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UB-04 (CMS-1450) CLAIM FORM REVISIONS

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MO HealthNet Division (MHD) is making revisions to the UB-04 (CMS-1450) Claim Form billing instructions to clarify information on the National Provider Identifier (NPI) and Provider Taxonomy Codes. Please refer to the following National Provider Identifier Bulletins for more information regarding NPI requirements: Volume 30, Number 47, dated February 29, 2008; and Volume 30, Number 57, dated May 5, 2008.

UB-04 (CMS-1450) billing instructions have been revised for Field Number 17, 46, 56, 57, 76, 77, 78-79, 81CCa, 81CCb, 81CCc, and 81CCd.

INPATIENT HOSPITAL BILLING INSTRUCTIONS

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
1. Provider Name, Address, Telephone Number	Required	Enter the provider name and address exactly as it appears on the provider label. For convenience, affix the provider label issued by the fiscal agent. This preprinted label contains all required information. When affixing the label, do not cover other fields. Claim forms may be ordered from the fiscal agent with this required information preprinted on the form.
2. Unlabeled Field	Not Used	Leave blank
3. Patient Control Number	Optional	For the provider's own information, a maximum of 20 alpha/numeric characters may be entered here.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
4. Type of Bill	Required	<p>The required three digits in this code identify the following: 1st digit: type of facility 2nd digit: bill classification 3rd digit: frequency The allowed values for each of the digits found in the type of bill are listed below: Type of Facility: 1st digit: (1) Hospital Bill Classification: 2nd digit: (1) Inpatient (Including Medicare Part A) (2) Inpatient (Medicare Part B only) Frequency: 3rd digit: (1) Admit thru Discharge Claim (2) Interim Bill—First Claim (3) Interim Bill—Continuing Claim (4) Interim Bill—Last Claim</p>
5. Federal Tax Number	Optional	Enter the provider's federal tax number
6. Statement Covers Period ("From" and "Through" dates)	Required	<p>Indicate the beginning and ending dates being billed on this claim form. Enter in MMDDYY or MMDDYYYY numeric format. It should include the discharge date as the through date when billing for the entire stay.</p> <p>Unless noted below, it should include all days of the hospitalization. It should not include date(s) of patient ineligibility. It should not include inpatient days that were not certified by HCE, such as preoperative days or days beyond the cease payment date.</p>
7. Unlabeled Field	Not Used	Leave blank.
8a. Patient's Name – ID	Optional	<p>Enter the patient's 8-digit MO HealthNet DCN or MO HealthNet Managed Care Plan identification number. NOTE: The MO HealthNet DCN or MO HealthNet Managed Care Plan identification number is <i>required</i> in Field #60.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
8b. Patient's Name	Required	Enter the patient's name in the following format: last name, first name, middle initial.
9. Patient's Address	Optional	Enter the patient's full mailing address, including street number and name, post office box number or RFD, city, state, and zip code.
10. Patient's Birth Date	Optional	Enter the patient's date of birth in MMDDYY format.
11. Patient's Sex	Optional	Enter the patient's sex, "M" (male) or "F" (female).
12. Admission Date	Required	Enter in MMDDYY format the date that the patient was admitted for inpatient care. This should be the actual date of admission regardless of the patient's eligibility status on that date or HCE certification/denial of the admission date.
13. Admission Hour	Not used	Leave Blank.
14. Admission Type	Required	Enter the appropriate type of admission; the allowed values are: 1—Emergency 2—Urgent 3—Elective 4—Newborn
15. Source of Admission (SRC)	Required when applicable	If this is a transfer admission, complete this field. The allowed values are: 4—Transfer from a hospital 5—Transfer from a skilled nursing facility 6—Transfer from another health care facility 7—Emergency Room 8—Court/Law 9—Information not available A—Transfer from a Critical Access Hospital B—Transfer from another Home Health Agency C—Readmission to Same Home Health Agency D—Transfer from Hospital Inpatient in the same facility, resulting in a separate claim to payer.
