State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 17 No. 07 **June 2007**

TO: Advanced Practice Nurses, Case Managements, Chiropractors, FQHCs, Independent Labs, Hearing Aid Dealers, Home Care Providers, Hospices, Independent Clinics, Medical Day Cares, Medical Suppliers, Nurse-Midwives, Optometrists, Physicians, Podiatrists, Prosthetic & Orthotic Suppliers, Psychologists, Residential Treatment Centers and Substance & Alcohol Abuse Centers - **For Action**

Health Maintenance Organizations - **For Information Only**

SUBJECT: **New Jersey Medicaid Guidelines for Completion and Acceptance of the CMS-1500 (08/05 edition) FORM**

EFFECTIVE: **June 25, 2007**

PURPOSE: To alert providers to the fact that the Division of Medical Assistance and Health Services will be replacing the CMS-1500 (12/90 edition) Form with the CMS-1500 (08/05 edition) form.

ACTION: The Division is replacing the CMS 1500 (12/90 edition) Form with the CMS 1500 (08/05 edition). When completing the CMS-1500 (08/05 edition) form for Medicaid/NJ FamilyCare beneficiaries' services, please comply with the following directions for the form locators noted below. New Jersey Medicaid will continue to accept the CMS-1500 (12/90 edition) claim form during the transition period to the new CMS 1500 (08/05 edition) Form. Providers will be notified through a future newsletter of the date when the new CMS 1500 (08/05) form must be used and the CMS 1500 (12/90 edition) Form will no longer be accepted.

1. Form locator "17": Please print or type the name of the referring or ordering provider, if applicable.

2. Form locator "17a": This field is divided into two boxes on the claim form. The first box is used to report a qualifier which identifies the type of number that will be entered in the second box. For New Jersey Medicaid, enter a value of "1D" in the first box. Then enter the seven (7) digit Medicaid Provider Number of the referring provider in the second box. If you fail to enter the value of "1D" in the first box, any data entered in the second box will be ignored.

3. Form locator “17b”: Please print or type the NPI number of the referring or ordering provider, if applicable.

4. Form locator “24C”: No entry required for New Jersey Medicaid.

5. Form locator “24D”: Please print or type the appropriate five (5) digit HCPCS procedure code and up to four two-digit modifiers, if applicable, for each service provided.

6. Form locator “24E”: Please print or type the reference number which corresponds with the diagnosis code in Form Locator 21 that relate specifically to the service being reported for this line item.

7. Form locator “24H”:

1. If the service is an EPSDT referral, enter the response in the shaded portion of the field as follows: Y for “YES” or N for “NO”.

2. If the service is a FAMILY PLANNING, enter the response in the unshaded portion of the field as follows: Y for “YES” or N for “NO”.

8. Form locator “24I”: Please print or type “1D” in the shaded area. . If you fail to enter the value of “1D”, any data entered in the shaded portion of Form Locator 24J will be ignored.

9. Form locator “24J”: Enter the seven (7) digit Medicaid Provider Number for the rendering provider in the shaded area when the rendering provider number is different from the billing provider number reported in Form Locator 33B. Enter the ten (10) digit NPI for the rendering provider in the unshaded area when the rendering provider NPI is different that the billing provider NPI reported in Form Locator 33a.

10. Form locator “24K”: Please ***delete*** this page (6-51) which is no longer applicable.

11. Form locator “32a”: No entry required for New Jersey Medicaid.

12. Form locator “32b”: No entry required for New Jersey Medicaid.

13. Form locator “33”: Please print or type the provider’s name, address, and telephone number.

14. Form locator “33a”: Please print or type the ten (10) digit NPI for the billing provider, if applicable.

15. Form locator “33b”: Please print or type “1D” followed by the seven (7) digit Medicaid Provider Number for the billing provider. If you fail to enter the value of

"1D", your claim will be returned to you unprocessed since we cannot assume that any number entered in this field is, in fact, a valid New Jersey Medicaid provider number.

For your convenience, use the attached pages to update your copy of the Fiscal Agent Billing Supplement. The NJMMIS web-site will be updated accordingly with these changes.

If you have any questions regarding this Newsletter, please contact Unisys Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB (BLUE TAB MARKED "5")

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) 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 M F

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

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

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

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

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

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

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

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 17

DATA FIELD: NAME OF REFERRING PROVIDER OR OTHER SOURCE

OR

Definition: The name of the referring or ordering provider who referred or ordered the service(s) or supply(s) on the claim.

Instruction: Print or type the name of the referring or ordering provider.

Field Characteristics: Alpha

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 17a

DATA FIELD: I.D. NUMBER OF REFERRING PROVIDER | OR |

Definition: The payer assigned non-NPI ID number of the ordering provider.

Instruction: Print or type "1D" in the first small box for this form locator. The presence of the ID indicates that the ID Number being reported in the second box for this form locator is the provider's seven (7) digit Medicaid provider number. If a value of "1D" is not reported in this field, any provider identifier reported will be ignored.

Print or type the seven digit New Jersey Medicaid provider number for this provider in the second box for this form locator. The New Jersey Medicaid provider number will not be recognized unless the qualifier of "1D" is reported in the qualifier field to the immediate right of 17a.

