

CMS-1500 Claim Form Desk Reference (Version 02/12)

EPSDT Referral Codes (Block 10d)

YM – Medical Referral
 YD – Dental Referral
 YV – Vision Referral
 YH – Hearing Referral
 YB – Behavioral Health Referral
 YO – Other Referral

Please note that when submitting a claim for an EPSDT screen, EPSDT referral codes must be entered in Block 10d when a referral(s) was made as a result of the screen.

Qualifier Codes (Block 17A & 24I)

OB – License Number
 ID – 13 Digit MA ID Number (Legacy No.)

EMG Codes (Block 24C)

1 – Emergency
 2 - Urgent

These values are valid for paper claim submission on the CMS-1500 Claim Form (Version 02/12) only.

Attachment Type Codes (Block 19)

AT03 – Abortion Physician Certification (MA 3)*
 AT04 – Sterilization Patient Consent Form (MA 31)*
 AT05 – Medicare EOMB on File *
 AT06 – Hysterectomy Acknowledgement Form (MA 30)*
 AT08 – Termination of Medical Necessity
 AT09 – Medicare Denial On File
 AT10 – CMS1500 **Commercial Insurance** Attachment*
 AT11 – Third Party Denial on File
 AT12 – Restricted Recipient Referral Form*
 AT13 – Medical Documentation for Hysterectomy*
 AT15 – Medicare Benefits Exhausted
 AT40 – Commercial Insurance Exhaustion On File
 AT26 – Newborn Eligibility
 AT99 – Remarks

*Attachment must accompany the claim form.

Please note that when entering more than one attachment code in Block 19, use a comma to separate the attachment codes (i.e., AT05, AT11).

Visit Codes (Block 24H)

03 – EPSDT
 06 – Family Planning
 09 – Pregnancy*
 10 – Long Term Care (LTC) Resident*
 11 – Copay Not Collected

* **Please note** that Visit Code 09 (Pregnancy) and Visit Code 10 (LTC Resident) are used to notify DHS that the recipient is pregnant or in a nursing facility. Pregnant recipients and residents of nursing facilities are exempt from copayment. Use of either visit code, when applicable, assures that DHS will not assess copayment against the MA fee for the service billed.