16. Discharge Hour	Not Used	Leave Blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
17. Patient Status	Required	<p>Enter the 2-digit patient status code that best describes the patient's discharge status.</p> <p>Common values are:</p> <p>01—Discharged to home or self-care</p> <p>02—Discharged/transferred to another short-term general hospital for inpatient care</p> <p>03—Discharged/transferred to skilled nursing facility</p> <p>04—Discharged/transferred to an intermediate care facility</p> <p>05—Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution</p> <p>06—Discharged/transferred to home under care of organized home health service</p> <p>07—Left against medical advice, or discontinued care</p> <p>08—Discharged/transferred to home under care of Home IV provider</p> <p>20—Expired</p> <p>30—Still a patient</p> <p>63—Discharged/transferred to a Medicare certified long-term care hospital (LTCH)</p> <p>64--Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare</p> <p>65--Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
18-24. Condition Codes	Required	<p>Enter the appropriate two-character condition code(s). The values applicable to MO HealthNet are: C1—Approved as billed. Indicates the facility's Utilization Review authority has certified all days billed. C3—Partial Approval. The stay being billed on this claim has been approved by the UR as appropriate; however, some portion of the days billed have been denied. <i>If C3 is entered, Field #35 must be completed.</i></p> <p>NOTE: Code C1 or C3 is required.</p> <p>A1—Healthy Children & Youth/EPSDT. If this hospital stay is a result of an HCY referral or is an HCY related stay, this condition code must be entered on the claim. A4—Family Planning. If family planning services occurred during the inpatient stay, this condition code must be entered.</p>
25-28. Condition Codes	Not Used	Leave blank.
29. Accident State	Not Used	Leave blank.
30. Unlabeled Field	Not Used	Leave blank.
31-34. Occurrence Codes & Dates	Required when applicable	<p>If one or more of the following occurrence codes apply, enter the appropriate code(s) on the claim: 01—Auto Accident 02—No Fault Insurance 03—Accident/Tort Liability 04—Accident/Employment Related 05—Other Accident 06—Crime Victim 42—To be entered when "Through" date in Field #6 (Statement Covers Period) is not equal to the discharge date and the frequency code in Field #4 indicates this is the final bill.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
35. Occurrence Span Code & Dates	Required when applicable	Required if C3 is entered in Fields #18-24. Enter code "MO" and the first and last days that were approved by Utilization Review.
36. Occurrence Span Code & Dates	Not used	Leave blank.
37. Unlabeled Field	Not Used	Leave blank.
38. Responsible Party Name and Address	Not Used	Leave blank.
39-41. Value Codes & Amounts	Required	<p>Enter the appropriate code(s) and unit amount(s) to identify the information necessary for the processing of the claim.</p> <p>80—Covered Days Enter the number of days shown in Field #6, minus the date of discharge. The discharge date is not a covered day and should not be included in the calculation of this field. The through date of service in Field #6 is included in the covered days, if the patient status code in Field #17 is equal to "30—still a patient."</p> <p>NOTE: The units entered in this field must be equal to the number of days in Statement Covers Period, less day of discharge. If patient status is "still a patient," units entered include through day.</p> <p>81—Noncovered Days If applicable, enter the number of noncovered days. Examples of noncovered days are those days for which the patient is ineligible.</p> <p>NOTE: The total units entered in this field must be equal to the total accommodation units listed in Field #46.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
42. Revenue Code	Required	<p>List appropriate accommodation revenue codes first in chronological order. Ancillary codes should be shown in numerical order. Show duplicate revenue codes for accommodations when the rate differs or when transfers are made back and forth, e.g., general to ICU to general. A private room must be medically necessary and the medical need must be documented in the patient's medical records unless the hospital has only private rooms. The private room rate times the number of days is entered as the charge. If the patient requested a private room, which is noncovered, multiply the private room rate by the number of days for the total charge in Field #47.</p> <p>Enter the difference between the private room total charge and the semiprivate room total charge in Field #48, noncovered charges. After all revenue codes are shown, skip a line and list revenue code 001, which represents total charges.</p>
43. Revenue Description	Not Used	Leave Blank.
44. HCPCS/Rates/ HIPPS Code	Required	Enter the daily room and board rate to coincide with accommodation revenue code. When multiple rates exist for the same accommodation revenue code, use separate lines to report each rate.
