Proper Medicare Part B Claim Submissions

11/30/2021

Today's Presenters

- JK Provider Outreach and Education Consultants
  - Arlene Dunphy
  - Carleen Parker

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Objectives

- 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

- Claim Form Requirements
- Claims Filing Time Limit
- ASCA
- Paper and Electronic Claim Overview
- Resources, References and Tools

Claim Form Requirements

Claim Submission Requirements

- Paper (OCR)
  - Original CMS-1500 Claim Form
  - 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 (OCR)
  - Do not use narrative or handwritten descriptions
    - Procedure, modifier or diagnosis
  - Do not use special characters
    - hyphens, periods, parentheses, dollar signs or ditto marks

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® *MM7270 Revised: Changes to the Time Limits for Filing Medicare Fee-For-Service Claims*
  - Administrative error
  - Retroactive Medicare entitlement, including when State Medicaid agencies involved
  - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization

Administrative Simplification Compliance Act

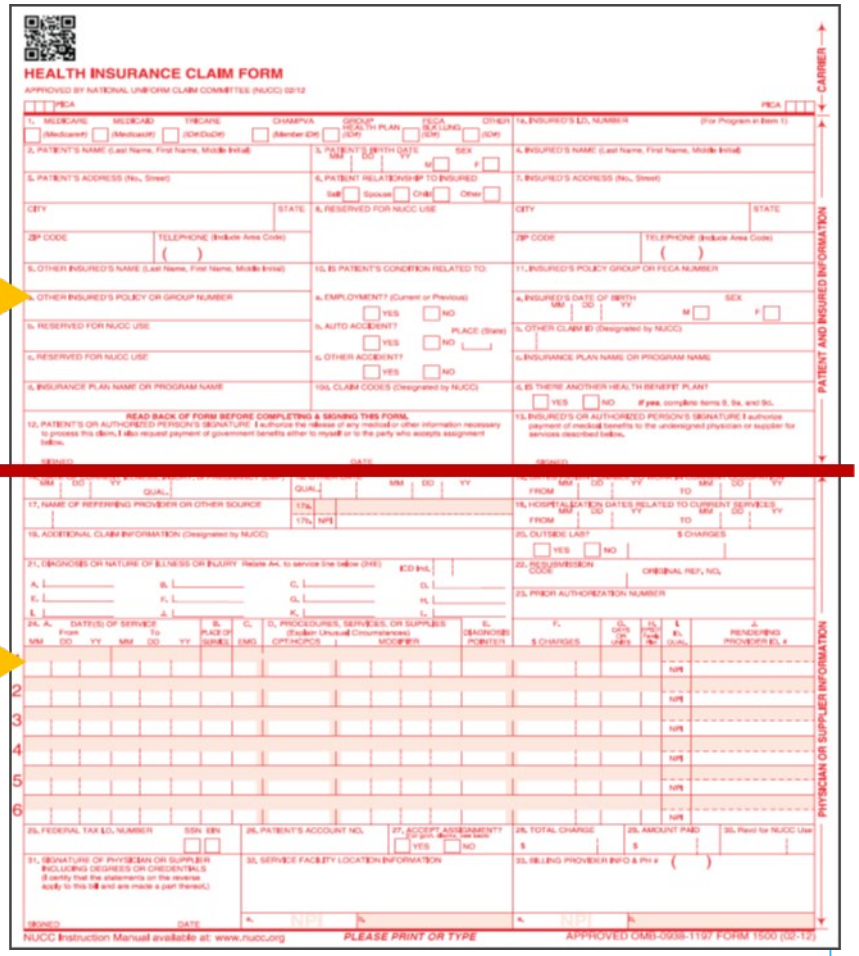
ASCA Regulations

- 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
- ASCA Requirements for Paper Claim Submissions

Claim Form Overview

CMS-1500 Claim Form (02/12)

- Beneficiary information
- Provider information



NUCC Approved

- Header

Line Item 1

- Check Medicare

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

Medicare Cards

- MACRA required that CMS remove Social Security Numbers from Medicare cards
  - Prevent fraud, fight identity theft and keep taxpayer dollars safe
- MBI replaced the SSN-based HICN
  - 11-characters in length
  - Using only numbers and uppercase letters (no special characters)
  - MBI doesn't use the letters S, L, O, I, B and Z to avoid confusion between some letters and numbers (e.g., between "0" and "O")
  - Medicare Beneficiary Identifiers (MBIs) page

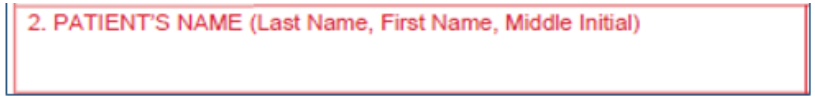
Line Item 1a

- MBI (effective 1/1/2020)
  - Must use the MBI regardless of the date of service

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
1a*	Patient's Medicare Beneficiary ID Number (MBI)	2010BA	NM109	Subscriber Primary Identifier	Patient's Medicare Beneficiary ID Number (MBI)

Line Item 2

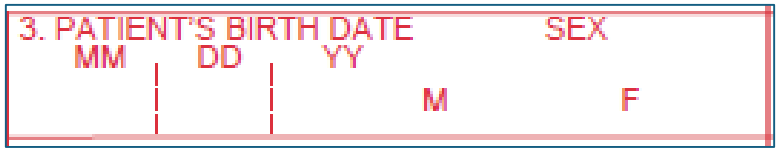
- Last name, first name and middle initial



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
2	Patient's Name	2010BA or 2010CA	NM103	Last Name	Enter the patient's name as shown on their Medicare card
			NM104	First Name	
			NM105	Middle initial	
			NM107	Suffix (e.g., Jr. Sr.)	

