CMS-1500 Waiver Paper Claim Submission

Provider Training
Agenda

- Completing a CMS-1500 Paper Claim Form for Waiver Providers
- Claims Samples
- Remittance Advice (RA)
- Adjustments and Voids
- Accessing Handbooks
Florida Medicaid Online Resources

- Florida Medicaid Provider General Handbook
- Coverage and Limitations Handbooks
- Florida Medicaid Provider Reimbursement CMS-1500 Handbook

Agency for Health Care Administration (Agency):
http://ahca.myflorida.com/medicaid
Completing a CMS-1500 Paper Claim Form for Waiver Providers
CMS-1500 Paper Claim Form (top half)
CMS-1500 Paper Claim Form (bottom half)
Paper Claim Submission Checklist

In order for a claim to be paid, it must be a clean claim.

Checklist for a clean claim:

- Has the claim been accurately and fully completed according to Medicaid billing guidelines?
- Is the claim accompanied by all necessary documentation and on a version 01 -12 claim form?
- Can the claim be processed and adjudicated by DXC Technology without obtaining additional information from the provider?
Rules for completing a CMS-1500

- Enter all information using blue or black ink. Do not use highlighters.
- Be sure the information on the form is legible and aligned with the corresponding spaces.
- Only complete the fields that are required and applicable.
- If needed, use correction tape. Do not use whiteout fluid.
- Complete the form by referencing the service specific coverage limitations handbook and the CMS-1500 Reimbursement Handbook, as necessary.
As of January 1, 2011, National Provider Identifier (NPI) entries in the billing and rendering provider sections of CMS-1500 paper claims are required.

If a taxonomy code is used to create a unique map from a provider’s NPI to a Florida Medicaid ID number, the applicable taxonomy code and qualifier must be entered on paper claims.

Ordering and Referring Providers must be identified using the appropriate qualifiers (DK for ordering and DN for referring) and the NPI and taxonomy or Florida Medicaid ID, accompanied by the appropriate qualifier code (ZZ if reporting an NPI taxonomy or 1D if reporting a Florida Medicaid provider ID). The NPI entered must be valid and known to Florida Medicaid.
CMS-1500
Field by Field
# Item 1-3
CMS-1500 Paper Claim Form for Waiver Providers

![CMS-1500 Paper Claim Form](image)

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For an initial claim submission, enter an ‘X’ in the Medicaid box. Part B claims-In field 1, enter ‘X’ in the boxes labeled “Medicare” and “Medicaid.” Part C claims-In field 1, enter ‘X’ in the boxes labeled “Other” and “Medicaid.”</td>
</tr>
<tr>
<td>1a</td>
<td>Enter the recipient’s ten-digit Medicaid Identification (ID) number. For Medicare crossover claims enter the Medicare ID number.</td>
</tr>
<tr>
<td>2</td>
<td>Enter the recipient’s last name, first name, and middle initial exactly as it appears on the Medicaid ID card or other proof of eligibility.</td>
</tr>
<tr>
<td>3</td>
<td>Enter the recipient’s date of birth in eight-digit month, day, year format (MM/DD/YYYY). Example: August 21, 1997, enter as 08/21/1997. Patient’s Sex: Use an ‘X’ to mark the appropriate box, male or female.</td>
</tr>
</tbody>
</table>
Items 14-16 & 18-23
CMS-1500 Paper Claim Form for Waiver Providers

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
   MM   DD   YY

15. OTHER DATE
   QUAL
   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
   17a. ________
   17b. NP

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? $ CHARGES
   YES
   NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
    Relate A-L to service line below (24E)
    ICD-10

22. RESUBMISSION CODE
    ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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### Instructions

