



# PROVIDER Advisory

February 2014

## **CMS 1500 Claim Form Instructions**

AlohaCare greatly appreciates the care you provide to our members and we do our best to ensure you receive timely payment for your services. Therefore, it is important to inform you that AlohaCare will no longer accept reproduced black and white CMS 1500 claim forms. Going forward, AlohaCare will only accept claims submitted on the original red and white CMS 1500 form.

While we implemented this policy in 2011, we chose to continue to accept claims submitted on the black and white reproduced form rather than reject your claim and delay payment to you.

As you are aware, Medicare already requires the submission of claims using the original red and white CMS 1500 form. We hope that making this change causes you minimal inconvenience.

AlohaCare will be accepting the new CMS 1500 forms as of April 1, 2014.

Please see attached AlohaCare Claim Filing Instructions for additional guidance regarding proper claim filing. If you have any questions or concerns, please call our Provider Relations staff at (808) 973-1650.



## **AlohaCare Claim Filing Instructions**

The following instructions have been developed as a guide for submitting the CMS-1500 claim form to AlohaCare.

### **CMS-1500 Claim Form:**

The CMS-1500 claim form answers the needs of many insurers. It is the basic form prescribed by the Centers of Medicare & Medicaid Services (CMS) for the Medicare program for claims from physicians and suppliers. All claims must be submitted using the form CMS-1500.

AlohaCare is prepared to accept the current CMS 1500 and the updated CMS 1500 (version 02/12). We will require the use of the updated CMS 1500 (version 02/12) as of April 1, 2014.

### **Preparing the CMS-1500 Claim Form:**

Successful scanning begins with the proper submission of claim data. It is important that claims be submitted with proper and legible coding. Claims that are not legible or properly coded will be returned or rejected. Please follow these helpful hints when completing your CMS-1500 forms:

The font should be:

- Legible (computerized or typed claims, laser printers are recommended)
- In black ink
- Courier or Arial in 10, 11 or 12 point font
- Capital letters

The font must not have:

- Dot matrix print
- Bold, script, italic or stylized font
- Broken characters
- Red ink
- Mini-font

Do not submit paper claims with:

- Liquid correction fluid changes
- Data touching box edges or data running outside of the numbered boxes
- More than six service lines per CMS-1500 claim form. Do not compress two lines of information on one line. If more than six service lines are required, see instructions listed below under 'Claims Submitted with Multiple Pages.'
- Information in the shaded area in 24a through 24h. These fields are not used by Medicare (exception - NDC for physician-administered drugs for Medicare/Medicaid patients).
- Narrative descriptions of procedure codes, modifiers or diagnosis codes
- Stickers or rubber stamps
- Data, mailing address or labels on the top portion of the CMS-1500 claim form
- Special characters (e.g., hyphens, periods, parentheses, dollar signs and ditto marks)
- Handwritten descriptions
- Superbills

The claim form must be:

- An original CMS-1500 printed in red 'drop out' ink with the printed information on back. Photocopies are not acceptable.
- Size: 8 ½ x 11 with the printer pin-feed edges removed at the perforations.
- Free from excessive creases or tears (do not fold or staple).
- Clean and free from stains, notations, strike-overs, crossed-out or highlighted information, liquid correction fluid, glue, or tape.

Attachment Reminders:

- All attachments must identify the patient's name, Health Insurance Claim number (HICN), date of service and other pertinent information.
- Attachments must be a full page (8 ½ x 11)
- Operative reports, radiology reports, etc., should be submitted with paper claims only when either the coding guidelines indicate these reports are needed to process the service(s) or when a Medicare representative requests this additional information.
- Medicare Secondary Paper claims: Only attach the summary notice from the primary insurer that specifically corresponds to the claim you are submitting.

Claims Submitted with Multiple Pages:

- Do not complete Item 28 for each CMS-1500 claim form. The total for Item 28 must be completed on the last CMS-1500 claim form. This only applies when there are more than six detail lines for one claim.
- If multiple CMS-1500 claim forms are submitted with totals on each claim form, the claims will be scanned as separate claims and not as multi-page claim.