

February 2007

Provider Manual: How Can We Make It Better for You?

We recently sent your office the November 2006 *Provider Manual* CD. In order to better serve your needs, we would like to know what you think about the content and the layout. Please send your comments or suggestions on how we can update the *Provider Manual* to us at providercommunications@amerihealth.com.

In order to help you retrieve the information quickly, you may also log onto NaviNetSM and view the *Provider Manual* electronically.







Additional copies of *Partners In Health Update*, can be printed by going to our website www.amerihealth.com/providers.

PARTNERS IN HEALTH UPDATE







Working Together For Quality Health Care

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See the enclosed *NPI Toolkit* for complete claims submission instructions.

Implementation of UB-04 Claim Form



The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form will accommodate the National Provider Identifier (NPI) and has incorporated other important changes. This form will replace the current UB-92 claim form and will be phased in over a transition period from **March 1, 2007 to May 22, 2007**. The UB-04 form will be used exclusively for institutional billing beginning May 23, 2007. **Effective on and after May 23, 2007, UB-92 will no longer be accepted.**

To assist you in converting from UB-92 to UB-04, we have enclosed the *UB-04 Claim Form and Instructions*, which includes samples of the UB-04 claim form and AmeriHealth UB-04 Data Field Requirements.

The UB-04 Claim Form and NPI

The new UB-04 claim form includes several fields that accommodate the use of your NPI. Although the new form accommodates the NPI, you must continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the new UB-04 claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us please contact your Network Coordinator.

If you do not currently submit claims electronically, we encourage you to transition from paper claims to electronic billing. For information on converting to electronic billing, please contact the eBusiness Hotline at (215) 640-7410.

If you have any questions, please contact your Network Coordinator.

How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or TTY (800) 692-2326
- ▶ **E-mail:** customerservice@npienumerator.com
- ▶ **Mail:**
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

10 digits. BIG IMPACT.

The Power of NPI



Get it, Share it, Use it Now with AmeriHealth

Get It. Get it *NOW* from the National Plan and Provider Enumeration System (NPPES).

- Get your NPI(s): a unique 10-digit identification number. We recommend you enumerate with your current Corporate ID configuration.
- Get it now. Do not wait until the May 23, 2007 compliance date.
- Get it faster on the Web at <https://nppes.cms.hhs.gov>

Share It. Share it *NOW* with AmeriHealth, your colleagues, and your billing services.

- Share it with us now so we can test your NPI(s). Share your NPI with us before you file your next claim.
- Share it with your colleagues who rely on your NPI to submit their claims.
- Share it with your billing service, vendor, or clearinghouse.

Use It. Use it *NOW* to identify yourself.

- Use it now along with your existing legacy provider identifiers on your electronic and paper claims (if you have reported your NPI(s) to AmeriHealth).
- Use it now to facilitate accurate and streamlined processing of claims.
- Use it to be HIPAA-compliant by May 23, 2007.

All the information you need is available at www.amerhealth.com/providers/npi

For more information on using your NPI with AmeriHealth, please refer to the enclosed *NPI Toolkit*. The enclosure offers helpful tips on submitting your NPI and filling out the CMS 1500 (08/05) form.

Getting an NPI is free – Not having one can be costly.

NPI ANNOUNCEMENTS

AmeriHealth National Provider Identifier (NPI) Dual Use Claims Submission



The goal of AmeriHealth NPI Dual Use Claim Submission is to collect and validate your NPI(s) via claims submissions prior to the May 23, 2007 NPI compliance date. Therefore, we are asking all providers who have obtained their NPI(s) and reported them to us to **submit all electronic and paper claims with NPIs and legacy provider identifiers (identifiers you currently use to identify yourself as an AmeriHealth participating health care provider), until otherwise notified.** You must also report your Taxonomy Codes on all electronic and paper claims. Taxonomy codes identify your specialty (or specialties).

AmeriHealth NPI Dual Use Claims Submission is one of many preparatory measures that we will implement prior to the NPI compliance date in order to ensure the smoothest transition possible.

Please note that we will not use NPIs to process your claims at this time. We will continue to process claims using your legacy identifiers. In addition, we will not include NPIs on SORs or any other outgoing transactions at this time.

AmeriHealth NPI Dual Use Claims Submission will not complicate, delay, or halt your claims processing.