Line Item 3

- Eight-digit date of birth (MM DD CCYY)



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

Line Item 4

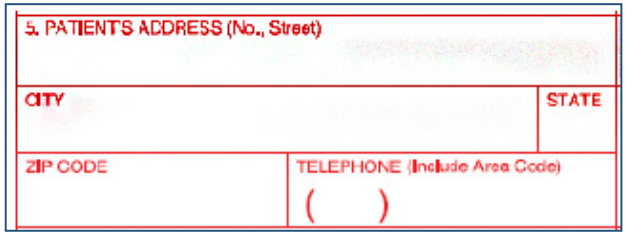
- Insured's name

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

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

Line Item 5

- List patient's mailing address and telephone number



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

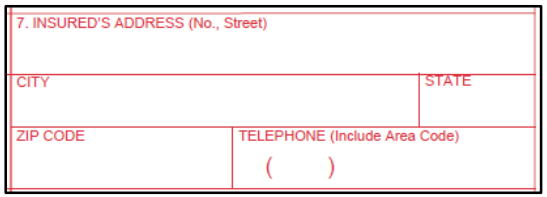
Line Item 6

- Patient relationship to insured
  - Line 6 completed 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	

Line Item 7

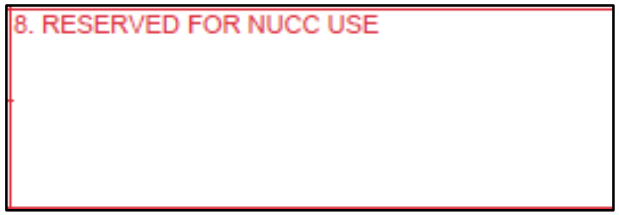
- Insured's address and telephone number
  - Line 7 completed when Items 4, 6 and 11 are completed



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

Line Item 8

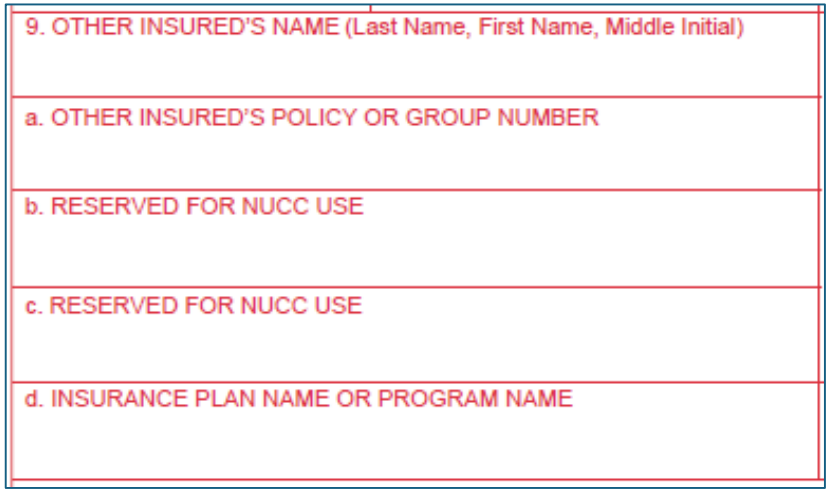
- Reserved for future NUCC use



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
8	Patient marital status, student status, and employment status				

Paper Line Items 9, 9a–9d

- 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
- Medigap Payer ID
- Medicare Coordination of Benefits Agreement

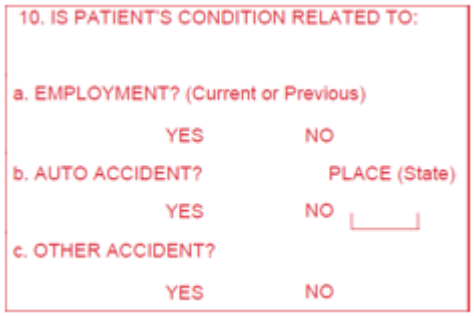


EMC Equivalent 9, 9a–9d

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
9*	Other insured's Name (Last, First, Middle Initial)	2330A	NM103	Other insured last name	Name of insured for Medigap plan
			NM104	Other insured first name	
			NM105	Other insured middle name	
9a*	Other insured's policy or group number (Medigap only)	2330A	NM108	Identification Code Qualifier (MI Member Identification Number)	Medigap policy ID
			NM109	Other insured identifier	Medigap
		2320	SBR01	Payer responsibility	P Primary S Secondary T Tertiary
			SBR03	Insured group or policy number	Enter the insured's group or plan number
9b*	Other insured's date of birth and sex				
9c	Employer's name or school name (Medigap Address)	2330B	N401	Other payer city name	Enter the city, state and ZIP code of the insurer. Required if any other payers are known to potentially be involved in paying this claim.
			N402	Other payer state code	
			N403	Other payer ZIP code	
9d*	Insurance plan name or program name	2330B	NM108	Other payer identification Code Qualifier	Medigap plan only
			NM109	Payer last or organization name	
			NM103	Insured's group/policy no.	

Line Items 10a, 10b and 10c

- Check yes or no for a condition related to
  - Employment, auto accident, other accident


10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous)

YES NO

b. AUTO ACCIDENT? PLACE (State)

YES NO

c. OTHER ACCIDENT?

