



Proper Part B Claim Submissions

9/12/2024

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.





Today's Presenters

Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Carleen Parker





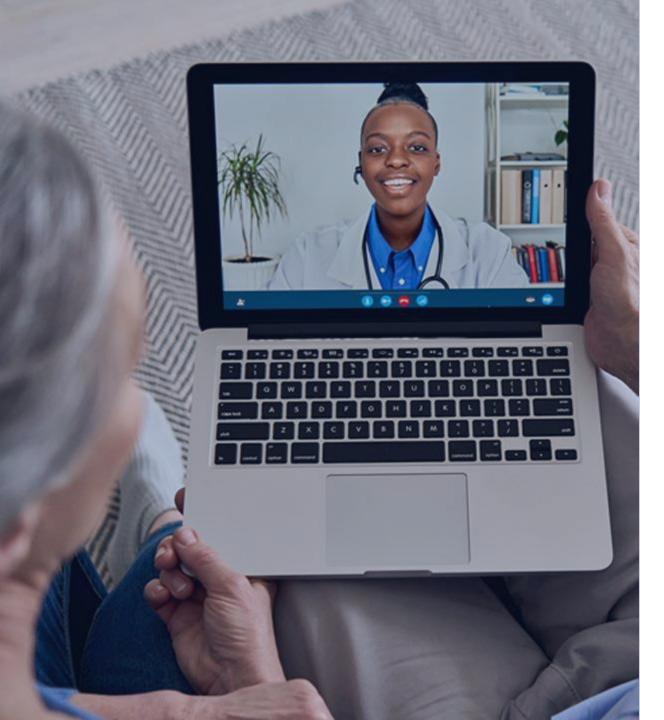


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Objective

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





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Claim Form Overview

CMS-1500 Claim Form (02/12)

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| Provider data | MB MD MD< |
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NUCC Approved OMB

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 - 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

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| | | | SBR09 | Claim editing indicator code | Must = MB for Medicare Part B |
| 1 | Type of Health Insurance | Type of Health 2000B SBR01 Payer Responsibility Sequence | 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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| | | 2010CA | NM107 | Suffix (e.g., Jr. Sr.) | |



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

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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 |
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| | 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.) | and 11 | 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 | |
| | Defects eddees and | | N302 | Subscriber address line 2 | |
| 5 | Patient's address and 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 |
| | countray | | 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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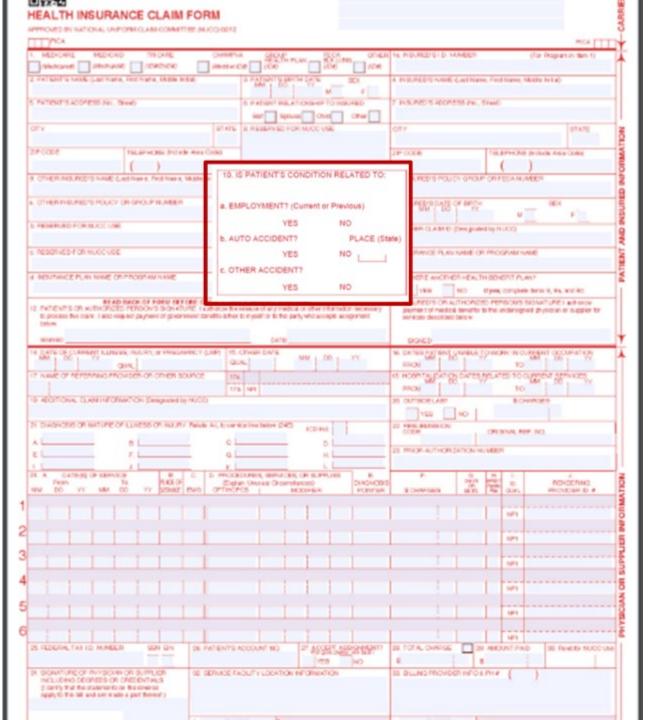
EMC Equivalent Lines 9, 9a–9d

