HMSA Basic Claims Filing: CMS 1500

March 21, 2017
Agenda

- Plan Types
- Checking Eligibility
- CMS 1500-Interactive Tool
- CMS 1500 Manual
- Step-by-step Instructions
- Other Party Liability
- Tips to prevent common errors
Agenda

- Resubmissions
- Multi-page claims
- Contact information
- Q & A
Claims Filing Packet

- Presentation Slides
- Helpful Claims Filing Links
- Mailing Claims to HMSA
- Sample of CMS-1500 (02-12)
- Sample of Form 97 (missing/incorrect information)
- HMSA Contact Phone numbers
Plan Types

• Commercial Plans
  • PPO – Choice of doctors
  • HMO – PCP coordinates health care

• Akamai Advantage
  • HMSA’s Medicare Advantage plan

• QUEST Integration
  • HMSA’s Medicaid managed care program
Plan Types

- Federal Employee Program (FEP)
  - National BCBSA plan administered by HMSA
  - Does not include HMSA’s Federal Employees Health Benefits program - coverage code 087

- BlueCard
  - Members of other BCBS plans
Checking Eligibility

Check eligibility at every encounter to verify your patient’s coverage:

- **HHIN**: [https://hhin.hmsa.com](https://hhin.hmsa.com)

- **Call HMSA:**
  - PPO/HMO/Akamai Advantage:
    - 948-6330 (Oahu) or 1-800-790-4672 (toll-free NI)
  - QUEST Integration:
    - 948-6486 (Oahu) or 1-800-440-0640 (toll-free NI)
  - FEP:
    - 948-6281 (Oahu) or 1-888-966-6198 (toll-free NI)
  - BlueCard:
    - 1-800-676-BLUE (2583)
The HMSA member ID card is an important source of information.
CMS 1500 – Step-by-Step

• CMS-1500 created by the National Uniform Claim Committee (NUCC)

• The CMS 1500 manual with applicable code sets available at:

• A few of HMSA’s instructions are exceptions to information in the NUCC manual
CMS 1500 – Step-by-Step

**TIP:** HMSA’s Provider Resource Center has an interactive claim form training tool:


Recommended browsers:
Internet Explorer
Safari
**CMS 1500 – Step-by-Step**

**HEALTH INSURANCE CLAIM FORM**
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<table>
<thead>
<tr>
<th>PICA</th>
<th>PICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>MEDICARE</td>
</tr>
<tr>
<td></td>
<td>(Medicare)</td>
</tr>
<tr>
<td>2.</td>
<td>PATIENT'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>3.</td>
<td>PATIENT'S ADDRESS (No., Street)</td>
</tr>
<tr>
<td>4.</td>
<td>PATIENT RELATIONSHIP TO INSURED</td>
</tr>
<tr>
<td></td>
<td>INSURED'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td></td>
<td>INSURED'S ADDRESS (No., Street)</td>
</tr>
</tbody>
</table>

**Cyan** – Required

**Green** – Conditionally Required – in certain circumstances

**Yellow** – Optional, not necessary

**Grey** – Not applicable, not necessary

**Internet Explorer:** Hover cursor over block number to view a short description. For longer items, left click on the block number to display a pop up. In the new window, left click and use the scroll bar to view.

**Safari:** Ctrl+Click on Block number, select “Open with Preview,” then click on balloon to view.
**CMS 1500 – Step-by-Step**

* = Required; C = Conditional; O = Optional

**Block 1** – PPO, HMO, FEP, BlueCard - Check “Group Health Plan”
Akamai Advantage – Check “Medicare”
QUEST Integration – Check “Medicaid”

**Block 1a** – Enter the HMSA member ID. Copy ID number exactly as shown, excluding first 3 alpha characters (e.g. XLA).
**Exception:** *For BlueCard enter entire ID - do not exclude any alphas.*

**Block 2** – Indicate the patient’s name – last name, first name, middle initial. Do not use nicknames.
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

R Block 3 – Patient’s birthdate - in MMDDYYYY format. Do not use slash (/) marks

R Block 4 – Subscriber’s name – last name, first name, middle initial. As shown on the HMSA member ID card

O Block 5 – Patient’s address and phone number are optional. Exception: BlueCard requires this information

R Block 6 – Indicate the patient’s relationship to the subscriber
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

C Block 7 – Insured’s address and phone number are conditional.
Exception: Required by BlueCard

N/A Block 8 – NUCC Use - N/A
CMS 1500 – Step-by-Step

\[ R = \text{Required}; \ C = \text{Conditional}; \ O = \text{Optional} \]

**C Block 9 – Other Insured - If Block 11d (Another Health Plan) is checked YES, blocks 9, 9a and 9d must be completed**

This information is important in determining the Coordination of Benefits when the patient is covered by more than one health plan. Not applicable if another HMSA plan is secondary.

