Common Errors on Claims Submissions

Action required:

Please reference the attached updated grids for both the CMS-1500 and UB-04 required fields and billing guidelines for the mandated 5010 837 formats to ensure your claims are submitted correctly. If you have any questions, please contact your Provider Account Executive or Provider Services.

CMS-1500 (02/12) PAPER CLAIMS REJECT CRITERIA

Field #	CMS-1500 (0212) Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015 This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.
1A	ID Number	Plan or government issued ID number
2	Patient's Name	Member first and last name
3	Patient's Birth Date and Sex	Member date of birth (mm/dd/yyyy) and sex
5	Patient's Address (number, street, city, state, zip)	Patient's address
17	Name of Referring or Ordering Physician	The referring/ordering physician's name
17A	Leave Blank	Not required
17B	NPI of Referring or Ordering Physician	The referring/ordering physician's NPI must include appropriate qualifier
19	Narrative	Required field for the purposes outlined below. • Enter the drugs name, strength, and dosage when submitting a claim for Not Otherwise Classified (NOC) drugs • Enter a concise description • Use the 275 Claim Attachment Transaction Process How to submit a 275 Claim Attachment Transaction: • Batch — You may either connect to Change Healthcare directly or submit via your EDI clearing house • API via JSON — You may submit an attachment for a single claim • Portal — Individual providers can register at Change Healthcare to submit attachments

<table>
<tr><th>Field #</th><th>CMS-1500 (0212)
Field/Data Element</th><th>“Reject Statement” (Reject Criteria)
Effective April 1, 2015
This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.</th></tr>
<tr><td></td><td></td><td>The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, xml, doc, and txt. View the Change Health Care 275 claims attachment transaction video for detailed instructions on this new process. The following 275 claims attachment report codes are currently being accepted. When submitting an attachment, use the applicable code in field number 19 of the CMS 1500 or field number 80 of the UB04.
<table>
<tr><th>Attachment Type</th><th>Claim Assignment Attachment Report Code</th></tr>
<tr><td>Itemized Bill</td><td>03</td></tr>
<tr><td>Medical Records for Hospital Acquired Conditions (HAC) review</td><td>M1</td></tr>
<tr><td>Single Case Agreement (SCA)/Letter of Agreement (LOA)</td><td>04</td></tr>
<tr><td>Advanced Beneficiary Notice (ABN)</td><td>05</td></tr>
<tr><td>Consent Form</td><td>CK</td></tr>
<tr><td>Manufacturer Suggested Retail Price/Invoice</td><td>06</td></tr>
<tr><td>EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter</td><td>EB</td></tr>
<tr><td>Ambulance Trip Notes/ Run Sheet</td><td>AM</td></tr>
</table></td></tr>
<tr><td>21</td><td>Information Related to Diagnosis/Nature of Illness/Injury</td><td>Diagnosis code</td></tr>
</table>

Field #	CMS-1500 (0212) Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015 This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.
24	Supplemental Information`	National Drug Code (NDC) data
24A	Date of Service	"Date of service (DOS)" Both the "From" and "To" DOS are missing. (If only the "From" or "To" DOS is billed, the other DOS will be populated with the DOS that is present.)
24B	Place of Service	Place of service
24D	Procedure, Services or Supplies	Procedure code
24E	Diagnosis Pointer	For each service line with a "From" DOS, at least one diagnosis pointer is required
24F	Line-item Charge Amount	A value greater than or equal to zero must be present on each valid service line
24G	Days/Units	For each line with a "From" DOS, days/units are required
24J	Rendering Provider identification	Enter appropriate NPI number in the lower unshaded portion
27	Assignment Number	"Assignment acceptance must be indicated on the claim" and either "Yes" or "No" must be checked
28	Total Claim Charge Amount	"Total charge amount is required." (A value greater than or equal to zero)
31	Signature of Physician or Supplier Including Degrees or Credentialing	Field cannot be blank and must include provider name, including degrees or credentials and date. Name can be computer generated or noted as signature on file
32	Name and Address of Facility Where Services Were Rendered	Name, address, and ZIP code of the facility if the services were furnished in a physician's office, hospital, clinic, laboratory, or facility other than the patient's home. A PO box is not acceptable For DME only, the name and address of the location where the order was accepted must be entered DO NOT INCLUDE THE "PAY TO" ADDRESS IN THIS FIELD
33	Billing Provider Information and Phone number	The name, street number, street name, city, and zip code
33	Billing Provider Information and Phone number	Field 33 of the CMS1500 claim form requires the provider's physical service address. **DO NOT INCLUDE THE "PAY TO" ADDRESS IN THIS FIELD**.