- 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

| ltem No. | Clain Description | Loop | Field | Data Element Description | Requirements |
|-------------|--|-------|-----------|--|---|
| | Other insured's | | NM103 | Other insured last name | |
| 97 | Name (Last, First, | 2330A | NM104 | Other insured first name | Name of insured for Medigap plan |
| | Middle Initial) | | NM105 | Other insured middle name | |
| | | 2333A | NWIGS | Identification Code Qualifier (MI Member Identification Number) | Medigap policy ID |
| | Other insured's policy | | NM109 | Other insured identifier | Medigap |
| Se* | or group number (Medigap only) | 2020 | 58R01 | Payer responsibility | P Primary S Secondary T Tertary |
| | | | SBR03 | Insured group or policy number | Enter the insured's group or plan number |
| 967 | Other insured's date of birth and ses | | · · · · · | | <u>~</u> |
| | Employer's name or | | N401 | Other payer sity name | Enter the city, state and ZIP code of the insurer. Required if an |
| 96 | school name (Medigop | 23308 | N402 | Other payer state code | other payers are known to patentially be involved in paying the claim. |
| | Address) | | N400 | Other payer ZIP code | |
| 96° | Insurance plan name or program name | 23308 | 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. |



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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 | | tem No. | Claim Description | Loop | Field | Data Element Description | Requirements |
|-------------|----------------------|------------------|-------|--|--|------|-------------|-----------------------------------|-----------------|---------------------------|---|---|
| | | | | Payer responsibility P = Primary | | l I' | Item No. | Claim Description | Loop | Field | Data Element Description | Requirements |
| | | 2320 or 2000B | SBR01 | S = Secondary T = Tertiary *Note: If Medicare is Primary, use | | 11 | | | 2300 or 2400 | CN102 | OTAF amount | _ |
| | | | | letter "P" and skip to item 12. | | | | | | SVD01 | Identification code | - |
| | | 2320 | SBR03 | Insured Group or Policy Number | | 11 | | | | SVD02 | Primary payer paid amount (line level) | |
| | | 2330A | NM108 | Identification Code Qualifier (MI Member Identification Number) | | 11 | | | | SVD03 | Medical procedure identifier | 1 |
| | | | NM109 | Insured's identifier | | | | | 2430 | SVD03- | Service ID qualifier | |
| 11. | Insured policy group | 2000B or 2320 | SBR05 | Insurance Type Code Indicator's must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if 2000B SBR01 = "T" or "S" | If there is an insurance primary to Medicare, enter the Insured's policy or group number. Required if other payers are known to | | | | | 1 SVD03- 2 SVD05 | Service ID Quantity | |
| | or FECA number | | CLM01 | Claim submitter's identifier | potentially be involved in paying this claim. | | | | | NM101 | Entity identifier code | _ |
| | | 2300 | CLM02 | Monetary amount | ,,, | | | | | NM102 | Entity type code | |
| | | | AMT01 | Amount gualifier code = D | | | | | 2330B | NM103 | Last name or organization | |
| | | 2320 | AMT02 | Monetary amount (Primary Paid Claim Level) | | 11 | | | | NM108 NM109 | Identification code qualifier Identification code | - |
| | | | CAS01 | Claim adjustment reason code (CO, PR. OA) | | l I' | 11a* | Insured date of birth and sex- | | | | |
| | | 2320 or 2430 | CAS02 | Claim adjustment reason codes | | L Ir | _ | Employer's name or | | | | |
| | | 2430 | CAS03 | Adjustment amount | | | 11b* | school | | | | |
| | | | CAS04 | Adjustment quantity | | - 1 | - | SMINN | 0000 | 60004 | Other Insured Group Name | Enter the complete insurance size or program name |
| | | 2330B or | DTP01 | Primary insurance adjudication date | | | 11c | Insurance plan name | 2320 23308 | SBR04 NM103 | Other Insured Group Name Other payer organization name | Enter the complete insurance plan or program name Enter the complete insurance plan name |
| | | 2430 | DTP02 | Date time period qualifier | | | 116 | or program name | | | overer payer organization name | chier are comprete insulance 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 |
|-------------|--|------|-------|-----------------------------|--|
| | Defects we attacked | 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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| o process this claim. I also request payment of government benefits either to myself velow. | for to the party who accepts assignment | services described beta w | | |
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• Signature and date

• This item authorizes payment of medigap medical benefits to physician

| ltem No. | Claim Description | Loop | Field | Data Element Description | Requirements |
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| | Insured's or | 2300 | CLM09 | Benefits Assignments Certification Indicator | This item authorizes payment of medical benefits to the physician. |
| 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 |
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| | | 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 | 1 |
| | | | NM105 | Ordering provider middle name | 1 |
| 17a | Other ID number of Referring physician | | | | |
| 17b | NPI | 2310A | REF02 (1C) | Referring provider primary ID | |
| | | | REF02 (1C) | | Enter "XX" in the NM108 to indicate an NPI is present in the |
| (| | | REF02 (1C) | Ordering provider primary ID | NM109. Enter the NPI of the referring/ordering physician listed in Item 17 |





