



Proper Part B Claim Submissions

2/26/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.





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Today's Presenters

Arlene Dunphy, CPC

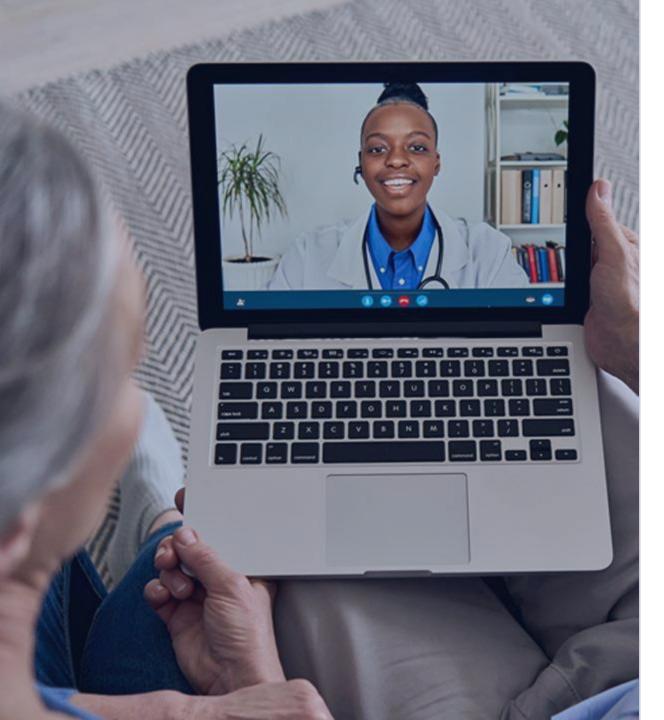
Provider Outreach and Education Consultant



Carleen Parker

Provider Outreach and Education Consultant





Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

After completion attendees will be able to

- Familiarize yourself with claim submission requirements
- Avoid unnecessary claim denials and claim rejections
- Understand the benefits of electronic submissions





Agenda

- <u>Claim Form Requirements</u>
- <u>Time Limits for Filing</u> <u>Medicare Claims</u>
- <u>Claim Form Overview</u>
- <u>Resources, References and</u> <u>Tools</u>





Claim Form Requirements

Claim Submission Requirements

• Paper

- Original CMS-1500 Claim Form
- Use an ink jet or laser printer
- Use Courier New font for computer-generated claims
- Ensure no lines from the printer cartridge are anywhere on the claim
- Use Pica 10 or 12-point typeface for claims typed
- Use upper case letters for all claim data
- Data should not be touching box edges or running outside of numbered boxes
- Cannot contain more than six service lines per claim
- No stickers, bold, italics, or underlining
- Electronic or paper
 - Do not use narrative or handwritten descriptions
 - Procedure, modifier or diagnosis
 - Do not use special characters
 - hyphens, periods, parentheses, dollar signs or ditto marks







ASCA Regulations

- Requires most providers to submit all claims electronically
- ASCA regulations exceptions include
 - Providers submitting less than ten claims per month
 - Physician/practitioner/supplier with less than ten full-time equivalent employees
 - Medicare tertiary (third) payer claims
 - Certain mass immunizers
- <u>ASCA Requirements for Paper Claim</u> <u>Submissions</u>



Time Limits for Filing Medicare Claims

Claim Filing Time Limits

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - Beneficiary cannot be charged
- Exceptions
 - MLN Matters® <u>MM7270 Revised: Changes to the</u> <u>Time Limits for Filing Medicare Fee-For-Service</u> <u>Claims</u>
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenfollment from Medicare
 Advantage Plan or PACE Provider Organization





Claim Form Overview

CMS-1500 Claim Form (02/12)

	HEALTH INSURANCE CLAIM FORM
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NUCC Approved OMB

- Office of Management and Budget
 - OMB-0938-1197 1500
- 1500 Health Insurance Claim Form
 - Header
- QR code

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 When submitting your claims to Medicare, the Medicare box shall be checked; otherwise, your claim(s) will be rejected and returned