YES NO

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
10a, b, c	Is patient's condition related to employment?	2300	CLM11-1	Employment related indicator (EM)	Enter the name of the Insured's other insurance
	Auto Accident?		CLM11-1	Auto accident indicator (AA)	
	Place (State)		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

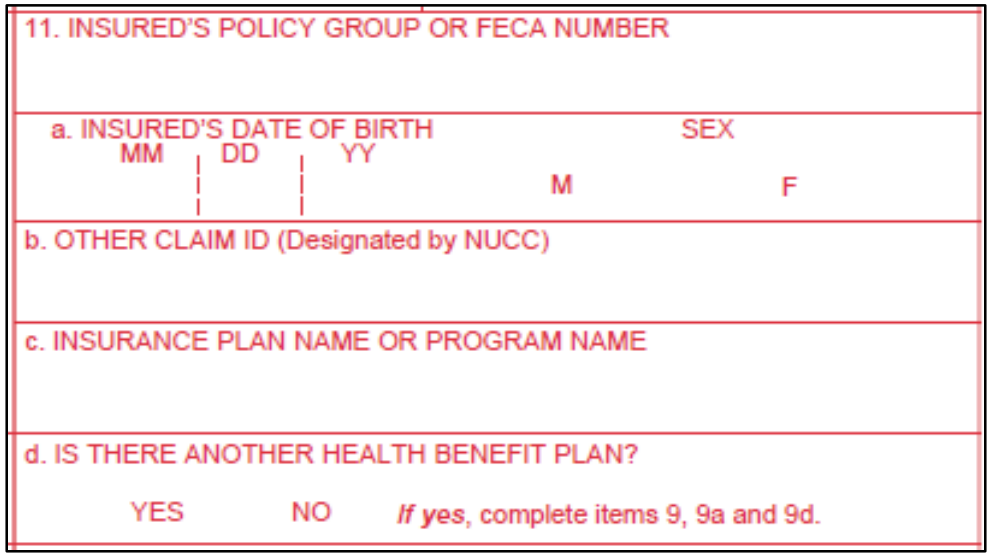
- Medicaid number preceded by MCD

10d. CLAIM CODES (Designated by NUCC)

Item No	Claim Description	Loop	Field	Data Element Description	Requirements
10d	Medicaid number preceded by MCD			Not Mapped	

Line Items 11, 11a–11d

- If **no** insurance is primary to Medicare
  - Enter word “NONE” proceed to line Item 12
- If Medicare is secondary (MSP)
  - Insured’s policy or group number and proceed to Items 11a through 11c


11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

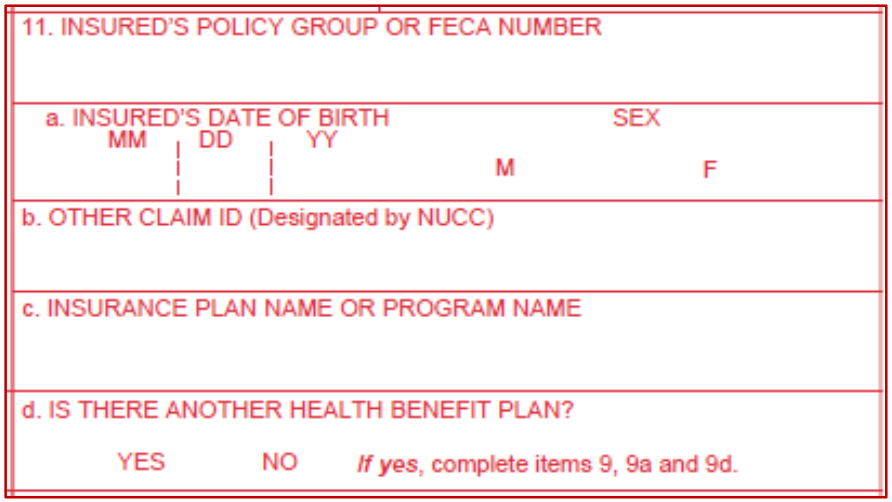
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

YES NO *If yes*, complete items 9, 9a and 9d.

Electronic Equivalent 11

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
11*	Insured policy group or FECA number	2320 or 2000B	SBR01	Payer responsibility P = Primary S = Secondary T = Tertiary *Note: If Medicare is Primary, use letter "P" and skip to item 12.	If there is an insurance primary to Medicare, enter the Insured's policy or group number. Required if other payers are known to potentially be involved in paying this claim.
		2320	SBR03	Insured Group or Policy Number	
		2330A	NM108	Identification Code Qualifier (MI Member Identification Number)	
			NM109	Insured's identifier	
		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"	
		2300	CLM01	Claim submitter's identifier	
			CLM02	Monetary amount	
		2320	AMT01	Amount qualifier code = D	
			AMT02	Monetary amount (Primary Paid Claim Level)	
		2320 or 2430	CAS01	Claim adjustment reason code (CO, PR, OA)	
			CAS02	Claim adjustment reason codes	
			CAS03	Adjustment amount	
			CAS04	Adjustment quantity	
		2330B or 2430	DTP01	Primary insurance adjudication date	
			DTP02	Date time period qualifier	
			DTP03	Date paid	
		2300 or 2400	CN102	OTAF amount	
		2430	SVD01	Identification code	
			SVD02	Primary payer paid amount (line level)	
			SVD03	Medical procedure identifier	
			SVD03-1	Service ID qualifier	
			SVD03-2	Service ID	
			SVD05	Quantity	
		2330B	NM101	Entity identifier code	
			NM102	Entity type code	
			NM103	Last name or organization	
			NM108	Identification code qualifier	
			NM109	Identification code	

Electronic Equivalent 11a, 11b, and 11c


11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH SEX
MM | DD | YY
M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO *If yes*, complete items 9, 9a and 9d.

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
11a*	Insured date of birth and sex-				
11b*	Employer's name or school				
11c	Insurance plan name or program name	2320	SBR04	Other Insured Group Name	Enter the complete insurance plan or program name
		2330B	NM103	Other payer organization name	Enter the complete insurance plan name
		2330B	NM109	Other payer primary identifier	Enter the payer ID of the other insurer

Line Item 12

- Signature and date or SOF that authorizes release medical information

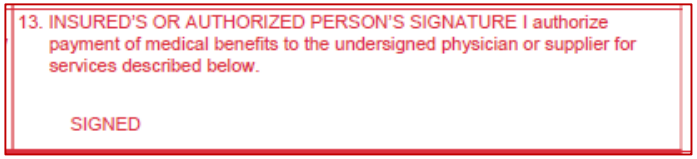
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
12	Patient's or authorized person's signature (Release of Information)	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.
		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.

Line Item 13

- Signature and date or SOF that authorizes payment of medical benefits for Medigap

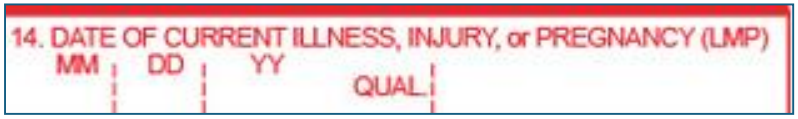

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
13	Insured's or Authorized Person's Signature	2300	CLM09	Benefits Assignments Certification Indicator	This item authorizes payment of medical benefits to the physician.
		2320	QI03	Assignment of Benefits Indicator	N No; W Not applicable. Use code "W" when the patient refuses to assign benefits; Y Yes

Line Item 14

- Six-digit or eight-digit date of current illness, injury, pregnancy or chiropractic services



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
14	Date if current illness, injury, pregnancy	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.
		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
		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

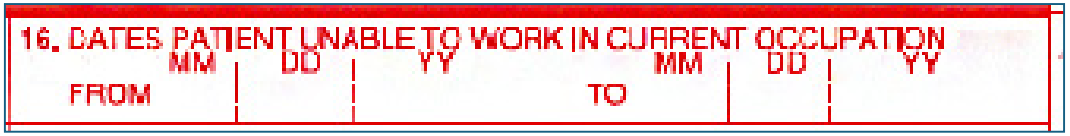
Line Item 15

- Not required

Item No	Claim Description	Loop	Field	Data Element Description	Requirements
15	If patient has had same or similar illness. Give first date.	NOT MAPPED - NOT REQUIRED BY MEDICARE			

Line Item 16

- Dates patient unable to work



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

Line Items 17 and 17b

- Name of referring or ordering physician
  - 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

Electronic Equivalent 17 and 17b

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
17	Name of Referring physician or other source	2310A	NM103 (DN)	Referring provider last name	Required if claim involved a referral or services were ordered. When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A) loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separate claim must be billed for each ordering/referring physician.
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
		2420F**	NM103 (DN)	Referring provider last name	
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
	Name of Ordering physician	2420E	NM103 (DK)	Ordering provider last name	
			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	
			REF02 (1C)		Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI of the referring/ordering physician listed in Item 17
			REF02 (1C)	Ordering provider primary ID	

Line Item 18

- Hospitalization dates

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
18	Hospitalization dates related to current service (From and To)	2300	DTP03 (435)	Related hospitalization admission date	DTP01 Admission or Discharge qualifier 435 or 096
			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

Line Item 19

- Claim submissions do not always require an attachment
- Entering dates, facts or information about a service in Item 19 of a claim may be sufficient

Electronic Equivalent 19

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
19	Routine Foot Care	2300 or 2400**	DTP03 (304)	Date last seen	DTP01 Date last seen qualifier = 304 Enter the date patient was last seen by their M.D., D.O., or qualified non physician practitioner who is treating them for their complicating diagnosis (e.g., diabetes)
		2310D	NM109 (DQ)	Supervising provider NPI	NM101 Entity Identifier code = DQ
		2420D**	NM109 (DQ)		Enter "XX" in the NM109 to indicate an NPI is present in the NM109. Enter the NPI of his/her attending physician for the complicating diagnosis.
	Hematocrit/ Hemoglobin	2400	MEA02 (TR)	Test Results	Enter the most current Hematocrit (HCT) Value for the injection of Aranesp or End Stage Renal Disease (ESRD) beneficiaries on dialysis. DTP01 Hemoglobin or Hematocrit = 738 Serum Creatine = 739 Use the segment MEA01=TR (for test results), MEA02=R1 (for hemoglobin) or R2 (for hematocrit), and MEA03=the test results. The test results should be entered as follows: TR= test results, R1=hemoglobin or R2=hematocrit (a 2-byte alpha-numeric element), and the most recent numeric test result (a 3-byte numeric element [xx.x]). Results exceeding 3-byte numeric elements (10.50) are reported as 10.5.

Electronic Equivalent 19

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
19	Homebound	2300	CRC01 (75)	Code Category	Required when an Independent laboratory renders an EKG tracing or obtains a specimen from a homebound patient.
			CRC01 (75)	Certification condition Indicator	
			CRC03 (1H)	Homebound Indicator	
	Not otherwise classified (NOC) Drug	2400	SV101-7	NOC Claim Description field	Enter the drug's name and dosage when submitting a claim for NOC drugs. Enter a concise description of an "unlisted procedure code" or an "NOC" code. Enter the specific name and dosage amount when low osmolar contrast material is billed, but only if HCPCS codes do not cover them. Non-specific codes may include in their descriptors terms, such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name.

Electronic Equivalent 19

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Shared Post Operative Care	2300	DTP03 (090)	Date-assumed care dates	Enter the date for global surgery claim when providers share post-operative care.
			DTP03 (091)	Date-relinquished care dates	
	Demonstration ID/Clinical Trial ID	2300	REF01	Reference identification qualifier (P4 = Project code)	Required on all claims where a demonstration project is being billed.
			REF02 (P4)	Demonstration ID - number	
	Chiropractic	2300	DTP03 (455)	Last X-Ray date	Required when claim involves spinal manipulation if an x-ray was taken. Enter the x-ray for the chiropractic services.
		2400**	DTP03 (455)		
	Purchased Tests	2420B	NM109 (QB	Purchased Service Provider Identifier	Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI or the physician who is performing the technical or professional component of a diagnostic test that is subject to the anti-markup payment limitation.
	Patient refuses to assign benefits	2300	CLM08	Benefits Assignments Certification Indicator	When a patient refuses to assign benefits to the provider, enter code "W"
		2320	IO03		
	Claim Notes	2300	NTE02	Claim Notes description field	Enter any additional descriptions needed for that particular claim other than NOC codes
		2400			

