CMS 1500 CLAIM INSTRUCTIONS

OVERVIEW

Printed claims and any associated documentation must be submitted as single-sided only.

The following is a block-by-block explanation of how to prepare a CMS 1500 claim form when Medicaid is the primary or only payer. Please refer to the CMS 1500 Third-Party Liability Claim Instructions or CMS 1500 Medicare Crossover Instructions if applicable.

Mandatory blocks must be completed. Conditionally mandatory blocks must be completed if applicable. Please do not write or type above block 1 of the claim form. Do not put social security numbers on the claim form.

CLAIM INSTRUCTIONS

BLOCK 1   HEADINGS
Place an "X" or check mark in the Medicaid block. If left blank, Medicaid will be considered the applicable program.

BLOCK 1a   INSURED'S ID NO. (MANDATORY)
The recipient identification number is the nine-digit number found on the South Dakota Medicaid Identification Card. The three-digit generation number that follows the nine-digit recipient number is not part of the recipient's ID number and should not be entered on the claim. Do not enter a social security number.

BLOCK 2   PATIENT'S NAME (MANDATORY)
Enter the recipient's information in the following format: last name, first name, middle initial. Example: Doe, Jane, S

If there is a suffix, please enter after the last name. Example: Doe, Jr, John, S

The recipient's name must match the name on the recipient's Medicaid ID and the online portal.

BLOCK 3   PATIENT'S DATE OF BIRTH
If available, please enter in this format: MM-DD-YY

PATIENT'S SEX
Optional

BLOCK 4   INSURED'S NAME
Optional

BLOCK 5   PATIENT'S ADDRESS
Optional

BLOCK 6   PATIENT'S RELATIONSHIP TO INSURED
Optional

BLOCK 7   INSURED'S ADDRESS
Optional

BLOCK 8   PATIENT STATUS
Optional

BLOCK 9   OTHER INSURED'S NAME
Leave blank. If there is other insurance refer to CMS 1500 Third-Party Liability Claim or Medicare Crossover Claim instructions.

BLOCK 10   CONDITION RELATED TO
A. Patient's Employment – If the patient was treated due to employment-related accident, place an "X" in the YES block, if not, place an "X" in the NO block or leave blank.

B. Auto accident-If the patient was treated due to an auto accident, place an "X" in the in the YES block, if not, place an "X" in the NO block or leave blank. If YES, put the state abbreviation under the PLACE Line. State identifier is optional.

C. Other accident- If other type of accident, place an "X" in the YES block, if not, place an "X" in the NO block or leave blank.

D. Claim Codes-Enter one of the following, if applicable:
"U" or "2" for Urgent Care

BLOCK 11   INSURED'S POLICY GROUP OR FECA NUMBER
Leave blank when Medicaid is the only or primary payer. If there is other insurance refer to CMS 1500 Third-Party Liability Claim Instructions or Medicare Crossover Claim instructions.

BLOCK 12   PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
Optional

BLOCK 13   INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
Optional

BLOCK 14   DATE OF CURRENT ILLNESS
Optional

BLOCK 15   IF PATIENT HAS HAD SAME ILLNESS OR SIMILAR ILLNESS
Optional

BLOCK 16   DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
Optional

BLOCK 17   NAME OF REFERRING PHYSICIAN OR OTHER SOURCE AND THE NUCC CODE (CONDITIONALLY MANDATORY)
Please view NPI Requirements by provider type for ordered, referred, and prescribed services here (ORP Table). If the service was ordered, referred, or prescribed, enter the ordering, referring, or prescribing provider's NUCC defined qualifier code followed by the provider name:

DN   Referring Provider
DK   Ordering Provider
DQ   Supervising Provider

17a. Leave Blank

17b. (CONDITIONALLY MANDATORY) Enter the NPI number of the ordering, referring, or prescribing provider listed in Block 17.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
DK John Q. Public	17b. NPI	1987654321

BLOCK 18   HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Optional

BLOCK 19   ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
MANDATORY for Transportation Providers
Transportation claims must list the origin and destination in this block. This block may also be used for additional information.

BLOCK 20   OUTSIDE LAB
Optional

BLOCK 21   DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (MANDATORY)
Enter "0" for ICD-10-CM.

Enter the codes on each line (A-L) to identify the patient's diagnosis and/or condition. Do not include the decimal point in the diagnosis code. The first diagnosis code listed will be the primary diagnosis, followed by all other diagnosis codes. List no more than 12 diagnosis codes.

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BLOCK 22   MEDICAID RESUBMISSION NUMBER **(MANDATORY FOR ADJUSTMENTS AND VOIDS ONLY)**
This box must be left blank unless submitting an adjustment or void. Any inessential mark may cause the claim to process incorrectly. More information on submitting a void or adjustment please refer to the CMS 1500 Void and Adjustments Instructions.

