

Revised CMS-1500 Claim Form for Professional and General Services

The Form CMS-1500 (08-05) will be accepted by Louisiana Medicaid for all dates of submission beginning March 5, 2007, but will not be mandated for use until June 4, 2007.

Providers will be permitted to use either the current Form CMS-1500 (12-90) or the revised Form CMS-1500 (08-05) beginning March 5, 2007 through June 3, 2007.

Effective June 4, 2007, the Form CMS-1500 (12-90) will be discontinued and only the Form CMS-1500 (08-05) shall be used. This includes all rebilling of claims even though earlier submissions may have been on the Form CMS-1500 (12-90).

Health plans, clearinghouses, and other information support vendors should be able to handle and accept the Form CMS-1500 (08-05) by June 4, 2007.

Instructions

Instructions for completing the CMS-1500 (08-05) follow. Items to be completed are either **required** or **situational**. **Required** information must be entered in order for the claim to process. Claims submitted with missing or invalid information in these fields will be returned unprocessed to the provider with a rejection letter listing the reason(s) the claims are being returned. These claims cannot be processed until corrected and resubmitted by the provider. **Situational** information may be required (but only in certain circumstances as detailed in the instructions below). **Optional** means that entry of information is at the discretion of the provider. Claims should be submitted to:

Unisys
P.O. Box 91020
Baton Rouge, LA 70821

Note: DME and Waiver providers must continue to write “DME” or “WAIVER” as appropriate in large letters at the top of the claim form.

Locator #	Description	Instructions	Alerts
9a	Other Insured's Policy or Group Number	<p>Situational – If recipient has no other coverage, leave blank.</p> <p>If there is other coverage, the state assigned 6-digit TPL carrier code is required in this block (the carrier code list can be found at www.lamedicaid.com under the Forms/Files link).</p> <p>Make sure the EOB or EOBs from other insurance(s) are attached to the claim.</p>	
9b	Other Insured's Date of Birth Sex	Situational – Complete if appropriate or leave blank.	
9c	Employer's Name or School Name	Situational – Complete if appropriate or leave blank.	
9d	Insurance Plan Name or Program Name	Situational – Complete if appropriate or leave blank.	
10	Is Patient's Condition Related To:	Situational – Complete if appropriate or leave blank.	
11	Insured's Policy Group or FECA Number	Situational – Complete if appropriate or leave blank.	
11a	Insured's Date of Birth Sex	Situational – Complete if appropriate or leave blank.	
11b	Employer's Name or School Name	Situational – Complete if appropriate or leave blank.	
11c	Insurance Plan Name or Program Name	Situational – Complete if appropriate or leave blank.	
11d	Is There Another Health Benefit Plan?	Situational – Complete if appropriate or leave blank.	
12	Patient's or Authorized Person's Signature (Release of Records)	Situational – Complete if appropriate or leave blank.	

Locator #	Description	Instructions	Alerts
13	Patient's or Authorized Person's Signature (Payment)	Situational – Obtain signature if appropriate or leave blank.	
14	Date of Current Illness / Injury / Pregnancy	Optional.	
15	If Patient Has Had Same or Similar Illness Give First Date	Optional.	
16	Dates Patient Unable to Work in Current Occupation	Optional.	
17	Name of Referring Provider or Other Source	<p>Situational – Complete if applicable.</p> <p>In the following circumstances, entering the name of the appropriate physician block is required:</p> <p>If services are performed by a CRNA, enter the name of the directing physician.</p> <p>If the recipient is a lock-in recipient and has been referred to the billing provider for services, enter the lock-in physician's name.</p> <p>If services are performed by an independent laboratory, enter the name of the referring physician.</p>	
17a	Unlabelled	Situational – If the recipient is linked to a Primary Care Physician, the 7-digit PCP referral authorization number is required to be entered.	The PCP's 7-digit referral authorization number must be entered in block 17a.

Locator #	Description	Instructions	Alerts
17b	NPI	Optional.	The revised form accommodates the entry of the referring provider's NPI.
18	Hospitalization Dates Related to Current Services	Optional.	
19	Reserved for Local Use	Reserved for future use. Do not use.	Usage to be determined.
20	Outside Lab?	Optional.	
21	Diagnosis or Nature of Illness or Injury	Required -- Enter the most current ICD-9 numeric diagnosis code and, if desired, narrative description.	
22	Medicaid Resubmission Code	Optional.	
23	Prior Authorization Number	Situational – Complete if appropriate or leave blank. If the services being billed must be Prior Authorized, the PA number is required to be entered.	
24	Supplemental Information	Situational – Applies to the detail lines for drugs and biologicals only. In addition to the procedure code, the National Drug Code (NDC) is required by the Deficit Reduction Act of 2005 for physician-administered drugs and shall be entered in the shaded section of 24A through 24G. <u>Claims for these drugs shall include the NDC from the label of the product administered.</u> To report additional information related to HCPCS codes billed in 24D, physicians and other providers who administer drugs and biologicals must enter the Qualifier N4 followed by the NDC . Do not enter a space between the qualifier and the NDC. Do not enter hyphens or spaces within the NDC.	Physicians and other provider types who administer drugs and biologicals must enter this new drug-related information in the SHADED section of 24A – 24G of appropriate detail lines only. This information must be entered in addition to the

