CMS-1500 Billing Guide for PROMISe™ Independence and OBRA Waiver Providers

Purpose of the document

The purpose of this document is to provide a block-by-block reference guide to assist the following provider types in successfully completing the CMS-1500 claim form:

- **Independence and OBRA Waivers**

Document format

This document contains a table with four columns. Each column provides a specific piece of information as explained below:

- **Block Number** – Provides the block number as it appears on the claim.
- **Block Name** – Provides the block name as it appears on the claim.
- **Block Code** – Lists a code that denotes how the claim block should be treated. They are:
  - **M** – Indicates that the claim block must be completed.
  - **A** – Indicates that the claim block must be completed, if applicable.
  - **O** – Indicates that the claim block is optional.
  - **LB** – Indicates that the claim block should be left blank.

*** –** Indicates special instruction for block completion.

Notes – Provides important information specific to completing the claim block. In some instances, the Notes section will indicate provider specific block completion instructions.

Ordering and Prescribing

The Patient Protection and Affordable Care Act (ACA) added requirements for provider screening and enrollment, including a requirement that states require physicians and other practitioners who order or refer items or services for MA beneficiaries to enroll as MA providers. The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

Claims submitted by the following provider types and specialties must include the NPI of a MA enrolled ordering or prescribing provider:

59-050 Home Health Aide Services
59-161 LPN Nursing Services
59-160 RN Nursing Services
59-170 Physical Therapy Services
59-171 Occupational Therapy Services
59-173 Speech and Language Therapy Services

Providers should check block 17, 17a, and 17b for further direction.

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IMPORTANT INFORMATION FOR CMS-1500 CLAIM FORM COMPLETION

Note #1: If you are submitting handwritten claim forms you must use **blue** or **black** ink.

Note #2: **Font Sizes** — Because of limited field size, either of the following type faces and sizes are recommended for form completion:

- **Times New Roman, 10 point**
- **Arial, 10 Point**

Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.

Note #3: When completing the following blocks of the CMS-1500, **do not use decimal points and be sure to enter dollars and cents**:

1. Block 24F ($Charges)
2. Block 29 (Amount Paid)

If you fail to enter both dollars and cents, your claim may process incorrectly. For example, if your net cost is sixty-five dollars and you enter 65, your net cost may be read as .65 cents.

Example #1: When completing Block 24F, enter the net cost of the service or item provided, without a decimal point. You must include the dollars and cents. If your net cost is fifteen dollars, enter:

24F	
$CHARGES	
15	00

Example #2: When completing Block 29, you are reporting patient pay assigned by the County Assistance Office (CAO). Enter patient pay as follows, including dollars and cents:

29	
Amount Paid	
50	00

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You must follow these instructions to complete the CMS-1500 claim when billing the Department of Human Services. **Do not imprint, type, or write any information on the upper right hand portion of the form.** This area is used to stamp the Internal Control Number (ICN), which is vital to the processing of your claim. Do not submit a photocopy of your claim to Medical Assistance.

Block No.	Block Name	Block Code	Notes
1	Type of Claim	M	Place an **X** in the Medicaid box.
1a	Insured's ID Number	M	Enter the 10-digit beneficiary number found on the ACCESS card. If the beneficiary number is not available, access the Eligibility Verification System (EVS) by using the beneficiary's Social Security Number (SSN) and date of birth (DOB). The EVS response will then provide the 10-digit beneficiary number to use for this block.
2	Patient's Name	O	It is recommended that this field be completed to enable Medical Assistance (MA) to research questions regarding a claim.
3	Patient's Birthdate and Sex	O	Enter the patient's date of birth using an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 02151978) and indicate the patient's gender by placing an **X** in the appropriate box.
4	Insured's Name	LB	Do not complete this block.
5	Patient's Address	O	Enter the patient's address.
6	Patient's Relationship to Insured	LB	Do not complete this block.
7	Insured's Address	LB	Do not complete this block.
8	Reserved for NUCC Use	LB	Do not complete this block.
9	Other Insured's Name	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes
9a	Other Insured's Policy or Group Number	LB	Do not complete this block.
9b	Reserved for NUCC Use	LB	Do not complete this block.
9c	Reserved for NUCC Use	LB	Do not complete this block.
9d	Insurance Plan Name or Program Name	LB	Do not complete this block.
10a-10c	Is Patient's Condition Related To:	A	Complete the block by placing an **X** in the appropriate **YES** or **NO** box to indicate whether the patient's condition is related to employment, auto accident, or other accident (e.g., liability suit) as it applies to one or more of the services described in Block 24d. For auto accidents, enter the state's two-letter postal code for the state in which the accident occurred in the PLACE block (e.g., **PA** for Pennsylvania).
10d	Claim Codes (Designated by NUCC)	O	It is optional to enter the nine-digit social security number of the policyholder if the policyholder is not the beneficiary.
11	Insured's Policy Group or FECA Number	LB	Do not complete this block.
11a	Insured's Date of Birth and Sex	LB	Do not complete this block.
11b	Other Claim ID (Designated by NUCC)	LB	Do not complete this block.

