

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.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Ordering and Prescribing

The Patient Protection and Affordable Care Act (ACA) added requirements for provider screening and enrollment, including a requirement that states require physicians and other practitioners who order or refer items or services for MA beneficiaries to enroll as MA providers. The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

Claims submitted by the following provider types and specialties must include the NPI of a MA enrolled ordering or prescribing provider:

- 16-572 Nurse, Early Intervention Services
- 17-176 Therapist, Physical Therapist / Early Intervention
- 17-177 Therapist, Occupational Therapy / Early Intervention
- 17-178 Therapist, Speech/Hearing Therapy / Early Intervention
- 19-572 Psychologist, Early Intervention Services
- 20-572 Audiologist, Early Intervention Services
- 21-216 Case Manager, Licensed Social Worker, EI

Providers should check block 17, 17a, and 17b for further direction.

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

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

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.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

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.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

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	A	Enter the name of the ordering or prescribing provider, when applicable for the following specialties:

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes
	Provider or Other Source		16-572 Nurse, Early Intervention Services 17-176 Therapist, Physical Therapist / Early Intervention 17-177 Therapist, Occupational Therapy / Early Intervention 17-178 Therapist, Speech/Hearing Therapy / Early Intervention 19-572 Psychologist, Early Intervention Services 20-572 Audiologist, Early Intervention Services 21-216 Case Manager, Licensed Social Worker, EI
17a	I.D. Number of Referring Provider	A	In the first portion of this block, enter a two-digit qualifier that indicates the type of ID: 0B = License Number G2 = 13-digit Provider ID number (Legacy Number) In the second portion, enter the license number of the ordering or prescribing provider named in Block 17 (e.g., MD123456X). If the practitioner's license number was issued after June 29, 2001, enter the number in the new format (e.g., MD123456).
17b	NPI #	A	The following provider type and specialties must enter the NPI of the provider who ordered or prescribed the service: 16-572 Nurse, Early Intervention Services 17-176 Therapist, Physical Therapist / Early Intervention 17-177 Therapist, Occupational Therapy / Early Intervention 17-178 Therapist, Speech/Hearing Therapy / Early Intervention 19-572 Psychologist, Early Intervention Services 20-572 Audiologist, Early Intervention Services

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes																																														
			21-216 Case Manager, Licensed Social Worker, EI																																														
18	Hospitalization Dates Related to Current Services	LB	Do not complete this block																																														
19	Additional Claim Information (Designated by NUCC)	M	Enter the County Code representing the funding county associated to the patient using a seven-digit format (CC#####) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <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> <tr><td>CC11023</td><td>COLUMBIA/MONTOUR/SNYDER/ UNION</td></tr> <tr><td>CC11024</td><td>CRAWFORD</td></tr> <tr><td>CC11025</td><td>CUMBERLAND/PERRY</td></tr> <tr><td>CC11026</td><td>DAUPHIN</td></tr> <tr><td>CC11027</td><td>DELAWARE</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	CC11023	COLUMBIA/MONTOUR/SNYDER/ UNION	CC11024	CRAWFORD	CC11025	CUMBERLAND/PERRY	CC11026	DAUPHIN	CC11027	DELAWARE
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																																																
CC11023	COLUMBIA/MONTOUR/SNYDER/ UNION																																																
CC11024	CRAWFORD																																																
CC11025	CUMBERLAND/PERRY																																																
CC11026	DAUPHIN																																																
CC11027	DELAWARE																																																

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes																																																		
			<table border="1"> <tr><td>CC11028</td><td>ERIE</td></tr> <tr><td>CC11029</td><td>FAYETTE</td></tr> <tr><td>CC11030</td><td>FOREST/WARREN</td></tr> <tr><td>CC11031</td><td>FRANKLIN/FULTON</td></tr> <tr><td>CC11032</td><td>GREENE</td></tr> <tr><td>CC11033</td><td>HUNTINGDON/MIFFLIN/JUNIATA</td></tr> <tr><td>CC11034</td><td>LACKAWANNA/SUSQUEHANNA</td></tr> <tr><td>CC11035</td><td>LANCASTER</td></tr> <tr><td>CC11036</td><td>LAWRENCE</td></tr> <tr><td>CC11037</td><td>LEBANON</td></tr> <tr><td>CC11038</td><td>LEHIGH</td></tr> <tr><td>CC11039</td><td>LUZERNE/WYOMING</td></tr> <tr><td>CC11052</td><td>MCKEAN</td></tr> <tr><td>CC11040</td><td>MERCER</td></tr> <tr><td>CC11041</td><td>MONTGOMERY</td></tr> <tr><td>CC11042</td><td>NORTHAMPTON</td></tr> <tr><td>CC11043</td><td>NORTHUMBERLAND</td></tr> <tr><td>CC11044</td><td>PHILADELPHIA</td></tr> <tr><td>CC11045</td><td>POTTER</td></tr> <tr><td>CC11046</td><td>SCHUYLKILL</td></tr> <tr><td>CC11047</td><td>TIOGA</td></tr> <tr><td>CC11049</td><td>WASHINGTON</td></tr> <tr><td>CC11050</td><td>WESTMORELAND</td></tr> <tr><td>CC11051</td><td>YORK/ADAMS</td></tr> <tr><td>CC11053</td><td>WAYNE</td></tr> </table>	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
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.																																																		
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</p>																																																		

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes
			<p>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 form and enter 0.00 in the \$ Charges field.
23	Prior Authorization Number	LB	Do not complete this block.
24a	Date(s) of	M	Enter the applicable date(s) of service in an 8-digit format.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes
	Service		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. Note: A CMS-1500 claim form can contain up to six detail lines.
24b	Place of Service	M	Enter the 2-digit place of service code that indicates where the service was performed. 11 – Office 12 - Home/Community
24c	EMG	LB	Do not complete this block.
24d	Procedures, Services, or Supplies (CPT/HCPCS & Modifier)	M	In the first section of the block, enter the procedure code that describes the service provided. In the second section of the block, enter the modifier(s) that describe(s) the service provided.
24e	Diagnosis Pointer	M	This block may contain up to four letters. Enter the corresponding letter(s) (A – L) that identify the diagnosis code(s) in Block 21. 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. 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.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

Block No.	Block Name	Block Code	Notes
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 the RA Statement and will help identify claims if an incorrect beneficiary number is listed.
27	Accept Assignment?	LB	Do not complete this block.

CMS-1500 Claim Form Completion for PROMISE™ MA EI, EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers

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