NPI Dual Use Claims Submission

Instructions

You can find detailed AmeriHealth NPI Dual Use Claims Submission instructions in the following locations:

- **837P and 837I Companion Guides.** The 837P Companion Guide and 837I Companion Guide provide instructions for submitting dual use claims for electronic claims submissions. The companion guides are also available online at www.amerhealth.com/providers/self_service_tools/ediforms.html.
- **Current and Revised CMS 1500 Claim Forms and Instructions.** This reference tool

was published as an enclosure with the October 2006 edition of *Partners in Health Update*. It provides instructions for submitting dual use claims for paper submissions. This reference tool is also available at www.amerhealth.com/providers/npi/forms.html

Questions Regarding NPI Dual Use Claims Submission

Please contact your Network Coordinator with any questions regarding AmeriHealth NPI Dual Use Claims Submission.

If you have not yet obtained your NPI(s) and reported them to us, please see How to Obtain an NPI on page 2, or visit www.amerhealth.com/providers/npi. You may also visit the following websites for additional information:

AmeriHealth Provider NPI website

www.amerhealth.com/providers/npi

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

CMS Main NPI website

www.cms.hhs.gov/NationalProvIdentStand

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

NPI Enumerator website

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

WEDI NPI White Papers

www.wedi.org/snip/

Industry NPI papers, including “NPI Impact on Providers,” “NPI Dual Use Strategy,” “NPI and Subparts,” etc.

WEDI NPI Outreach Initiative

www.wedi.org/npioil/index.shtml

NPI Resource Center with information resources, Industry readiness assessment survey, etc.

Statement of Remittance (SOR) Enhancements



We are pleased to inform you that we have improved the paper Statement of Remittance (SOR) and have made it more user-friendly. We listened to your feedback and based the improvements on your suggestions — especially for adjusted claims, claims retraction, and credit balances. Some of these revisions will affect the Electronic Remittance Advice (ERA).

Our first enhancement to the SOR will link adjusted claims. When a claim is reversed and repaid, the adjusted claim number will appear on the statement below the claim number originally used to pay the claim. The adjusted claim number will also appear in the ERA.

The ERA will show the original claim number in the CLP 07 and the adjusted claim number in the REF 02 within the 2100 Loop.

```
CLP*PATIENTCONTROL#*1*286.71*129.02*18.90*12*1B44455566677~
NM1*QC*1*PATIENTLAST*PATIENTFIRST****MI*MEMBERID#~
NM1*82*2*PROVIDERNAME*****BD*PROVIDERNUMBER~
REF*CE*LOB~
REF*F8*9922233355522~
```

Adjusted claim number

Paid/original claim number

We will continue to make additional improvements to the SOR. Please share this information with your billing staff and your software vendor. If you have any questions, please contact your Network Coordinator or Provider Services.

PRODUCT: H INPATIENT - HMO MEDICARE

USI NO	PT ACCOUNT NO	SS: CLAIM NUMBER
MEMBER ID NO 1234567800 98765432100	2468	MH: 2612345678910 20245678911

The new *adjusted claim number* appears directly below the original claim number.

Revisions to Medical Policy and Professional Claim Submission Process for Home-Based, Real-Time Cardiac Surveillance System (CARDIONET)



The following revisions to the medical policy and professional claim submission process for Home-Based, Real-Time Cardiac Surveillance System (CARDIONET) will be in effect as of February 1, 2007:

- Use procedure code 93799* with a 26 modifier (93799-26) to report the professional component.
- The professional component includes review and interpretation of each 24-hour cardiac surveillance period as well as 24-hour availability and response to monitoring events within a course of treatment that includes up to 21 consecutive days of cardiac monitoring, which is considered the “monitoring period.”
 - **For electronic billers:** Submit the not elsewhere classified (NOC) code in the HCPCS/CPT data element 2400/SV101-2 (837P). Report the text “ECG arrhythmia detection and alarm system” in 2400/NTE02 when NTE01 equals ADD. Text can also be reported at the claim level, 2300/NTE.
 - **For paper billers:** Include “ECG arrhythmia detection and alarm system” in the shaded area of field 24A of the CMS-1500 (08/05) form.
- **Reimbursement:** Reimbursement is \$125 per 21-day monitoring period, subject to the member’s benefits and the medical policy 07.02.07b Home-Based, Real-Time Cardiac Surveillance System.
- The date the patient is initially placed on the monitor must be reported as the date of service.
- A monitoring period (1 to 21 consecutive days of cardiac monitoring) is reported as a unit of one.
- Any additional claims for procedure code 93799-26 – “ECG arrhythmia detection and alarm system” within a monitoring period (1 to 21 consecutive days after an initial service) will be denied.
- The S code S0347 is available for daily billing. However, the maximum reimbursement for a 21-day period will not exceed the case rate.

