

**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.