

Avoid Claim rejections by referencing these common errors for the revised CMS-1500 (02/12) form and the existing UB-04 form

Summary: Select Health of SC accepts the revised CMS-1500 Health Insurance Claim Form (version 02/12) that accommodates reporting needs for ICD-10 and aligns with the requirements of the HIPAA X12 5010 format.

Select Health of SC has enacted a testing period to allow providers to become familiar with the new CMS-1500 format, however, as of third quarter, 2014 claims that were completed improperly were rejected.

To assist providers with accurate claim submission Select Health of SC has identified the most common errors received on both the revised CMS-1500 claim form and the existing UB-04 claim form for your reference.

Action needed:

Refer to the lists below for the most common errors to avoid when completing your claims.

| CMS-1500 (02/12) Claim Form Top Billing Errors | | | |
|---|---|---|--|
| Field # | Field Description | Error Description | Requirement |
| 2 | Patient's Name (Last, First, Middle Initial) | Patient name is missing or illegible | Patient's name must be entered as it appears on the member's I.D. card. For newborn without a name, enter "Baby Girl" or "Baby Boy" and last name. |
| 3 | Patient Sex | Patient's sex is required | Patient's sex must be entered as "M" or "F." |
| 4 | Insured's Name | Insured's name is missing or illegible | Enter the patient's name as it appears on the member's I.D. card, or enter the newborn's name when the patient is a newborn. |
| 5 | Patient Address | Patient address missing or illegible | Enter the patient's complete address and telephone number. (Do not punctuate the address or phone number.) |
| 6 | Patient Relationship | Patient relationship to insured is required | Always indicate self. |
| 7 | Insured's address | Insured's address is missing or illegible | Enter the street number, street name, city, state, ZIP code and phone number. |
| 18 | Hospitalization Dates related to current services | Dates of Services (DOS) is missing or illegible | Enter the <i>From</i> and <i>To</i> DOS. |
| 24E | Diagnosis Pointer | Diagnosis Pointer is required | Enter the associated diagnosis by referencing the pointers listed in field 21 (1, 2, 3 or 4). Diagnosis codes must be |

CMS-1500 (02/12) Claim Form Top Billing Errors

| Field # | Field Description | Error Description | Requirement |
|---------|-----------------------------------|--|--|
| | | | valid ICD-10 codes for the date of service. |
| 24F | Line Item Charge | Line Item Charge amount is missing | A value must be indicated for each line item entered. |
| 24G | Days/Units | Days/Units are required | Enter quantity. Value entered must be greater than zero (field allows up to three digits). |
| 26 | Patient Account | Patient Account/Control number is missing or illegible | The provider's Patient Account/Control number must be entered. |
| 27 | Assignment | Assignment acceptance must be indicated on the claim | "Yes" or "No" must be checked. |
| 33 | Billing Provider name and address | Billing Provider name and/or address missing or illegible or a P.O. Box was entered. | The billing provider's name and address are required. A physical location must be entered; P.O. Boxes are not acceptable. |

UB-04 Top Billing Errors

| Field # | Field Description | Error Description | Requirement |
|---------|--|--|--|
| 1 | Billing Provider, name, address and phone number | Billing Provider name and/or address is missing or illegible or a P.O. Box was entered | The billing provider's name and address are required. A physical location must be entered; P.O. Boxes are not acceptable. |
| 3a | Patient account/control number | Patient account number control missing | Enter the provider's patient account/control number. |
| 14 | Admission Type | Admission type required | Enter a code indicating the priority of the admission/visit. |
| 15 | Source of Referral for Admission | Source of referral missing | Enter a code indicating the source of the referral for this admission or visit. |
| 16 | Discharge Hour | Discharge hour is required | Enter a code indicating the discharge hour of the patient from inpatient care |
| 42 | RevCd | Revenue Code is missing or illegible | Enter codes that identify specific accommodation, ancillary service or unique billing calculations or arrangements. On the last line, enter 0001 for the total. Refer to the Uniform Billing Manual for a list of revenue codes. |
| 53 | AsgBen | Assignment of Benefits Certification Indicator is missing | Assignment of Benefits Certification Indicator is required; valid entries are "Y" (yes) or "N" (no). |
| 70 | Patient's Reason for Visit | Reason for patient visit missing | Enter the ICD diagnosis codes describing the patient's reason for visit at the time of outpatient registration. |

| UB-04 Top Billing Errors | | | |
|--------------------------|------------------------------|--|--|
| | | | This is required for all outpatient visits. Up to three ICD codes may be entered. |
| 76 | Attending Provider Qualifier | Attending qualifier missing or invalid | Enter the NPI of the physician who has primary responsibility for the patient's medical care or treatment in the upper line, and the physician's name in the lower line, last name first. If the attending physician has another unique ID#, enter the appropriate descriptive two-digit qualifier followed by the other ID#. Enter the last name and first name of the attending physician. |

Additional resources:

For additional resources and updates provided by CMS regarding ICD-10 claims coding, please refer to <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

Questions:

If you have questions about this communication, please contact your provider account executive or the Provider Claims Services Unit (PCSU) at **1-800-575-0418**.