The revised policy will be available in its entirety on February 1, 2007, at www.amerhealth.com/providers/policies_guidelines_pubs/medical_policy.html.

Please review the medical necessity criteria and diagnosis codes listed in the revised medical policy before scheduling this service.

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New Individual Health Coverage Plans for New Jersey (NJ only)



In order to provide improved access to health care coverage for individuals in the state of New Jersey and to better meet the needs of our customers, AmeriHealth will be offering new Individual Health Coverage plans. The new plans, **effective March 1, 2007**, include two different copay options.

The first is a split copay design where members have a PCP copay of \$30 and a specialist copay of \$50. The second is a \$50 single copay option where members are responsible for copayments of \$50 for PCP/specialist visits. For both options, members are responsible for a copay of \$50 for routine GYN visits

and \$100 for ER care. If the member is admitted to the ER, the copay will be waived. Members do not have a copay for routine mammography or outpatient laboratory services.

Please note: The member copay should never exceed the total AmeriHealth contracted rate for the service(s). If the contracted rate is less than the copay amount, you may only collect up to contract rate from the member.

A list of benefits will be available in an upcoming edition of *Partners in Health Update*. If you have any other questions, please contact your Network Coordinator.

Professional Provider Auditing



We are committed to providing cost-effective and high-quality health care service coverage for our members. We also have a responsibility to our member and group payers to ensure claims are billed and paid accurately. Government mandates also require claims are paid only for services rendered and supported by the medical record documentation. One method of meeting commitments is to monitor and review medical claims submitted by all specialties of professional providers, in the form of an audit, performed by the Professional Provider Auditing Unit, a section of our Corporate and Financial Investigations Department (CFID).

Understandably, being the subject of an audit may provoke concern. However, do not interpret these audits as an accusation of wrongdoing.

Reasons for an audit can include routine queries or be based on excessively high or unusual patterns

of utilization and generally require an in-depth claims review and analysis. The purpose of an audit is to verify claims are submitted with information accurately reflecting the services rendered. The goal is to identify billing inaccuracies, inappropriate or incorrect HCPCS and CPT® coding, and processing errors.

In order to ensure auditing outcomes are valid, we employ a specialized staff of registered nurses, certified professional coders, and business/claims analysts who use a variety of professional organizations as subject matter expert sources when performing an audit.


For more information, please refer to the Administrative Overview and Appeals sections of the November 2006 *Provider Manual*, which was mailed to your office in December and is also available on NaviNetSM.

Supporting Our Members, Your Patients: ConnectionsSM Health Management Programs



Call the Provider Support Line at (866) 866-4694 to refer a patient to the **ConnectionsSM Health Management Program** for Health Coaching. Health Coaches provide disease management for asthma, diabetes, COPD, CHF, and CAD, as well as decision-support for numerous issues.

Call (866) 398-8761 to refer patients with the following diseases to the **ConnectionsSM AccordantCareTM Program**:

- Seizure Disorders
- Rheumatoid Arthritis
- Multiple Sclerosis
- Crohn's Disease 
- Parkinson's Disease
- Systemic Lupus Erythematosus (SLE)

- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

Call the **ConnectionsSM Kidney Program** at (866) 303-4CKP [4257] to refer a member on chronic outpatient dialysis.

Transition to All-Electronic Authorization Inquiry and Submission



To maintain accuracy and speed of processing for the millions of transactions we complete yearly, we will be transitioning to an all-electronic format for authorization inquiry and authorization submission, with the exception of behavioral health authorizations, which are still authorized by Magellan Behavioral Health, Inc.

Our electronic authorizations initiative is divided into two phases. The first phase is the NaviNetSM Portal. The second phase includes the addition of two enhancements to the Provider Interactive Voice Response (IVR) System — Authorization Status Inquiry and Authorization Submission.

Providers are able to access the status of any authorizations associated with their AmeriHealth Corporate Provider ID via the IVR. The IVR can provide you with the most current authorization on file and allows you to search for your authorizations using a date range of 30 days or a specific service date. The IVR will provide status for all authorized services, including MRI and CT scans. We encourage you to call the IVR directly to access Authorization Status Inquiry by calling (866) 681-7370 or (267) 299-2270, and saying

“Authorization” or choosing option 7 on the main menu. You must enter your Corporate Provider ID and the last four digits of your tax ID in order to access the IVR Authorization Status Inquiry and satisfy HIPAA requirements.

We are currently developing the second enhancement — Authorization Submission. Look for more details regarding our electronic authorizations initiative in upcoming editions of *Partners in Health Update*.