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

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| 18 | | Hospitalization dates | | DTP03 (435) | Related hospitalization admission date | DTP01 Admission or Discharge qualifier 435 or 096 |
| | related to current service (From and To) | 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 |
|-------------|-----------------------|-------|-------|---------------------------------|--|
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| | | 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 |
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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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32. SETIVICE ENGLITY LOCATION INFORMATION

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33. BILLING PROVIDER INFO:A PH/#

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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> <u>Claims</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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| | | | | | _ |
| | Federal Tax ID number | | REF02 | Billing Provider Tax ID | |
| 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

| ltem No. | Claim Description | Loop | Field | Data Element Description | Requirements |
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| 26 | 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

| ltern No. | Claim Description | Loop | Field | Data Element Description | Requirements |
|--------------|--------------------|------|-------|--|--|
| 27 | Accept Assignment? | 2300 | CUN17 | Assignment or Plan Participation code | A=Assigned B=Assignment accepted on Clinical Lab services only C=Nict 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 | Field | Data Element Description | 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. |



| HEALTH INSURANCE CLAIM FORM | | | |
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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 Professional 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. | |

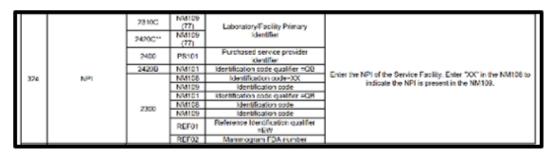


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Line Items 32 and 32a

- 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

| No. | Claim Description | Loop | Field | Data Element Description | Requirements |
|-----|--|---------------------|----------------|--|--|
| - | 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 | provider address 1 Provider city | NM102 Entity Type code 1 Person 2 Non-Person Entity |
| | | | N4402 N4403 | Provider state Provider ZIP code | Enter the provider or service/supplier's biting name, address, z code and telephone number. Must be a physical address with |
| | | | PER04 | Provider phone number | nine-digit ZIP code. |
| 334 | NPI | 2010AA | NM109 (85) | Provider ID | NM101 Early learning code=85.88mg Provider NM101 Early learning code=7.Psy-to-provider Enter the NPI for the Group Number of the the performing privide of service/segular who is a member of a group predic Enter "XX" in the NM105 to indicate an NPI is present in the MM109 |
| 330 | Billing Taxonomy Number | 2000A 2010AA | PRV02 | Taxonomy number | Qualifier PXC |



| HEALTH INSURANCE CLAIM FORM | | | | | |
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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) | | |
| | | 004004 | NM103 | Last Name | | | |
| 2 | Patient's Name | 2010BA or 2010CA | | | NM104 | First Name | Enter the patient's name as shown on their Medicare card |
| ~ | Patient's Name | | 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>



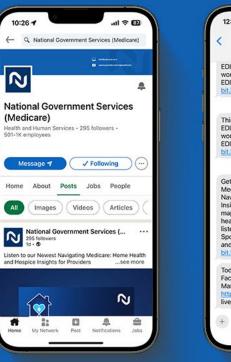




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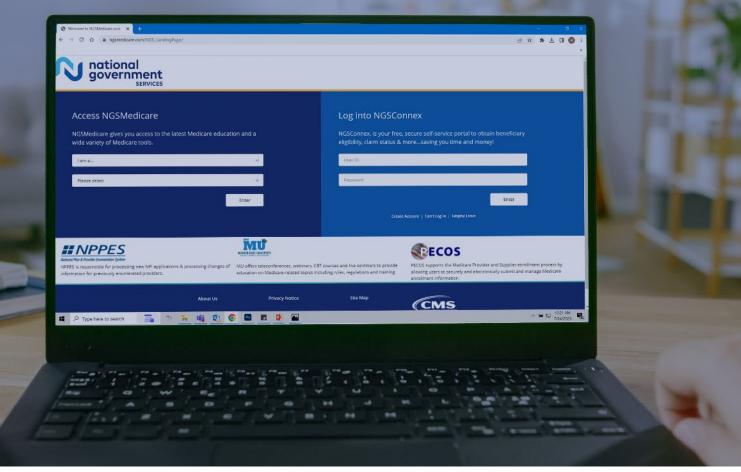
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Questions?

Thank you!