

Remittance Advice Message

For March, 2009

CMS 1500 Claim Form Box 24C Emergency Indicator

Dear South Dakota Medical Assistance Provider: "Important Message - Please Read"

When submitting claims on the CMS 1500 claim form DO NOT enter anything in Box 24 C EMG unless the service provided is the result of an emergency, then place a "Y" for YES in this box. This field is for the emergency indicator only, NOT a type of service. If the service is not an emergency then leave the box blank.

All claims submitted in the near future with anything other than a "Y" in this locator will be denied.

If you have questions, please call our Telephone Service Unit at 1-800-452-7691 (in-state providers only), or call 605-945-5006 and press 0 for operator assistance.

For more information please visit the Department of Social Services web site at <http://dss.sd.gov/>

Thank you,
Division of Medical Services