To get connected to the NaviNet Portal, please call the eBusiness Provider Hotline at (856) 638-2701 (NJ), (302) 661-6111 (DE), or (215) 640-7410 (PA) or complete our Online Inquiry Form at www.amerhealth.com/providers/navinet.

Please note: Minimum requirements must be met to obtain access to the NaviNet Portal. Please contact the eBusiness Provider Hotline to determine eligibility.



Partners in Health monthly *Update* is a publication of the Provider Communications department for the exchange of information and ideas among the AmeriHealth Provider community. Suggestions are welcome.

CONTACT INFORMATION:

Caroline Crispino
Managing Editor

Charleen Baselice
Production Coordinator

**Provider Communications
AmeriHealth**
1901 Market Street
35th Floor
Philadelphia, PA 19103
*providercommunications
@amerihealth.com*

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This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the number on the back of their identification card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party Web sites mentioned in this publication are maintained by organizations over which AmeriHealth exercises no control, and accordingly, AmeriHealth disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

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AmeriHealth

IMPORTANT RESOURCES

View our online provider directories at www.amerihealth.com

American Imaging Management (AIM) (Call for CT, MRI/MRA, PET, and Nuclear Cardiology for AmeriHealth NJ members only)	(866) 859-5288
CARE MANAGEMENT AND COORDINATION Case Management	(800) 313-8628
Baby FootSteps®	(800) 598-BABY [2229]
CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS Connections Health Management Program Provider Support Line	(866) 866-4694
Connections SM Kidney Program	(866) 303-4CKP [4257]
Connections SM AccordantCare™ Program	(866) 398-8761
CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT Anti-Fraud and Corporate Compliance Hotline	(866) 282-2707 www.amerihealth.com/anti-fraud
CREDENTIALING VIOLATION HOTLINE	(215) 988-6534 www.amerihealth.com/credentials
eBUSINESS PROVIDER HOTLINE	(856) 638-2701 (NJ) (302) 661-6111 (DE) (215) 640-7410 (PA)
HEALTH RESOURCE CENTER AmeriHealth Healthy Lifestyles SM	(800) 275-2583
Precertification	(215) 241-2100 (800) 227-3116
PHARMACY SERVICES Prescription Drug Authorization Toll Free Fax	(888) 678-7012 (888) 671-5285
Direct Ship Injectable	(267) 402-1711 (888) 678-7012
Fax	(215) 761-9165
Blood Glucose Meter Hotline	(888) 494-8213 (option 2)
PROVIDER ELECTRONIC DATA INTERCHANGE SERVICES WEB PAGE	www.amerihealth.com/edi
PROVIDER INFORMATION and TOOLS WEB PAGE	www.amerihealth.com/providers
PROVIDER MEDICAL POLICY WEB PAGE	www.amerihealth.com/medpolicy
PROVIDER PHARMACY WEB PAGE	www.amerihealth.com/provider_rx
PROVIDER SERVICES (Policies/Procedures/Claims) HMO	(800) 821-9412 (NJ) (800) 888-8211 (DE)
PPO	(800) 595-3627 (NJ) (800) 888-8211 (DE)
PROVIDER SUPPLY LINE	(800) 858-4728

Visit our website at www.amerihealth.com/providers





ENCLOSURE

Two enclosures (*The New UB-04 Form and Instructions* and *National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission*) mailed with this edition of *Partners in Health Update*. These have been combined into one PDF file for your convenience.



The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form will accommodate the National Provider Identifier (NPI) and has incorporated other important changes. This form will replace the current UB-92 claim form and will be phased in over a transition period beginning March 1, 2007 to May 22, 2007. The UB-04 form will be used exclusively for institutional billing beginning May 23, 2007. Effective on and after May 23, 2007, UB-92 will no longer be accepted. Sample UB-04 forms for inpatient and outpatient can be found on pages 3 and 4.

The UB-04 Claim Form and NPI

The new UB-04 claim form includes several fields that accommodate the use of your NPI. Although the new form accommodates the NPI, you must continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the new UB-04 claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator.