BLOCK 23   **PRIOR AUTHORIZATION NUMBER (CONDITIONALLY MANDATORY)**
Enter the South Dakota Medicaid prior authorization number if applicable. Otherwise, leave this box blank.

BLOCK 24   List only one servicing provider on each CMS 1500 claim form. Use a separate line for each service provided. If more than six services were provided for a recipient, a separate claim form for the seventh and any additional services must be completed. The six service lines in this section are divided horizontally to accommodate submission of both the NPI and taxonomy code in 24J. The top shaded portion is the location for the reporting supplemental information. It is not intended to allow the billing of 12 lines of service.

SHADED PORTION OF BLOCK 24
The order of the shaded portion does not matter. The shaded portion is considered one block starting at 24A shaded through 24H shaded.

If using a drug-related procedure code, enter the N4 qualifier code followed by the 11-character NDC with no hyphens or spaces, the unit of measure qualifier and quantity in the shaded area above the dates of service. Use one of the following units of measure (must be uppercase).

> F2 = International Unit
> GR = Gram
> ME = Milligram
> ML = Milliliter
> UN = Unit

Please view additional guidance for NDC billing here.

Example:

UNSHADED PORTION OF BLOCK 24

A. DATE OF SERVICE FROM – TO (MANDATORY)
Enter the appropriate date of service in month, day, and year sequence, using six

digits in the unshaded portion. If billing a lab code, the date of service is the date the specimen was drawn.

	From	To
Example:	010119	010119

B. **PLACE OF SERVICE (MANDATORY)**

Enter the appropriate place of service code.

Code values:

01	Pharmacy
02	Telehealth Provided Other than in the Patient's Home
03	School
04	Homeless Shelter
05	IHS Free-standing Facility
06	IHS Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Prison/Correctional Facility (Not covered)
10	Telehealth Provided in the Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-In Retail Health Clinic
18	Place of Employment – Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room-Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27	Outreach Site/Street
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance-Land
42	Ambulance-Air or Water
49	Independent Clinic
50	Federally Qualified Health Center

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51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Intellectual Disabilities
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Nonresidential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
77	Audio-Only Service
81	Independent Laboratory
99	Other Place of Service

C.   EMG
Enter a "Y" to indicate an emergency, otherwise leave blank.

D.   **PROCEDURE CODE (MANDATORY)**
Enter the appropriate five characters Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure codes for the service provided. Enter the appropriate procedure modifier, if applicable. Use the same procedure code only once per date of service. A procedure code may be listed more than once per date of service if an applicable modifier is included.

If using a drug-related HCPCS code, you must enter the NDC code (refer to Block 24-Shaded). Click here for the Noridian Crosswalk.

Other Provider Preventable Conditions (OPPC) must be billed with a modifier. OPPC includes surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery. OPPCs can occur in any care setting and can be billed on either the CMS 1500. Below are the procedure code modifiers that must be billed as the primary modifier by the facility/provider that performed the service, if applicable:
- "PB" Surgical or other invasive procedure on wrong patient
- "PC" Wrong surgery or other invasive procedure on patient
- "PA" Surgical or other invasive procedure on wrong body part

E.   **DIAGNOSIS POINTER (MANDATORY)**
Enter the reference letter (A – L) which corresponds to the applicable diagnosis code(s) entered in Block 21. The Diagnosis Pointer relates to the reason the

service was performed. A maximum of four diagnosis pointers may be entered per line. <u>Do not enter the diagnosis code in 24E.</u>

F. CHARGES (MANDATORY)

Enter the provider's usual and customary charge for this service or procedure in the unshaded portion. For example, if the usual and customary charge is $50.00 enter 50 to the left of the dotted line, with no dollar sign. Enter 00 to the right of the dotted line.

If billing more than one unit of a procedure code, enter the total charges for all units of the procedure code being billed. For example, if the usual and customary charge is $50.00 a unit and five units are being billed enter 250.00.

Example:

24. A. DATE(S) OF SERVICE From / To MM DD YY MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
								ZZ	123Z00000X
1 01 01 19 01 01 19	20		A6154	B	250 00	5		NPI	1234567890

G. DAYS OR UNITS (MANDATORY)

Enter the number of units or times that the procedure or service was provided for this recipient during the period covered by the dates in block 24A.

This must be a whole number. Partial numbers and decimals will not be accepted and may result in denials or incorrect payments. Billed units shall not exceed 999. Date spans where the units exceed 999 must be split into two separate lines with non-overlapping dates.

H. EPSDT – FAMILY PLANNING (CONDITIONALLY MANDATORY)

Enter an "F" in the unshaded portion of the field if billing for family planning visits, medication, devices, or surgical procedures.

