

**CMS-1500**  
**COMMERCIAL INSURANCE ATTACHMENT**

Please use this form in lieu of attaching the Commercial Insurance Explanation of Benefits (EOB) Statement when billing Medical Assistance (MA) for Commercial Insurance Deductible and/or Coinsurance/Copayment. **NOTE: This attachment must be used when billing for commercial insurance deductible, coinsurance or copayment. You MUST enter Attachment Type 10 (Third Party Payment Statement on File) in Block 19 of the claim form. Be advised that the fields listed below as (REQUIRED) must be completed in order to resolve your claim in a timely manner.**

**This attachment *must not* be used when submitting claims electronically.**

Billing Provider Name: \_\_\_\_\_(REQUIRED)

Billing Provider MAID Number: \_\_\_\_\_(REQUIRED)

Recipient Name: \_\_\_\_\_(REQUIRED)

Recipient MAID Number: \_\_\_\_\_(REQUIRED)

Insurance Company Name: \_\_\_\_\_(OPTIONAL)

Insurance Company Address: \_\_\_\_\_(OPTIONAL)

Date of EOB: \_\_\_\_\_(REQUIRED)

Claim Line	Insurance Deductible	Insurance Coinsurance/Copayment	Insurance Paid Amount	Reason Codes
#1				
#2				
#3				
#4				
#5				
#6				

Please verify that the claim line number information on the attachment corresponds to the claim detail number on the invoice. Inaccurate information will result in claims processing errors.

## INSTRUCTIONS FOR COMPLETING THE CMS-1500 COMMERCIAL INSURANCE ATTACHMENT

Please complete and attach this form (MA-538) to the CMS-1500 for commercial insurance, including the Medicare Advantage plans, instead of attaching a copy of the Commercial Insurance EOB to the CMS-1500. Medical Assistance recognizes that providers receive EOB's from commercial insurance companies that do not always provide a claim line-by-claim line breakdown. The MA-538 will assist providers in submitting claims successfully for commercial insurance deductible and/or coinsurance/copayment. There are six lines provided on this form that correlate to the six claim lines of the CMS-1500. When submitting claims on the CMS-1500 for commercial insurance, place the appropriate amount from the EOB of the insurance carrier in the corresponding area of the MA-538. Please note the information that is required when completing the form. Completing the form properly will assist in resolving your claim in a timely manner. **The MA-538 must be completed and paper clipped to the CMS-1500 claim form.**

- **Billing Provider Name** - Place the name of the billing provider. (REQUIRED)
- **Billing Provider MAID Number** - Place the 13 digit Medicaid Identification number of the billing provider. (REQUIRED)
- **Recipient Name** - Place name as listed on ACCESS card. (REQUIRED)
- **Recipient MAID Number** - Place the 10 digit recipient MA identification number as listed on the ACCESS card. (REQUIRED)
- **Insurance Company Name and Address** - Place Commercial Insurance and Medicare Advantage company name and mailing/billing address including zip code. (OPTIONAL)
- **Date of EOB** - Enter the date of the Commercial Insurance EOB in this field. (REQUIRED)
- **Claim Line** - The line numbers denoted in this column correlate to the claim lines of the CMS-1500 Claim Form. Please Note: For Medical Assistance billing purposes, you must indicate the Commercial Insurance deductible and/or coinsurance/copayment applicable to each claim line. (REQUIRED)
- **Insurance Deductible** - This field must be completed when Commercial Insurance applies any portion of the payment toward the Commercial Insurance deductible. Using your Commercial Insurance EOB, please indicate the amount Commercial Insurance applied to the yearly Commercial Insurance deductible. (MUST, IF APPLICABLE)
- **Insurance Coinsurance/Copayment** - Complete this field, when applicable. Please enter the amount of coinsurance/copayment applicable to each claim line. (MUST, IF APPLICABLE)
- **Insurance Paid Amount** - Place amount received from the Insurance Company. (REQUIRED)
- **Reason Codes** - Please include all of the adjustment reason codes that appear on the EOB for the claim line. (REQUIRED)