



Montana Medicaid

CLAIM JUMPER

Volume XXII, Issue 12, December 2007

In This Issue

DME Prior Authorization	1
New APR-DRG Payment Method	1
Reenrollment for Audiology and Hearing Aid Dispensers	1
Provider Contingency.	1
Taxonomy Required for Billing	1
Requirement to Update Information in the NPPES	1
Medicare Announces a New “Key” NPI Date.	2
Publications Reminder	2
Billing With an NPI	2
RHC and FQHC Billing for Smoking and Tobacco Use Cessation Counseling	2
Accessing Remittance Advices	2
Recent Publications	3

DME Prior Authorization

DME providers must mail or fax prior authorization requests to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

Fax toll-free local and long distance
1-877-443-2580
Phone local (406) 457-5887, toll-free long distance 1-877-443-4021, ext. 5887

Requests sent to DPHHS Quality Assurance and/or Health Resources will be delayed.

New APR-DRG Payment Method

The Montana Department of Public Health and Human Services (DPHHS) will move to a new method of paying for hospital inpatient services on October 1, 2008. The goals

are to implement a DRG grouper appropriate to Medicaid, reduce complexity, improve incentives, and reduce reliance on Medicare cost reports. CAHs will not be affected by this new payment methodology.

The design and implementation of the new method will be discussed in detail with a hospital technical advisory group at monthly meetings. These meetings are conducted by videoconference from the Montana Hospital Association (MHA) office in Helena and are open to anyone. The schedule for the monthly hospital technical advisory group meetings and FAQs regarding the new payment method are located on the Montana Medicaid website at <http://medicaidprovider.hhs.mt.gov/providerpages/provider/01pmnt.shtml>. Additional resources such as DRG weights, rates, pricing examples, and presentations from provider trainings will be posted to this website as they become available.

Reenrollment for Audiology and Hearing Aid Dispensers

Hearing aid dispensers and audiologists must reenroll in Montana’s Healthcare Programs for each provider type with the appropriate taxonomy code. Reenrollment is available online at www.mtmedicaid.org and a list of taxonomy codes can be found at <http://medicaidprovider.hhs.mt.gov/pdf/npienrollmentsupplementalonly.pdf>. If you have questions, please contact ACS Provider Relations at (800) 624-3958.

Provider Contingency

As you are aware, institutional providers must begin billing with their NPI number on January 1, 2008. If your office is not able to utilize the NPI at this time, you must complete the NPI Montana’s Healthcare Programs Provider Contingency Plan Certification. This form certifies that providers have implemented a contingency plan and in the event of a complaint filed against them, have it available for CMS to review.

Providers must complete and submit this form to ACS at the address on the form to be included in their current file. When the certification is received, ACS will update the

Medicaid Management Information System to allow a temporary exemption until May 23, 2008. This will allow continuation of reimbursement to institutional providers for services provided to our Montana citizens using current Montana’s Healthcare Program provider numbers. You may obtain this form on the Medicaid website (mtmedicaid.org).

CMS will not impose penalties on covered entities that deploy a contingency plan if that entity has made reasonable and diligent efforts to become compliant with NPI. Not having an NPI does not constitute a good faith effort. Some examples of good faith effort include:

- Increased external testing with trading partners
- Lack of ability or refusal by other entities to test transactions
- Inability to utilize the NPI on HIPAA transactions

Atypical providers do not have to obtain an NPI but are required to reenroll and use their new Montana Healthcare Program provider number. If you have additional questions, you may contact ACS Provider Relations at (800) 624-3958.

Taxonomy Required for Billing

All providers billing with NPI *must* bill with their taxonomy. For providers whose claims are first processed by Medicare, include this taxonomy on any claims sent to Medicare so Medicaid can process them upon receipt.

Requirement to Update Information in the NPPES

Health care providers who are covered entities under HIPAA are required by the National Provider Identifier (NPI) Final Rule to update their NPPES data. The Final Rule [at (162.410(a)(4))] states that covered health care providers must notify the NPPES of changes in their required NPPES data elements within 30 days of the changes. Failure to provide updated information may be considered an act of non-compliance with the

NPI regulation, and a complaint may be filed against covered health care providers who do not comply with this provision, or any other provisions of the rule.