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
			SBR09	Claim editing indicator code	Must = MB for Medicare Part B
1	Type of Health Insurance	2000B	SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)



Line Item 1a

- Enter the patient's Medicare MBI as it appears on patient's red, white and blue Medicare card for all Medicare claim submissions (primary or secondary)
 - Term "Medicare number" and "Medicare ID"
 - MBI is 11 characters in length and made up only of numbers and uppercase letters (no special characters)
 - Lowercase letters will be converted to uppercase letters
 - MBIs are assigned by SSA

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 Patient's last name, first name and middle initial list exactly as it appears on the patient's red, white and blue Medicare card

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- 4	Patient's Name	00	NM105	Middle initial	Enter the patient's name as shown on their Medicare card
		2010CA	NM107	Suffix (e.g., Jr. Sr.)	



 Patient's eight-digit date of birth (MMDDCCYY) and check the appropriate box for patient's sex

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
3	Patient's Birth Date and gender	2010BA	DMG02 DMG03	Birth Date Gender	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8



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- Name of the insured, if there is insurance primary to Medicare, either through the patient or spouse's employment or any other source
- Enter the word, "same," when insured is same as patient
- When Medicare is secondary payer (MSP), items 4, 6, 7 and 11 are required items

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Insured's name (When		NM103	Other insured last name	Enter the insured's name. Required if any other payers are
4*	primary to Medicare,	2330A	NM104	Other insured first name	known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information
	items 4, 6, 7, and 11 are required items.)		NM105	Other insured middle name	reported in the 2010BA Loop does not repeat in the 2330A Loop.



- Patient's street address on first line, city, state on second line and ZIP code and phone number on third line
- For home visits rendered in state other than patients home address, enter in Item 5 the patient's mailing address and line item 32, enter complete address, including ZIP code, where the service was actually rendered

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
			N301	Subscriber address line 1	
	Patient's address and		N302	Subscriber address line 2	
5	telephone number	2010BA	N401	Subscriber city name	Enter the patient's mailing address
	telephone number		N402	Subscriber state	
			N403	Subscriber ZIP code	



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• Complete this line item only when Items 4, 7 and 11 are completed

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
6*	Patients relationship to insured if (Complete this item only when items 4, 7, and 11 are completed)	2320	SBR02	Required when MSP is involved 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship		



- Insured's address and telephone number when Medicare is secondary payer
- Line 7 completed when Items 4, 6 and 11 are completed
- Leave blank when Medicare is primary

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
			N301	Other subscriber address line 1	Enter the mailing address of the insured. Required if other
	Insured's address and		N302	Other subscriber address line 2	payers are known to potentially be involved in paying this claim
7*	(Complete this MSP	2330A	N401	Other subscriber city name	and the information is available. If the insured is the patient this
	claims)		N402	Other subscriber state code	would be blank and information reported in the 2010BA Loop
	chaintay		N403	Other subscriber ZIP code	does not repeat in the 2330A Loop.



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- Reserved for future NUCC use
- Not mapped electronically



Line Items 9, 9a-9d

- Medigap or supplemental data is appended when claims are not automatically crossed over to medigap or supplemental insurer
- If same as line Item 2, list same
- If different from line Item 2 complete, name of insured
- Policy and/or group number preceded by Medigap or MGAP or MG or payer ID
- <u>Medicare Coordination of Benefits</u>
 <u>Agreement</u>



