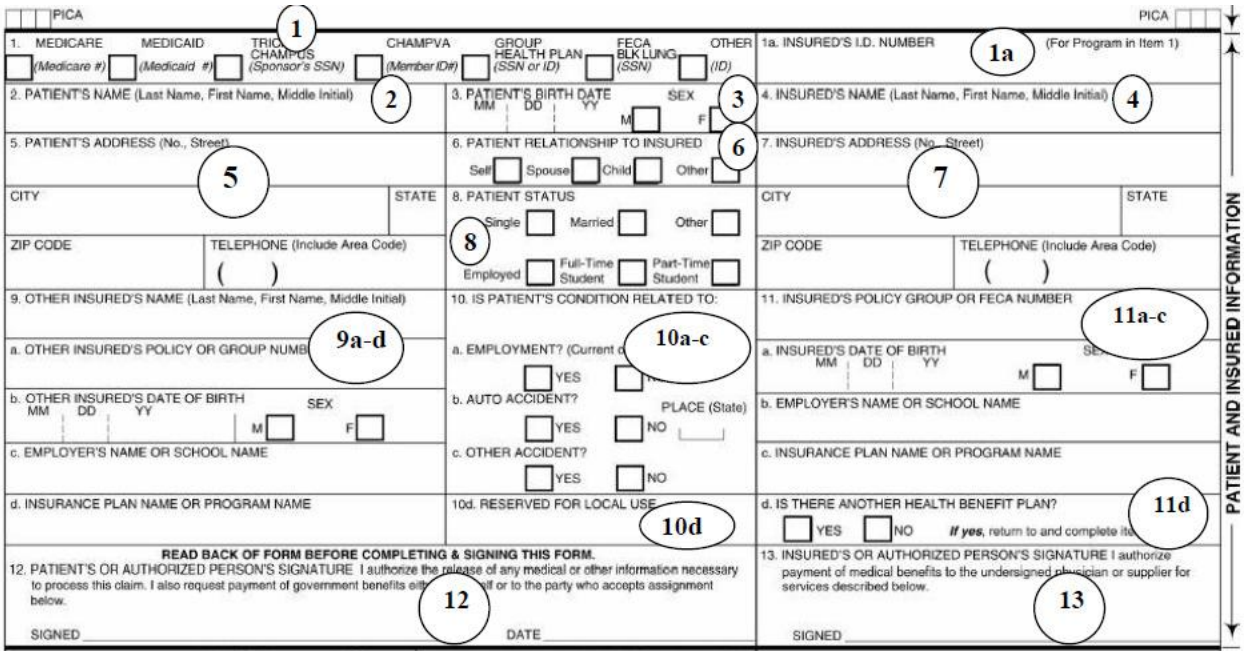
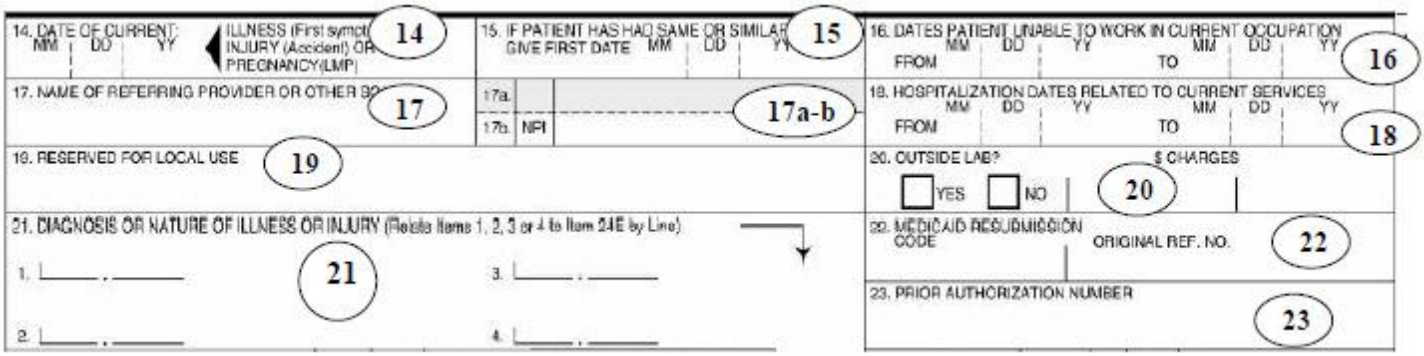
Claim Form Billing Instructions

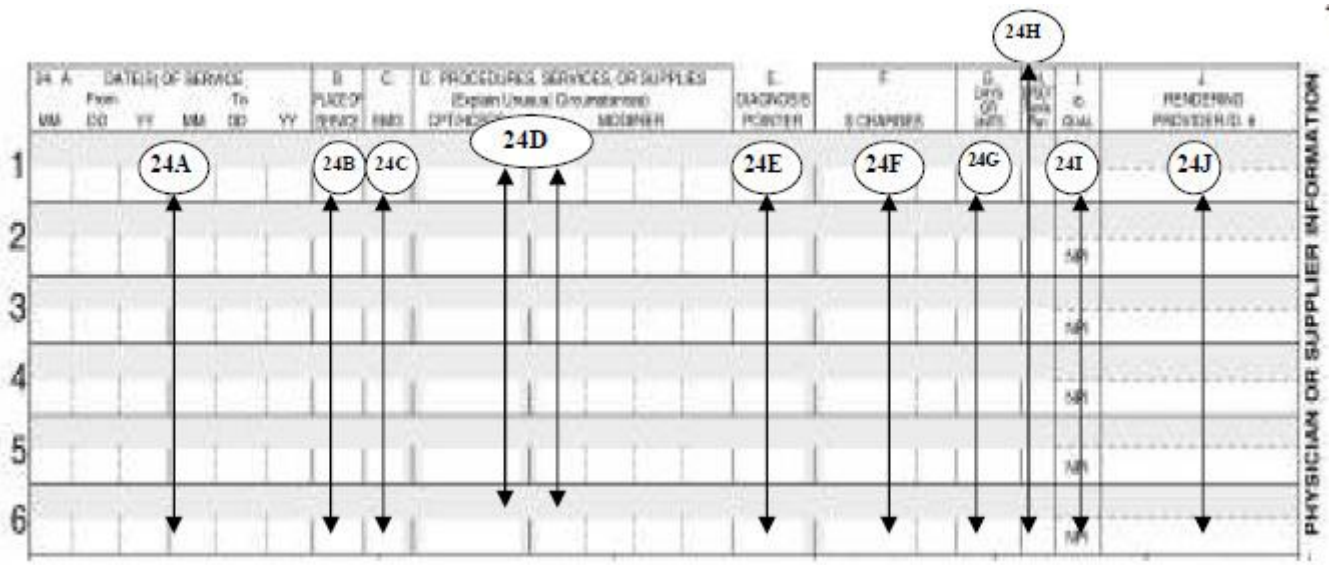
CMS – 1500 Claim Form



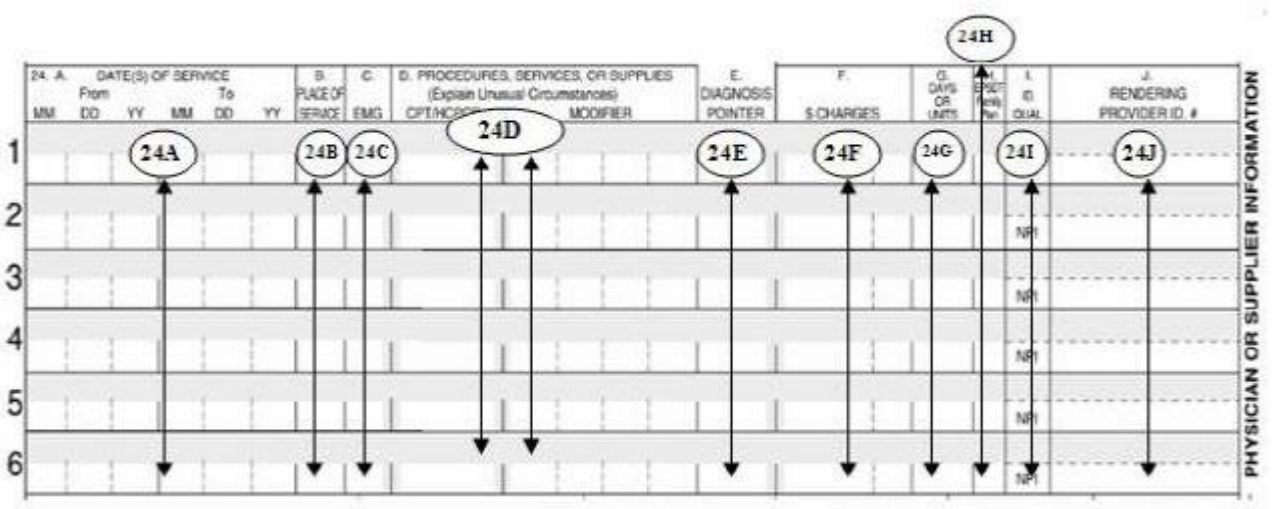
Item number	Required Field?	Description and Instructions.
1	Optional	Indicate the type of health insurance for which the claim is being submitted.
1a	Required	**Insured's ID Number:** Enter the **patient's** Medicaid ID number in this Item. **Medicaid IDs are 9, 10, or 14 digits. Please note:** A Medicaid client is always the insured person; the patient and the insured are the same person.
2	Required	**Patient's Name:** Enter Last Name, First Name, and Middle Initial (if applicable.) **Please Note:** The name should match the patient's name on the Web Portal.
3	Required	**Patient's Birth Date and Sex:** Enter the patient's date of birth in **MMDDCCYY** format. Check the appropriate box indicating the patient's gender.