**TIP: – Primacy**
- The subscriber’s plan is usually primary
- When both parents cover a dependent, the plan of the parent with the earliest birth month/day (MMDD) in the year is usually primary
Blocks 9, 9a, and 9d are conditional on 11d being “Yes”
These help to determine the primary plan for the patient

Block 9b and 9c are for NUCC use – N/A
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

Block 10 - Patient’s Condition

Block 10a – Place “X” in the YES or NO box. If YES, the provider should bill Worker’s Compensation (employment related)

Block 10b – Place “X” the YES or NO box. If YES, the provider should bill the appropriate motor vehicle insurance carrier and indicate the State where the accident occurred.

Block 10c – Place “X” the YES or NO box. If YES, the provider should bill the appropriate liability insurance company and complete Block 15
CMS 1500
Other Party Liability Resources

Accident-related claims: Worker’s Compensation, Motor Vehicle Insurance or Third Party Liability Insurance

• Member completes an **Injury Illness Report Form**: https://hmsa.com/portal/provider/FM.Injury-Illness_Report_Form.pdf

• Information on **Worker’s Compensation**: https://hmsa.com/portal/provider/zav_pel.aa.WOR.500.htm

• Information on **Motor Vehicle Insurance**: https://hmsa.com/portal/provider/zav_pel.aa.MOT.500.htm

• Information on **Third Party Liability** insurance https://hmsa.com/portal/provider/zav_pel.aa.THI.500.htm
Block 10d – Condition Codes
Applies to Abortion, Sterilization services or Worker’s Compensation

Review Condition Codes at

TIP: If using more than one code, allow 3 spaces between codes.
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

Blocks 11, 11a (MMDDYYYY), 11c (Info on Insured)
O Not required by PPO, HMO, Akamai Advantage, FEP, QUEST Integration
C Exception: BlueCard - Conditional

O Block 11b - Optional

R Block 11d – Another Health plan - Place “X” the YES or NO box. If YES, complete 9, 9a and 9d
## CMS 1500 – Step-by-Step

<table>
<thead>
<tr>
<th>Block</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>N/A</td>
</tr>
<tr>
<td>13</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- **R** = Required; **C** = Conditional; **O** = Optional
Block 14 – Date of Current Illness, Injury or Pregnancy
Enter the date of current illness, injury, or pregnancy. The
date should be entered in MMDDYY format.

Qualifier code 431 = Onset of Current Symptoms or Illness
Qualifier code 484 = Last Menstrual Period

- If exact date is unknown for a chronic illness, approximate date OK, or
  the date the physician first saw the patient for the condition
- For preventive services, enter the date of service
- For accident-related services, enter date of the accident
- For maternity-related services, enter date of last menstrual period (LMP)
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

C
Block 15 – If 10a, 10b, or 10c is marked “YES,” place Qualifier Code 439 and date of accident; claim will reject if this information is not provided. Other NUCC Qualifier Codes are listed in the manual

N/A
Block 16 – N/A
Block 17 – Required for referred services. Enter the referring Provider’s first name and last name only. If you cannot fit the entire name in the field, use the first initial of the first name and the entire last name. Do not use a credentials (e.g., "Dr." or "M.D.") in the field. Leave blank if no referral received.
Block 17 (continued) - If multiple providers are involved, enter one provider using the following priority order:

1. Referring Provider – a provider who refers a patient to another provider.
2. Ordering Provider – a provider who orders non-physician items such as DMEPOS, imaging and clinical laboratory services.
3. Supervising Provider

Note: Enter the applicable qualifier to identify the provider reported.
DN – Referring Provider
DK – Ordering Provider
DQ – Supervising Provider

DN
Abraham Aloha
CMS 1500 – Step-by-Step

\[ R = \text{Required}; \ C = \text{Conditional}; \ O = \text{Optional} \]

- **Optional Block 17a** – Optional

- **Block 17b** – Referring physician’s NPI
  - **Optional** PPO, HMO, - Optional

