier	A	Enter the two-digit ID Qualifier: G2 = 13-digit Provider ID Number (legacy #)
24j (a)	Rendering Provider ID #	A	Complete with the Rendering Provider's Provider ID number (nine-digit provider number and the applicable four-digit service location – 13-digits total). Note: Only one rendering provider per claim form.
24j (b)	NPI	A	Healthcare providers only: Enter the 10-digit NPI number of the rendering provider. A-typical providers are not required to obtain an NPI. (Example – provider type 51 is considered a-typical).
25	Federal Tax I.D. Number	M	Enter the provider's Federal Tax Employer Identification Number (EIN) or SSN and place an X in the appropriate block.
26	Patient's Account Number	M	Enter your own reference to your patient. This block can contain up to 10 alpha, numeric, or alphanumeric characters and can be used to enter the patient's account number or name. Information in this block will appear in the first column of the Detail Page in

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Block No.	Block Name	Block Code	Notes
			the RA Statement and will help identify claims if an incorrect beneficiary number is listed.
27	Accept Assignment?	LB	Do not complete this block.
28	Total Charge	LB	Do not complete this block.
29	Amount Paid	LB	Do not complete this block.
30	Reserved for NUCC Use	LB	Do not complete this block.
31	Signature of Physician or Supplier Including Degree or Credentials	M/M	<p>This block must contain the signature of the provider rendering the service. A signature stamp is acceptable, except for abortions, if the provider authorizes its use and assumes responsibility for the information on the claim. If submitting by computer-generated claims, this block can be left blank; however, a Signature Transmittal Form (MA 307) must be sent with the claim(s).</p> <p>Enter the date the claim was submitted in this block in an 8-digit (MMDDCCYY) format (e.g. 03012004).</p>
32	Service Facility Location Information	LB	Do not complete this block.
32a		LB	Do not complete this block.
32b		LB	Do not complete this block.
33	Billing Provider Info & Ph.#	M	<p>Enter the billing provider's name, address, and telephone number</p> <p>Do not use slashes, hyphens, or spaces.</p>
33a		M	Enter the 10-digit NPI number of the billing provider.

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Block No.	Block Name	Block Code	Notes
33b		M	Enter the 13-digit Group/Billing Provider ID number (Legacy #)