Assisted Living Billing on a 1500 Webinar Q and A

January 11, 2018

1. Are there options to extend the timeline for providers to change over to the CMS 1500 form from the UB04? Some providers may not be able to get required changes made to their Medicaid Waiver billing software by February 1st.
   a. Based on the feedback we have received, the transition from the UB 04 to the CMS 1500 will be based on the date of service (date service is rendered) rather than the activity date (date claim is submitted). This will allow providers more time to transition to the CMS 1500 form. All services provided on or after 2/1/2018 will need to be billed utilizing the CMS 1500 form.
2. Can the CMS 1500 form be completed by hand? If not, where do providers find computer programs to complete them?
   a. No, handwritten claims will not be accepted. Please go to [https://dss.sd.gov/medicaid/ocr.aspx](https://dss.sd.gov/medicaid/ocr.aspx) for more information about submitting paper claims on the 1500.
3. What are the approved methods for providers completing the CMS 1500?
   a. We suggest submitting electronically the same way the majority of providers are currently submitting.
4. Where do providers obtain the CMS 1500 claim form?
   a. [https://bookstore.gpo.gov](https://bookstore.gpo.gov)
5. Is the CMS 1500 form available online? Can it be submitted online?
   a. No we do not have an online submission option; they need to be submitted electronically or by paper.
6. **Block 22** - Is the Resubmission Code left blank on new claims?
   a. Yes
7. **Block 24E** - Where do providers find the diagnosis pointer that correlates to the diagnosis code?
   a. The diagnosis pointer is the letter of field of the diagnosis code.
8. **Block 33** - Should the address submitted in this area be the address where the service was provided or can it be a central billing office address?
   a. This can be the billing address.
9. **Block 33B** - Is the number for this area the same for all providers?
   a. Yes
10. This is the first we have heard of the billing change, and February 1st is coming up fast, how can we let you know if we will be ready for the implementation?
    a. We will be sending out via email a readiness survey.
11. Block 1 says Medicaid #? Do we providers to use an X or put the Medicaid number?
    a. This box represents the type of claim being submitted so providers need to use an X to the right of the Medicaid # area.
12. Is date of birth required in section 1?
a. Date of birth is not required on a paper submission but most electronic programs will require it.

13. Where do you find the ICD indicator?
   a. The ICD Ind. In box 21 will always be 0. This is due to all claims after 10/1/15 are required to use ICD 10 diagnosis codes.

14. Where do you include the clients cost share?
   a. You will not need to indicate the clients cost share. Once the claim is received, our system will calculate that for you.

15. What is a taxonomy code?
   a. A taxonomy code is the code that identifies the provider type and specialization of health care providers.

16. We have an Assisted Living, Mental illness taxonomy code, do we use that taxonomy code or the one that is listed (310400000X)?
   a. Please email your provider information including NPI number to Shannon.Schweitzer@state.sd.us

17. Will the taxonomy code be required in 24J?
   a. If you are submitting a paper claim and you include the NPI number you will also need to include the taxonomy number associated with that NPI. This should match the NPI number used in 33A.
   b. This information is not required when submitting electronically.

18. Will we bill January 2018 claims on a CMS 1500 form?
   a. No, you will start billing on a CMS 1500 for dates of service on or after February 1st, 2018.

19. Do we need to enter the physician’s NPI number anymore?
   a. No, submitting an Assisted Living claim on the CMS 1500 will not require the referring physician’s NPI

20. How do we adjust or void a previously paid claim?
   a. If the original claim was for dates of service prior to February 1st, 2018 and paid on a UB-04, you will be able to adjust or void as before utilizing the 217 and 218 UB-04 coding
   b. If the original claim is for dates of service on or after February 1st, 2018 and is billed on the CMS 1500 please reference the billing manual, Box 22, for resubmission instructions
      i. Providers may only void or adjust a previously paid claim. A claim may pay incorrectly for various reasons such as incorrect charge amount indicated or number of days incorrect.

21. Do we enter the daily amount or the total amount in 24F?
   a. You need to enter the total amount, for example if your total charged amount is $300.00 for 6 days, you will enter 300 00
   b. Inputting the daily amount will cause the system to only pay for that day, it will not calculate the daily amount multiplied by the units in box 24G.

22. Do we add a dash in box 25?
   a. No, inclusion of any punctuation in any location other than the name can cause claim processing issues.
b. Please refer to [http://dss.sd.gov/medicaid/ocr.aspx](http://dss.sd.gov/medicaid/ocr.aspx) for guidelines to submitting clean paper claims

23. Can you submit a handwritten claim?
   a. All claims need to be typed or printed, no hand written claim submissions will be allowed.

24. Can providers use a stamp or electronic signature for Block 33?
   a. Yes, either a stamp or an electronic signature will be accepted.
   b. Whomever is billing the claim be it the physician, the provider, or the provider’s authorized representative are able to sign and date the claim.
   c. The date of the signature must be the last date of service on the claim or after.
   d. When submitting an electronic claim there is not a signature location, this is because either the submitting provider and/or clearing house information is being verified electronically.

25. How does the clearing house know to change from billing UB-04 to CMS 1500?
   a. You will need to contact your clearing house to initiate the billing change.
   b. If you do not currently have a clearing house and would like to submit electronically please contact Chelsea.King@state.sd.us

26. Where do we find the electronic requirements so our software companies can update our programs?
   a. This information is found below our billing manuals on [http://dss.sd.gov/medicaid/providers/billingmanuals/](http://dss.sd.gov/medicaid/providers/billingmanuals/)

27. How do we submit test claims
   a. Please indicate that they are test claims and email Chelsea King
   b. If submitting test claims electronically please contact Chelsea King so that she can send you the link for the Launchpad to submit the claims.

28. Where do we find paper CMS 1500 forms?
   a. Many office supply stores supply the CMS 1500 forms. You may use a local store or order a supply online.
   b. The official link for the US Government bookstore is [https://bookstore.gpo.gov/](https://bookstore.gpo.gov/)

29. Will the webinar be available for review or printing
   a. We will be sending out a copy of the webinar with updates to include the feedback provided for additional viewing via email and it will be published online.

30. Where is the billing manual located online?