For more information regarding Family Planning, please refer to the <u>Family Planning Manual</u>.

If services were provided because of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) referral, enter an "E" in the unshaded portion of the field, if not, leave blank.

I. ID. QUAL (CONDITIONALLY MANDATORY)

Enter ZZ in the shaded portion of 24I when populating shaded portion of 24J with a taxonomy code.

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J.   TAXONOMY AND RENDERING PROVIDER ID # (CONDITIONALLY MANDATORY)

1. **Shaded Portion:** Enter the taxonomy code. A Type 1 NPI is an NPI for a person. When billing with a Type 1 NPI the individual's associated servicing taxonomy code.

   A Type 2 NPI is an entity/organization NPI. When billing with a Type 2 NPI the entity's billing taxonomy code is required.

2. **Unshaded Portion:** Enter the appropriate ten-byte NPI number.

   The NPI requirements for each provider type are available here.

BLOCK 25   FEDERAL TAX ID NUMBER (MANDATORY)
Enter the number assigned to the provider by the federal government for tax reporting purposes. This is also known as a tax identification number (TIN) or employer identification number (EIN).

BLOCK 26   PATIENT'S ACCOUNT NO.
Optional. Enter your office's patient account number, up to ten numbers, letters, or a combination thereof is allowable. Examples: AMX2345765, 9873546210 and YNXDABNMLK. Information entered here will appear on your Remittance Advice when payment is made.

BLOCK 27   ACCEPT ASSIGNMENT
Leave blank. South Dakota Medicaid will only pay the provider.

BLOCK 28   TOTAL CHARGES
Optional

BLOCK 29   AMOUNT PAID
Leave blank when Medicaid is the only or primary payer. If there is other insurance refer to Third-Party Liability or Medicare Crossover instructions.

BLOCK 30   BALANCE DUE
Leave Blank

BLOCK 31   SIGNATURE OF PHYSICIAN OR SUPPLIER (MANDATORY)
The claim form must be signed by the provider or provider's authorized representative, using handwriting, typewriter, signature stamp, or other means. Enter the date that the form is signed.

BLOCK 32   SERVICE FACILITY LOCATION INFORMATION

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Enter name, address, city, state, and nine-digit zip code (including the hyphen) of the location where services were rendered.

32a. Enter the NPI number of the service facility location or rendering provider.

32b. Enter the qualifier code ZZ along with the associated taxonomy code.

BLOCK 33   **BILLING PROVIDER INFO & PHONE # (MANDATORY)**

Enter information regarding the provider that is requesting to be paid for services rendered. Enter the billing provider's name and mailing address as shown on the South Dakota Medicaid enrollment record. The telephone number is optional but is helpful if a problem occurs during processing of the claim.

ID NO.

33a.   Enter the billing NPI number of the billing provider.
If you are enrolled as a <u>Regular Individual Provider</u>, you may use your servicing NPI in 33a.

33b.   Enter ZZ along with the entity's billing provider taxonomy code that is associated with the NPI in 33a. Do not enter a space, hyphen, or other separator between the qualifier and number.

Claims of unenrolled billing NPIs cannot be processed. Please ensure that your billing NPI is active for the date of service on the claim.

QUICK ANSWERS

1. **I have a denial for a taxonomy code, what do I do?**

   Confirm your taxonomy on your South Dakota Medicaid enrollment record in SDMEDX and compare it to the populated taxonomy in 24J and 33b.

2. **How do I verify if I have a Type 1 or Type 2 NPI?**

   Visit https://nppes.cms.hhs.gov. Click on search NPI Registry and enter your NPI.

3. **What happens if I do not enter a qualifier in Block 17?**

   The claim will deny for "PCP/NPI number missing/invalid" if a provider is listed without the corresponding qualifier.

4. **Do I need to enroll all servicing providers?**

   Yes. Instructions for adding a servicing provider are available on our website.

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5. **I have a denial because of private health insurance, what do I do to fix the claim?**

    Refer to the CMS 1500 Third-Party Liability Claim Instructions.

6. **I have a denial because of Primary Care Provider Missing/Invalid, what do I do to fix the claim?**

    This means the recipient is in a Care Management Program, the recipient must be seen by their primary care physician (PCP) or Health Home Provider (HHP) or you must have a referral from the recipient's PCP or HHP and list the NPI of the recipient's PCP or HHP in Block 17b. If you have entered an NPI in Block 17B and receive this denial, please verify the NPI for any errors. Use the Eligibility Inquiry on the South Dakota Medicaid online portal to find information about the recipient's PCP or HHP.

7. **I have a denial stating, "recipient not eligible," what does this mean?**

    This means the recipient is not eligible on the date of service. Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using the Eligibility Inquiry on South Dakota Medicaid's online portal.

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