Field Characteristics: It is a 2 position numeric field plus 7 position numeric field.

Values:

Notes: 1. If the referring provider is a non-participant in the NJ Medicaid Program and an out-of-state provider, enter seven (7) fives (5555555). For an in-state non-participant provider, enter seven (7) sixes (6666666).

2. Use the individual provider number for all NJ Medicaid participating providers.

3. For Mental Health Rehabilitation services it is not necessary to complete this field.

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 17b

DATA FIELD: I.D. NUMBER OF REFERRING PROVIDER (NPI #)

OR

Definition: The NPI number refers to the HIPAA National Provider Identifier number.

Instruction: Print or type the NPI number of the referring or ordering provider.

Field Characteristics: It is a 10 position numeric field.

Values:

Notes: For Mental Health Rehabilitation services it is not necessary to complete this field.

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24C

DATA FIELD: EMG

NR

Definition: Emergency services.

Instruction: New Jersey Medicaid does not require the completion of this field.

Field Characteristics: It is a 1 position alpha field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24D

DATA FIELD: PROCEDURES, SERVICES, OR SUPPLIES | R |

Definition: The procedure code is a five (5) digit code for all medical services that defines the service delivered to the patient.

Instruction: Print or type the appropriate five (5) digit CPT or HCPCS procedure code and up to four two-digit modifiers, if applicable, for each service provided.

Field Characteristics: It is a 13 position alpha-numeric field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24E

DATA FIELD: DIAGNOSIS POINTER R

Definition: The diagnosis pointer refers to the line number from Form Locator 21 that relates to the reason the service (s) was performed.

Instruction: Print or type the reference number (pointer) that corresponds with the diagnosis code in Form Locator 21 to relate the date of service and the procedures performed to the related diagnosis codes.

Field Characteristics: It is a 1 to 4 position numeric field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24H

DATA FIELD: EPSDT/FAMILY PLANNING OR

Definition: The EPSDT/Family Plan identifies certain services that may be covered under Medicaid/NJ FamilyCare program.

Instruction: 1. If the service delivered is the result of an EPSDT referral, enter the response in the shaded portion of the field as follows: Y for “YES” or N for “NO”.

2. If the service is FAMILY PLANNING related, enter the response in the unshaded portion of the field as follows: Y for “YES” or N for “NO”.

Field Characteristics: It is a 1 position alpha field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24I

DATA FIELD: ID Qualifier OR

Definition: The qualifier will indicate the non-NPI number being reported.

Instruction: Print or type “1D” in the shaded area to indicate that the non-NPI number being reported in Field 24J is a Medicaid Provider Number. Failure to code a value of “1D” in this field will result in any number entered in Form Locator 24J to be ignored.

Field Characteristics: It is a 2 position alpha-numeric field.

Values:

Notes: **If this is a group provider billing, this field is required.**

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 24J

DATA FIELD: RENDERING PROVIDER ID. # R

Definition: The non-NPI number of the rendering provider refers to the payer assigned unique identifier of the professional.

Instruction: Print or type the New Jersey Medicaid Provider Number of the rendering provider in the shaded area and the NPI number in the unshaded area. These fields only need to be completed when the rendering provider is different than the billing provider identifiers reported in Form Locators 33a, and 33b.

Field Characteristics: The New Jersey Medicaid Provider Number is a 7 position numeric field and the NPI Number is a 10 position numeric field.

Values:

Notes: **If this is a group provider billing, this field is required.**

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 32a

DATA FIELD: SERVICE FACILITY LOCATION INFORMATION

NR

Definition: The NPI number refers to the HIPAA National Provider Identifier Number.

Instruction: New Jersey Medicaid does not require the completion of this field.

Field Characteristics: It is a 10 position numeric field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 32b

DATA FIELD: SERVICE FACILITY LOCATION INFORMATION

NR

Definition: The non-NPI ID number of the service facility refers to the payer assigned unique identifier of the facility.

Instruction: New Jersey Medicaid does not require the completion of this field.

Field Characteristics: It is a 9 position numeric-alpha field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 33

DATA FIELD: BILLING PROVIDER INFO & PHONE # R

Definition: The billing provider's name, address, and phone number.

Instruction: Print or type the billing provider's name, address, and telephone number.

Field Characteristics: It is an alpha-numeric field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 33a

DATA FIELD: BILLING PROVIDER INFO & PHONE # R

Definition: NPI number of the billing provider.

Instruction: Print or type the NPI number of the billing provider in the unshaded area.

Field Characteristics: It is a 10 position numeric field.

Values:

Notes:

EFFECTIVE: June 25, 2007 **FORM LOCATOR** 33b

DATA FIELD: BILLING PROVIDER INFO & PHONE # R

Definition: The non-NPI ID number of the billing provider refers to the payer assigned unique identifier of the professional.

Instruction: Print or type "1D" in the first two positions of this field. The presence of the ID indicates that the ID Number being reported is the billing provider's seven (7) digit Medicaid provider number. If a value of "1D" is not reported in this field, any provider identifier reported will be ignored.

Print or type the seven digit New Jersey Medicaid provider number for the billing provider immediately following the "1D"

Field Characteristics: It is a 9 position alpha-numeric field.

Values:

Notes: