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.


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.
HEALTH INSURANCE CLAIM FORM

1. MEDICARE  MEDICAID  TRICARE (CHAMPVA)
   [Medicare #]  [Medicaid #]  [Medicare #]  [Medicaid #]
   [Sponsor's SSN]  [Medicaid #]  [Sponsor's SSN]
   [Sponsor's SSN]  [Member ID]

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
   [Last Name]  [First Name]  [Middle Initial]

3. PATIENT'S BIRTH DATE
   DD  MM  YYYY
   [Day]  [Month]  [Year]

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

5. PATIENT'S ADDRESS (No., Street)
   [Street Address]

6. PATIENT RELATIONSHIP TO INSURED
   [Self]  [Spouse]  [Child]  [Other]

7. INSURED'S ADDRESS (No., Street)
   [Street Address]

8. PATIENT STATUS
   [Single]  [Married]  [Other]

9. CITY

10. ZIP CODE
   [Postal Code]

11. STATE
   [State Code]

12. TELEPHONE (Include Area Code)
   ( )

13. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
   [Last Name]  [First Name]  [Middle Initial]

14. OTHER INSURED'S POLICY OR GROUP NUMBER
   [Number]

15. IS PATIENT'S CONDITION RELATED TO:
   [Employment]  [Current or Previous]
   [Auto Accident]  [Place of Incurrence]
   [Other Accident]
   [Other]

16. INSURED'S DATE OF BIRTH
   DD  MM  YYYY
   [Day]  [Month]  [Year]

17. EMPLOYER'S NAME OR SCHOOL NAME
   [Name]

18. INSURANCE PLAN NAME OR PROGRAM NAME
   [Name]

19. INSURANCE PLAN NUMBER
   [Number]

20. Insured's policy group or plan number
   [Number]

21. IS THERE ANOTHER HEALTH BENEFIT PLAN?
   [Yes]  [No]  [If yes, return to and complete lines 0-26]

22. PATIENT'S CONDITION NUMBER
   [Number]

23. PATIENT'S ACCOUNT NO.
   [Number]

24. ACCEPT ASSIGNMENT?
   [Yes]  [No]

25. TOTAL CHARGE
   [Amount]

26. AMOUNT PAID
   [Amount]

27. BALANCE DUE
   [Amount]

28. PHYSICIAN'S OR SUPPLIER'S SIGNATURE
   [Signature]

29. BILLING PROVIDER INFO & PH #
   [Information]

30. SIGNATURE OF PHYSICIAN OR SUPPLIER
    [Signature]

31. SERVICE FACILITY LOCATION INFORMATION
    [Information]

32. PHYSICIAN'S OR SUPPLIER'S SIGNATURE
    [Signature]

33. BILLING PROVIDER INFO & PH #
    [Information]

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0928-0999 FORM CMS-1500 (08/06)
DATA FIELD: NAME OF REFERRING PROVIDER OR OTHER SOURCE

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

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.
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.
DATA FIELD: EMG

Definition: Emergency services.

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

Field Characteristics: It is a 1 position alpha field.
DATA FIELD: PROCEDURES, SERVICES, OR SUPPLIES

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:
DATA FIELD: DIAGNOSIS POINTER

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:
**DATA FIELD:** EPSDT/FAMILY PLANNING

**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:**
DATA FIELD: ID Qualifier

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.

Notes: If this is a group provider billing, this field is required.
DATA FIELD: RENDERING PROVIDER ID. #

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, 33b, and 33c.

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.
DATA FIELD: SERVICE FACILITY LOCATION INFORMATION

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:
DATA FIELD: SERVICE FACILITY LOCATION INFORMATION

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:
DATA FIELD: BILLING PROVIDER INFO & PHONE #

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:
DATA FIELD: BILLING PROVIDER INFO & PHONE #

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:
DATA FIELD: BILLING PROVIDER INFO & PHONE #

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: