



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MEMORANDUM

TO: Personal Care Services Program Coordinators and Case Monitors

FROM: Marc A. Blowe, Chief
Division of Community Long Term Care Services

RE: New CMS-1500 (08/05) Billing Instructions for Personal Care Providers

DATE: August 10, 2007

On July 30, 2007 personal care providers must begin utilizing the updated CMS-1500 (08/05) health insurance claim form when submitting paper claims. It is important that Atypical providers utilize their pseudo-NPI and nine-digit Medicaid Legacy provider number when submitting claims on the CMS-1500 (08/05). You may obtain the form from the Government Printing Office, the American Medical Association, or various major medical oriented printing firms.

As you are aware the pseudo-NPI number for Atypical providers is the number "5" preceding the personal care provider's nine-digit Medicaid Legacy provider number. Billing instructions have been developed specific to the Medical Assistance Personal Care Services Program to assist providers with completing the form correctly. For your review and usage, attached is the CMS-1500 (08/05) billing instructions for personal care providers and basic rules for submission. Please note that the **Program will return claims after July 30, 2007, if they are submitted on the previous CMS-1500 (12/90) claim form.**

Please forward your questions regarding the implementation of NPI or utilization of the CMS-1500 (08/05) to the following email address: NPIMedicaid@dhmh.state.md.us. Thank you.

Attachments

cc: Susan J. Tucker
Mark Leeds
Samuel Colgain, III
Pat O'Brien
Shauna Thompson

Paper Transactions (Paper Claims)

On and after July 30, 2007 all paper claims must be submitted on the new CMS-1500 (08/05) form.

Basic Rules for the new paper CMS-1500 (08/05):

- On and after July 30, 2007, use the new CMS-1500 (08/05).
- Use one new CMS-1500 (08/05) for each recipient.
- Be sure that the information entered on the form is legible.
- Double-check all information on the claim, especially the Provider and Recipient Numbers.
- Enter information with a typewriter or in black ink.
- Only six dates of service can be billed on one CMS-1500 (08/05) form. If you need to bill additional dates, you must complete a new CMS-1500 (08/05) form with all the required information completed.
- Paper CMS-1500 (08/05) claims should be mailed to:

Office of Systems & Operations
Medical Care Programs
Department of Health and Mental Hygiene
P.O. Box 1935
Baltimore, Maryland 21203

THERE ARE ONLY 15 FIELDS THAT MUST BE COMPLETED!

(Block numbers that are not described below may be left blank.)

| <u>MAPCSP Provider CMS-1500 (08/05) Paper Billing Instructions</u> | | |
|---|--|---|
| Block Number | Title | Action |
| 2 | Patient's Name | Enter the patient's last and first name from the Medicaid Identification Card. |
| 9a | Other Insured's Policy or Group Number | Enter the patient's 11-digit MA number as it appears on the MA card. The patient's MA eligibility should be verified on each date of service prior to rendering service by calling the Eligibility Verification System (EVS). |
| 11 | Insured's Policy Group or FECA Number | Enter "K". This indicates that Personal Care is not covered by any other insurance. |
| 24 A | Date(s) of Service | Enter each separate date of service as a six digit numeric date (e.g. 07/30/07) under the "From" heading. Leave the space under the "To" heading blank. Each date of service on which a service was rendered must be listed on a separate line. Ranges of dates <u>ARE NOT</u> accepted on this form. |
| 24 B | Place of Service | Enter "12". |
| 24 D | Procedures, Services or Supplies | Enter the procedure code under the space labeled "CPT/HCPCS" (i.e., Z0092, Z0101, etc). |
| 24 F | \$ Charges | Enter the usual and customary charge. |
| 24 G | Days or Units | Enter "1". |
| 24 I | ID Qualifier | Enter "1D" |
| 24 J | Rendering Provider (Two Lines) | Gray Shaded area (top line) – Enter the nine-digit Medicaid Legacy Provider number. Non-Shaded area (bottom line) – Enter the rendering provider's NPI number – For Atypical providers enter the pseudo-NPI (the number "5" followed by the nine-digit Medicaid Legacy Provider number). |
| 28 | Total Charge | Enter the sum of the charges shown on all lines of Block 24 F. |
| 31 | Signature of Provider and Date | The provider's signature is required. The claim date <u>MUST</u> be in this field in order for the claim to be reimbursed. |

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| 33 | Billing Provider Info (Name, Address, Zip Code and Phone#) | Enter the name, complete street address, state and zip code of the provider. Payment will be issued based on the provider information indicated in this block. This should be the address to which claims may be returned. |
| 33a | NPI | Enter the NPI number of the billing provider in block #33. Atypical providers should enter their pseudo-NPI; the number "5" followed by the nine-digit Medicaid Legacy provider number. |
| 33b | ID Qualifier & Legacy | Enter ID Qualifier "1D" followed by the nine-digit Medicaid Legacy provider number of the billing provider in Block #33. |