Most updates and changes can be made by health care providers over the web, using the User IDs and passwords they selected when they first applied for their NPIs. If they applied on paper, most health care providers can submit updates or changes over the web and can select User IDs and passwords at the time of the update. Certain changes or updates, however, must be made on paper (form CMS-10114), as they require the original signature of the health care provider or, for an organization health care provider, the signature of the Authorized Official. Such changes include:

- Applications for NPIs and all updates/changes from individuals who do not have SSNs or who do not want to report their SSNs to NPPES;
- All requests to deactivate NPIs;
- All requests to reactivate NPIs;
- All changes to incorrectly submitted SSNs;
- All changes to incorrectly submitted dates of birth;
- All changes to incorrectly submitted Employer Identifier Numbers (EINs);
- All changes of EINs;
- Password resetting changes due to changes to the Contact Person or Authorized Official.

Medicare Announces a New “Key” NPI Date

Effective March 1, 2008, Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). Providers may continue to submit NPI/legacy pairs in these fields or submit only their NPI on the claim. Providers may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in the claim being rejected or returned as unprocessable beginning March 1, 2008. Until further notice, providers may continue to include legacy identifiers only for the secondary fields. This announcement does not affect atypical providers who do not have an NPI.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Billing With an NPI

Montana's Healthcare Programs began accepting National Provider Identifier (NPI) from healthcare providers as of October 1, 2007. (Atypical providers, i.e. taxicabs, personal

care, assisted living, are not required to bill with an NPI but can if they have obtained one.) Based upon our review of the claims, ACS has the following suggestions to ease the transition to NPI only. Remember, the contingency for Montana's Healthcare Programs ends when Medicare's contingency ends. For providers billing on the UB form or 837I electronic transaction, this is December 31, 2007. CMS has announced as of March 1, 2008, fee for service claims will require NPI.

Please note that prior to NPI implementation, the MMIS used only a single provider ID to process the claim. If a rendering provider ID was sent, this was the ID used to process the claim. With NPI, the MMIS now pulls in both the billing provider ID as well as the rendering provider ID. Providers must, therefore, be extremely careful to use the correct IDs in these fields to avoid claims processing problems.

Only the provider types listed below should bill one provider number/NPI as the billing provider and a different provider number/NPI as the rendering provider. If you are not one of the provider types below, you are both the billing provider **and** the rendering provider.

- Podiatry Clinic
- Physical Therapist Clinic
- Speech Therapist Clinic
- Occupational Therapist Clinic
- Dental Clinic
- Physician Clinic
- Dedicated Emergency Department
- General Group or Clinic

If you are a Federally Qualified Health Center (FQHC) and any of your physicians see patients in another setting, e.g. hospital, the physician is both the billing and rendering provider **or** the hospital is the billing provider and the physician is the rendering provider in this case. Do not bill yourself as the billing provider and the physician as the rendering provider.

DO:

- Apply for an NPI from the National Plan and Provider Enumeration System (NPPES) at 1-800-465-3203, customer service@npientumerator.com or NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.
- Reenroll with Montana's Healthcare Programs at www.mtmedicaid.org (icon is on upper-left hand corner of webpage) or contact ACS Provider Relations at 1-800-624-3958 for assistance. Begin billing with your NPI only so there is less chance your claims will be denied or payments delayed before the contingency ends.
- Submit a few claims with NPI and taxonomy only (no legacy CHIP/MHSP/Medicaid ID) to ACS to allow time to resolve issues before the contingency period ends.
- Bill either the NPI in Box 56 **or** the legacy Medicaid ID in Box 57 if submitting a UB-04 claim.

DO NOT:

- Bill an NPI in Box 17A for the Passport provider number as the claim will deny if Passport authorization is required.
- Bill your legacy Medicaid ID as the billing provider in Box 33B and your NPI as the rendering provider in Box 24J. Bill either the legacy Medicaid ID **or** the NPI in both places.
- Put both your NPI in Box 33A and your legacy Medicaid ID in Box 33B. Box 33A should contain the NPI of the billing provider and Box 33B should contain qualifier “ZZ” if taxonomy is billed **or** Box 33B should contain qualifier “1D” if the legacy Medicaid ID is billed and Box 33A should be blank.