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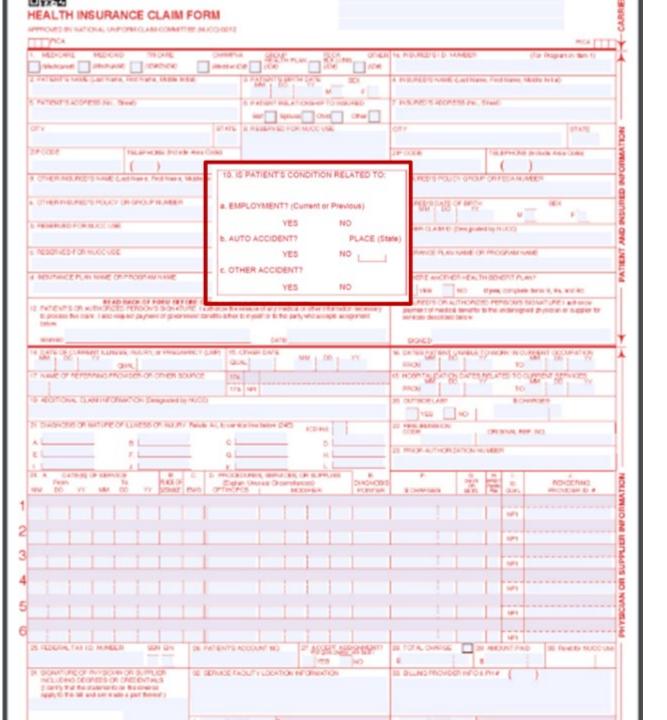
EMC Equivalent Lines 9, 9a–9d

- Medigap or supplemental data is appended when claims are not automatically crossed over to medigap or supplemental insurer
- Name of insured for Medigap plan and ID
- Insured group and plan number
- Enter the city, state and ZIP code of the insurer

ltern No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Other insured's		NM103	Other insured last name	
9°	Name (Last, First,	2333A	NM104	Other insured first name	Name of insured for Medigap plan
	Middle Initial)		NM105	Other insured middle name	
		2330A	NW108	Identification Code Qualifier (MI Member Identification Number)	Wedigep policy (D
	Other insured's policy		NM109	Other insured identifier	Nedgap
9e*	or group number (Medigap only)	2320	58R01	Payer responsibility	P Primary S Secondary T Tertary
			38803	Insured group or policy number	Enter the insured's group or plan number
96*	Other insured is date of birth and sex		-		<u>.</u>
	Employer's name or		N401	Other payer sity name	Enter the city, state and ZIP code of the insurer. Required if any
96	school name (Medigap	23338	N402	Other payer state code	other payers are known to potentially be involved in paying this claim.
	Address)		N400	Other payer ZIP code	
96*	Insurance plan name or program name	23305	NM108	Other payer identification Code Qualifier	Medigap plan only
			NM109	Payer last or organization name	
			NM103	Insured's group/policy no.	1







Line Items 10a, 10b and 10c

- Employment, auto liability, or other accident involvement
- If checked "YES," identify primary insurance and submit to the primary and enter the two-letter state postal code for auto liability

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Is patient's condition related to employment?		CLM11- 1	Employment related indicator (EM)	Enter the name of the Insured's other insurance
10a.	Auto Accident?		CLM11- 1	Auto accident indicator (AA)	
b, c	Place (State)	2300	CLM11- 4	Auto accident state	Required if Related cause code (CLM11-1,-2) = Auto Accident (AA) to identify the state in which the automobile accident occurred.
	Other Accident		CLM11- 1	Other accident indicator (OA)	Required if Date of Accident (DTP01 = 439) is used and the service is employment related or the result of an accident.



Line Item 10d

- Medicaid crossovers are automatic via eligibility filebased crossover process
- Medicaid number preceded by MCD, when eligibility files are not updated with State Medicaid crossovers
- Not mapped electronically

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Line Items 11, 11a-11d

- If Medicare primary, enter word "NONE" proceed to line Item 12
- If Medicare is secondary (MSP)
 - Insured's policy or group number and proceed to line items 11a through 11c
 - 11a–insured eight-digit DOB and sex code
 - 11b-leave blank
 - 11c–MSP plan name
 - 11d–Not required