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Block No.	Block Name	Block Code	Notes
11c	Insurance Plan Name or Program Name	LB	Do not complete this block.
11d	Is There Another Health Benefit Plan?	LB	Do not complete this block.
12	Patient's or Authorized Person's Signature and Date	M/M	The words **Signature Exception** must appear in this field. Enter the date of claim submission in an 8-digit MMDDCCYY format (e.g., 08012003) with no slashes, hyphens, or dashes.) **Note:** The provider will always write the words "Signature Exception" in this block because the beneficiary or the beneficiary's representative will always sign time sheets, the Services Rendered Report (SRR), or participate in phone system for time keeping to certify that the beneficiary received service from the provider indicated on the invoice and that the person listed in the ACCESS card is the individual who received service.
13	Insured's or Authorized Person's Signature	O	If completed, this block should contain the signature of the insured, if the insured is not the consumer.
14	Date of Current Illness, Injury or Pregnancy (LMP)	O	If completed, enter the date of the current illness (first symptom), injury (accident date), or pregnancy in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012004).
15	Other Date	O	If the patient has had the same or similar illness, list the date of the first onset of the illness in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012002).
16	Dates Patient Unable to Work in Current	O	If completed, enter the **FROM** and **TO** dates in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012003), only if the patient is unable to

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Block No.	Block Name	Block Code	Notes
	Occupation		work due to the current illness or injury. This block is only necessary for Worker's Compensation cases. It must be left blank for all other situations.
17	Name of Referring Provider or Other Source	A	For the following provider types/specialties, you must enter the name of the MA enrolled ordering or prescribing provider. 59-050 Home Health Aide Services 59-161 LPN Nursing Services 59-160 RN Nursing Services 59-170 Physical Therapy Services 59-171 Occupational Therapy Services 59-173 Speech and Language Therapy Services
17a	I.D. Number of Referring Provider	A	Enter the license number of the MA enrolled ordering or prescribing provider listed in block 17.
17b	NPI	A	Enter the NPI of the MA enrolled ordering or prescribing provider listed in block 17. 59-050 Home Health Aide Services 59-161 LPN Nursing Services 59-160 RN Nursing Services 59-170 Physical Therapy Services 59-171 Occupational Therapy Services 59-173 Speech and Language Therapy Services
18	Hospitalization Dates Related to Current Services	LB	Do not complete this block.

19	Additional Claim Information (Designated by NUCC)	A	**Qualified Small Businesses** Qualified small businesses must always enter the following message in Block 19 (Additional Claim Information (Designated by NUCC)) of the CMS-1500, in addition to any applicable attachment type codes: "(Name of Vendor) is a qualified small business concern as defined in 4 Pa Code §2.32."
20	Outside Lab	LB	Do not complete this block.
21	Diagnosis or Nature of Illness or Injury	M/A	The ICD indicator (ICD Ind) is required. If a valid "9" or "0" indicator is not entered into the ICD Ind. space, claims will be returned to the provider as incomplete. For dates of service **prior** to October 1, 2015, enter the most specific ICD-9-CM code (indicator "9"); **OR** for dates of service **on or after** October 1, 2015, enter the ICD-10-CM code (indicator "0") that describes the diagnosis. The primary diagnosis block (21.A) must be completed. The second through twelfth diagnosis codes (B-L) must be completed if applicable.
22	Resubmission Code	A/A	This block has two uses: 1) When resubmitting a rejected claim. If resubmitting a rejected claim, enter the 13-digit internal control number (ICN) of the **ORIGINAL** rejected claim in the right portion of this block (e.g., | 1103123523123). 2) When submitting a claim adjustment for a previously approved claim**.** If submitting a claim adjustment, enter ADJ in the left portion of the block and the **LAST APPROVED** 13-digit ICN, a space and the two-digit line number from the RA Statement in the right portion of the block (e.g., ADJ | 1103123523123 01).
23	Prior Authorization Number	LB	Do not complete this block.