45. Service Date	Not Used	Leave Blank.
46. Service Units	Required	<p>Enter the number of units for the accommodation line(s) only. This field should show the total number of days hospitalized, including covered and noncovered days.</p> <p>NOTE: The number of units in Fields #39-#41 must equal the number of units in this field.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
47. Total Charges	Required	Enter the total charge for each revenue code listed. When all charge(s) are listed, skip one line and state the total of these charges to correspond with revenue code 001. NOTE: The room rate multiplied by the number of units must equal the charge entered for room accommodation(s).
48. Noncovered Charges	Required when applicable	Enter any noncovered charges. This includes all charges incurred during those noncovered days entered in Fields #39-#41. If Medicare Part B was billed, those Part B charges should be shown as noncovered. The difference in charges for private versus non-private room accommodations when the private room was not medically necessary should be shown as non-covered in this field.
49. Unlabeled Field	Not Used	Leave blank.
50. Payer Name	Required	The primary payer is always listed first. If the patient has insurance, the insurance plan is the primary payer and "MO HealthNet" is listed last.
51. Health Plan ID	Not Used	Leave blank.
52. Release of Information Certification Indicator	Not Used	Leave blank.
53. Assignment of Benefits Certification Indicator	Not Used	Leave blank.
54. Prior Payments	Required when applicable	Enter the amount the hospital received toward payment of this bill from all other health insurance companies. Payments must correspond with the appropriate payer entered in Field #50. <i>Do not enter a previous MO HealthNet payment, Medicare payment or copay amount received from the patient in this field.</i>
55. Estimated Amount Due From Patient	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
56. National Provider Identifier (NPI)	Required	Enter the hospital's 10-digit NPI number. If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCa.
57. Other Provider ID	Required Not Used	Leave Blank.
58. Insured's Name	Required when applicable	Complete if the insured's name is different from the patient's name.
59. Patient's Relationship to the Insured	Not Used	Leave blank.
60. Insured's Unique ID	Required	Enter the patient's 8-digit MO HealthNet DCN or MO HealthNet Managed Care Plan identification number. If insurance was indicated in Field #50, enter the insurance number to correspond with the order shown in Field #50.
61. Insurance Group Name	Required when applicable	If insurance is shown in Field #50, state the name of the group or plan through which the insurance is provided to the insured.
62. Insurance Group Number	Required when applicable	If insurance is shown in Field #50, state the number assigned by the insurance company to identify the group under which the individual is covered.
63. Treatment Authorization Code	Required when applicable	For claims requiring certification, enter the unique 7-digit certification number supplied by HCE.
64. Document Control Number	Required when applicable	If the current claim exceeds the timely filing limit of one year from the "through" date, but was originally submitted timely and denied, the provider may enter the 13-digit Internal Control Number (ICN) from the remittance advice that documents that the claim was previously filed and denied within the one-year limit.
65. Employer Name	Optional	If patient is employed, the employer's name may be entered here.
66. Diagnosis & Procedure Code Qualifier	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
67. Principal Diagnosis Code	Required	Enter the complete ICD-9-CM diagnosis code for the condition established after study to be chiefly responsible for the admission. Remember to code to the highest level of specificity shown in the current version of the ICD-9-CM diagnosis code book.
67. a-d. Other Diagnosis Codes	Required when applicable	Enter any additional diagnosis codes that have an effect on the treatment received or the length of stay.
67. e-q. Other Diagnosis Codes	Not Used	Leave blank.