EMC Equivalent Line 11, 11a–11c

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements		ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
				Payer responsibility P = Primary		ĽĽ	Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2320 or 2000B	SBR01	S = Secondary T = Tertiary *Note: If Medicare is Primary, use		ľ			2300 or 2400	CN102	OTAF amount	
				letter "P" and skip to item 12.						SVD01	Identification code	-
		2320	SBR03	Insured Group or Policy Number		н				SVD02	Primary payer paid amount (line level)	
		2330A	NM108	Identification Code Qualifier (MI Member Identification Number)		н				SVD03	Medical procedure identifier	1
			NM109	Insured's identifier					2430	SVD03-	Service ID qualifier	
				Insurance Type Code						1	derrice to quartier	
		2000B or 2320	SBR05	Indicator's must equal one of the following values: 12, 13, 14, 15, 16, 14, 12, 12, 14, 15, 16, 14, 12, 12, 14, 15, 16, 14, 12, 12, 14, 15, 16, 14, 15, 16, 14, 15, 16, 14, 15, 16, 14, 14, 15, 16, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14		Н				SVD03- 2	Service ID	
	Insured policy group			41, 42, 43 or 47 if 2000B SBR01 = "T" or "S"	If there is an insurance primary to Medicare, enter the Insured's					SVD05	Quantity	
11*	or FECA number		CLM01	Claim submitter's identifier	policy or group number. Required if other payers are known to potentially be involved in paying this claim.					NM101	Entity identifier code]
		2300	CLM01	Monetary amount	potentially be involved in paying this claim.					NM102	Entity type code	1
			AMT01	Amount gualifier code = D					23308	NM103	Last name or organization	1
		2320		Monetary amount (Primary Paid						NM108	Identification code qualifier	1
			AMT02	Claim Level)						NM109	Identification code	1
		2320 or	CAS01	Claim adjustment reason code (CO, PR, OA)		l l'	11a*	Insured date of birth and sex-				*
		2320 Gr	CAS02	Claim adjustment reason codes		L P	_	Employer's name or	1			
		2400	CAS03	Adjustment amount			11b*	school				
			CAS04	Adjustment quantity		L Ŀ	_		2320	SBR04	Other Insured Creen Name	Enter the complete insurance plan of program page.
		2330B or	DTP01	Primary insurance adjudication date			11c	Insurance plan name	2320	NM103	Other Insured Group Name	Enter the complete insurance plan or program name Enter the complete insurance plan name
		2430	DTP02	Date time period qualifier			110	or program name	23308	NM103	Other payer organization name	Enter the complete insurance plan name
			DTP03	Date paid					23308	NM109	Other payer primary identifier	Enter the payer ID of the other insurer

Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P





• <u>Signature and date</u>

- Informed consent to release medical information for conditions or diagnoses regulated by Federal Statutes
- Statement permitting release of medical billing data related to claim

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2300	CLM09	Release of information code	This item authorized release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service when assignment is accepted on the claim.
12	Patient's or authorized person's signature (Release of Information)	2320	O106	Release of information code	I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes. Required when the provider has not collected a signature and state or federal laws do not require a signature to be collected. Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.



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• Signature and date

• This item authorizes payment of medigap medical benefits to physician

lte No		Claim Description	Loop	Field	Data Element Description	Requirements
		Insured's or	2300	CLM09	Benefits Assignments Certification Indicator	This item authorizes payment of medical benefits to the physician.
Ľ	13	Authorized Person's Signature	2320	Q103	Assignment of Benefits Indicator	N No; W Not applicable. Use code "W" when the patient refuses to assign benefits; Y Yes



- Six-digit or eight-digit date of current illness, injury, or pregnancy (LMP)
- Do not enter qualifier (QUAL) in item 14

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2300	DTP03 (439)	Accident Date	Required if Related Cause code (CLM11-1, -2 or -3) = Auto Accident (AA) or Other (OA). Enter the date of current illness or injury.
14	Date if current illness,	2300	DTP03 (431)	Onset of current illness or injury date	Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service
14	injury, pregnancy	2300	DTP03 (454)	Initial treatment date	Required on all claims involving spinal manipulation.
		2400**	DTP03 (454)	Initial Treatment Date	Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level



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- Not required
- Not mapped electronically



- Not required
- Six-digit date (MM/DD/YY) or eightdigit date (MM/DD/CCYY) when patient is employed and unable to work in current occupation
- An entry in this field may indicate employment-related insurance coverage (e.g., MSP workers' compensation)

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Dates patient unable to work in current		DTP03 (360)	Initial disability period start	Enter the date(s) when patient is employed and unable to work
16	occupation (from and to)	2300	DTP03 (361)	Initial disability period end	in current occupation. An entry here may indicate employment related insurance coverage.