UB-04 Data Field Requirements

Field Location UB-04	Description	Inpatient	Outpatient
1	Provider Name and Address	Required	Required
2	Pay-To Name and Address	Situational	Situational
3a	Patient Control Number	Required	Required
3b	Medical Record Number	Situational	Situational
4	Type of Bill	Required	Required
5	Federal Tax Number	Required	Required
6	Statement Covers Period	Required	Required
7	Future Use	N/A	N/A
8a	Patient ID	Situational	Situational
8b	Patient Name	Required	Required
9	Patient Address	Required	Required
10	Patient Birthdate	Required	Required
11	Patient Sex	Required	Required
12	Admission Date	Required	N/A
13	Admission Hour	Required	Required
14	Type of Admission/Visit	Required	N/A
15	Source of Admission	Required	Required
16	Discharge Hour	Required	N/A
17	Patient Discharge Status	Required	Required
18-28	Condition Codes	Required if Applicable	Required if Applicable
29	Accident State	Situational	Situational
30	Future Use	N/A	N/A
31-34	Occurrence Code and Dates	Required if Applicable	Required if Applicable
35-36	Occurrence Span Codes and Dates	Required if Applicable	Required if Applicable
37	Future Use	N/A	N/A

Field Location UB-04	Description	Inpatient	Outpatient
38	Subscriber Name and Address	Required	Required
39-41	Value Codes and Amounts	Required if Applicable	Required if Applicable
42	Revenue Code	Required	Required
43	Revenue Code Description	Required	Required
44	HCPCS/Rates	Required if Applicable	Required if Applicable
45	Service Date	N/A	Required
46	Units of Service	Required	Required
47	Total Charges (By Rev. Code)	Required	Required
48	Non-Covered Charges	Required if Applicable	Required if Applicable
49	Future Use	N/A	N/A
50	Payer Identification (Name)	Required	Required
51	Health Plan Identification Number	Situational	Situational
52	Release of Info Certification	Required	Required
53	Assignment of Benefit Certification	Required	Required
54	Prior Payments	Required if Applicable	Required if Applicable
55	Estimated Amount Due	Required	Required
56	NPI	Required	Required
57	Other Provider IDs	Required	Required
58	Insured's Name	Required	Required
59	Patient's Relation to the Insured	Required	Required
60	Insured's Unique ID	Required	Required
61	Insured Group Name	Situational	Situational
62	Insured Group Number	Situational	Situational
63	Treatment Authorization Codes	Required if Applicable	Required if Applicable
64	Document Control Number	Situational	Situational
65	Employer Name	Situational	Situational
66	Diagnosis/Procedure Code Qualifier	Required	Required
67	Principal Diagnosis Code/Other Diagnosis Codes	Required	Required
68	Future Use	N/A	N/A
69	Admitting Diagnosis Code	Required	Required if Applicable
70	Patient's Reason for Visit Code	Situational	Situational
71	PPS Code	Situational	Situational
72	External Cause of Injury Code	Situational	Situational
73	Future Use	N/A	N/A
74	Principal Procedure Code/Date	Required if Applicable	Required if Applicable
75	Future Use	N/A	N/A
76	Attending Name/ ID-Qualifier 1G	Required	Required
77	Operating ID	Situational	Situational
78-79	Other ID	Situational	Situational
80	Remarks	Situational	Situational
81	Code-Code Field/Qualifiers		
	*0-A0	N/A	N/A
	*A1-A4	Situational	Situational
	*A5-B0	N/A	N/A
	*B1-B2	Situational	Situational
	*B3	Required	Required

