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

NEWSLETTER

Volume 24 No. 01 **February 2014**

TO: All Providers **– For Action**
Health Maintenance Organizations **– For Information Only**

SUBJECT: **NJ FamilyCare Guidelines for Completion and Acceptance of the New 1500 (02-12 Edition) Claim Form**

EFFECTIVE: Claims received by Molina Medicaid Solutions on or after April 1, 2014

PURPOSE: To notify NJ FamilyCare (NJFC)/Medicaid fee-for-service (FFS) providers of the intentions of the New Jersey Division of Medical Assistance and Health Services (DMAHS) to replace the 1500 (08/05 edition) Claim Form with the 1500 (02-12 edition) Claim Form.

BACKGROUND: The National Uniform Claim Committee (NUCC) announced the final approval of the Version 02-12 Health Insurance Claim Form (1500 Claim Form) that accommodates reporting needs for ICD-10 CM and aligns with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Report Type 3. The new Claim Form addresses two priorities of the healthcare industry. The first is the addition of an indicator to identify the version of the diagnosis code set being reported and the second is to expand the number of diagnosis codes that can be reported on the Claim Form.

DMAHS is replacing the 1500 (08/05 edition) Claim Form with the 1500 (02-12 edition). When completing the 1500 (02-12 edition) Claim Form for healthcare services being billed to the State of New Jersey, please comply with the following directions for the Claim Form Locators indicated below. The Centers for Medicare and Medicaid Services (CMS) announced that the 1500 (02-12 edition) Claim Form is federally mandated, effective April 1, 2014. In order to ensure a smooth transition to the new 1500 (02-12 edition) Claim Form, DMAHS shall also impose this same effective date for billing healthcare claims to the State of New Jersey.

ACTION:

March 31, 2014 is the last day the State's fiscal agent shall accept claims submitted on the 1500 (08/05 edition) Claim Form. Any 1500 (08/05 edition) Claim Form received by the fiscal agent on or after April 1, 2014 shall be returned to the provider since required information may be unavailable to adjudicate the claim. April 1, 2014 is the first day that the 1500 (02-12 edition) Claim Form shall be accepted by the State's fiscal agent. Any 1500 (02-12 edition) Claim Form received by the fiscal agent prior to April 1, 2014 shall be returned to the provider.

Guidelines for Completion of the Changed Fields* on the 1500 (02-12 Edition) Claim Form

Form Locator (i.e. Field)	Current Usage	1500 (02-12 Edition) Changes	Additional Information
10d	Carrier codes (3)	Continue to report up to three (3) carrier codes in this field	**No Change** Do not report NUCC claim codes in this field
17	Name of referring provider or other source	The provider reported will continue to be treated as a referring provider	**No Change** Consistent with current NJMMIS requirements
17a	**ID number of referring provider qualifier (1D)**	**DO NOT USE QUALIFIER 1D; USE QUALIFIER G2.**	**New Requirement Consistent with NUCC standards**
19	Total patient liability	Continue to report total patient liability in this field	**No Change** Consistent with current NJMMIS requirements
21	Diagnosis or nature of illness or injury	An ICD Indicator field has been added	**New Requirement** Report an ICD indicator value for the diagnoses reported on the claim: Indicator value '9' = ICD-9 diagnoses Indicator value '0' = ICD-10 diagnoses
21	Diagnosis or nature of illness or injury	Up to twelve (12) seven (7) character ICD-10 diagnosis codes may be reported	**New Requirement** This field may continue to be used to report ICD-9 diagnosis codes prior to the ICD-10 implementation date.
24e	Diagnosis pointer	Report pointer values A – L Reporting limit of four (4) pointer values per claim line	**New Requirement** Reported diagnosis pointer values must correlate with diagnoses reported in field 21.
24i	**ID qualifier (1D)**	**DO NOT USE QUALIFIER 1D; USE QUALIFIER G2.**	**New Requirement Consistent with NUCC standards**
30	Balance due	The use of this field has been discontinued	**New Requirement** Consistent with NUCC standards
33b	**Billing provider info & phone no. qualifier 1D**	**DO NOT USE QUALIFIER 1D; USE QUALIFIER G2.**	**New Requirement Consistent with NUCC standards**

*This table includes only those changes relevant to claims processing by the New Jersey Medicaid Management Information System (NJMMIS). Additional NUCC field changes that are not relevant to NJMMIS claims processing are not included in this table. Information regarding the proper completion of the paper 1500 (02-12 edition) Claim Form may be found at www.njmmis.com; select ***Billing/Training Packets****;* select ***Provider Type****;* select a '**Provider' *Billing Supplement***.*

REMINDER

DMAHS shall enforce the mandatory ICD-10 code set implementation date of October 1, 2014. All claims with service dates on or after October 1, 2014 must report the new ICD-10 CM code set.

Direct Data Entry (DDE) used by providers to submit claims on-line through the State's fiscal agent will be modified to accept the new ICD Indicator; up to twelve (12) seven (7) character diagnosis codes; and **the new Provider ID qualifier 'G2'.**

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE