

# 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*

# CMS 1500 Transition

## **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.

# CMS 1500 Transition

## 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.

# CMS 1500 Transition

## 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)

# CMS 1500 Transition

Previous Version 08/05

1500  
HEALTH INSURANCE CLAIM FORM  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

<input type="checkbox"/> 1. MEDICARE (Medicare #)	<input type="checkbox"/> MEDICAID (Medicaid #)	<input type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN)	<input type="checkbox"/> CHAMPVA (Member ID#)	<input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID)	<input type="checkbox"/> FECA BLK LUNG (SSN)	<input type="checkbox"/> OTHER (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
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CARRIER

Revised Version 02/12

HEALTH INSURANCE CLAIM FORM  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

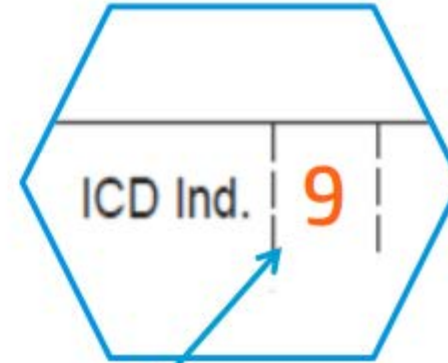
PICA

<input type="checkbox"/> 1. MEDICARE (Medicare#)	<input type="checkbox"/> MEDICAID (Medicaid#)	<input type="checkbox"/> TRICARE (ID#/DoD#)	<input type="checkbox"/> CHAMPVA (Member ID#)	<input type="checkbox"/> GROUP HEALTH PLAN (ID#)	<input type="checkbox"/> FECA BLK LUNG (ID#)	<input type="checkbox"/> OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE MM   DD   YY		SEX <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	

# CMS 1500 Transition

## 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.”*



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | |

A. _____	B. _____	C. _____	D. _____
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____

# CMS 1500 Transition

## Field 21: Additional Diagnosis Codes

- *Number of lines has increased from 4 to 12.*
- *Indicators have changed from numeric to alpha (A – L).*



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.			
A. 998.59	B. 780.6	C. V18.0	D. E878.8
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____





# CMS 1500 Transition

## 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](#).



The screenshot shows the NUCC website header with a search bar and navigation menu. The main content area features a title, a date, a paragraph of text, a bulleted list of links, and a concluding sentence.

**NUCC** National Uniform Claim Committee

SEARCH

Search this site ...

Home Announcements NUCC Structure Calendar 1500 Claim Form Code Sets Resources

### Resources for Implementing the 02/12 1500 Claim Form

December 9, 2013

Payers may begin accepting the 02/12 1500 Claim Form as of January 6, 2014. The following resources will assist your organization in implementing the revised form:

- [Understanding the Changes to the 0212 1500 Claim Form presentation](#)
- [Updating to the 0212 1500 Claim Form](#)

Submitters of the form should follow up with their specific payer(s) regarding their transition timeline information.

# CMS 1500 Transition

## 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**

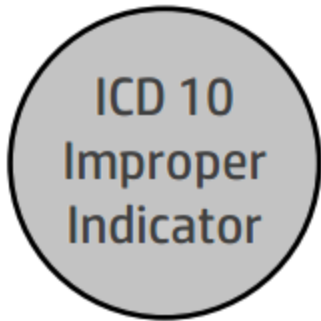
**Hartford, CT 06104**

**Note:**

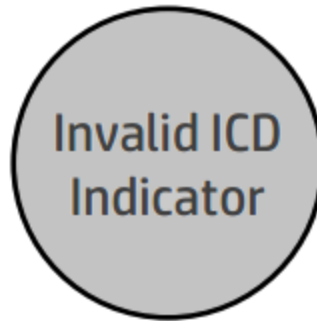
Remember: Version 08/05 will no longer be valid as of 04/01/14.  
If the old version is mailed directly to the PO Box above on 04/01/14 or after, it will be **returned** to the provider.

# CMS 1500 Transition

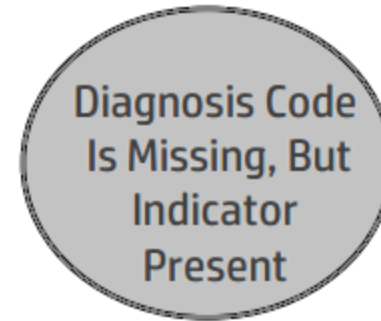
**These common errors on the new claim form, version 02/12, will result in valid denials. However, the errors can easily be corrected by understanding what information should be entered in fields 21 and 24E.**



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



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



This denial will occur on paper claims if there is no diagnosis on the claim, but an ICD indicator (valid or invalid) was present.

# CMS 1500 Transition

## 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.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB?		\$ CHARGES			
										<input type="checkbox"/> YES <input type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		9			
A. <b>51881</b>		B. <b>496</b>		C. _____		D. _____		E. _____		22. RESUBMISSION CODE		ORIGINAL REF. NO.			
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		23. PRIOR AUTHORIZATION NUMBER			
I. _____		J. _____		K. _____		L. _____									
24. A. DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From To				PLACE OF	EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	SERVICE	CPT/HCPCS	MODIFIER	POINTER						
1	01	07	14			21	99291		AB	34500	1		NPI	1231231230	
2													NPI		

# CMS 1500 Transition

## 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](http://www.ctdssmap.com).

# CMS 1500 Transition

## 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