68. Unlabeled Field	Not Used	Leave blank.
69. Admitting Diagnosis	Not Used	Leave blank.
70. Patient's Reason for Visit	Not Used	Leave blank.
71. Prospective Payment System (PPS) Code	Not Used	Leave blank.
72. External Cause of Injury Code (E Code)	Not Used	Leave blank.
73. Unlabeled Field	Not Used	Leave blank.
74. Principal Procedure Code & Date	Required when applicable	Enter the full ICD-9-CM procedure code of the principal surgical procedure. The date on which the procedure was performed must be shown. Only month and day are required.
74. a-e. Other Procedure Codes & Dates	Required when applicable	Identify and date any other procedures that may have been performed.
75. Unlabeled Field	Not Used	Leave blank.
76. Attending Provider Name & Identifiers	Required	Enter the attending provider's 10-digit NPI number. Enter the attending provider's name, last name first. If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCb.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
77. Operating Provider Name & Identifiers	Required when applicable	Enter the operating provider's 10-digit NPI number. Enter the attending provider's name, last name first. If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCc.
78-79. Other Provider Name & Identifiers	Required when applicable	Enter the other provider's 10-digit NPI number. Enter the other provider's name, last name first. If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCd.
80. Remarks	Required when applicable	Use this field to draw attention to attachments such as operative notes, TPL denial, Medicare Part B only, etc.
81CCa. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 56: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.
81CCb. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 76: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.
81CCc. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 77: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.
81CCd. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 78-79: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.

OUTPATIENT BILLING INSTRUCTIONS

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
1. Provider Name, Address, Telephone Number	Required	Enter the provider name and address exactly as it appears on the provider label. For convenience, affix the provider label issued by the fiscal agent. This preprinted label contains all required information. When affixing the label, do not cover other fields. Claim forms may be ordered from the fiscal agent with this required information preprinted on the form.
2. Unlabeled Field	Not Used	Leave blank
3. Patient Control Number	Optional	For the provider's own information, a maximum of 20 alpha/numeric characters may be entered here.
4. Type of Bill	Required	<p>The required three digits in this code identify the following: 1st digit: type of facility 2nd digit: bill classification 3rd digit: frequency</p> <p>Outpatient Hospital: The valid type of bill is "131."</p> <p>Independent RHC: The valid type of bill is "715."</p> <p>Provider-Based RHC: The valid type of bill is "711."</p> <p>Hospice: The valid type of bill is one of the following: 811—Freestanding 821—Provider affiliated</p> <p>Home Health: The type of facility must be a "3". Examples: 341, 331</p>
5. Federal Tax Number	Optional	Enter the provider's federal tax number or leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
6. Statement Covers Period ("From" and "Through" dates)	Required when applicable	Indicate the beginning and ending dates being billed on this claim form. Enter in MMDDYY or MMDDYYYY numeric format or leave blank. Hospice: Only one calendar month of services may be shown on a claim. <i>Required.</i> Home Health: If the "From" and "Through" date is the same, the date of service need not be repeated in Field #45. If multiple dates are listed, each date must be listed individually in Field #45.
7. Unlabeled Field	Not Used	Leave blank.
8a. Patient's Name – ID	Optional	Enter the patient's 8-digit MO HealthNet DCN or MO HealthNet Managed Care Plan identification number. NOTE: The MO HealthNet DCN or MO HealthNet Managed Care Plan identification number is <i>required</i> in Field #60.
8b. Patient's Name	Required	Enter the patient's name in the following format: last name, first name, middle initial.
9. Patient's Address	Optional	Enter the patient's full mailing address, including street number and name, post office box number or RFD, city, state, and zip code.
10. Patient's Birth Date	Optional	Enter the patient's date of birth in MMDDYY format.
11. Patient's Sex	Optional	Enter the patient's sex, "M" (male) or "F" (female).
12. Admission Date	Not Used	Leave blank.
13. Admission Hour	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
14. Admission Type	Required when applicable	Outpatient Hospital: Leave blank unless this claim is for an emergency room service. If so, enter Admission Type 1. Condition Code AJ also must be listed in field 24 to exempt the patient from the \$3.00 cost sharing amount for the service. All other providers: Leave blank.
