Select Health of South Carolina

Healthy Connections

Avoid Claim rejections by referencing these common errors for the revised CMS-1500 (02/12) form and the existing UB-04 form

Summary: Select Health of SC accepts the revised CMS-1500 Health Insurance Claim Form (version 02/12) that accommodates reporting needs for ICD-10 and aligns with the requirements of the HIPAA X12 5010 format.

Select Health of SC has enacted a testing period to allow providers to become familiar with the new CMS-1500 format, however, as of third quarter, 2014 claims that were completed improperly were rejected.

To assist providers with accurate claim submission Select Health of SC has identified the most common errors received on both the revised CMS-1500 claim form and the existing UB-O4 claim form for your reference.

Action needed:

Refer to the lists below for the most common errors to avoid when completing your claims.

CMS-1500 (02/12) Claim Form Top Billing Errors			
Field #	**Field Description**	**Error Description**	**Requirement**
2	Patient's Name (Last, First, Middle Initial)	Patient name is missing or illegible	Patient's name must be entered as it appears on the member's I.D. card. For newborn without a name, enter "Baby Girl" or "Baby Boy" and last name.
3	Patient Sex	Patient's sex is required	Patient's sex must be entered as "M" or "F."
4	Insured's Name	Insured's name is missing or illegible	Enter the patient's name as it appears on the member's I.D. card, or enter the newborn's name when the patient is a newborn.
5	Patient Address	Patient address missing or illegible	Enter the patient's complete address and telephone number. (Do not punctuate the address or phone number.)
6	Patient Relationship	Patient relationship to insured is required	Always indicate self.
7	Insured's address	Insured's address is missing or illegible	Enter the street number, street name, city, state, ZIP code and phone number.
18	Hospitalization Dates related to current services	Dates of Services (DOS) is missing or illegible	Enter the *From* and *To* DOS.
24E	Diagnosis Pointer	Diagnosis Pointer is required	Enter the associated diagnosis by referencing the pointers listed in field 21 (1, 2, 3 or 4). Diagnosis codes must be

1

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CMS-1500 (02/12) Claim Form Top Billing Errors

Field #	Field Description	Error Description	Requirement
			valid ICD-10 codes for the date of service.
24F	Line Item Charge	Line Item Charge amount is missing	A value must be indicated for each line item entered.
24G	Days/Units	Days/Units are required	Enter quantity. Value entered must be greater than zero (field allows up to three digits).
26	Patient Account	Patient Account/Control number is missing or illegible	The provider's Patient Account/Control number must be entered.
27	Assignment	Assignment acceptance must be indicated on the claim	"Yes" or "No" must be checked.
33	Billing Provider name and address	Billing Provider name and/or address missing or illegible or a P.O. Box was entered.	The billing provider's name and address are required. A physical location must be entered; **P.O. Boxes are not acceptable.**

UB-04 Top Billing Errors

Field #	Field Description	Error Description	Requirement
1	Billing Provider, name, address and phone number	Billing Provider name and/or address is missing or illegible or a P.O Box entered	The billing provider's name and address are required. A physical location must be entered; **P.O. Boxes are not acceptable.**
3a	Patient account/control number	Patient account number control missing	Enter the provider's patient account/control number.
14	Admission Type	Admission type required	Enter a code indicating the priority of the admission/visit.
15	Source of Referral for Admission	Source of referral missing	Enter a code indicating the source of the referral for this admission or visit.
16	Discharge Hour	Discharge hour is required	Enter a code indicating the discharge hour of the patient from inpatient care
42	RevCd	Revenue Code is missing or illegible	Enter codes that identify specific accommodation, ancillary service or unique billing calculations or arrangements. On the last line, enter 0001 for the total. Refer to the Uniform Billing Manual for a list of revenue codes.
53	AsgBen	Assignment of Benefits Certification Indicator is missing	Assignment of Benefits Certification Indicator is required; valid entries are "Y" (yes) or "N" (no).
70	Patient's Reason for Visit	Reason for patient visit missing	Enter the ICD diagnosis codes describing the patient's reason for visit at the time of outpatient registration.

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			UB-04 Top Billing Errors
			This is required for all outpatient visits. Up to three ICD codes may be entered.
76	Attending Provider Qualifier	Attending qualifier missing or invalid	Enter the NPI of the physician who has primary responsibility for the patient's medical care or treatment in the upper line, and the physician's name in the lower line, last name first. If the attending physician has another unique ID#, enter the appropriate descriptive two-digit qualifier followed by the other ID#. Enter the last name and first name of the attending physician.

Additional resources:

For additional resources and updates provided by CMS regarding ICD-10 claims coding, please refer to http://www.cms.gov/Medicare/Coding/ICD10/index.html.

Questions:

If you have questions about this communication, please contact your provider account executive or the Provider Claims Services Unit (PCSU) at **1-800-575-0418**.