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Line Items 17 and 17b

- Type of specialty legally eligible to order and refer Part B clinical laboratory and imaging services
- First and last name of referring or ordering physician as it appears in PECOS
 - Qualifier DN, DK or DQ to left of vertical line
 - Do not use Item 17a
- List NPI of referring, ordering or supervising physician or NPP in Item 17b



EMC Equivalent Lines 17 and 17b

• <u>Medicare Part B CMS-1500</u> <u>Crosswalk for 5010 Electronic</u> <u>Claims</u>

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
			NM103 (DN)	Referring provider last name	
		2310A	NM104	Referring provider first name	
	Name of Referring		NM105	Referring provider middle name	Required if claim involved a referral or services were ordered.
	physician or other source		NM103 (DN)	Referring provider last name	When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A)
17		2420F**	NM104	Referring provider first name	loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than
			NM105	Referring provider middle name	the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separate
			NM103 (DK)	Ordering provider last name	claim must be billed for each ordering/referring physician.
	Name of Ordering physician	2420E	NM104	Ordering provider first name	
			NM105	Ordering provider middle name	
17a	Other ID number of Referring physician				
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID	





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- Not required
- Admission and discharge hospital care codes related to services

tem No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Hospitalization dates related to current service (From and To)		DTP03 (435)	Related hospitalization admission date	DTP01 Admission or Discharge qualifier 435 or 096
18		2300	DTP03 (096)	Related hospitalization discharge date	Enter the date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. DTP (435) is required when 2300. CLM05-1 = 21, 51 or 61



- Certain claim submissions do not always require an attachment
 - Enter certain dates, facts or information about service(s)
 - Routine foot care
 - Hematocrit/hemoglobin
 - Homebound
 - Not otherwise classified codes/drugs
 - Shared post operative care
 - Demonstration/clinical trails
 - Anti-markup/purchased tests
 - Claim notes



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EMC Equivalent Line 19

- Loops 2300/2400/2310D/2320/2420D
- Segment/fields may differ
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500</u> <u>Crosswalk for 5010 Electronic</u> <u>Claims</u>



- Diagnostic tests subject to anti-markup price limitations
 - Item 32 is the NPI of the provider the test were purchased from
 - Item 33 is the billing provider

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2400	PS101	Purchased Service Provider ID	Required if there are diagnostic tests subject to the anti-markup
20	Outside Lab charges	2400	PS102	Purchased Service charge amount	payment price limits. 2420B is required when a 2400 PS1 is
	Conside Lab Unalged	2420B	NM1	Purchase service provider	present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.

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HEALTH INSURANCE CLAIM FORM			
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- Enter up to 12 diagnoses in priority order
 - primary, secondary condition
- Code to highest level of specificity for service
- ICD-10-CM indicator should be "0" for paper submitters



EMC Equivalent Line 21

- Loops 2300
 - Segment/fields HI01-02-HI12-02
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500</u> <u>Crosswalk for 5010 Electronic</u> <u>Claims</u>





- Not required
- Not mapped electronically



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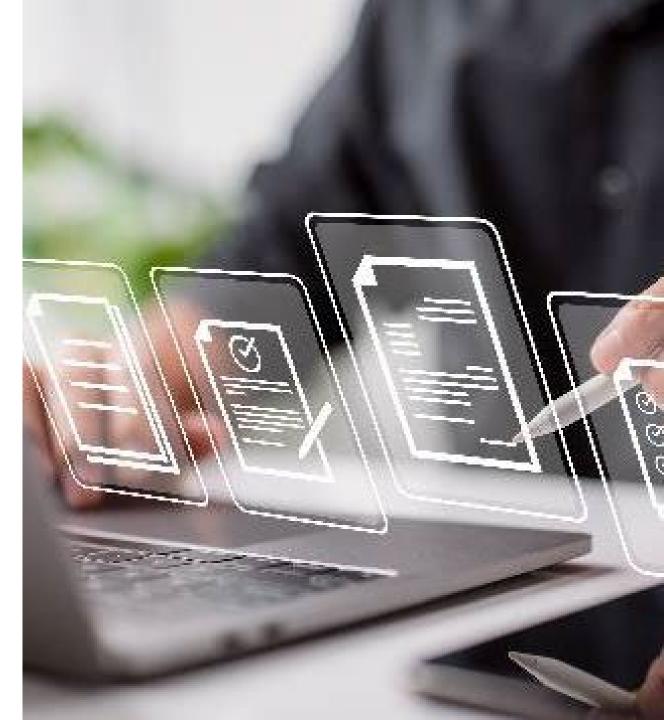
- Ambulance ZIP code point of pick up
- CLIA ten-digit certification number
- NPI of the home health or hospice facility
 - Billing for CPO, HCPCS G0181 (HH) or G0182 (hospice)
- Prior Authorization
 - <u>Unique Tracking Number</u>
- Seven-digit IDE number when investigational device is used in an FDA-approved clinical trial