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-16 and 18-23</td>
<td>These items are <strong>NOT</strong> required for Waiver providers.</td>
</tr>
<tr>
<td></td>
<td>DD Waiver providers are <strong>NOT</strong> required to enter either a Service Authorization (SA) or a Prior Authorization (PA) on their claim.</td>
</tr>
</tbody>
</table>
### Items 17-17a
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Name of Referring or Ordering Provider: Enter the Name of Referring Provider or Ordering Provider. If an Ordering Provider, indicate with qualifier DK. If a Referring Provider, indicate with qualifier DN.</td>
</tr>
<tr>
<td>17a</td>
<td>Taxonomy or PID: Enter the taxonomy or Florida Medicaid ID, accompanied by the appropriate qualifier code (ZZ if reporting an NPI taxonomy or 1D if reporting a Florida Medicaid provider ID).</td>
</tr>
</tbody>
</table>
**Item 17b**
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Item</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>17b</td>
<td>The ordering provider’s NPI must be entered in box 17b. The NPI entered must be valid and known to Florida Medicaid.</td>
</tr>
</tbody>
</table>
**Summary of Claim Items 17a & 17b**  
**CMS-1500 Paper Claim Form for Waiver Providers**

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Field</th>
<th>Qualifier</th>
<th>Data Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Procedures</td>
<td>17a</td>
<td>Name of Referring or Ordering Provider: Enter the Name of Referring Provider or Ordering Provider. If Referring Provider, indicate with qualifier DN. If an Ordering Provider, indicate with qualifier DK.</td>
<td>Taxonomy or PID: Enter the taxonomy or Florida Medicaid ID, accompanied by the appropriate qualifier code (ZZ if reporting an NPI taxonomy or 1D if reporting a Florida Medicaid provider ID).</td>
</tr>
<tr>
<td></td>
<td>17b</td>
<td>NPI</td>
<td>Referring physician’s NPI</td>
</tr>
<tr>
<td>Treatment by PCP</td>
<td>17a</td>
<td>None</td>
<td>Leave blank if care was provided by the primary care.</td>
</tr>
<tr>
<td></td>
<td>17b</td>
<td>NPI</td>
<td>Blank</td>
</tr>
</tbody>
</table>
**Items 24 A & B**  
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| 24A   | Enter date(s) of service, From and To, in the **UNSHADED** area. If one date of service only, enter that date under the From date and leave the To date blank. Enter the date in a month, date, and year format (MM/DD/YY), using six-digits.  
Please consult the CMS-1500 Medicaid Provider Reimbursement Handbook for specific policy-related requirements related to this field. |
| 24B   | Enter the two-digit place of service code in the **UNSHADED** area for each procedure performed. |
**Item 24 D**
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Item</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>24D</td>
<td>In the <strong>UNSHADED</strong> area, enter the procedure code and modifier(s) for the date of service. The modifier field accommodates up to four two-digit modifiers.</td>
</tr>
</tbody>
</table>
Item 24 F & G
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>24F</td>
<td>Enter the usual and customary charge for the procedure performed. Enter the dollar amount in the UNSHADED area, right justified in the dollar area of the field. Do not use commas, dollar signs, or negative dollar amounts. Use 00 (zero zero) if the charge is a whole number. The decimal must be included.</td>
</tr>
<tr>
<td>24G</td>
<td>Home and Community-Based Waivers: Enter the units of service rendered for the procedure code. If multiple units of the same procedure were performed on the same date of service, enter the total number of units. If the date of service covers a span of time, for example, a month, enter the total number of units for that span of time in the UNSHADED area.</td>
</tr>
</tbody>
</table>
# Items 26, 28, & 31
CMS-1500 Paper Claim Form for Waiver Providers

<table>
<thead>
<tr>
<th>Items</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>The provider may enter a recipient account number so that it will appear on the Remittance Advice (RA). Any letter or number combination up to 10-digits may be entered.</td>
</tr>
<tr>
<td>28</td>
<td>Add together all charges in the column under item 24F, and enter the total amount in item 28 in dollars and cents format, i.e. 250.00.</td>
</tr>
<tr>
<td>31</td>
<td>Sign and date the claim form. If the provider uses a facsimile signature or a signature stamp, the entry must be initialed. Enter the date in a six-digit format (MM/DD/YY).</td>
</tr>
</tbody>
</table>
Items 33 & 33b
CMS-1500 Paper Claim Form for Waiver Providers

Enter the billing provider’s telephone number in the area to the right of the item title.

Enter the billing provider’s name, address, zip code, and telephone number on separate lines in the following format:
  • Line 1: Name
  • Line 2: Address
  • Line 3: City State and Zip Code plus 4

Note: Do not use commas, periods, or other punctuation in the address. Enter a space between the town name and state code. When entering a nine-digit zip code, include the hyphen.