15. Source of Admission (SRC)	Not Used	Leave blank.
16. Discharge Hour	Not Used	Leave blank.
17. Patient Status	Required when applicable	Hospice: Enter "50" hospice home or "51" hospice medical facility (which includes nursing facilities). All other providers: Leave blank.
18-24. Condition Codes	Required when applicable	Enter the applicable two-character condition code. The values are: A1—HCY/EPSTDT If this service is the result of an HCY referral or is an HCY related visit, enter this condition code. Home Health & Hospice: "A1" is the only valid value. Do <i>not</i> use "A4" or "AJ". A4—Family Planning. If the family planning service occurred during the visit, enter this condition code. Do <i>not</i> bill family planning services on the same claim with non-family planning services. AJ—Payer Not Responsible for Co-payment. Outpatient Hospital: If visit is the result of an emergency, or therapy services are provided, then condition code must be entered to exempt the patient from the \$3.00 cost sharing amount. Independent & Provider-Based RHC: Do <i>not</i> use the "AJ" Condition Code.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
25-28. Condition Codes	Not Used	Leave blank.
29. Accident State	Not Used	Leave blank.
30. Unlabeled Field	Not Used	Leave blank.
31-34. Occurrence Codes & Dates	Required when applicable	<p>If one or more of the following occurrence codes apply, enter the appropriate code(s) on the claim: 01—Auto Accident 02—No Fault 03—Accident/Tort Liability 04—Accident/Employment Related 05—Other Accident 06—Crime Victim</p> <p>Home Health: When billing physical, occupational or speech therapy for the initial certification period this field is required. In the first part of this field, enter the appropriate code from the following list: 35—Physical Therapy 44—Occupational Therapy 45—Speech Therapy Enter the beginning date of the initial Plan of Care in the second half of the field for each code identified. This field is required only in the above situations. When billing for skilled nurse visits, home health aide or any service which has been prior authorized, regardless of the approval of the prior authorization, leave blank.</p>
35-36. Occurrence Span Code & Dates	Not Used	Leave blank.
37. Unlabeled Field	Not Used	Leave blank.
38. Responsible Party Name and Address	Not Used	Leave blank.
39-41. Value Codes & Amounts	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
42. Revenue Code	Required when applicable	<p>Outpatient Hospital: If billing for a facility charge, an observation room charge, cardiac rehabilitation, supplies and/or on-site medications, enter only the appropriate 4-digit revenue code(s) for the hospital's outpatient facility charge(s).</p> <p>Independent RHC: Enter revenue code 0521.</p> <p>Provider-Based RHC: Optional field.</p> <p>Hospice: Enter one of the following Revenue Codes: 0651 - Hospice/Routine Home Care 0652 - Hospice/Continuous Home Care 0655 - Hospice/Inpatient Respite Care 0656 - Hospice/General Inpatient Care 0658 - Hospice/Room & Board-Nursing Facility</p> <p>Home Health: Leave blank.</p>
43. Revenue Description	Required when applicable	<p>Outpatient Hospital: Leave blank.</p> <p>Independent RHC: Enter "Rural Health Clinic Encounter". <i>Required.</i></p> <p>Provider-Based RHC: Optional field.</p> <p>Hospice: Leave blank.</p> <p>Home Health: Enter the description of the service, such as skilled nurse visit, supplies, etc. <i>Required.</i></p>
44. HCPCS/Rates/HIPPS Code	Required	<p>Enter the CPT or HCPCS procedure code(s) and any applicable modifier.</p> <p>Outpatient Hospital: Only enter the procedure code if for services <i>other</i> than outpatient facility charges listed in Field #42.</p> <p>Rural Health Clinics: If the service is a full or partial EPSDT/HCY screening, diagnosis code V20.2 must be shown as the primary diagnosis in Field #67.</p> <p>NOTE: Surgical procedures performed in the RHC must be entered in Field #74.</p> <p>Independent RHC: Enter HCPCS procedure code T1015. If the service is a full or partial EPSDT/HCY screening, enter HCPCS procedure code T1015EP. The 5-digit EPSDT/HCY CPT screening code must be shown in</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
