HNS
CMS 1500 - Claim Checklist

Please contact your HNS Service Representative if you have any questions regarding the information on this form. (877) 426-2411.

Helpful Tips:

1. CMS 1500 Claim Form
   All paper claims must be submitted on the revised CMS 1500 Claim Form, version 2/12.

2. Which Claims Should be Sent by Paper?
   With few exceptions, ALL primary claims must be sent to HNS electronically (either via HNSConnect® or Office Ally®).

   The following claims should be submitted as paper claims to HNS (and must be submitted on the revised CMS 1500 Claim Form, version 2/12).

   1. Corrected Claims
   2. Secondary claims
   3. Voided Claims
   4. Claims with attachments

Corrected Claims

BCBS
For BCBSNC claims (NC Providers), corrected claims must include BOTH the number **7** and the original claim number in box 22. The original claim number can be obtained in the provider's remittances on the Electronic Explanation of Payment (EOP) and will be displayed on the EOP as "**BCBS Claim Reference #**". Please also include the word "**Corrected**" at the top of the claim in large bold letters.

Healthspring
For HealthSpring claims (for NC & SC providers), corrected claims must include BOTH the number **"7**" and the original claim ID in box 22. You must contact HealthSpring to obtain the original claim ID number.

Select Health
For Select Health claims (SC providers), corrected claims must include BOTH the number **7** and the original claim number in box 22. The original claim number can be obtained by contacting your HNS Representative. Please also include the word "**Corrected**" at the top of the claim in large bold letters.

All Other Corrected Claims
For all other claims, corrected claims must include BOTH the number **7** and the word "**Corrected"** in box 22, and the word "**Corrected**" at the top of the claim in large bold letters.

Secondary Claims

If the claim is a secondary claim, the original primary EOB must be attached.

If the claim is a secondary claim, the dates of service, charges, CPT codes and modifiers reported on the secondary claim must be *identical* to those shown on the primary EOB.

If the claim is a secondary claim, box 9, box 9a and box 9d must be completed with information regarding the primary insurance and the insured.

Box 14 (date of current illness/injury) is required.

Medicare primary / BCBS secondary

For NC providers, if **BCBS (or another HNS contracted plan) is secondary and Medicare is primary:**

> If the provider has previously treated the patient for the same condition, then **Box 15** also must be completed. In Box 15, use "Qual" code 454, and in the date field, enter the patient's initial date of treatment.

Voided Claims

BCBS
For BCBSNC claims (NC Providers), voided claims must include BOTH the number "**8**" and the original claim number in box 22. The original claim number can be obtained in the provider's remittances on the Electronic Explanation of Payment (EOP) and will be displayed on the EOP as "**BCBS Claim Reference #**". Please also include the word "**Voided**" at the top of the claim in large bold letters.

Select Health
For Select Health claims (SC providers), voided claims must include BOTH the number **8** and the original claim number in box 22. The original claim number can be obtained by contacting your HNS Representative. Please also include the word "**Voided**" at the top of the claim in large bold letters.

All Other Voided Claims
For voided claims for ALL other payors (for both NC and SC providers), the word "**Void**" must be at the top of the claim form in large bold letters.

Important Note:

ALL voided claims for ALL health care plans, for both NC and SC providers, must show **zeros** in Column F ("Charges") and in the "Total charge" field.

Claims with Attachments

For claims with attachments, write the word "ATTACHMENT" at the top of the claim form so that the payors (and HNS) know that there are additional pages attached to the claim.

Checklist - CMS 1500 Claim Form

Prior to submitting paper claims, please carefully check your completed claim form against this checklist.

1. **Box 1a (subscriber ID number)**
   An incorrect member ID number in box 1a of the claim form is the primary reason claims are returned for correction.

   - At each visit, ask your patient if there has been any change to their insurance information, and if so, make a copy of their new ID card and promptly update your software with the new ID number.
   - Make sure the member ID number in Box 1a is exactly as it appears on the member's current ID card.
   - When applicable (most BCBSNC plans), the member ID must include the relationship suffix. (Example: 01)

2. **Boxes 2 and 4 (Name of patient and name of insured)**
   Always complete box 2 with the name of the patient and box 4 with the name of the insured. (i.e. – you cannot use the word "same" in either box.)

3. **Box 6 (Patient relationship to insured)**
   The relationship shown in box 6 must correlate to the names in boxes 4 and 2.

4. **Box 9, 9a and 9d (Other Insured's Information)**
   If the claim is a **secondary claim**, box 9, box 9a and box 9d must be completed with information regarding the primary insurance holder and the primary insurance.

5. **Box 11c (Insurance Plan name)**
   Box 11c must include the name of the insurance plan (example: BCBS, CIGNA, HealthSpring, etc.)

6. **Box 10a, 10b and10c (Patient's Condition is related to)**
   Box 10a, 10b, and 10c must be completed on each claim form.

If Box 10b is marked “yes”, then “state” (NC, SC, etc.) must be provided on the claim form.

If box 10a, 10b or 10c is marked “yes”, then you must complete box 14 (date of current illness).