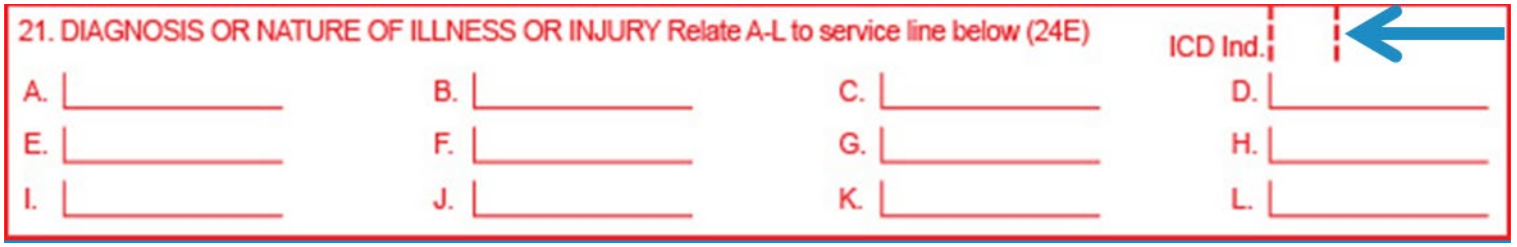
Line Item 20

- 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
20	Outside Lab charges	2400	PS101	Purchased Service Provider ID	Required if there are diagnostic tests subject to the anti-markup payment price limits. 2420B is required when a 2400 PS1 is present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.
		2400	PS102	Purchased Service charge amount	
		2420B	NM1	Purchase service provider	

Line Item 21

- Enter up to 12 diagnoses in priority order
  - primary, secondary condition
- Code to highest level of specificity for service



- Dates of service 10/1/2015 and after
  - ICD-10-CM indicator should be “0”

Electronic Equivalent 21

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
21	Diagnosis or nature of illness or injury	2300	HI01-02 (BK dos prior to 10/1/15) (ABK dos after 10/1/15)	Principal Diagnosis code	HI01-1 BK/ABK = Principal Diagnosis HI02-1 to HI12-1 BF/ABF = Diagnosis code Required on all claims. Enter the patient's diagnosis/condition. All physician specialties must use an ICD-10 code number to the highest level of specificity. Enter up to twelve codes in priority order. An independent laboratory must enter a diagnosis only for limited coverage procedures. Decimal point is assumed.
			HI02-02 (BF dos prior to 10/1/15) (ABF dos after 10/1/15)		
			HI03-02 (BF) (ABF)	Diagnosis code	Required on all claims. Enter the patient's diagnosis/condition. All physician specialties must use an ICD-10 code number to the highest level of specificity. Enter up to twelve codes in priority order. An independent laboratory must enter a diagnosis only for limited coverage procedures. Decimal point is assumed.
			HI04-02 (BF) (ABF)		
			HI05-02 (BF) (ABF)		
			HI06-02 (BF) (ABF)		
			HI07-02 (BF) (ABF)		
			HI08-02 (BF) (ABF)		
			HI09-02 (BF) (ABF)		

Line Item 22

- Not required

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
22	Medicaid resubmission code Original ref. No.				NOT REQUIRED FOR MEDICARE

Line Item 23

- Prior Authorization
- Seven-digit IDE number when investigational device is used in an FDA-approved clinical trial

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
23	Prior authorization number	2300B	REF02 (G1)	Prior authorization or referral number	Enter the Quality Improvement Organization (QIO) prior authorization number for those procedures requiring QIO prior approval. Only bill one unique QIO number per claim.
	IDE number	2300	REF02 (LX)	Investigational device exemption number	Required when claim involves an FDA assigned investigational device exemption (IDE) number. Post market Approval number should also be placed here when applicable. When more than one IDE applies, must be split into separate claims

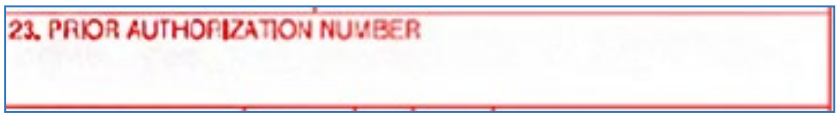
Line Item 23

- NPI of the home health or hospice facility
  - Billing for CPO, HCPCS G0181 (HH) or G0182 (hospice)

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
23	HHA/Hospice provider number for CPO services	2300	REF02 (1J)	Care Plan Oversight Number	For physicians performing care plan oversight services, enter the NPI of the number of the home health agency (HHN) or hospice when CPT code G0181 (home health) or G0182 (hospice) is billed.

Line Item 23

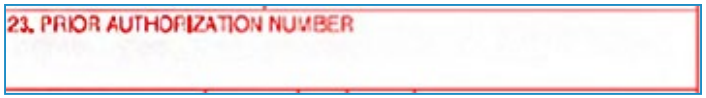
- CLIA ten-digit certification number



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	CLIA number	2300	REF02 (X4)	CLIA certification number	Required on claims for any laboratory performing tests covered by the CLIA act. Enter the 10-digit CLIA (Clinical Laboratory Improvement Amendment) certification number for laboratory services billed by an entity performing CLIA covered procedures. Only bill one unique CLIA number per claim. Required for any laboratory that referred test to another laboratory covered by the CLIA Act that is billed
		2400	REF02 (X4)		
		2400**	REF02 (F4)		