- **Conditional** BlueCard, Akamai Advantage – required for selected provider types

- **Conditional** Block 18 – If the services billed were rendered during a hospital stay (e.g., hospital visit, surgery), the admission (FROM) date is required. The discharge (TO) date is optional
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

C Block 19 – Additional information that may be needed to process the claim correctly. Examples include:

- How a patient meets risk criteria
- Information about an accident
- Reason claim is being resubmitted
- Information about attachments
- Dosage or NDC number of injectable drugs

O Block 20 - Optional
CMS 1500 – Step-by-Step

| R | = Required; | C | = Conditional; | O | = Optional |

**R** Block 21 – Enter the patient’s primary diagnosis on line A. If the diagnosis is unknown, list the primary symptom or chief complaint. List other diagnoses in descending order on lines B-L. Enter the ICD indicator code “0” to describe ICD-10-CM is being used.

- Do not list “rule out” diagnoses
- Be sure the diagnosis is appropriate to the gender and age of the patient
CMS 1500 – Step-by-Step

Block 21 (continued) –

- If patient is seen due to accidental injury, diagnoses are entered to indicate the nature of the injury (e.g., sprained ankle) and where the injury occurred (e.g., home)

- More information may be entered in block 19 to explain the circumstances of the injury.

- Claims for injuries must include the appropriate ICD-10 code to describe the injury or external cause. (S, T, V, W, X, Y)
CMS 1500 – Step-by-Step

Block 22 – Required to report replacement, resubmission of finalized and voided claims. Enter the frequency code in the Resubmission Code block and enter the original claim ID# (found on the Report to Provider) in the Original Ref. No. block.

Resubmission Codes:
7 – Replacement claim
8 – Void claim
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

C Block 23 – If the service requires precertification, enter the precertification number included in the approval letter

R Block 24 - Each service line has a shaded upper portion and an unshaded lower portion. Information should be entered only in the lower, unshaded section.
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

Block 24a – Enter the date of service for each procedure or service provided in MMDDYY format using the FROM date portion. No slash (/) marks.

- Each service should be entered on a separate line
- For global surgical services, enter the date of the surgery
- For global maternity services use the date of delivery
- Do not bill for services not yet rendered
Block 24b – Enter appropriate place of service (POS) code for each procedure or service provided.

Common POS codes are:
- 11 – Office
- 12 – Home
- 21 – Inpatient Hospital
- 22 – Outpatient Hospital
- 23 – Emergency

A complete listing of POS codes can be found at:
https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html
Block 24c – N/A

Block 24d – Enter the CPT/HCPCS code for each service provided
- If applicable, enter one or more two-digit modifiers, as found in CPT or HCPCS, following the solid vertical line
- If more than one modifier is needed, enter modifier 99 in the first space, followed by up to 3 additional modifiers
- If you bill tax as a separate line item, use code S9999.
Block 24d (continued)

- Another carrier’s payment: use code Z9014. Note: Paper claims only. This code cannot be used on electronic claims.
- Injectable drugs: select the specific HCPCS code for the drug. If a specific J code does not exist, use an unclassified drug code (e.g., J3490) and indicate the NDC number in the shaded area above the code.
### Injectable drug with a specific HCPCS:

<table>
<thead>
<tr>
<th></th>
<th>From</th>
<th>To</th>
<th>Place of Service</th>
<th>Procedures, Services, or Supplies</th>
<th>Diagnosis Pointer</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>03</td>
<td>01</td>
<td>17</td>
<td>J1050</td>
<td>A</td>
<td>0.00</td>
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<td></td>
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<td></td>
<td></td>
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<td>150</td>
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</table>

### Injectable drug with a miscellaneous HCPCS:

<table>
<thead>
<tr>
<th></th>
<th>From</th>
<th>To</th>
<th>Place of Service</th>
<th>Procedures, Services, or Supplies</th>
<th>Diagnosis Pointer</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>03</td>
<td>23</td>
<td>16</td>
<td>J3490</td>
<td>A</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23</td>
<td>16</td>
<td></td>
<td></td>
<td>42</td>
</tr>
</tbody>
</table>
CMS 1500 – Step-by-Step

Block 24e – Enter the diagnosis indicator reference letter (A, B, C, etc.) from block 21, that best supports the procedure or service in order of relevance, separated by commas. Up to 4 dx pointers allowed- do not enter diagnosis range (i.e. A-D)

Block 24f – Enter a charge for each procedure or service performed in standard dollars and cents format, including the decimal point (e.g., 48.00)

▪ Amounts of $0.00 cannot be accepted
CMS 1500 – Step-by-Step

Block 24g – Enter the number of services, visits, days or units for each service line.