Locator #	Description	Instructions	Alerts
		<p>Providers should then leave one space then enter the appropriate Unit Qualifier (see below) and the actual units administered. Leave three spaces and then enter the brand name as the written description of the drug administered in the remaining space.</p> <p>The following qualifiers are to be used when reporting NDC units:</p> <p>F2 International Unit ML Milliliter GR Gram UN Unit</p>	<p>procedure code(s).</p>
24A	Date(s) of Service	<p>Required -- Enter the date of service for each procedure.</p> <p>Either six-digit (MM DD YY) or eight-digit (MM DD YYYY) format is acceptable.</p>	
24B	Place of Service	<p>Required -- Enter the appropriate place of service code for the services rendered.</p>	
24C	EMG	<p>Situational – Complete if appropriate or leave blank.</p> <p>When required, the appropriate CommunityCARE emergency indicator is to be entered in this field.</p>	<p>This indicator was formerly entered in block 24I.</p>
24D	Procedures, Services, or Supplies	<p>Required -- Enter the procedure code(s) for services rendered in the un-shaded area(s).</p>	
24E	Diagnosis Pointer	<p>Required – Indicate the most appropriate diagnosis for each procedure by entering the appropriate reference number (“1”, “2”, etc.) in this block.</p> <p>More than one diagnosis/reference number may be related to a single procedure code.</p>	

Locator #	Description	Instructions	Alerts
24F	\$Charges	Required -- Enter usual and customary charges for the service rendered.	
24G	Days or Units	Required -- Enter the number of units billed for the procedure code entered on the same line in 24D	
24H	EPSDT Family Plan	Situational – Leave blank or enter a “Y” if services were performed as a result of an EPSDT referral.	
24I	I.D. Qual.	Optional.	The revised form accommodates the entry of I.D. Qual.
24J	Rendering Provider I.D. #	Situational – If appropriate, entering the Rendering Provider’s Medicaid Provider Number in the shaded portion of the block is required . Entering the Rendering Provider’s NPI in the non-shaded portion of the block is optional .	The revised form accommodates the entry of NPIs for Rendering Providers
25	Federal Tax I.D. Number	Optional.	
26	Patient’s Account No.	Situational – Enter the provider specific identifier assigned to the recipient. This number will appear on the Remittance Advice (RA). It may consist of letters and/or numbers and may be a maximum of 20 characters.	
27	Accept Assignment?	Optional. Claim filing acknowledges acceptance of Medicaid assignment.	
28	Total Charge	Required – Enter the total of all charges listed on the claim.	
29	Amount Paid	Situational – If TPL applies and block 9A is completed, enter the amount paid by the primary payor (including any contracted adjustments). Enter ‘0’ if the third party did not pay. If TPL does not apply to the claim, leave blank.	

Locator #	Description	Instructions	Alerts
30	Balance Due	Situational – Enter the amount due after third party payment has been subtracted from the billed charges if payment has been made by a third party insurer.	
31	Signature of Physician or Supplier Including Degrees or Credentials Date	Required -- The claim form MUST be signed. The practitioner or the practitioner’s authorized representative must sign the form. Signature stamps or computer-generated signatures are acceptable, but must be initialed by the practitioner or authorized representative. If this signature does not have original initials, the claim will be returned unprocessed. Required -- Enter the date of the signature.	
32	Service Facility Location Information	Situational – Complete as appropriate or leave blank.	
32a	NPI	Optional.	The revised form accommodates entry of the Service Location NPI.
32b	Unlabelled	Situational – Complete if appropriate or leave blank. When the billing provider is a CommunityCARE enrolled PCP, indicate the site number of the Service Location. The provider must enter the Qualifier LU followed by the three digit site number . Do not enter a space between the qualifier and site number (example “LU001”, “LU002”, etc.)	
33	Billing Provider Info & Ph #	Required -- Enter the provider name, address including zip code and telephone number.	

Locator #	Description	Instructions	Alerts
33a	NPI	Optional.	The revised form accommodates the entry of the Billing's Provider's NPI.
33b	Unlabelled	Required – Enter the billing provider's 7-digit Medicaid ID number.	Format change with addition of 33a and 33b for provider numbers.