EMC Equivalent Line 23

- Loops
 2300/2300B/2310E/2310F
 - Segment/fields REF02 with appropriate qualifier
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500</u>
 <u>Crosswalk for 5010 Electronic</u>
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Line Items 24A-24J

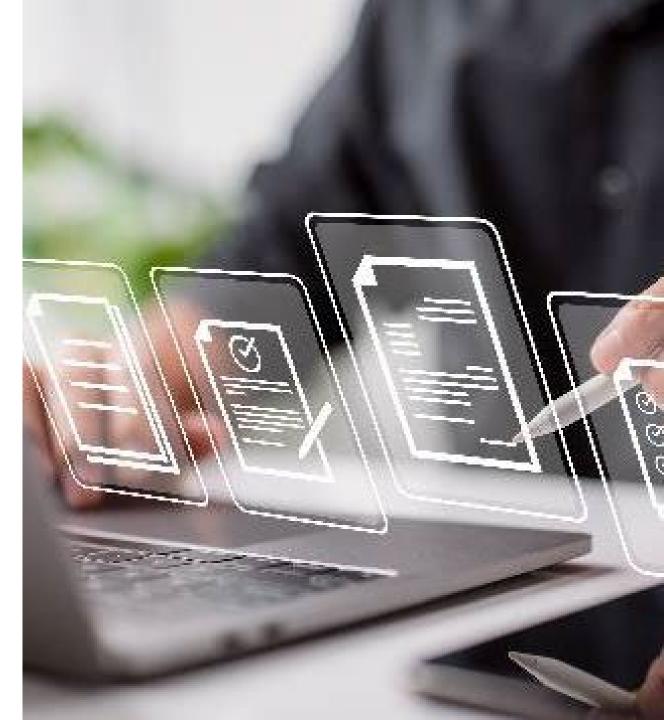
- Paper claim contains six-line items
 - 24A: Date of service
 - 24B: Place of service
 - 24C: Not used
 - 24D: CPT/HCPCS, modifier(s)
 - 24E Diagnosis code pointer
 - 24F: Charge/fee for service
 - 24G: Units
 - 24H: Not used
 - 24I: Not used
 - 24J: Rendering/performing physician or NPP



EMC Equivalent Lines 24A–24J

- Loops
 - 2010AA/2300/2310B/2400/2420A
- Segment/fields
 - DTP/CLM/SV101-107/REF/NM109/AMT
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500</u> <u>Crosswalk for 5010 Electronic</u> <u>Claims</u>





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• Enter provider of service Federal Tax ID, EIN or SSN of billing provider/group

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
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25	SSN Indicator	2010AA	REF01	Social Security number	Enter the provider of service Federal Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
	EIN Indicator		REF01	Employer's ID number	



- Enter patient's account number assigned by provider
- An account number will be returned up to 20 characters

lter No		Claim Description	Loop	Field	Data Element Description	Requirements
2	6	Patient's Account number	2300	CLM01	Provider Assigned Account number	Enter the patient's account number assigned by the provider of service's accounting system. As a service, any account number will be returned to you up to 20 characters.