4	N/A	**Insured's Name:** Since the Medicaid patient is the insured, it is not necessary to enter the information in this field.
5	Optional	**Patient's Address:** This information is not used in claims processing, but can be entered if desired.
6	N/A	**Patient Relationship to Insured:** Since a Medicaid client is both the patient and the insured the relationship is always **self**, but it is not necessary to complete this item.
7	N/A	**Insured's Address:** Since the patient is the insured, it is not necessary to enter this information.
8	Optional	**Patient status:** Check applicable boxes
9a-d	Situational	**Other Insured's Information:** Information is required in **boxes 9a-d ONLY IF box 11d** is checked because the patient has a **third party health insurance plan. Do not** fill in Items 9a-9d if the client has Medicare (including Medicare Advantage Plans) or is served by the Indian Health Service (IHS.) If a third party health insurance policy exists, enter the appropriate information in this field. **DO NOT** enter terms such as "Medicaid", "ACS", "IHS", "SALUD!", or other words that are not related to the third party payer. Entering these kinds of terms can cause a delay in processing and/or claim denials.
10a-c	Required	**Is Patient Condition Related to:** check boxes as appropriate. Only one box on each line can be checked.
10d	Not Used	**Reserved for Local Use:** Leave this box blank.
11a-c	N/A	**Insured's Information:** Since the patient is the insured, it is not necessary to enter this information in **boxes 11a-11c**.
11d	Situational	**Is There Another Health Benefit Plan?:** Check yes box **ONLY** when the patient has a third party health insurance plan that is the primary payer on the claim. **EXCLUDING Medicare, Medicare Advantage Plans, IHS, SALUD!, ect.** These are not third party payers for New Mexico Medicaid clients.