24a	Date(s) of Service	M/M	Enter the applicable date(s) of service. If billing for a service that was provided on one day only, complete either the **From** or the **To** column (but not both.) If the same service was provided on consecutive days, enter the first day of the service in the **From** column and the last day of service in the **To** column. Use an 8-digit (MMDDCCYY) format to record the From and To dates, (e.g. 03012004). If the dates are not consecutive, separate claim lines must be used.
24b	Place of Service	M	Enter the 2-digit place of service code that indicates where the service was performed. **12** – Home **99** – Other (Community)
24c	EMG	LB	Do not complete this block**.**
24d	Procedures, Services, or Supplies (CPT/HCPCS & Modifier)	M/A/A	List the procedure code(s) for the service(s) being rendered and any applicable modifier(s). In the first section of the block, enter the procedure code that describes the service provided. In the second portion of this block, enter the pricing modifier first if required to pay the claim. Use the third portion of this block to indicate up to three additional informational modifiers, when applicable. If no pricing modifier is required, enter up to four additional / informational modifier(s) using the second and third portions of this block. Failure to use the appropriate modifier(s) will result in inappropriate claims payment or denial.
24e	Diagnosis Pointer	M/A	This block may contain up to four letters. Enter the corresponding letter(s) (A – L) that identify the diagnosis code(s) in Block 21. If the service provided was for the primary diagnosis (in Block 21A), enter A. If provided for the secondary diagnosis, enter B. If provided for the third through twelfth diagnosis, enter the letter that corresponds to the applicable diagnosis. Note: The primary diagnosis pointer must be entered first.
24f	$Charges	M	Enter the units provided times the approved rate for the cost of the service or item provided.

24g	Days or Units	M	Enter the number of units, services, or items provided.
24h	EPSDT/Family Planning	LB	Do not complete this block.
24i	ID Qualifier	A	Enter the two-digit ID Qualifier: **G2** = 13-digit Provider ID Number (legacy #)
24j (a)	Rendering Provider ID #	A	Complete with the **Rendering Provider's** Provider ID number (nine-digit provider number and the applicable four-digit service location – 13-digits total). **Note**: Only one rendering provider per claim form.
24j (b)	NPI	A	Enter the 10-digit NPI number of the rendering provider.
25	Federal Tax I.D. Number	M	Enter the provider's Federal Tax Employer Identification Number (EIN) or SSN and place an **X** in the appropriate block.
26	Patient's Account Number	O	**Use of this block is strongly recommended**. It can contain up to 10 alpha, numeric, or alphanumeric characters and can be used to enter the consumer's account number or name. Information in this block will appear in the first column of the Detail Page in the RA Statement and will help identify claims if an incorrect beneficiary number is listed.
27	Accept Assignment	LB	Do not complete this block.
28	Total Charge	LB	Do not complete this block.
29	Amount Paid	LB	Do not complete this block.
30	Reserved for NUCC Use	LB	Do not complete this block.
31	Signature of Physician or Supplier Including Degree or Credentials	M/M	This block must contain the signature of the provider rendering the service. A signature stamp is acceptable, except for abortions, if the provider authorizes its use and assumes responsibility for the information on the claim. If submitting by computer-generated claims, this block can be left blank; however, a Signature Transmittal Form (MA 307) must be sent with the claim(s). Enter the date the claim was submitted in this block in an 8-digit (MMDDCCYY) format (e.g. 03012004).

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Block No.	Block Name	Block Code	Notes
32	Service Facility Location Information	LB	Do not complete this block.
32a		LB	Do not complete this block.
32b		LB	Do not complete this block.
33	Billing Provider Info & Ph.#	A/A& M/M	Enter the billing provider's name, address, and telephone number **Do not use slashes, hyphens, or spaces.** **Note:** If services are rendered in the patient's home or facility, enter the service location of the provider's main office.
33a		A	Enter the 10-digit NPI number of the billing provider.
33b		M/A	Enter the 13-digit Group/Billing Provider ID number (Legacy #)