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- Assignment: check yes or no
- Mandatory assignment for certain services
 - Clinical diagnostic laboratory services and physician lab services
 - Physician services to individuals dually entitled to Medicare and Medicaid
- Mandatory assignment for certain practitioners and providers
 - Physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians/nutritionists, anesthesiologist assistants, and mass immunization roster billers

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
27	Accept Assignment?	2300	CLM07	Assignment or Plan Participation code	A=Assigned B=Assignment accepted on Clinical Lab services only C=Not assigned



Line Items 28, 29 and 30

- Item 28 is total charges on claim
- Item 29 leave blank
 - Often misunderstood
 - Allocates payment to beneficiary
- Item 30 is not used

Item No.	Claim Description	Loop	, , , , , , , , , , , , , , , , , , , ,		Requirements
28	Total Charges	2300	CLM02	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02	Total patient amount paid	AMT01 Amount qualifier code=F5 Required if the patient has paid any amount towards the claim for covered services only.



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- Paper submitters
 - Signature of provider or representative and six-digit or eight-digit date form was signed
- Electronic submitters
 - Y=Provider signature on file
 - N=Provider signature not on file

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
30	Balance due	N301			
31	Signature of physician or supplier including degrees or credentials	2300	CLM06	Provider or supplier signature indicator	Y=Provider signature is on file N=Provider signature is not on file



- Place of service required on all claims
 - Name, address and ZIP code

		NM103 (77)	Laboratory or Service Facility Name	NM101 Entity identifier code=77 - Service Location Required		
		N301	Laboratory or Service Facility address 1	when the location of the service is different than that carried in 2010AA-Billing Provider (Item 32). Enter the name, address city,		
	2310C	N302	Laboratory or Service Facility address 2	state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify		
		N401	Laboratory or Service Facility city	the supplier's name, address, and zip code. Required when the		
		N402	Laboratory or Service Facility state	location of health care service is different than that carried in the		
Name and address of		N403	Laboratory or Service Facility ZIP code	Billing Provider Name (2010AB) loops.		
facility where services were rendered (if other		NM103 (77)	Laboratory or Service Facility Name	Required if the service was rendered in a Health Profession Shortage Area (QB or QU modifier billed) and the place of		
than home or office).		N301	Laboratory or Service Facility address 1	service is different than the HPSA billing address. If an independent laboratory is billing enter the place where the test		
	24200**	N302	Laboratory or Service Facility address 2	were performed. Complete this information for all laboratory work performed outside a physician's office. If the service was		
	24200	N401	Laboratory or Service Facility city	referred to an outside lab, enter the reference labs name and		
		N402	Laboratory or Service Facility state	address. Providers of service must identify the supplier's name,		
		N403	Laboratory or Service Facility ZIP code	address and NPI when billing for anti-markup tests. If the acquisition provider is out of jurisdiction, you should use the billing provider's NPI. Only bill one unique facility number per claim.		



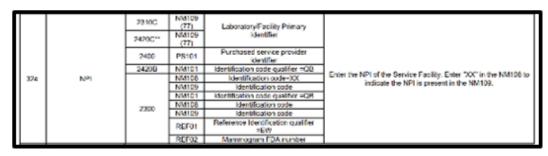
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Line Items 32 and 32a

- All claims require place of service line item 32
 - Ambulance claims
 - Laboratory or service facility
 - Mammography certification
- Purchased test require both 32 and 32a





Line Items 33 and 33a

- Required on all claims
 - Provider's billing name, telephone number, address and ZIP code
- Item 33a contains NPI of billing practice

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
\square	Physician's supplier's		NM103 (85)	Provider last or organizational name	NM101 Entity Identifier code=85- Billing Provider
33	billing name, address, zip code & phone	2010AA or 2010AB	NM104 NM105	Provider first name Provider middle initial	NM101 Entity Identifier=87-Pay-to-provider
	number		N301 N401 N402	provider address 1 Provider city Provider state	NM102 Entity Type code 1 Person 2 Non-Person Entity Enter the provider or service/supplier's billing name, address, zip
			N403 PER04	Provider ZIP code Provider phone number	code and telephone number. Must be a physical address with nine-digit ZIP code.
33a	NPI	2010AA	NM109 (85)	Provider ID	NM101 Entity identifier code=85-Billing Provider NM101 Entity identifier code=87-Pay-to-provider Enter the NPI for the Group Number or for the performing provider of service/supplier who is a member of a group practice. Enter "XX" in the NM108 to indicate an NPI is present in the NM109





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Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

The information contained in this crosswalk is for reference purposes only.