RHC and FQHC Billing For Smoking and Tobacco Use Cessation Counseling

When billing for smoking and tobacco use cessation counseling, RHCs and FQHCs must bill the most appropriate revenue code among 521, 522, 524, 525, 527 or 528. RHCs and FQHCs must not bill revenue code 942. RHCs and FQHCs must bill HCPCS code G0375 or G0376. This service is considered a medical health visit for purposes of determining if there were two visits on the same day. Reimbursement for this service will be at the provider specific all-inclusive prospective payment amount.

Accessing Remittance Advices

Providers' printable statements of remittance are available online in PDF format on the Montana Access to Health (MATH) web portal. They are posted to the provider's billing number: NPI, old Montana's Healthcare Programs ID number, or new Montana's Healthcare Programs ID number (for atypical providers). If no NPI appears in the drop-down menu, providers should fax a request to Provider Relations at (406) 442-4402 and ask that it be linked to their web portal submitter number. Please include the submitter number or the Montana's Healthcare Programs provider number on the request. Providers who have not yet reenrolled should look under their old Montana's Healthcare Programs ID number.

Providers can register for MATH access at www.mtmedicaid.org. Contact ACS at (800) 624-3958 or (406) 442-1837 for assistance.

14,250 copies of this newsletter were printed at an estimated cost of \$.52 per copy, for a total cost of \$7,415.59, which includes \$4,437.66 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices and Replacement Pages		
10/01/07	Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals	Tamper-Resistant Prescriptions Pads — POSTPONED
10/01/07	Inpatient Hospitals, Outpatient Hospitals, Freestanding Dialysis Clinics, Rural Health Clinics, Federally Qualified Health Centers	Attending Provider
10/03/07	Podiatry, Physical Therapy, Speech Therapy, Occupational Therapy, Dentists, Physicians	Rendering Provider
10/03/07	Physicians, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient, Hospital Outpatient, Indian Health Services	VFC Update
10/16/07	RHC, FQHC	Smoking and Tobacco Use Cessation Counseling
10/31/07	RHC	RHC Services in Hospitals
10/31/07	Pharmacy	Pharmacy 835 RA Problems
11/01/07	All Provider Types	Enhanced Claims Editing — Bloodhound ClaimsGuard®; Enhanced Claims Editing — Add-on Codes; Enhanced Claims Editing — New Visit Evaluation and Management Codes
Fee Schedules		
10/04/07	Hospice	Revised FY07 fee schedule
10/08/07	Hospital Inpatient, Mental Health Center, Physician, Mid-Level Practitioner, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Mental Health Case Management	Fee schedule for Medicaid mental health and MHSP services for clients 18 years of age and older
10/11/07	Physician, Mid-Level Practitioners, Podiatry, Public Health Clinic, IDTF, Lab and X-ray	Fee schedules
10/22/07	Hospital Inpatient	DRG relative values, average length of stay and outlier thresholds
11/01/07	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
Other Resources		
10/01/07, 10/08/07, 10/15/07, 10/22/07, 10/29/07	All Provider Types	What's New on the Site This Week
10/01/07	All Provider Types	News item regarding MATH Web Portal Now Accessible
10/02/07	All Provider Types	Link to Provider Locator Search added to left column navigation bar
10/03/07	All Provider Types	News item regarding FaxBack Alert
10/04/07	All Provider Types	News item regarding Institutional 837 Transactions
10/09/07	All Provider Types	Vendors updated on Tamper-Resistant Pad Vendors page
10/09/07	Inpatient Hospital	Revised DRG Base Price and CCR History
10/11/07	All Provider Types	News item regarding Providers May Receive Paper Checks
10/12/07	Pharmacy	Updated PDL and quicklist
10/12/07	All Provider Types	November <i>Claim Jumper</i>
10/16/07	Inpatient Hospital	Link to new The New APR-DRG Payment Method page
10/16/07	All Provider Types	Revised news item regarding Instructions for Billing on Paper During the NPI Contingency Period
10/17/07	All Provider Types	News item regarding NPI-only Claim Instructions
10/22/07	All Provider Types	Links to Find a Montana Healthcare Provider and Choose Your Passport Provider added to new "New Features!" section of client page
10/29/07	All Provider Types	Revised Medicaid form order
10/29/07	All Provider Types	News item regarding NPI-only Electronic Claim Instructions
11/01/07	All Provider Types	News item regarding Weekly Payment Cycle to Be Run Again