33b If entering the pay-to-provider’s Medicaid provider number, enter it in this item preceded by the qualifier code 1D. For example, 1D999999999.
Where to Send CMS-1500 Claims

Send CMS-1500 Claims to:
DXC Technology
CMS-1500 Claims
P.O. Box 7082
Tallahassee, FL 32314-7082

Note: Paper claim submissions applicable to Out-of-State providers only.
Claims Samples
Waiver (top half)
ICD-9 Claims Sample
### Waiver (bottom half)

**ICD-9 Claims Sample**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Procedure Code</th>
<th>Service Code</th>
<th>Days</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-17-11</td>
<td>99</td>
<td>T1019</td>
<td>U6</td>
<td>2400</td>
</tr>
<tr>
<td>01-19-11</td>
<td>99</td>
<td>T1019</td>
<td>U6</td>
<td>3600</td>
</tr>
</tbody>
</table>

**NPI**: PA99999

**Physician or Supplier Information**

- **NPI**: 234567890
- **Location**: Anytown FL 33333-3333
- **Provider ID**: 1234567890
- **Billing Provider Info & P.H.**: (850) 777-7777

**Provider Signature**: Ima A. Waiver

**Billing Details**:
- **ICD-9 Claims Sample**
- **CMS-1500 Claims Training for Waiver Providers**
Remittance Advice
Remittance Advice (RA) Options

Electronic Remittance Advice (ERA) Images

Providers can view an image of their RAs via the secure Web Portal under Reports.

X12 835

Providers download electronic files via the secure Web Portal under Trade Files.
Internal Control Number (ICN)

An **Internal Control Number (ICN)** is a 13 digit number that appears on the Remittance Advice (RA) and is unique to each claim, regardless of status.

**Sample Region Codes:**
- 22 – Web Portal claim with no attachments
- 23 – Web Portal claim with attachments
- 10 – Paper claim with no attachments
- 11 – Paper claim with attachments
- 59 – Web Portal adjustment or void

<table>
<thead>
<tr>
<th>Region</th>
<th>Julian Date</th>
<th>Batch</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>19009</td>
<td>999</td>
<td>999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Julian Date</th>
<th>Batch</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year and day of the year Ex:</td>
<td>Internal use</td>
<td>Internal use</td>
</tr>
<tr>
<td></td>
<td>01/09/19</td>
<td>only</td>
<td>only</td>
</tr>
</tbody>
</table>
## Sample Remittance Advice

<table>
<thead>
<tr>
<th>REPORT: CRA-PHPD-R</th>
<th>AGENCY FOR HEALTH CARE ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAF: 00001234</td>
<td>MEDICAID MANAGEMENT INFORMATION SYSTEM</td>
</tr>
<tr>
<td></td>
<td>PROVIDER REMITTANCE ADVICE</td>
</tr>
<tr>
<td></td>
<td>CMS 1500 CLAIMS PAID</td>
</tr>
</tbody>
</table>

**WAIVER PROVIDER**

123 W MAIN STREET  
SUNNY DAY FL 33333-1234

**MEDICAID ID:** 8888888888  
**PATIENT NUMBER:** 043016  
**BENEFICIARY NAME:** PATIENT, IMA

<table>
<thead>
<tr>
<th>SERVICE DATES</th>
<th>BILLED</th>
<th>ALLOWED</th>
<th>TPL</th>
<th>CO-PAY</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM THRU</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>043016-073016</td>
<td>594.76</td>
<td>594.76</td>
<td>0.00</td>
<td>0.00</td>
<td>594.76</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PL SERV</th>
<th>PROC CD</th>
<th>MODIFIERS</th>
<th>UNITS</th>
<th>FROM THRU</th>
<th>TO THRU</th>
<th>PROVIDER</th>
<th>AMOUNT</th>
<th>ALLOWED</th>
<th>TPL</th>
<th>AMOUNT</th>
<th>DETAIL EOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>G9012</td>
<td>UC</td>
<td>1.00</td>
<td>043016</td>
<td>043016</td>
<td>MCD</td>
<td>148.69</td>
<td>148.69</td>
<td>0.00</td>
<td>148.69</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>G9012</td>
<td>UC</td>
<td>1.00</td>
<td>053116</td>
<td>053116</td>
<td>MCD</td>
<td>148.69</td>
<td>148.69</td>
<td>0.00</td>
<td>148.69</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>G9012</td>
<td>UC</td>
<td>1.00</td>
<td>063016</td>
<td>063016</td>
<td>MCD</td>
<td>148.69</td>
<td>148.69</td>
<td>0.00</td>
<td>148.69</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>G9012</td>
<td>UC</td>
<td>1.00</td>
<td>073016</td>
<td>073016</td>
<td>MCD</td>
<td>148.69</td>
<td>148.69</td>
<td>0.00</td>
<td>148.69</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CMS 1500 CLAIMS PAID**