* = If Medicare Secondary Payer or Medigap is involved, refer to the 5010 TR3.

** = Use if different than information given at the claim level. 7/6/2012 - KJT 1

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements								
			SBR09	Claim editing indicator code	Must = MB for Medicare Part B								
1	Type of Health Insurance	2000B	SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary								
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)								
1a*	Patient's Medicare Beneficiary ID Number (MBI)	2010BA	NM109	Subscriber Primary Identifier	Patient's Medicare Beneficiary ID Number (MBI)								
		004054	NM103	Last Name									
2	Patient's Name	2010BA	2010BA or								NM104	First Name	Enter the patient's name as shown on their Medicare card
2	Patient's Name	2010CA	NM105	Middle initial	Enter the patient's name as shown on their Medicare card								
		201004	NM107	Suffix (e.g., Jr. Sr.)									
3	Patient's Birth Date	2010BA	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD.								
3	and gender	2010BA	DMG03	Gender	Date qualifier (DMG01) = D8								
	Insured's name (When there is insurance		NM103	Other insured last name	Enter the insured's name. Required if any other payers are								
4*	primary to Medicare,	2330A	NM104	Other insured first name	known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information								
	Items 4, 6, 7, and 11 are required items.)		NM105	Other insured middle name	reported in the 2010BA Loop does not repeat in the 2330A Loop.								



Claim Rejection Reminders

- Claim rejections CO16, MA130
 - Claims received that contain incomplete or invalid information will be "rejected" and returned as unprocessable
- Unprocessable claims have
 - No appeal rights
 - No reopening rights
- Resubmit a new claim with corrected information
- <u>Unprocessable Claim Rejections and Corrections</u>





Resources, References and Tools

Resources and References

- <u>NGS website</u>
 - <u>CMS-1500 Claim Form Completion Instructions</u>
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
 - <u>Top Claim Errors</u>
- <u>CMS website</u>
- <u>Place of Service Code Sets</u>
- <u>CMS IOM Publication 100-04, Medicare Claims Processing</u> <u>Manual</u>
 - <u>Chapter 1, General Billing Requirements</u>
 - <u>Chapter 26, Completing and Processing Form CMS-1500</u>

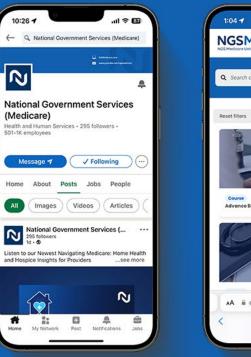




Questions?

Thank you!







Connect with us on social media



YouTube Channel Educational Videos

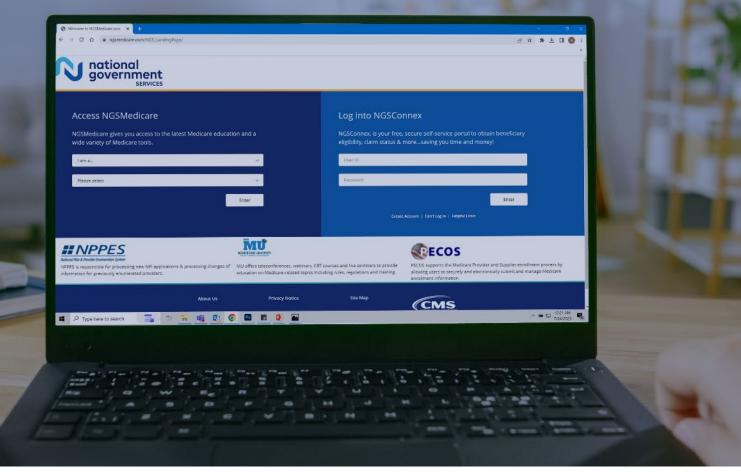








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