7. **Box 14 (Date of Current Illness/injury)**
   If box 10a, 10b or 10c is marked “yes” box 14 must include the date of current illness/injury.

   Date of current illness/injury cannot be *after the date of service* shown on the claim form).

   Note: If the claim is a secondary claim and *Medicare is primary*, box 14 (date of current illness/injury) is required.

8. **Box 15 (Other Date/Qual)**
   If box 10a, 10b or 10c is marked “yes”, Box 15 “Qual” must be completed with Qualifier “**439**” (accident) as well as the date of the accident/injury (the same date as the date in box 14)

   If Medicare is Primary:
   For NC providers, if **BCBS (or another HNS contracted plan) is secondary and Medicare is primary,** if the provider has previously treated the patient for the same or similar issue, then **Box 15** also must be completed. In Box 15, use “Qual” code **454**, then in the date field, enter the patient’s initial date of treatment.

9. **Box 17 (Referring Provider)**
   HealthSpring claims must include the name of the *referring* provider in Box 17 and the referring provider’s NPI number in box 17b.

10. **Box 21 (a-l) Diagnoses**
    Diagnoses must be listed in order of importance.

    Important Note: If the diagnosis code is 800 or greater,

    - Box 10 (Patient condition) must reflect an accident or injury, AND
    - Box 14 (Date of Current Illness/Injury) must be completed AND
    - Box 15 (Qual) must be completed including the date and qualifier **439** (accident).

    Important Note: For ICD-10 codes, if the diagnosis code indicates an injury:

    - Box 10 (Patient condition) must reflect an accident or injury, AND
    - Box 14 (Date of Current Illness/Injury) must be completed AND
    - Box 15 (Qualifier “**439** (accident)” must be included, as well as the date of the accident/injury.)

11. **Box 22 (Resubmission code/claim reference number)**

See above information (corrected and voided claims) for information regarding the resubmission code and original reference number.

12. **Box 23 (Prior Authorization Number)**
    All HealthSpring claims must include the prior authorization number in Box 23.

    Select Health requires an initial examination and x-rays before issuing a prior authorization. You may bill for these services but then must obtain a prior authorization before providing any additional services.

13. **Box 24A (Date of Service)**
    Claims can only include dates from *the same calendar year*. Separate claims must be submitted if the dates of service include different years.

14. **Box 24E (Diagnosis Pointer)**
    Alpha diagnosis pointers are required (numbers are no longer accepted).
    Make sure the pointers correctly reference *only those diagnosis codes shown in box 21*.

15. **Box 24F (Charges)**
    The claim must include a charge for each service line, including G codes. (For G codes, enter $00.00.)

16. **Box 24G (Units)**
    While the correct number of units must be accurately reported in box 24G, for each service line on the claim, box 24G must show a minimum of 1 unit. (This includes G codes.)

17. **Box 24J (Rendering Provider ID #)**
    For each line on the claim form for which a service is reported, the Type 1 NPI number *of the provider who rendered the service* must be in Box 24J on the claim form.
    Exception: if services were provided by a locum tenens (fill-in) provider, box 24J must reflect the Type 1 NPI of the HNS participating provider who hired/contracted with the locum tenens doctor.)

18. **Box 25 (Provider's Federal tax number)**
    Box 25 must include the provider's federal tax number (EIN). This number must be the same EIN that is linked to the practice location *reported in box 32* on the claim form. Please do not use the HNS EIN in box 25.

19. **Box 26 (Patient account number)**
    The patient account number must be included in box 26.
    (The account number is required to produce the HIPAA 835 file for auto-posting of payments and must be included on the claim form, regardless of whether your practice utilizes the 835 auto-posting file.)

20. **Box 28 (Total charges)**

As a general rule, total charges in box 28 must be the sum of all charges reflected under column 24F on each claim form.

Exception: for **BCSB** claims, if the number of services you are reporting exceed the maximum of 6 service lines allowed per claim, and are for multiple dates of service, additional services must be listed on a second claim. In such cases, do not put the total charges in box 28 on the 1st claim; instead, write the word "Continued" in box 28, and put the total charges for both claims in box 28 on the second claim. Additionally, mark the first claim "page 1 of 2" and mark the second claim "page 2 of 2".

21. **Box 31 (Provider's name)**
    The name of the rendering provider must be included in box 31 (cannot use "signature on file").
    Exception: if services were provided by a locum tenens (fill-in) provider, then box 31 must reflect the name of the HNS participating provider for whom the locum tenens doctor is working.)

22. **Box 32 (Service Facility Location Information)**
    The name and address of the practice location where the services were provided must be included in box 32.

    For providers with more than one location and more than one federal tax number, the EIN reported in Box 25 must be specific to the location shown in Box 32.

23. **Box 32a (NPI number)**
    If the provider has a Type 2 NPI number, enter the Type 2 number here, if no Type 2 NPI, enter the provider's Type 1 NPI number here.

24. **Box 33 (Billing Provider Information)**
    The name and address of the billing provider must be included in box 33, even when it is the same information as the information in box 32.

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