MEMORANDUM

To: Network Providers - All Levels of Care

From: Sheryl Swanson
Provider Network Management

Date: April 3, 2014

Subject: AD14 101 Corrected/Voided Claims
New CMS-1500 Professional Claim Form Version 02/12

This memo is to remind providers of the National Uniform Claim Committee's (NUCC) approved timeline of April 1, 2014 for using the new CMS-1500 Professional Claim Form Version 02/12. As part of the claim form change, PerformCare is taking this opportunity to remind providers of proper billing guidelines.

CMS-1500 Claim Form Version 02/12

PerformCare will no longer accept the old claim form (Version 08/05) for claims **received** after **May 30, 2014**. Claims submitted on the old claim form and received after **May 30, 2014** will be returned to the submitter. Please plan accordingly to avoid rejected claims.

Submission of Corrected/Voided Claims

For any claim **received** **May 1, 2014** and forward, PerformCare will be enforcing the industry billing guidelines for both CMS-1500 Professional and UB04 Institutional claims regarding submission of corrected and voided claims.

CMS 1500 Professional - Corrected/Voided Claims

Item Number 22 on the CMS 1500 claim form contains two required fields as shown below. The **Resubmission Code** should either be a '7' for Replacement of a prior claim or '8' for Void/Cancel of a prior claim.   The **Original Ref. No.** must contain **PerformCare's Original Claim Number**. These two key data elements are the **only** indication PerformCare will use to determine if the claim is a Replacement or Void of a prior claim.   Claim forms should not contain typed or handwritten words such as Corrected, Replacement or Void as indicators. Additionally, the Original Claim Number should not be presented anywhere on the claim form other than **Item Number 22**. If PerformCare is unable to match the original claim number to a claim in our system, the claim will be processed as an original claim. Any claim that contains information outside of the designated fields on the form will be ignored and not considered for claims processing.

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890

UB04 Institutional - Corrected/Voided Claims

Form Locator 4 on the UB04 Claim Form is used for the Bill Type.   As outlined in the National Uniform Billing Committee (NUBC) Manual, the bill type is a four-digit code used to convey the type of bill.   The last (fourth) digit of the bill type defines whether the claim is an original, interim, replacement or voided claim.

EXAMPLE:
An original claim for an Inpatient Claim could have a bill type of 0111, 0112, 0113 or 0114.
A replacement claim for the same Inpatient Claim would have a bill type of 011**7**.
A void claim for the same Inpatient Claim would have a bill type of 011**8**.
Providers submitting a Replacement or Void of an Institutional Claim must submit the correct Bill Type Code to have the claim considered as a Replacement or Void. Bill Types 0117 and 0118 must also contain **PerformCare's Original Claim Number** in **Form Locator 64A, Document Control Number (DCN).**

These two key data elements (Bill Type and Original Claim Number) are the <u>only</u> indication PerformCare will use to determine if the claim is a Replacement or Void of a prior claim.   Claim forms should not contain typed or handwritten words as Corrected, Replacement, or Void as indicators.   Additionally, the Original Claim Number should not be presented anywhere on the claim other than **Form Locator 64A.**   Any claim that contains information outside of the fields on the form will be ignored and not considered for claims processing.

Please note if provider NPI is being corrected, send as a Void rather than a Replacement claim. A Void claim should be identified with frequency code 8. (see above for instructions)

OTHER BILLING GUIDELINES

Handwritten Claims
Starting May 1, 2014 PerformCare encourages all providers to no longer submit handwritten claims.   Claims should be typed/printed following CMS guidelines to assure accurate scanning and processing.   Remember no additional data is to be included outside of the data elements on the form.   Providers who have no means of printing a Claim Form can take advantage of our Provider Connect website tool for submitting either original, corrected or voided CMS-1500 Professional Claims.   Contact your Account Executive or send an e-mail to providerconnect@performcare.org to obtain information on gaining access to this product.

> **NOTE:** For paper claim submitters, the original claim number is PerformCare's Claim Number and **_not_** the image number.   The Original Claim Number can be obtained from your Remittance Advice.   **_PerformCare's Claim Number does not contain alpha characters._**

Qualifier

As a reminder, the NUCC billing guidelines utilize the HIPAA Version 5010 qualifiers for the submission of the Provider's other identifying numbers.   Therefore, the 1D qualifier is not a valid qualifier for submitting the Pennsylvania Medical Assistance ID (MAID). Providers must use G2 as the qualifier when submitting their MAID for claims received on or after May 1, 2014. This change applies to both paper and eCura ProviderConnect claim submissions.

Rendering Provider

Providers no longer need to submit their Pennsylvania Medical Assistance ID (MAID) in Box 24J with a qualifier of G2.   PerformCare will derive the MAID using the NPI that is registered with OMAP in Box 24J.

Member's Medical Assistance ID

All claims **must** contain the Member's Medical Assistance Number in **Box 1A** of the CMS 1500 form and **Form Locater 60** of the UB04 form. As a reminder this is a requirement and is necessary to ensure proper claims processing.

Useful References:
New Claim Form Example:
http://www.nucc.org/%5Cimages%5Cstories%5CPDF%5C1500_claim_form_2012_02.pdf

Billing Guidelines Related to the New Claim Form:
http://www.nucc.org/images/stories/PDF/understanding_the_changes_to_the_0212_1500_claim_form.pdf