Line Item 23

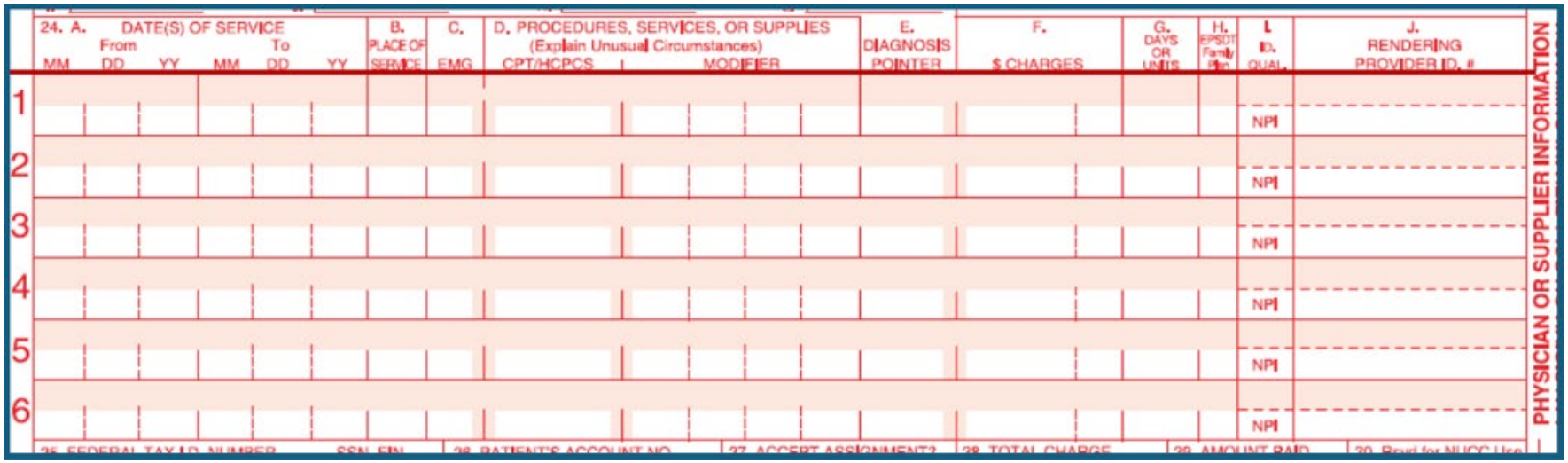
- Ambulance ZIP Code point of pick up



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Ambulance Point of Pickup	2310E	NM101	Entity identifier code = PW	Enter the name and complete address, including ZIP code, of the location where the patient was picked up.
			NM102	Entity type qualifier	
		2310F	NM101	Entity identifier code = 45	*One-way trip: Enter the name and complete address, including ZIP code, of the location where the patient was picked up. This ZIP code must match the ZIP code entered in Item 23.
			NM102	Entity type qualifier	
		2310E or 2310F	N301	Address information line 1	* Round-trip: Enter the name and complete address, including ZIP code, of the location where the patient was picked up for the round trip. Enter each portion of the round trip on a separate line with the appropriate modifiers (Item 24A-24G of the claim form). This ZIP code must match the ZIP code entered in Item 23.
			N302	Address information line 2	
			N401	City name	
			N402	State code	
			N403	ZIP code	Note: A separate claim form for each portion of a round trip service is required when the ZIP code of the initial pick up point in Item 23 is not equal to the ZIP code of the return trip pick up point in Item 32.

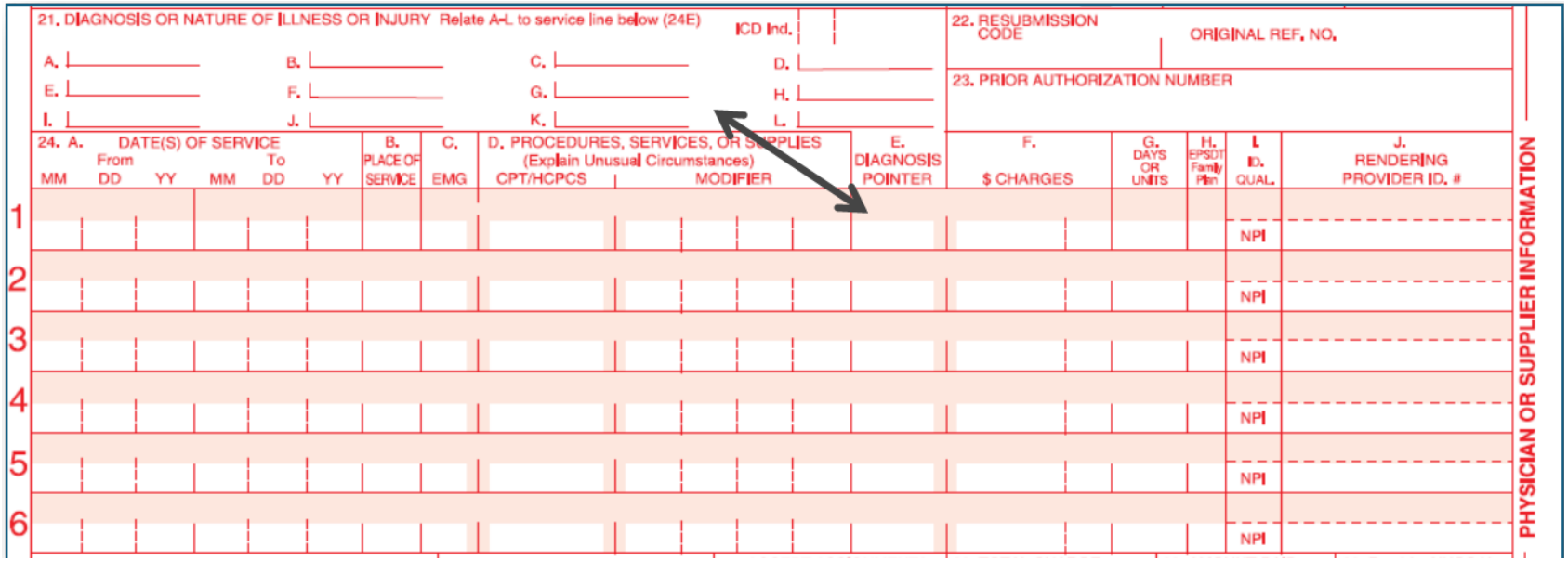
Line Items 24A–24J

- Date of service, place of service, CPT/HCPCS, modifier(s), diagnosis code pointer, charge, units and rendering/performing physician or NPP



