

Effective 4/1/14, the new CMS1500 (version 02/12) paper claim form is the only version of this paper claim form accepted by Vermont Medicaid. The 02/12 form instructions must be followed in order for your claim to process correctly. We have prepared this side by side comparison of how claims were submitted using version 02/12 vs. 08/05. Only a segment of the new claim form requirements have been implemented. Additional requirements will be forthcoming.

THE NEW CMS-1500 (version 02/12) CLAIM FORM FIELD DIRECTIONS.

The new paper claim form version was created in response to the changes and requirements relevant to the new mandatory ICD-10 code sets being implemented on October 1, 2014.

- ◆ **Field 15 (Other Date)** – Providers are instructed to put a valid date and valid qualifier in this field. If an Accident Date needs to be reported, the date is to be entered in this field using qualifier “439”.
- ◆ **Field 17 (Name of Referring Provider or Other Source)** – Use qualifier “DN” only. Do not use the ordering or supervising qualifiers (DQ and DK) until further notice. Example: If you are entering an ordering or supervising physician, do not use the ordering or supervising qualifiers until further notice. Please use the “DN” qualifier. Note: VT Medicaid is considering the acceptance of the supervising and ordering physician qualifiers, (DQ and DK) for field 17 in the future. Please see future banners for more information.
- ◆ **Field 21 (ICD Ind.)** – An ICD indicator has been added to this field; enter a “9” to indicate that you are using ICD-9 or “0” for ICD-10. Note: ICD-10 codes are not valid until 10/1/14.
- ◆ **Field 21 (Diagnosis codes A-L)** – Enter the appropriate ICD-9 or ICD-10 diagnosis code that relates to the service rendered. You are now able to enter up to 12 diagnosis codes in this field.
- ◆ **Field 24-E (Diagnosis Pointer)** – Must now use the corresponding letters **A through L** to denote which diagnosis code(s) you are pointing to. You may enter up to 4 pointers per detail.



CMS-1500 CLAIM FORM FIELDS

A THEN & NOW COMPARISON

- ⇒ THEN: Field 14 (*Date of Occurrence*) - Previously, the form required the Accident Date to be entered in this field.
 NOW: The requirement for Accident date has now moved to field 15 on the new form.
- ⇒ THEN: Field 15 (*Same or Similar Illness*) - Previously, VT Medicaid only requested the therapy start date in MMDDYY format, if billing physical, occupational or speech therapy.
 NOW: The Name of this field has changed to (*Other Date*) and use of this field has been expanded to apply to other valid dates and valid qualifiers.
- ⇒ THEN: No ICD Indicator.
 NOW: Field 21 (*ICD Ind.*) - This field has been modified to support implementation of the new mandatory ICD-10 code set. At this time, enter “9” to indicate you are using ICD-9 diagnosis codes.
 Note: ICD10 codes are not effective until 10/1/14. When billing ICD10 codes you will be required to enter a “0” to indicate ICD-10 diagnosis codes.
- ⇒ THEN: Field 24-E (*Diagnosis Pointer*) - Previously this field only accepted numbers (not letters).
 NOW: In the new form no numbers are accepted, only letters A through L corresponding to the diagnosis code(s) you are pointing to. **NOTE:** Claims submitted on the new claim form are being returned unprocessed when the new claim form contains numbers in this field.