INPATIENT

1 Any Hospital 123 Any Street Anytown NJ 08999										2 Any Hospital 456 Any Street Anytown NJ 08999										3a PAT. CNTL # 1234 b. MED. REC. # 98765					4 TYPE OF BILL 0111																																																																																				
5 FED. TAX NO. 221234567															6 STATEMENT FROM 11 03 06					7 COVERS PERIOD THROUGH 11 04 06					RESERVED																																																																																				
8 PATIENT NAME a Doe, John										9 PATIENT ADDRESS a 1234 Main Street										c NJ					d 08999 County code if other than USA																																																																																				
10 BIRTHDATE 03 20 1971										11 SEX M										12 DATE 11 03 06										13 HR 08										14 TYPE 3										15 SRC 12										16 DHR 01										17 STAT 01										18 Condition Codes Required Identifying Events										27 PA										30 RESERVED									
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 OCCURRENCE SPAN FROM THROUGH										36 OCCURRENCE SPAN FROM THROUGH										37 OCCURRENCE SPAN FROM THROUGH										38 FUTURE USE																																							
a Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing										b										c										d										e										f										g										h										i																													
39 CODE a A1										40 VALUE CODES AMOUNT 952.00										41 CODE										42 VALUE CODES AMOUNT										43 CODE										44 VALUE CODES AMOUNT										45 CODE										46 VALUE CODES AMOUNT																																							
John Doe 1234 Main Street Anytown, NJ 08999										Value Codes and amounts required when necessary to process claim																																																																																																			
42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																																							
1 0129										Semi-Private										200.00																				2										400.00										0.00										Future Use																																							
2 0250										Pharmacy																														1										50.00										0.00																																																	
3 0360										OR Services																																																		100.00										0.00																																							
PAGE 1 OF 1										CREATION DATE										TOTALS										550.00										0.00																																																																					
50 PAYER NAME A AmeriHealth B Secondary Payer C Tertiary Payer										51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory										52 REL. INFO Y										53 ASG. BEN. Y										54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider										55 EST. AMOUNT DUE Amount estimated to be due										56 NPI 222222222										57 OTHER PRV ID 1234567890 Secondary Tertiary																																							
58 INSURED'S NAME A Doe, John B Secondary C Tertiary										59 P. REL. 18										60 INSURED'S UNIQUE ID ABC1234567800										61 GROUP NAME Watch Repair, Inc.										62 INSURANCE GROUP NO. 1234																																																																					
63 TREATMENT AUTHORIZATION CODES A 02468 B Secondary C Tertiary										64 DOCUMENT CONTROL NUMBER 491234										65 EMPLOYER NAME Watch Repair, Inc.																																																																																									
66 DX 9 3910										Use A through Q to report "Other Diagnosis" if applicable										68 Reserved																																																																																									
69 ADMIT DX 4280										70 PATIENT REASON DX May be used to report reason for visit										71 PPS CODE DRG										72 ECI May be used to report external cause of injury										73 Reserved																																																																					
74 PRINCIPAL PROCEDURE DATE 3749 11 03 06										a OTHER PROCEDURE DATE										b OTHER PROCEDURE DATE										75 Reserved										76 ATTENDING NPI 222222222										77 QUAL 62 1234569822										78 LAST Smith										79 FIRST David																																							
c OTHER PROCEDURE DATE										d OTHER PROCEDURE DATE										e OTHER PROCEDURE DATE										76 OTHER NPI										77 QUAL										78 LAST										79 FIRST																																																	
80 REMARKS May be used to report additional information.										b1CC a B3 282N00000X										b Secondary										76 OTHER NPI										77 QUAL										78 LAST										79 FIRST																																																	
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Red = Required
Black = Situational/Required if Applicable/Reserved



OUTPATIENT

1 Any Hospital 123 Any Street Anytown NJ 08999		2 Any Hospital 456 Any Street Anytown NJ 08999		3a PAT. CNTL # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0131		
5 FED. TAX NO. 221234567				6 STATEMENT FROM 11 03 06		7 COVERS PERIOD THROUGH 11 04 06		
8 PATIENT NAME a Doe, John		9 PATIENT ADDRESS a 1234 Main Street		c NJ		d 08999		
10 BIRTHDATE 03 20 1971		11 SEX M		12 DATE 11 03 06		13 HR 08		
14 TYPE 3		15 SRC 3		16 DHR 12		17 STAT 01		
18 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30				Condition Codes Required Identifying Events PA RESERVED				
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH		
Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing							FUTURE USE	
38 John Doe 1234 Main Street Anytown, NJ 08999				39 CODE a A1		40 VALUE CODES AMOUNT 952.00		
				41 CODE		42 VALUE CODES AMOUNT		
Value Codes and amounts required when necessary to process claim								
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		
1	0310	Laboratory	88173	11 03 06	1	100.00	0.00	
2	0402	Ultrasound	76942	11 04 06	1	100.00	0.00	
3	0360	OR Services	3749	11 04 06	1	100.00	0.00	
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23	PAGE 1 OF 1		CREATION DATE		TOTALS		300.00	
50 PAYER NAME A AmeriHealth B Secondary Payer C Tertiary Payer		51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		52 REL INFO Y	53 ASG BEN. Y	54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider		
55 EST. AMOUNT DUE Amount estimated to be due		56 NPI 222222222		57 OTHER PRV ID 1234567890		58 INSURED'S NAME Doe, John		
59 P.REL. 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.		62 INSURANCE GROUP NO. 1234		
63 TREATMENT AUTHORIZATION CODES 02468 Secondary Tertiary		64 DOCUMENT CONTROL NUMBER 491234		65 EMPLOYER NAME Watch Repair, Inc.				
66 DX 9 3910		Use A through Q to report "Other Diagnosis" if applicable					68 Reserved	
69 ADMIT DX 4280		70 PATIENT REASON DX May be used to report reason for visit		71 PPS CODE DRG	72 ECI May be used to report external cause of injury	73 Reserved		
74 PRINCIPAL PROCEDURE DATE 3749 11 04 06		a. OTHER PROCEDURE DATE		b. OTHER PROCEDURE DATE		75 Reserved		
c. OTHER PROCEDURE DATE		d. OTHER PROCEDURE DATE		e. OTHER PROCEDURE DATE		76 ATTENDING NPI 222222222 QUAL 62 1234569822		
						LAST Smith FIRST David		
						77 OPERATING NPI QUAL		
						LAST FIRST		
80 REMARKS May be used to report additional information.		81CC a B3 282N00000X		b Secondary		78 OTHER NPI QUAL		
				c Tertiary		LAST FIRST		
						79 OTHER NPI QUAL		
						LAST FIRST		