12	Not Required	**Patient's or Authorized Person's Signature:** Not required
13	Not Required	**Insured's or Authorized Person's Signature:** Not required



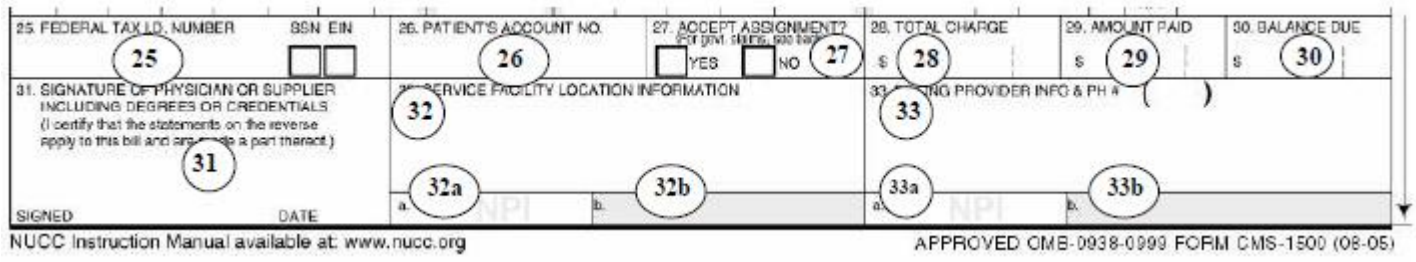
Item number	Required Field?	Description and Instructions.
14	**Optional**	**Date of Current Illness, Injury, or Pregnancy:** Enter date in **MMDDCCYY** format.
15	**Optional**	**If Patient Has Had Same or Similar Illness:** Enter date in **MMDDCCYY** format. **Please Note:** a previous pregnancy is not considered a same or similar illness.
16	**Optional**	**Dates Patient Unable to Work in Current Occupation:** Enter dates in **MMDDCCYY** format.
17	**Situational**	**Name of Referring Provider or Other Source:** The New Mexico Medicaid Program requires referring Porvider information for certain services. Enter the referring provider's name here using **first name, last name** format.
17a	**Optional**	**Referring Physician Other ID Number:** If a referring provider name is entered in Item 17 the provider's New Mexico ID number can be entered here along with the qualifier 1D if desired.
17B	**Situational**	**Referring Physician NPI:** If a referring providers name is present in item 17, the referring provider's NPI is required and **MUST BE** present in field 17b. **Please Note:** The referring physician must be a registered New Mexico Medicaid provider.
18	**Situational**	**Hospitalization Dates Related to Current Services:** The hospitalization dates entered in this field are related to an inpatient stay. The "from date" entered is the admission date and the "to date" is the discharge date. Leave the "to" date blank if patient is not discharged. Date format is **MMDDCCYY** format.
19	**N/A**	**Reserved for local use:** Leave this field blank.
20	**N/A**	**Outside Lab? $Charges:** Data in this field is not used or captured by NM Medicaid.
21	**Required**	**Diagnosis or Nature of Illness or Injury:** The NM Medicaid fee-for-service program requires at least one valid ICD-9 CM diagnosis code on all claims **except** for claims submitted for services covered under the HCBS waiver program, and non-emergency transportation services. A total of 8 diagnosis codes can be accepted. They can be entered in the 4 designated places in Item 21 or directly in box 24E if more than 4 need to be entered. For more on diagnosis codes, see information about Item 24E.
22	**N/A**	For Medicaid claims, enter the 17-digit Medicaid assigned TCN for a previous submitted claim, which was received by ACS within the initial filing limit, in the Original Ref. No. location.
23	**Situational**	**Prior Authorization Number:** A valid prior authorization number must be present when NM Medicaid fee-for-service program policy requires prior authorization for a service billed on the claim. Only one prior authorization can be submitted per claim. Prior authorizations can be 10 or 11 digits in length.