|                   | 594.76 | 594.76  | 0.00  | 0.00  | 594.76 |

**PAYEE ID:** 4444444444  
**NPI ID:** 5454545454  
**CHECK/EFT NUMBER:** 08/24/2016
Electronic Remittance Advice Images

The **Reports Section** allows the user to search for a specific Florida Medicaid-issued report by Report name and Date.

The default Download Format is PDF.

Reports can be pulled for up to three months.
Adjustments and Voids
Adjustment Information

- You can only adjust a paid claim.
- A provider has 12 months from the payment date to adjust.
- The adjustment claim must match the original claim with the exception of the corrections.
- The adjustment will replace the original claim.
- If you have a claim where a line item was paid and a line item was denied, simply resubmit the denied line.
- Send claim directly to DXC Technology.
Waiver Adjustment (top half)
CMS-1500 Claims Sample
Waiver Adjustment (bottom half)
CMS-1500 Claim Sample

Provider will need to re-sign and date the adjustment form.
Void Information

- You can only void a paid claim.
- There is no time limit to submit a void claim.
- A provider has 6 months from the date of the void to request an exception from the area office if the claim is over 12 months from the Date of Service (DOS).
- A void will result in a complete recoupment of the original payment made under the ICN that is being voided.
Waiver Void (top half)
CMS-1500 Claims Sample

![CMS-1500 Claim Form](image-url)
Waiver Void (bottom half)
CMS-1500 Claim Sample

Provider will need to re-sign and date the adjustment form.
Where to Send Adjustments and Voids

Send Adjustments and Voids to:
DXC Technology
Adjustments and Voids
P.O. Box 7082
Tallahassee, FL 32314-7082

Note: Paper claim submissions applicable to Out-of-State providers only.
Waiver Claim Denials

- If you receive denial codes 3053, 3054, or 3055, check your Service Authorization and claim to make sure they are billed correctly. If they are correct, contact your local Payment Resolution Liaison.

- For additional information on APD Provider Billing, Payment, and Rates, visit http://apd.myflorida.com/providers/rates-billing/.
Electronic Adjustments and Voids

First, find the claim that needs to be adjusted or voided by performing a Claim Search. Click **Claims, Claim Search**, and open the claims that need to be adjusted or voided.

To adjust a claim, open the claim, make any necessary changes, then click the **adjust** button.

To void a claim, click the **void** button at the bottom of the page.

Providers have 12 months from the Paid Date to adjust a claim.
Accessing Handbooks
Provider Handbooks

For more detailed information on how to fill out a CMS-1500 paper claim, you can access the applicable service-specific Coverage and Limitations Handbook on the Agency site, at http://ahca.myflorida.com/medicaid/review/Promulgated.shtml, choose Service-Specific Policies, and then click on the PDF, in the Reference Material Column, to the left of the Rule name that applies to the Handbook for which you are searching.
Summary

- Completing a CMS-1500 Paper Claim Form for Waiver Providers
- Claims Samples
- Remittance Advice (RA)
- Adjustments and Voids
- Accessing Handbooks
We’re Here to Help!

Automated Voice Response System (AVRS)
1-800-239-7560

Provider Services Main Telephone Line:
For billing questions, claim status:
1-800-289-7799
- Option 4: Provider Enrollment
- Option 5: Password Reset
- Option 7: Provider Services Contact Center & PFS Representatives

Magellan Medicaid Administration, Inc.
For pharmacy questions:
1-800-603-1714

Electronic Data Interchange – EDI
For 837 and electronic transmission questions:
1-866-586-0961

Thank you for attending training.