		<p>Field #74. V20.2 must be shown as the primary diagnosis code in Field #67. If it should become necessary to provide services on the same day which constitute a separate encounter in accordance with Medicare guidelines, skip one line and show a second encounter code. A completed Certificate of Medical Necessity must be attached to the UB-04 claim.</p> <p>Hospice: Only enter the procedure code if billing for <u>physician services</u>.</p> <p>Home Health: Enter the appropriate HCPCS procedure code. Refer to Section 19 of the Home Health manual for list of covered procedure codes. Bill one visit per detail line.</p>
45. Service Date	Required	<p>Enter the date of service on each line billed in MMDDYY format.</p> <p>Hospice: When billing a revenue code for multiple days of service on a single line, enter the first day being billed.</p> <p>Note: Each date on which continuous home care (revenue code 0652) is provided must be billed on a separate line. Charges for continuous home care for multiple days <i>cannot</i> be combined on one line.</p>
46. Service Units	Required	<p>Enter the number of units for each procedure, revenue code or supply items (Home Health) billed.</p> <p>NOTE: If no entry is made, the system autoplugs a unit of "1".</p> <p>Outpatient Hospital: Facility codes 0450, 0459, 0490, 0510, 0943 and supply codes 0260, 0270 and 0274 should always be billed with a unit of "1." The outpatient observation code 0762 should be billed with the appropriate unit quantity of "1", "2", "3", or "4."</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
46. Service Units (continued)		<p>Hospice: Enter the number of units for each revenue code billed. The last date of service is automatically calculated.</p> <p>NOTE: 0652 is billed by hourly units. Each line must include charges for only one day.</p>
47. Total Charges	Required	<p>Enter the total charge for each line item. After all charges are listed, skip a line and enter the total of all charges for this claim to correspond to revenue code 0001.</p> <p>Independent RHC: If a second encounter is listed, skip one line and enter the total of these charges. The total charge amount must correspond with the "Total Charges" in Field #47. In all cases, whether there are single or multiple encounters, enter "Total Charges" for each date of service.</p> <p>NOTE: When two encounters occur on the same date for the same patient, a completed Certificate of Medical Necessity detailing the need for each visit must be submitted with the claim.</p>
48. Noncovered Charges	Not Used	Leave blank.
49. Unlabeled Field	Not Used	Leave blank.
50. Payer Name	Required	The primary payer is always listed first. If the patient has insurance, the insurance plan is the primary payer and "MO HealthNet" is listed last.
51. Health Plan ID	Not Used	Leave blank.
52. Release of Information Certification Ind.	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
53. Assignment of Benefits Certification Ind.	Not Used	Leave blank.
54. Prior Payments	Required when applicable	Enter the amount the provider received toward payment of this bill from all other health insurance companies. Payments must correspond with the appropriate payer entered in Field #50. <i>Do not enter a previous MO HealthNet payment, Medicare payment or copay amount received from the patient in this field.</i>
55. Estimated Amount Due From Patient	Not Used	Leave blank.
56. National Provider Identifier (NPI)	Required	Enter the provider's 10-digit NPI number. If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCa.
57. Other Provider ID	Not Used	Leave blank.
58. Insured's Name	Required when applicable	Complete if the insured's name is different from the patient's name.
59. Patient's Relationship to the Insured	Not Used	Leave blank.
60. Insured's Unique ID	Required	Enter the patient's 8-digit MO HealthNet or MO HealthNet Managed Care Plan identification number. If insurance was indicated in Field #50, enter the insurance number to correspond with the order shown in Field #50.
61. Insurance Group Name	Required when applicable	If insurance is shown in Field #50, state the name of the group or plan through which the insurance is provided to the insured.
