INFORMATIONAL UPDATE
TRANSITION TO THE NEW CMS-1500 (02/12) FORM FAST APPROACHING
FOR PAPER CLAIMS SUBMITTED TO MOLINA AND BAYOU HEALTH SHARED PLANS

Providers were notified in our notice dated February 14, 2014 of Louisiana Medicaid’s plans to transition to the revised CMS 1500 (02/12) claim form for paper billing to Molina and Bayou Health Shared Plans.

CLAIM FORM CHANGES:

The significant form change that impacts Medicaid billing is the addition of 8 diagnosis codes to Form Locator 21 (for a total of 12 diagnosis codes) and the addition of an ICD Indicator (to specify whether ICD-9 or ICD-10 is being used). Other changes to the form do not impact your claims submitted to Louisiana Medicaid.

Currently, providers may submit either version 08/05 or version 02/12 of the 1500 claim form. Effective April 30, 2014, Molina will only accept the new CMS 1500 (02/12). After this date, original claims and claim resubmissions must be submitted on version 02/12 – regardless of the date of service.

Important Information for Providers: Although we will accept, key, and capture up to 8 diagnosis codes from the new claim form, claims editing will not change at this time; thus, only the first 4 diagnosis codes are carried through claims processing, and editing is based on current Medicaid policy.

Until the implementation of ICD-10 diagnosis coding, only ICD-9 diagnosis codes are acceptable for billing Medicaid.

PROGRAM CHANGES PLANNED FOR THIS TRANSITION TO THE CMS 1500 FORM:

As we implement the newly revised form, the following changes will be made to transition programs to the CMS 1500 claim form:

- Professional providers (Physicians, DME, and Professional Crossover) currently using the proprietary 213 Adjustment/Void Forms will be required to use the CMS 1500 02/12 for that purpose.
  
  Beginning May 19, 2014, professional providers will be required to use the CMS 1500 02/12 in place of the 213 Form.

- Free Standing Rehabilitation Center providers will be required to transition from the currently used proprietary 102 Claim Form and 202 Adjustment/Void Form to using the CMS 1500 02/12 for original claims, for adjustments and for voids.
  
  Until further notice, providers using the 102 Claim Form and the 202 Adjustment/Void Form should continue to submit on those forms. Additional information concerning timelines for these program transitions and new billing instructions will be forthcoming.

NOTE: Please visit the Medicaid web site, www.lamedicaid.com, for upcoming information. Billing instructions are being placed on the directory link, Billing Information.