UB-04 CMS-1450

APPROVED OMB NO.

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



Red = Required
Black = Situational/Required if Applicable/Reserved



Tips for Proper Electronic and Paper Claims Submission



Inside this “toolkit” you will find tips for submitting your National Provider Identifier (NPI) when submitting in electronic and paper claims. Enclosed you will get the latest news on electronic and paper claim submissions, the CMS 1500 form, and loop and data elements, plus resources for where you can find additional information.

Electronic Claim Submission

Beginning January 1, 2007, AmeriHealth systems will accept 837P (professional) and 837I (institutional) version 4010A1 electronic claims with an NPI, but only when an existing AmeriHealth legacy provider number is also reported for each provider identified with an NPI. We will reject any electronic claim that includes *only* an NPI as a provider’s identifier prior to the May 23, 2007 compliance date.

AmeriHealth Dual Use Requirements

Please see the information on the following pages regarding loop and data elements, which will assist you in entering in your NPI and legacy number when submitting electronic claims. This information was effective January 1, 2007.

How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or
TTY (800) 692-2326
- ▶ **E-mail:** customerservice@npienumerator.com
- ▶ **Mail:**
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

Professional Loop and Data Elements

Loop	Data Element	Industry Name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
	REF02	Billing Provider Secondary Identification Number	Legacy
2310A		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
	PRV03	Referring Provider Taxonomy Code	Taxonomy
	REF02	Referring Provider Secondary Identifier	Tax ID
	REF02	Referring Provider Secondary Identifier	Legacy
2310B		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy
	REF02	Rendering Provider Secondary Identifier	Tax ID
	REF02	Rendering Provider Secondary Identifier	Legacy
2310D		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
	REF02	Laboratory or Facility Secondary Identifier	Legacy
	REF02	Laboratory or Facility Secondary Identifier	Tax ID
2420A		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy
	REF02	Rendering Provider Secondary Identifier	Tax ID
	REF02	Rendering Provider Secondary Identifier	Legacy

Institutional Loop and Data Elements

Loop	Data Element	Industry Name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
	REF02	Billing Provider Secondary Identification Number	Legacy
2310A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2310B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy
2310C		OTHER PROVIDER NAME	
	NM109	Other Provider Primary Identifier	NPI
	PRV03	Other Provider Taxonomy Code	Taxonomy
	REF02	Other Provider Secondary Identifier	Tax ID
	REF02	Other Provider Secondary Identifier	Legacy
2310D		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
	PRV03	Referring Provider Taxonomy Code	Taxonomy
	REF02	Referring Provider Secondary Identifier	Tax ID
	REF02	Referring Provider Secondary Identifier	Legacy
2310E		SERVICE FACILITY NAME	
	NM109	Facility Primary Identifier	NPI
	PRV03	Facility Provider Taxonomy Code	Taxonomy
	REF02	Facility Secondary Identifier	Tax ID
	REF02	Facility Secondary Identifier	Legacy
2420A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2420B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy

Paper Claim Submission

CMS 1500 (12/90) Form

This form does not accommodate use of the NPI, therefore, we suggest you use the revised CMS 1500 (08/05) form to support AmeriHealth's Dual Use Claim Submission strategy.

CMS 1500 (08/05) Form

AmeriHealth has accepted the revised CMS-1500 (08/05) form effective October 1, 2006. NPIs may be submitted when a revised CMS-1500 (08/05) is submitted, but NPIs are not yet required on these claims. If one NPI or more is reported on a revised CMS-1500 (08/05), the submitter is required to also include the AmeriHealth legacy provider number that corresponds to each NPI reported on the claim. Failure to report a legacy identifier with an NPI could result in a delay in the processing of the claim.