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

PRSR STD
U.S. Postage
PAID
Eau Claire, WI
Permit No. 366

Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604

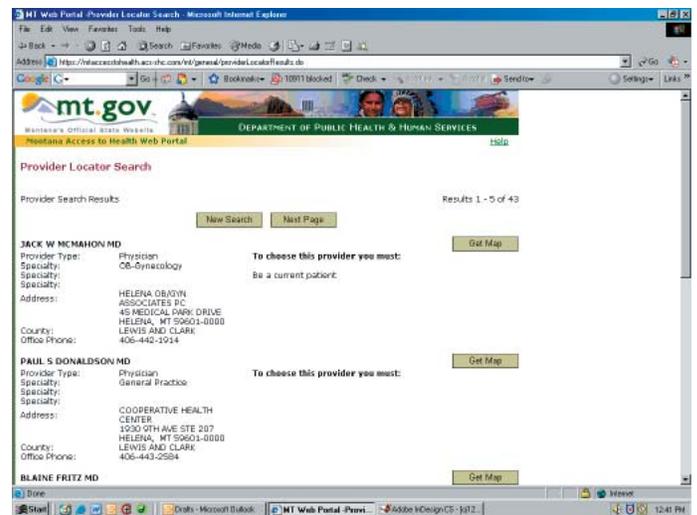
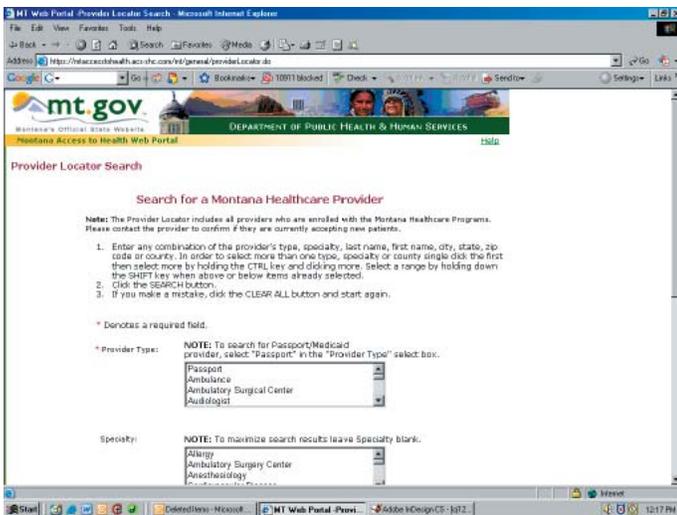
New Features on the Montana Access to Health Web Portal

The Montana Access to Health (MATH) web portal, located at www.mtmedicaid.org, now offers four new features for providers and clients. These services started effective October 1, 2007. In addition to the new features, all other functionality of the web portal has been updated to accept National Provider Identifier or new atypical provider numbers for transactions.

These new features, designed to make working with Montana's Healthcare Programs even easier, include:

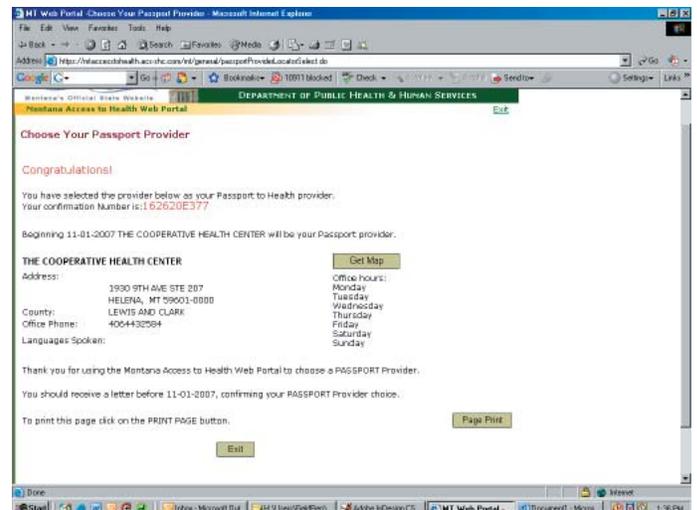
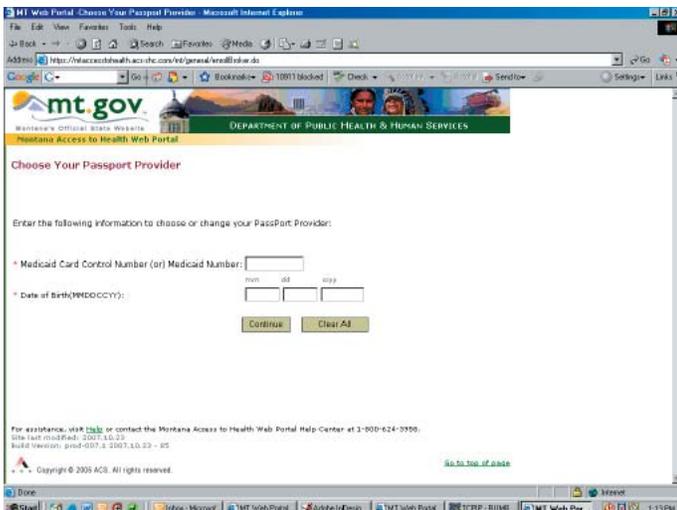
- **Provider Locator:** The provider locator is open to anyone through the www.mtmedicaid.org web site. Both clients and providers can search for a provider. This will be useful for clients looking for a Passport provider, for example, as well as providers looking to make a referral.

The user selects any combination of the provider's type, specialty, last name, first name, city, state, ZIP code or county. To select more than one type, specialty or county, single click the first then select more by holding the CTRL key and clicking more. Select a range by holding down the SHIFT key when above or below items already selected. Then click the SEARCH button. The search will return any provider enrolled in Montana's Healthcare Programs meeting the criteria entered.



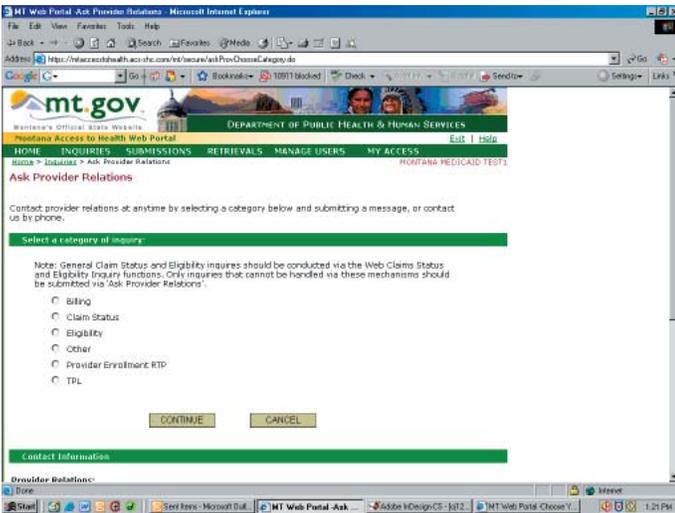
The user must then contact the provider to confirm if they are currently accepting new patients.

- **Choose Your Passport Provider:** This feature will allow clients to view an educational tutorial and choose a Passport provider through the web. The clients' choices will be sent to ACS for processing.



- **Ask Provider Relations:** This feature can be found under “Inquiries” in the left column of the MATH web portal home page. It allows providers to send questions directly to ACS Provider Relations through the Montana Access to Health secure web portal.

Providers will choose a subject for the question—Billing, Claim Status, Eligibility, Other, Provider Enrollment RTP, or TPL—and be presented with a text box in which to type in the question. General Claim Status and Eligibility inquiries should be conducted via the Web Claims Status and Eligibility Inquiry functions. Only inquiries that cannot be handled via these mechanisms should be submitted via “Ask Provider Relations.” Once submitted, the question is sent to ACS to be answered and a reply will be sent to the provider’s inbox (see below).