Item number	Required Field?	Description and Instructions.
24a-j	**Introduction**	**Section 24:** This section is comprised of six service lines. The six service lines have been divided horizontally. The top area of the six service lines is shaded and is intended for reporting certain "supplemental" information, but unless otherwise instructed, do not enter information in the shaded areas of the service line. A valid claim must have at least one completed service line. The instructions for each field on the service line (24A-J) apply to all six lines.
24a	**Required**	**Dates of Service:** A "from" date of service (DOS) must be entered. If a "to" DOS is not entered, the "from" DOS will be used as the "to" DOS. Enter dates in **MMDDCCYY** format. **NDC** - Beginning at the left edge of the shaded area of field 24A, enter the 2-digit qualifier "N4" immediately followed by the 11-digit NDC. For example, the entry for the NDC code 00054352763 would be: N400054352763.
24b	**Required**	**Place of Service:** A valid 2-digit place of service is required.
24c	**N/A**	**Emergency Indicator:** Not required and not used in claims processing.
24d	**Required**	**Procedures, Services, or Supplies: Part 1 - CPT/HCPCS:** Enter a 5-digit CPT or HCPCS code that identifies the service performed. The code must be valid and in effect on the line's DOS. **Part 2- Modifier:** Enter up to four, 2-digit modifiers in the individual boxes. Modifiers entered must be valid modifiers.
24e	**Required**	**Diagnosis Pointer:** Information in this field is required for all claims where a valid diagnosis code is required (see instructions for Item 21.) The NM Medicaid fee-for-service program accepts the diagnosis "pointer" or an actual diagnosis code in this field. The pointer is a single numeric digit that refers to the diagnoses entered in Item 21 in the fields marked "1", "2", "3" and/or "4". If a diagnosis pointer is entered in box 24E, it must be 1, 2, 3 or 4, and a valid diagnosis code is required in the corresponding field in Item 21. A valid diagnosis code can also be entered directly in box 24E.
24f	**Required**	**$ Charges:** Enter billed amount for the service line. Enter dollar amount to the left of dashed line and cents to the right of the dashed line. For-profit providers must include gross receipts tax in the total charges entered on each service line. Do not submit a separate service line for tax. Service lines with no charges will be denied.
24g	**Required**	**Days or Units:** Enter amount of units of service being billed as appropriate for the procedure code being billed. Enter a numeric value.



Item number	Required Field?	Description and Instructions.
24h	**Optional**	**EPSDT and Family Planning Indicator:** Enter Y or N in the shaded area to indicate if services are EPSDT related. Enter Y or N in the non-shaded area to indicate if services are family planning related.
24i	**Situational**	**ID Qualifier:** The 2-character qualifier code indicates what type of information is entered in the shaded area of box 24J. Enter "ZZ" if the rendering provider's taxonomy code is entered in the shaded area of box 24J. Enter "1D" if the rendering provider's NM Medicaid ID is entered in the shaded area of box 24J. If nothing is entered in the shaded area of box 24J, leave 24I blank.
24j	**Situational**	**Rendering Provider ID Number:** Enter rendering provider information when required by Medicaid policy. The NPI must be present when the rendering provider is a health care provider. The provider's NPI is entered in the non-shaded area marked "NPI". Entering the rendering provider's taxonomy is optional but recommended. If taxonomy is entered, it is placed in the shaded portion of box 24J. If the rendering provider is an atypical provider (not a health care provider) and therefore does not have an NPI, enter the rendering provider's NM Medicaid ID number in the shaded area. Leave the unshaded area blank. Be sure the qualifiers entered in box 24I are correct. Please see instructions for 24I for critical information about qualifiers.



Item number	Required Field?	Description and Instructions.
25	**Optional**	**Federal Tax ID Number:** Enter billing provider's tax ID number here. Check indicator box to identify what type of ID number it is.
26	**Optional**	**Patients' Account Number:** Enter the patient's account number here.
27	**Required**	**Accept Assignment:** Provider must accept assignment. Check indicator as such.
28	**Required**	**Total Charge:** Enter total of all service line charges. The total charge amount MUST equal the sum of all service line charges.
29	**Situational**	**Amount Paid:** Enter the amount paid on this claim by a third party payer with the following exceptions: **Do not enter** previous payments Medicare has made on this claim; do not enter previous payments Medicaid has made on this claim. If billing for a copayment from a commercial payer or from a Medicare Advantage claim, enter the difference between the total billed and the copayment amount you want to collect. The copayment amount is then entered in Item 30. Write "HMO copayment due" or "Medicare Replacement Plan copayment due" on the claim where it can be easily seen. To bill for a coinsurance and/or deductible from a commercial plan, enter the total payment from the payer in this field. To bill for a copayment, coinsurance and/or a deductible from a commercial plan, bill for whichever is less, the copayment or the coinsurance plus any deductible amount, if applicable.
30	**Situational**	**Balance Due:** Always enter the amount due in Item 30 when a previous payment amount has been entered in Item 29. The amount entered in Item 30 must equal the total charges entered in Item 28 less the amount entered in Item 29. If a previous payment amount has not been entered in Item 29, then entering an amount in Item 30 is optional. If an amount is entered, it must be the same as the total charges entered in Item 28.
31	**Required**	**Signature of Physician or Supplier:** A signature and date are required. The signature can be an original signature, a stamped signature, a typewritten signature, or a printed signature, but it MUST be the name of a person. It cannot be "signature on file" or the name of a facility. Enter date in **MMDDCCYY** format.
32	**Situational**	**Service Facility Location Information:** This field **is required if** the place of service on any service line equals 21, 22, 23, 31, 32, 51 or 54. Enter the service facility name and address. The service facility can also be entered even if it is not required.
32a	**Situational**	**Service Facility NPI:** The service facility's NPI **is required if** the place of service on any service line equals 21, 22, 23, 31, 32, 51 or 54.
32b	**N/A**	**Other Identifier:** Leave blank
33	**Required**	**Billing Provider Info and Phone #:** Enter the billing (pay-to) provider's name, address and phone number (optional) in this field. If the billing provider has multiple locations in order to pay different gross receipts tax rates, and has a single NPI, enter the location's address and the location's zip code here.
33a	**Situational**	**Billing Provider's NPI:** Enter the billing (pay-to) provider's NPI here if the billing provider is a health care provider. All health care providers **must** bill with their NPI. Providers who provide both health care and atypical services need an NPI to bill for health care services and can also bill atypical services using the NPI. Waiver providers billing atypical services with their NPI must use the taxonomy code 174400000X in field 33b (see below) so the claim can be identified as a waiver claim.
33b	**Situational**	**Other ID Number:** The billing provider's taxonomy code **is not required if** the billing provider's NPI number is present in Item 33a BUT it is recommended that it be entered. Enter qualifier "ZZ" and the billing provider's 10-digit taxonomy code. Do not enter a space between the "ZZ" qualifier and the taxonomy code. For example: ZZ1234567890. **If an NPI is not entered in field 33a, enter qualifier "1D" and the billing provider's NM Medicaid ID number.** The Medicaid ID number must be 8 digits. If the provider's Medicaid ID number is 5 digits, put 3zeroes in front. For example, the provider's Medicaid ID number is A1111. In field 33b, it would be entered as 1D000A1111. If the Medicaid ID number is 12345678, it would be entered in field 33b as 1D12345678. Remember that only atypical (non-health care providers) should bill with a NM Medicaid provider ID number. **All health care providers must bill with their NPI.** Providers who provide both health care and atypical services need an NPI to bill for health care services and can also bill the atypical services using the NPI. Waiver providers billing atypical services with their NPI must use the taxonomy code 174400000X to identify it as a waiver service.