R  Anesthesia services - enter the anesthesia time in total minutes

C  Injectable drugs with specific J codes - enter the number of units based on the HCPCS description of the code

O  Injectable drugs without a specific HCPCS code - the number of units will depend on how the products are dispensed
# Injectable Drug Examples

**NDC CODE:**

<table>
<thead>
<tr>
<th>DATE(S) OF SERVICE</th>
<th>PLACE OF SERVICE</th>
<th>PROCEDURES, SERVICES, OR SUPPLIES</th>
<th>DIAGNOSIS POINTER</th>
<th>$ CHARGES</th>
<th>DAYS</th>
<th>EPISDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YY</td>
<td></td>
<td>CPT/HCPCS</td>
<td>MODIFIER</td>
<td>A</td>
<td>500</td>
<td>00</td>
</tr>
<tr>
<td>10 01 05</td>
<td></td>
<td>J0400</td>
<td></td>
<td>1</td>
<td>N</td>
<td></td>
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</tbody>
</table>

**REPACKAGED NDC:**

<table>
<thead>
<tr>
<th>DATE(S) OF SERVICE</th>
<th>PLACE OF SERVICE</th>
<th>PROCEDURES, SERVICES, OR SUPPLIES</th>
<th>DIAGNOSIS POINTER</th>
<th>$ CHARGES</th>
<th>DAYS</th>
<th>EPISDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YY</td>
<td></td>
<td>CPT/HCPCS</td>
<td>MODIFIER</td>
<td>A</td>
<td>500</td>
<td>00</td>
</tr>
<tr>
<td>10 01 05</td>
<td></td>
<td>J3490</td>
<td></td>
<td>1</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE(S) OF SERVICE</th>
<th>PLACE OF SERVICE</th>
<th>PROCEDURES, SERVICES, OR SUPPLIES</th>
<th>DIAGNOSIS POINTER</th>
<th>$ CHARGES</th>
<th>DAYS</th>
<th>EPISDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>N4XXXXXXXXXXXXX</td>
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<td>CPT/HCPCS</td>
<td>MODIFIER</td>
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<td>XXX</td>
<td>1</td>
</tr>
<tr>
<td>11 01 YY</td>
<td></td>
<td>J3490</td>
<td></td>
<td>1</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

Block 24h – EPSDT/Family Planning

N/A  PPO, HMO, FEP, BlueCard, Akamai Advantage - N/A

C  QUEST Integration – Indicate “Y” if this claim is for EPSDT
CMS 1500 – Step-by-Step

- **Block 24i** – N/A
- **O** Block 24j – Optional
- **C** Block 25 – Federal Tax ID

N/A PPO, HMO, Akamai Advantage, QUEST Integration, FEP

R BlueCard

| R | Required; C | Conditional; O | Optional |

FEDERAL TAX I.D. NUMBER

SSN EIN
CMS 1500 – Step-by-Step

R = Required; C = Conditional; O = Optional

O Block 26 – If a patient account number is entered, the information will be reflected on the provider’s RTP

Block 27 – Accept Assignment

N/A PPO, HMO, FEP, QUEST Integration

C BlueCard - If the patient also has Medicare
CMS 1500 – Step-by-Step

R  = Required;  C  = Conditional;  O  = Optional

R  Block 28 – Enter the total of all charges from column 24F, minus any amount paid by another carrier

Block 29 – Amount Paid

N/A  PPO, HMO, FEP, BlueCard

C  QUEST Integration – Member cost share amount
Block 30 – N/A

Block 31 – Paper CMS 1500 claims will be processed without the provider’s signature or initials as long as the correct Provider ID number is entered in Block 33b. 
*Exception:* QUEST Integration claims require a signature.

Block 32 – If the service is rendered in a hospital, free-standing ASC, SNF or another type of facility (other than office or patient’s home), enter the name and address of the facility.

Blocks 32a and 32b - Optional
Block 33 – Enter the name of the rendering provider and the address (location) where the services were rendered.

Block 33a – Optional for hard-copy claims.