- **My Inbox:** This feature is found under “Retrievals” in the center column of the MATH web portal home page. It will be used to post ACS’s answers to the Ask Provider Relations questions submitted. The mailboxes will also be used to post important information such as Prior Authorization Notices or provider-specific information. In the future, all provider communication will be sent only to these online mailboxes.



Billing With NPI Only

Providers who have an NPI can now bill using that number only. Institutional providers must bill with their NPI only beginning January 1, 2008. This insert provides instructions for providers billing electronically or on the new CMS-1500 and UB-04 paper claim forms using an NPI only. If you have further questions, please call Provider Relations at (800) 624-3958 or (406) 442-1837.

X 12 Information

837P

NPI Qualifier = XX
Taxonomy Qualifier = ZZ

Billing Provider NPI
Loop 2010AA, Segment NM1, Data Element 09

Billing Provider Zip
Loop 2010AA, Segment N4, Data Element 03

Billing Provider Taxonomy
Loop 2000A, Segment PRV, Data Element 03

Rendering Provider NPI (Claim Level)
Loop 2310B, Segment NM1, Data Element 09

Rendering Provider Zip
Loop 2310D, Segment N4, Data Element 03

Rendering Provider Taxonomy
Loop 2310B, Segment PRV, Data Element 03

Rendering Provider NPI (Line Level)
Loop 2420A, Segment NM1, Data Element 09

Rendering Provider Zip
Loop 2420C, Segment N4, Data Element 03

Rendering Provider Taxonomy
Loop 2420A, Segment PRV, Data Element 03

CSCT Team Number
Loop 2300, Segment CN1, Data Element 01,
Qualifier = 09
Team Number
Loop 2300, Segment CN1, Data Element 04

837I

NPI Qualifier = XX
Taxonomy Qualifier = ZZ

Billing Provider NPI
Loop 2010AA, Segment NM1, Data Element 09

Billing Provider Zip
Loop 2010AA, Segment N4, Data Element 03

Billing Provider Taxonomy
Loop 2000A, Segment PRV, Data Element 03

Attending Provider NPI (Claim Level)
Loop 2310A, Segment NM1, Data Element 09

Attending NPI Provider (Line Level)
Loop 2420A, Segment NM1, Data Element 09

Attending Provider Taxonomy (Claim Level)
Loop 2310A, Segment PRV, Data Element 03

Operating Provider NPI
2310B, Segment NM1, Data Element 09

Other Physician NPI
Loop 2310C, Segment NM1, Data Element 09

NDC Code
Loop 2410, Segment LIN, Data Element 03

Prescription Number
Loop 2410, Segment REF, Data Element 02

Units
Loop 2410, Segment CTP, Data Element 04

Unit Price
Loop 2410, Segment CTP, Data Element 03

Drug Unit Type:
Loop 2410, Segment CTP, Data Element 05-1
F2 = International\
GR = Gram
ML = Milliliter
UN = Unit

Nursing Facility Personal Resource Amount
Loop 2300, Segment AMT, Data Element 01,
Qualifier = F3
Amount
Loop 2300, Segment AMT, Data Element 02

UB-04 and CMS-1500 Medicaid-Only

The information below is a list of important fields on the new UB-04 and CMS-1500 claim forms for providers that are billing with their NPI. All fields that are not listed are not needed to process a claim for Montana Medicaid.

UB-04

Field #	Field Title	Instructions
1*	Provider's Physical Address	Enter Provider's Physical Address with a 9-digit ZIP.
3a**	Control Number	Client's control used by provider
4*	Bill Type	Enter Billing Code
6*	Statement Covers Period	The beginning and ending service dates of the period included on this bill.
7**	Unlabeled field	Passport (beg w/99) OR Override Indicator (beg. w/alpha character)
8a and 8b*	Patient's Name	Enter Client's Name as seen on client's Montana's Healthcare Programs information
12-15**	Admission	Enter the admission date, hour, type and source
17*	Patient Status	A code indicating client discharge status as of the ending service date of the period covered on this bill.
18-28**	Condition Codes	Condition codes that are applicable A4 (family planning) and B3 (pregnancy)
42*	Revenue Codes	A code which identifies a specific accommodation, ancillary service or billing calculation.
43**	Revenue Description	Enter revenue description
	NDC coding	Enter NDC if drugs were administered
44*	HCPCS/ RATE/ HIPPS CODE	Outpatient: coding for HCPCS / NDC Inpatient: Not required
45**	Service Dates	Outpatient: Enter dates of service for each line item with revenue code Inpatient: Not required
46*	Service Units	A quantitative measure of services rendered by revenue category to or for the client to include items such as number of accommodation day, miles, pints of blood, etc. Must be appropriate for the procedure code, if listed.
47*	Charges	Enter charges (covered and non-covered) for each line containing a revenue code.
Line 23*	Creating Date	Enter the Date the claim was created (bill date)
50*	Payer Name	Not required if only Montana Healthcare Programs are billed
54*	Prior Payments	If applicable
56*	NPI number	Enter billing provider's NPI number
58*	Insured's Name	Enter name of the individual in whose name the insurance is carried
60*	Insured's ID	ID of the individual in whose name the insurance is carried.
NOTE	All information related to payer hierarchy needs to be on the corresponding line (A,B,C) in fields 50, 54, 56, 57, 58, and 60.	
63**	Treatment Authorization	Enter a Prior Authorization number if applicable to the service
67 A-Q*	Diagnosis Code	Enter principal diagnosis code
69**	Admitting Diagnosis	Inpatient: Enter diagnosis identified at the time of hospitalization
72**	EMG	Emergency Code
73**	Unlabeled	Cost Share Indicator
74 a-e**	ICD-9 Procedure Code	Inpatient only: Procedure Codes
76*	Attending Provider	NPI Attending Provider NPI # Qualifier = ZZ for taxonomy followed by taxonomy for attending provider
77-79**	Operating and Other Providers	1st box Operating/Other Provider NPI # Qualifier = ZZ for taxonomy followed by taxonomy for attending provider
81cc*	Taxonomy	Enter Billing Providers Taxonomy number.
Signature	Not needed.	UB-04 Does not have an area

CMS-1500

Field #	Field Title	Instructions
2*	Patient's Name	Enter patient's name as seen on client's Montana's Healthcare Programs information
10d, *	Client's Montana Healthcare Programs ID	Enter the client's Montana Healthcare Programs ID number as it appears on the client's Montana's Healthcare Programs information.
1a, 9a, 11**	Client's Montana Healthcare Programs ID	If Client's ID is not located in 10d these three fields are searched for the number
17a **	Referring Provider's Medicaid/ Passport #	For atypical providers referring enter qualifier 1D followed by Montana's Healthcare Programs provider number
17b **	Referring Provider's NPI #	Enter Referring Providers Passport number if a Passport client
24i shaded*	ID Qualifier	Enter Referring Provider's NPI # Enter ID qualifier if the attending is an atypical provider or ZZ for the Taxonomy qualifier if rendering NPI will be entered
24j shaded *	Montana's Healthcare Program/ Taxonomy #	Enter atypical provider number or Taxonomy code
24j *	NPI Number, Rendering Prov	Enter NPI Number for the rendering provider
31*	Signature and Date	Enter Signature and Date
33*	Billing Provider Info	Enter Physical Address with a 9 digit ZIP code
33a**	NPI #	Enter NPI number for billing provider.
33b*	Taxonomy Montana Healthcare Programs #	Enter the ID qualifier and atypical provider number or ZZ and taxonomy for healthcare provider
	Atypical Provider #	
21.1 – 21.4*	Diagnosis codes	Enter at least one diagnosis
24a*	Date(s) of Service	Enter the dates of service include beginning and ending date even if same
24b*	Place of Service	Enter the code for place of service
24c**	EMG	Emergency Indicator if applicable
24d*	Procedure Code	Enter the procedure code and modifiers if applicable
24e*	Diagnosis Pointer	Enter the corresponding diagnosis pointer (1,2,3,or4) that refers to the codes in field 21
24f*	Charges	Enter the line item charge
24g*	Days/Units	Enter the days or units used for the procedure
28*	Total Charges	Enter total charges from all line items.

