Connecticut Medical Assistance Program

CMS 1500 (02/12) Transition

Presented by:
The Department of Social Services & HP
Training Topics

• Why is the CMS-1500 claim form changing?
• When is the CMS-1500 claim form changing?
• What are the changes to the CMS-1500 claim form?
• Where can I find the CMS-1500 claim form?
• How is the new claim form processed?
• Additional Resources
Why is the Connecticut Medical Assistance Program (CMAP) requiring a new CMS-1500 claim form?

• As the October 1, 2014 implementation date of ICD-10 approaches, it is necessary to update the CMS-1500 claim form.

• Although additional changes are occurring, this presentation only emphasizes the changes that affect CMAP billing providers.
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ICD-10 Related Changes

• Adding an indicator to specify whether ICD-9 or ICD-10 diagnosis codes are being used.

• Increasing the number of diagnosis codes, expanding from 4 to 12 possible codes.
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When is the CMS-1500 claim form changing?

• CMAP began accepting the new CMS-1500 claim form as of January 6, 2014.
• CMAP will no longer be accepting the old form after April 1, 2014.

Mark Your Calendar

January 6, 2014

Began acceptance of the revised CMS-1500 form (version 02/12)

April 1, 2014

Will only accept the new CMS-1500 form (version 02/12)
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Previous Version 08/05

Revised Version 02/12
Field 21: ICD-10 Indicator Field

- *To indicate that you are billing with ICD-9 codes, enter a “9.”*
- *To indicate that you are billing with ICD-10 codes, enter a “0.”*
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Field 21: Additional Diagnosis Codes
- Number of lines has increased from 4 to 12.
- Indicators have changed from numeric to alpha (A – L).
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**Field 24E : Diagnosis Pointer**

- *Enter the diagnosis code reference letter (pointer) as shown in Item Number 21.*
- *The reference letters should be A – L or multiple letters as applicable*
- *A maximum of four Diagnosis Pointers are allowed in field 24E.*
- *Only alpha characters are accepted.*

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<th>24. A. DATE(S) OF SERVICE</th>
<th>B. CODE OR SERVICE</th>
<th>C. AMOUNT</th>
<th>D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)</th>
<th>E. DIAGNOSIS POINTER</th>
<th>F. CHARGES</th>
<th>G. DATE OF SERVICES</th>
<th>H. SIGNATURE</th>
<th>I. ID. QUAL.</th>
<th>J. RENDERING PROVIDER ID. #</th>
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Where can I access a copy of the CMS-1500 (version 02/12) claim form?

A sample template of the new CMS-1500 claim form is available for download at the National Uniform Claim Committee (NUCC) website.
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Where should new claims, version 02/12, be sent?

New CMS-1500 claim forms should continue to be sent to the current address:

HP
P.O. Box 2941
Hartford, CT 06104

Note:
Remember: Version 08/05 will no longer be valid as of 04/01/14. If the old version is mailed directly to the PO Box above on 04/01/14 or after, it will be returned to the provider.
These common errors on the new claim form, version 02/12, will result in valid denials. However, the errors can easily be corrected by understanding what information should be entered in fields 21 and 24E.

- **ICD 10 Improper Indicator**: This denial will occur on paper claims where the ICD Indicator field contains a “0” (indicating ICD-10), prior to ICD-10 implementation.

- **Invalid ICD Indicator**: This denial will occur on paper claims if the ICD Indicator field is either blank or invalid.

- **Diagnosis Code Is Missing, But Indicator Present**: This denial will occur on paper claims if there is no diagnosis on the claim, but an ICD indicator (valid or invalid) was present.
Example of a Properly Completed Current Claim

The below illustrates a claim, version 02/12, containing an ICD indicator of “9” and two diagnosis codes entered in the first two positions, A and B, within field 21.

Additionally, field 24E contains the alpha character diagnosis pointer associated with the diagnosis codes entered.
Attention Providers:

Provider Manuals have been updated with billing instructions for CMS 1500 version 02/12. Please update your software to print the claim forms in the correct format. Failure to follow the billing instructions will lead to claim denials.

Want to avoid costly software upgrade and/or claim denials related to the implementation of CMS 1500 version 02/12 claim form? Submit your claims electronically via HIPAA 837 batch transaction or utilize the Web claims submission tool from your secure Web portal from the CMAP Web site www.ctdssmap.com.
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What Users of the 1500 Need to Do:

**NUCC Recommendations**

- Talk to your practice management system vendor about upgrades to your system for the form
- Use up your stock of 08/05 forms
- Order 02/12 forms
  - Talk to your current forms vendor
- Look at any payer-specific instructions