Block 33b – Enter the rendering provider’s 10-digit HMSA Provider ID

- Do not enter a two-digit ID qualifier in block 33b as indicated in the NUCC instructions. This will cause delays in claims processing.
Resubmitting Claims

Reasons why you may need to submit a corrected claim:

- Resubmitting for payment review
- Resubmitting a corrected claim
- Resubmitting a claim that has not been processed
- Resubmitting a claim for another reason
How To Prepare a Multi-Page Claim

- Label the page # of claim forms in the top right corner of the form.
- Do not list a tax charge on each page. The tax charge should be listed as the last item on the last page.
- Do not list a total charge on each page. The total charge for all items should be listed on the last page only.
- On previous pages, type the word "continued" in Block 28.
- Staple all pages together at the top center.
Tips to Prevent Common Errors

- Always use an original “red line” current claim form. Do not use black line photocopies.
- Use dark ink. Replace printer cartridges or toner when the type begins to fade.
- Don’t use highlighters or “white out” on the claim form.
- Type or computer generate using a minimum size 10 font. Do not try to “squeeze” more lines in by using smaller fonts.
Tips to Prevent Common Errors

- Proofreading is essential – transpositions are common
- Double check member numbers and all procedure codes and diagnosis codes
- File claims promptly – HMSA will accept claims 1 year from the date of service for processing
- To avoid processing delays and claim rejections, choose the correct 10-digit HMSA provider number and NPI for the location when submitting hardcopy claims
- Check to be sure all required fields are complete
Form 97

Thank you for submitting your claim for our member. Unfortunately, we cannot process your claim due to missing or incorrect information noted below. Please use this information to view the submitted claim in your system.

HMSA Received Date: ________  
Service Date(s): ________  
DCN: ________  
Your Patient Control Number: ________  
Total Charge: ________

Message(s): (Selected messages appear below)

- ________________________________
- ________________________________

If you have any questions, please call HMSA’s Customer Relations department at 948-6330 or 1 (800) 790-4672 toll-free on the Neighbor Islands. Please use the internal reference number provided at the bottom of this letter.

You will need to submit a new claim to HMSA with all additions, corrections, or changes. To prevent scanning errors, please do not cross out or white out fields on returned claims. Please do not use red ink because it is not readable by our scanning equipment.

If you submit claims electronically, you may submit a corrected claim electronically.

To submit a new hard copy claim:
• Send a new CMS claim to HMSA Claims, P.O. Box 44500, Honolulu, HI 96804-4500.
• Send a new UB claim to HMSA Claims, P.O. Box 32700, Honolulu, HI 96803-2700.
# Where to Mail CMS 1500 Claims

<table>
<thead>
<tr>
<th>Plan</th>
<th>Address</th>
</tr>
</thead>
</table>
| HMSA Commercial (PPO, HMO, Comp Med), and Akamai Advantage | HMSA - CMS 1500 Claims  
P.O. Box 44500  
Honolulu, HI 96804-4500 |
| QUEST Integration                         | QUEST Integration  
P.O. Box 3520  
Honolulu, HI 96811-3520 |
## Where to Mail CMS 1500 Claims

<table>
<thead>
<tr>
<th>Plan</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employee Program (FEP)</td>
<td>FEP</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 1346</td>
</tr>
<tr>
<td></td>
<td>Honolulu, HI 96807-1346</td>
</tr>
<tr>
<td>BlueCard</td>
<td>HMSA - BlueCard Claims</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 2970</td>
</tr>
<tr>
<td></td>
<td>Honolulu, HI 96802-2970</td>
</tr>
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Contact Information

- HMSA Customer Relations (PPO, HMO, Akamai Advantage)
  - 948-6330 on Oahu
  - 1 (800) 790-4672 toll-free Neighbor Islands

- BlueCard Teleservice
  - 948-6280 on Oahu
  - 1 (800) 648-3190 toll-free Neighbor Islands

- Federal Employee Program (FEP)
  - 948-6281 on Oahu
  - 1 (800) 966-6198 toll-free Neighbor Islands and Mainland

- QUEST Integration Provider Service
  - 948-6486 (Oahu)
  - 1 (800) 440-0640 toll free Neighbor Islands
HHIN and Electronic Claims

Requesting Hawaii Healthcare Information Network (HHIN) access
- 1 (808) 948-6255

Start filing electronic claims
- 948-6355 on Oahu or
- 1 (800) 377-4672 toll-free Neighbor Islands
Mahalo!

Living healthy and enjoying life to the fullest. That’s what we’re striving for.