Line Items 21 and 24E Correlation

- Lines A–L relates to 24E
  - Report the primary diagnosis code letter by listing either an A, or a B, or a C, or a D, or an E, etc., as the pointer



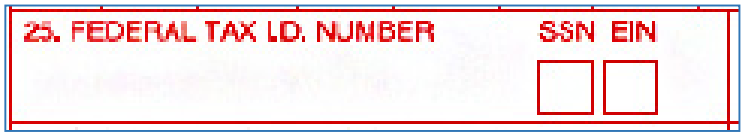
Electronic Equivalent 24A–24E

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
24A	Dates of service(s)	2400	DTP03 (472)	Service date	Enter the service date for each procedure, service or supply. If a single date the Date/Time qualifier (DTP02) = CCYYMMDD (D8). If a range of dates the Date/Time Qualifier (DTP02) = CCYYMMDD-CCYYMMDD (RD8)
24B	Place of Service	2300	CLM05-1	Place of Service code	Enter the appropriate Place of Service code. Identify the location, using a place of service code for each item used or service performed.
		2400**	SV105		
24C	EMG	SV101-5			
24D	Procedures, service or supplies	2400	SV101-2	Procedure code	In Product/Service ID Qualifier (SV101-1) enter (HC) for HCPCS codes. Enter the procedures, services or supplies using the HCPCS. When reporting a not otherwise classified (NOC) code or "unlisted procedure code" include a narrative description in the claim notes (NTE) Item 19.
			SV101-3	Procedure modifier 1	
			SV101-4	Procedure modifier 2	
			SV101-5	Procedure modifier 3	
			SV101-6	Procedure modifier 4	
24E	Diagnosis code	2400	SV107-1	Diagnosis code pointer	Enter the diagnosis code reference letter shown in Item 21 to relate the date of service and the procedures performed to the primary diagnosis. A submitter must point to the primary diagnosis for each service line. Use the remaining diagnosis pointers in declining level of importance to service line.
			SV107-2	Diagnosis code pointer	
			SV107-3	Diagnosis code pointer	
			SV107-4	Diagnosis code pointer	

Electronic Equivalent 24F–24J

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
24F	$ Charge	2400	SV102	Line Item charge amount	Enter the charge for each service
24G	Days or Units	2400	SV104	Units of service	Enter the number of days or units. SV103=UN. If a decimal is needed to report units, include it in this element. For anesthesia (SV103+MJ), show the elapsed time (minutes). Convert hours into minutes and enter the total minutes required for the procedure.
24H	EPSDT Family Plan				
24I	ID Qual.	NOT MAPPED			
24J	Rendering Provider	2310B	NM109	Identification Code	NM101 Rendering identifier code=82. Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the rendering Provider's NPI. This is required when the information is different than in the 2010AA-Billing Provider (Item 33) for example when the performing provider/supplies is a member of a group practice.
		2420A**	NM109		

Line Item 25



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
25	Federal Tax ID number	2010AA	REF02	Billing Provider Tax ID	Enter the provider of service Federal Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
	SSN Indicator		REF01	Social Security number	
	EIN Indicator		REF01	Employer's ID number	

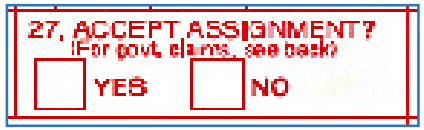
Line Item 26

- Patient's account number for provider tracking

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
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.

Line Item 27

- Assignment
  - Check yes or no
  - Mandatory assignment for certain services and practitioners



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 and 29

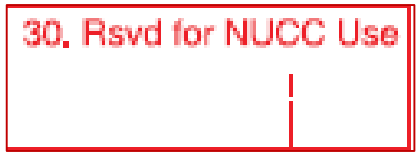
- Item 28 is total charges on claim

- Item 29 leave blank
  - Often misunderstood
  - Allocates payment to beneficiary

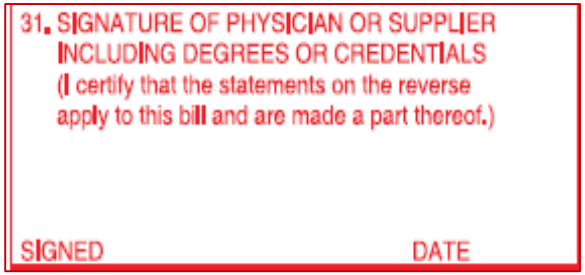
Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
28	Total Charges	2300	CLM02	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02	Total patient amount paid	AMT01 Amount qualifier code=F5 Required if the patient has paid any amount towards the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

Line Item 30 and 31

- Item 30 not required



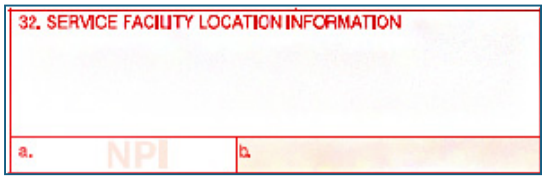
- Signature of provider or representative and six-digit or eight-digit date form was signed



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
	Date signed	N401			

Line Item 32

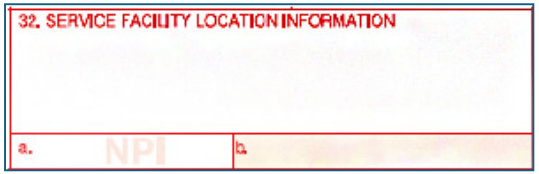
- Place of service required on all claims
  - Name, address and ZIP Code