The CMS 1500 (08/05) Claim Form and NPI

Revisions to the 1500 Claim form include several fields that accommodate the use of your NPI. A sample CMS 1500 (08/05) claim form can be found on the next page.

Though the revised form accommodates NPI, you must continue to report **current** provider identification numbers in the appropriate shaded areas of the form (**17a, 24J, 32b, and 33b**) until otherwise notified. Current provider identification numbers must be preceded by a two-character qualifier ID. This qualifier ID is the same as the qualifier ID used when billing electronically. If you do not currently bill electronically, please use the following ID: G2.

Please note the NPI-specific areas circled in "green" on the CMS 1500 form.

If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the revised CMS 1500 (08/05) Claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator or Provider Services.

Instructions for filling out the CMS 1500 (08/05) claim form can be found in the October *Partners in Health Update* or online at www.amerihealth.com/providers.

Tips for Proper Paper Submission

In reference to the CMS 1500 (08/05) form and instructions enclosure we sent with October 2006 *Partners in Health Update*, we wanted to provide you with additional information when filling out the CMS 1500 (08/05) form.

- Tax ID is REQUIRED
- Legacy ID is REQUIRED - Legacy ID is prefixed with G2
- The following identifiers are not valid in the NPI fields: Tax ID number, Social Security Number, Corporate ID number
- NPI is a unique 10-digit identification number. There are no dashes in the NPI. There is **NO PREFIX** on the NPI.
 - Boxes 17b, 32a, 33a are for the NPI only
 - Box 24J (shaded) is the rendering provider ID number
 - Box 24J (unshaded) is rendering provider NPI
 - NPI for a physician cannot be used for a billing NPI unless physician is a solo practitioner
- PIN and GROUP numbers have been eliminated from the new form
- Boxes 17a, 32b, 33b require the prefix: G2
- Box 19 requires a ZZ prefix for the Taxonomy Code

1500

HEALTH INSURANCE CLAIM FORM

CMS 1500 (08/05)

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE MEDICAID TRICARE CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1) **ABC1234567800**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Doe, John B.**

3. PATIENT'S BIRTH DATE MM/DD/YY **03/20/71** SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, John B.**

5. PATIENT'S ADDRESS (No., Street) **1234 Main Street**

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) **1234 Main Street**

8. PATIENT STATUS Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, Mary**

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER **15974**

12. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY/DELIVERY **10/28/06**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM/DD/YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **Josephine Smith, M.D.**

17a. **G2 0123456789**

17b. NPI **999999999**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY **11/01/06 TO 11/04/06**

19. RESERVED FOR LOCAL USE **ZZ207LP2900X**

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER **123456789**

	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM/DD/YY	To MM/DD/YY			CPT/HCPCS	MODIFIER						
1	11/02/06	11/02/06	21	6	99205		1	\$50.00	1			G2 1234567000 8888888888
2	11/03/06	11/03/06	21	6	20600	25	2	\$250.00	1			Two-character qualifier ID of the Rendering Provider
3												
4												
5												
6												

24. FEDERAL TAX I.D. NUMBER **22-1234567** SSN EIN PATIENT'S ACCOUNT NO. **000001234**

25. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **Richard B. Smith, M.D.**

26. SERVICE FACILITY LOCATION INFO **ABC Hospital 123 Street Anytown NJ 08999**

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE \$ **100.00**

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. BILLING PROVIDER INFO & PH # **(856) 555-5555**

32. BILLING PROVIDER INFO & PH # **ABC Medical Group 8 North American Street Anytown, NJ 08999**

33. BILLING PROVIDER two-character qualifier ID and current provider identification number **000001234** **G21234567002** **222222222** **G21234567001**

NUCC Instruction Manual available at: www.nucc.org OMB APPROVAL PENDING

Red items are required by AmeriHealth for payment.
 Blue items are required for payment when applicable to the patient's condition/situation.
 Black items are optional.

Indicates new field and/or requirement.
 Circled items are NPI-specific.

Important NPI Resources

Please visit the following websites for additional information:

AmeriHealth Provider NPI website: www.amerihealth.com/providers/npi

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

CMS Main NPI website: www.cms.hhs.gov/NationalProvIdentStand

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

NPI Enumerator website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

WEDI NPI White Papers: www.wedi.org/snip/

Industry NPI papers, including “NPI Impact on Providers,” “NPI Dual Use Strategy,” “NPI and Subparts,” etc.

WEDI NPI Outreach Initiative: www.wedi.org/npioi/index.shtml

NPI Resource Center with information resources, Industry readiness assessment survey, etc.