UB04 PAPER CLAIMS REJECT CRITERIA

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) **Effective April 1, 2015** This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.
1	Billing Provider Name, Address and Telephone Number	Name, address, and ZIP code
1	Billing Provider Name, Address and Telephone Number	Field 1 of the UB04 claim form requires the provider's physical service address. **DO NOT INCLUDE THE "PAY TO" ADDRESS IN THIS FIELD.**
3a	Patient Account/Control Number	Account or Control Number
8b	Patient Name	Member first and last name
9a-e	Patient Address	Complete address
10	Patient Birth Date	MMDDYYYY
11	Patient Sex	Required
12	Admission Date	Use the bill type table to identify if it is an inpatient (IP) or outpatient (OP) claim; If IP, the date billed must not be a future date
13	Admission Hour	Use bill type table to identify if it is an IP or OP claim. If IP, the bill type must be 21x and a numeric value
14	Admission Type	A numeric value must be present
15	Point of Origin for Admission or Visit	Required except for Bill Type 014x
16	Discharge Hour	Use bill type table to determine if it is an IP or OP bill type. If IP, the frequency code must not be either 1 or 4 nor blank
17	Patient Discharge Status	Required (for all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services)
31	Occurrence Codes and Dates	Based on situational requirements
32	Occurrence Codes and Dates	Based on situational requirements
33	Occurrence Codes and Dates	Based on situational requirements
34	Occurrence Codes and Dates	Based on situational requirements
42	Revenue Code	Revenue code
45	Service Date	MMDDYYYY
46	Service Days/Units	Service days/units {lines 1-22} for each line with a "From" DOS
47	Total Charges	Line-item charge amount (lines 1-22) must be a value greater than or equal to zero
50a-c	Payer Identification	A - Required

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015 This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.
		B - Situational C - Situational
52a-c	Release of Information Certification Indicator	A - Required B - Situational C - Situational
53a-c	Assignment of Benefits	A - Required B - Situational C - Situational
56	Billing Provider National Provider ID (NPI) Statement	Required
58a-c	Insured's Name	A - Required B - Situational C - Situational
59a-c	Patient's Relationship	A - Required B - Situational C - Situational
60a-c	Insured's Unique ID	A - Required B - Situational C - Situational
63	Treatment Authorization Code	Required when an authorization or referral number is assigned
64	Document Control Number (DCN)	Required for a corrected claim. The control number (claim number) assigned to the original bill by the health plan
66a-q	Diagnosis and Procedural Code Qualifier Required	ICD10 = 0
67	Principal Diagnosis Code / Other Diagnosis Codes	Other diagnosis codes are situational
69	Admitting Diagnosis Code	Admitting diagnosis code if an IP claim
70a-c	Patients Reason for Visit	Situational
74a-e	Principal and other Procedure Code and Date	Required on inpatient claims when a procedure was performed. Not used on outpatient claims A - E -Required on inpatient claims when additional procedures must be reported. Not used on outpatient claims

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015 This is a required field and if it is missing, invalid, illegible, incomplete, or otherwise noted, this claim will be rejected.
76	Attending Provider Name and Identifiers (including NPI)	Required when claim/encounter contains any services other than nonscheduled transportation services
77	Operating Provider Name and Identifiers (including NPI)	Required when a surgical procedure code is listed on the claim
78 - 79	Other Provider Name and Identifiers (including NPI)	Situational - The name and ID number of the individual corresponding to the qualifier category indicated in this section of the claim Provider Type Qualifier Codes/Definition/Situational Usage Notes: DN - Referring Provider. The provider who sends the patient to another provider for services. Required on an outpatient claim when the Referring Provider is different than the Attending Physician ZZ - Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician. Required when another Operating Physician is involved Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure. Report when state or federal regulatory requirements call for a combined claim, i.e.., a claim that includes both facility and professional fee components (e.g.., a Medicaid clinic bill or Critical Access Hospital claim)

References:

https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf
https://www.cgsmedicare.com/jb/help/cms1500_form_tutorial.html
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