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Name and address of facility where services were rendered (if other than home or office).	2310C	NM103 (77)	Laboratory or Service Facility Name	NM101 Entity Identifier code=77 - Service Location Required when the location of the service is different than that carried in 2010AA-Billing Provider (Item 32). Enter the name, address city, state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify the supplier's name, address, and zip code. Required when the location of health care service is different than that carried in the Billing Provider Name (2010AB) loops.
			N301	Laboratory or Service Facility address 1	
			N302	Laboratory or Service Facility address 2	
			N401	Laboratory or Service Facility city	
			N402	Laboratory or Service Facility state	
			N403	Laboratory or Service Facility ZIP code	
		2420C**	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 service is different than the HPSA billing address. If an independent laboratory is billing enter the place where the test were performed. Complete this information for all laboratory work performed outside a physician's office. If the service was referred to an outside lab, enter the reference labs name and address. Providers of service must identify the supplier's name, 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.
			N301	Laboratory or Service Facility address 1	
			N302	Laboratory or Service Facility address 2	
			N401	Laboratory or Service Facility city	
			N402	Laboratory or Service Facility state	
			N403	Laboratory or Service Facility ZIP code	

Line Item 32

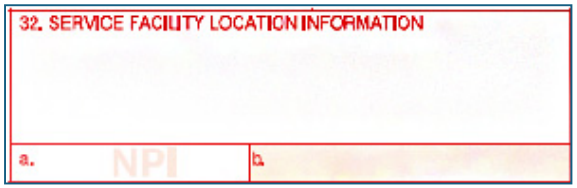
- Place of service for ambulance claims



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Ambulance	2310E	NM101 (PW)	Ambulance Pick-up Location	Required when billing for ambulance or non-emergency transport services. If the location is in an area when there is not a street address, enter a description who, where the service was rendered. Such as crossroads. MUST have a nine-digit ZIP code.
			N301	Ambulance Pick-up Address 1	
			N302	Ambulance Pick-up Address 2	
			N401	Ambulance Pick-up City	
			N402	Ambulance Pick-up State	
			N403	Ambulance Pick-up ZIP code	
		2420G**	NM101 (PW)	Ambulance Pick-up Location	
			N301	Ambulance Pick-up Address 1	
			N302	Ambulance Pick-up Address 2	
			N401	Ambulance Pick-up City	
			N402	Ambulance Pick-up State	
			N403	Ambulance Pick-up ZIP code	

Line Item 32

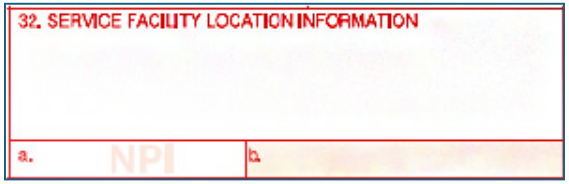
- Place of service for mammography claims



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Mammography	2300	REF02 (EW)	Mammography certification #	REF01 Reference identifier code=EW - Mammography Certification Number. If the Supplier is certified mammography screening center, enter the FDA-approved certification number.
		2400**	REF02 (EW)		

Line Item 32a

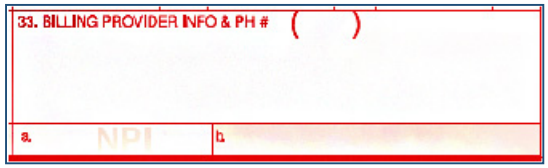
- Place of service and NPI for anti-markup



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
32a	NPI	2310C	NM109 (77)	Laboratory/Facility Primary Identifier	Enter the NPI of the Service Facility. Enter "XX" in the NM108 to indicate the NPI is present in the NM109.
		2420C**	NM109 (77)		
		2400	PS101	Purchased service provider identifier	
		2420B	NM101	Identification code qualifier =QB	
		2300	NM108	Identification code=XX	
			NM109	Identification code	
			NM101	Identification code qualifier =QB	
			NM108	Identification code	
			NM109	Identification code	
			REF01	Reference Identification qualifier =EW	
			REF02	Mammogram FDA number	
32b		N301			

Line Item 33 and 33a

- Provider's billing name, telephone number, address and ZIP Code
- NPI in Item 33a



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
33	Physician's supplier's billing name, address, zip code & phone number	2010AA or 2010AB	NM103 (85)	Provider last or organizational name	NM101 Entity Identifier code=85- Billing Provider
			NM104	Provider first name	NM101 Entity Identifier=87-Pay-to-provider
			NM105	Provider middle initial	
			N301	provider address 1	NM102 Entity Type code 1 Person 2 Non-Person Entity
			N401	Provider city	
			N402	Provider state	Enter the provider or service/supplier's billing name, address, zip code and telephone number. Must be a physical address with nine-digit ZIP code.
			N403	Provider ZIP code	
			PER04	Provider phone number	
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
33b	Billing Taxonomy Number	2000A 2010AA	PRV02 PRV03	Taxonomy number	Qualifier PXC

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
1	Type of Health Insurance	2000B	SBR09	Claim editing indicator code	Must = MB for Medicare Part B
			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)
2	Patient's Name	2010BA or 2010CA	NM103	Last Name	Enter the patient's name as shown on their Medicare card
			NM104	First Name	
			NM105	Middle initial	
			NM107	Suffix (e.g., Jr. Sr.)	
3	Patient's Birth Date and gender	2010BA	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8
			DMG03	Gender	
4*	Insured's name (When there is insurance primary to Medicare, Items 4, 6, 7, and 11 are required items.)	2330A	NM103	Other insured last name	Enter the **insured's** name. Required if any other payers are known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
			NM104	Other insured first name	
			NM105	Other insured middle name	

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

Resources and References

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

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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