* = Required Field

** = Conditional (Required if applicable)

Medicaid Only Coverage

Fill Colors:

- Required Fields
- Conditional Fields
- Other

Boarder Colors

- Client Fields
- Provider Fields
- Billing Fields

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" 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) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Flintstone, Fred T					3. PATIENT'S BIRTH DATE MM DD YY 08 30 60 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street) 112 Rocky Rd.					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)									
CITY Bedrock STATE BC					8. PATIENT STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input type="checkbox"/>					CITY STATE									
ZIP CODE 54321-1234 TELEPHONE (Include Area Code) (406) 765-4321					Employed <input checked="" type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					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) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)					b. EMPLOYER'S NAME OR SCHOOL NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid									
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. RESERVED FOR LOCAL USE 123456789					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.									
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.										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 DATE										SIGNED									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 01 01 07					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Great Gazoo MD					17a. ID 9954321 17b. NPI 1234567890					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 780.60 2. 3. 4.					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) OPT/HCP/CS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
1 N4 00026064871 GR150		11 0		99241		25		1		100 00		1 Y		ZZ		36LP000X			
01 01 07 01 01 07														NPI		1213456789			
2														NPI					
3														NPI					
4														NPI					
5														NPI					
6														NPI					
25. FEDERAL TAX I.D. NUMBER 99-9999999 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>					26. PATIENT'S ACCOUNT NO. 123456789					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 100 00				
29. AMOUNT PAID \$					30. BALANCE DUE \$ 100 00					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.) Rocky Shalestone, MD 01/01/07					32. SERVICE FACILITY LOCATION INFORMATION				
33. BILLING PROVIDER INFO & PH # (406) 555-1234					Yabba-Dabba Center 2121 Granite Slab Dr. Bedrock, BC 54321-1234					a. 9876543210 b. ZZ 400RT001X									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Medicaid Only
Required Fields are Highlighted

1 Take Time Medical Center 104 Time Square Helena, MT 59601-0104		2	3 PAT. CNTL. # 4806	4 TYPE OF BILL 131
			b. MED. REC. # Grisw97531	5 FED. TAX NO.
			6 STATEMENT COVERS PERIOD FROM 02/01/07 THROUGH 02/04/07	
			7 9912345	

8 PATIENT NAME a Pat.'s ID b Griswold, Clark	9 PATIENT ADDRESS a 1313 Mockingbird Lane. Metropolis, MT 59601-1313
----------------------------------------------------	-------------------------------------------------------------------------

10 BIRTHDATE 03/26/30	11 SEX M	12 DATE 02/01/07	13 HR 11	14 TYPE 1	15 SRC	16 DHR	17 STAT 01	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
--------------------------	-------------	---------------------	-------------	--------------	--------	--------	---------------	----	----	----	----	----	----	----	----	----	----	----	---------------	----

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37	38 OCCURRENCE SPAN FROM THROUGH	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42 VALUE CODES AMOUNT
38 Griswold, Clark 1313 Mockingbird Lane Metropolis, MT 59601-1313											

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
120	Room and Board			4	3200 00		
259	Other Pharmacy N4 00026064871 GR 150			1	620 00		
270	General Class Medical/Surgical Supplies			110	583 00		
300	General Class Laboratory			4	500 00		

PAGE OF CREATION DATE 04/01/07 TOTALS 333 60

50 PAYER NAME Medicaid	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1876543210
---------------------------	-------------------	-------------	------------	-------------------	--------------------	----------------------

58 INSURED'S NAME Griswold, Clark	59 P.FEL	60 INSURED'S UNIQUE ID 123456789	61 GROUP NAME	62 INSURANCE GROUP NO.
--------------------------------------	----------	-------------------------------------	---------------	------------------------

63 TREATMENT AUTHORIZATION CODES 10987645321	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
-------------------------------------------------	----------------------------	------------------

66 DX 780.39	68
-----------------	----

69 ADMIT DX 540.0	70 PATIENT REASON DX	71 FPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 1766554433	QUAL ZZ	363LP000X
77 OPERATING NPI 0123456789	QUAL zz	363LP000X		

80 REMARKS	10C a 363LP0222X	78 OTHER NPI	QUAL	FIRST
	b	79 OTHER NPI	QUAL	FIRST

- Fill Colors:
- Required Fields
 - Conditional Fields
 - Other
- Boarder Colors:
- Client Fields
 - Provider Fields
 - Billing Fields