62. Insurance Group Number	Required when applicable	If insurance is shown in Field #50, state the number assigned by the insurance company to identify the group under which the individual is covered.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
63. Treatment Authorization Code	Not Used	Leave blank.
64. Document Control Number	Required when applicable	If the current claim exceeds the timely filing limit of one year from the "through" date, but was originally submitted timely and denied, the provider may enter the 13-digit Internal Control Number from the remittance advice that documents that the claim was previously filed and denied within the one-year limit.
65. Employer Name	Optional	If patient is employed, the employer's name may be entered here.
66. Diagnosis & Procedure Code Qualifier	Not Used	Leave blank.
67. Principal Diagnosis Code	Required	<p>Enter the complete ICD-9-CM diagnosis code for the condition for which the services were provided. Remember to code to the highest level of specificity shown in the current version of the ICD-9-CM diagnosis code book.</p> <p>Rural Health Clinics: If the services are family planning, they must be entered on a separate claim form using the appropriate family planning diagnosis code in range V25 through V25.9. If the service is an EPSDT/HCY screening, V20.2 must be shown as the principal diagnosis.</p>
67. a-d. Other Diagnosis Codes	Required when applicable	<p>Enter any additional diagnosis codes that have an effect on the treatment received.</p> <p>Rural Health Clinics: Submit a separate claim form for services with family planning diagnoses.</p>
67. e-q. Other Diagnosis Codes	Not Used	Leave blank.
68. Unlabeled Field	Not Used	Leave blank.
69. Admitting Diagnosis	Not Used	Leave blank.
70. Patient's Reason For Visit	Not Used	Leave blank.

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
71. Prospective Payment System (PPS) Code	Not Used	Leave blank.
72. External Cause of Injury Code (E-Code)	Not Used	Leave blank.
73. Unlabeled Field	Not Used	Leave blank.
74. Principal Procedure Code & Date	Required when applicable	<p>Enter the full CPT surgical procedure code. The date on which the procedure was performed must be stated. Only month and day are required.</p> <p>Hospice: If billing for <u>physician services</u> and a surgical procedure was performed, enter the CPT code. The date on which the procedure was performed must be stated.</p> <p>Home Health: Leave blank.</p> <p>Rural Health Clinics: The surgical procedures reflected in this field must have been performed at the RHC.</p> <p>Independent RHC: If the service is an EPSDT/HCY screening, the 5-digit CPT screening code must be entered in this field. Diagnosis code V20.2 must be shown as the principal diagnosis in Field #67.</p>
74. a-e. Other Procedure Codes & Dates	Required when applicable	<p>Identify and date any other procedures that may have been performed.</p> <p>Hospice: If billing for <u>physician services</u> and more than one surgical procedure was performed, state the additional procedure codes and the dates performed.</p> <p>Home Health: Leave blank.</p>
75. Unlabeled Field	Not Used	Leave Blank.
76. Attending Provider Name & Identifiers	Required when applicable	<p>Enter the attending provider's 10-digit NPI number.</p> <p>Enter the attending provider's name, last name first.</p> <p>If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCb.</p> <p>Hospice: <i>Required.</i></p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
77. Operating Provider Name & Identifiers	Optional	<p>Enter the operating provider's 10-digit NPI number. Enter the operating provider's name, last name first.</p> <p>If applicable: A Provider If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCc.</p>
78-79. Other Provider Name & Identifiers	Required when applicable	<p>Enter the other provider's 10-digit NPI number. Enter the other provider's name, last name first.</p> <p>Administrative Lock-in: If the patient's services are restricted due to administrative lock-in, enter the lock-in provider's 10-digit NPI in this field and submit the Medical Referral Form of Restricted Patient (PI-118 Form)</p> <p>Hospice: If billing for revenue code 0658, enter the 10-digit NPI in this field for the nursing home in which the hospice patient resides. The nursing home room and board claim denies if this field is not completed.</p> <p>If applicable: Enter the corresponding 10-digit Provider Taxonomy code in Field 81CCd.</p>
80. Remarks	Optional	Use this field to draw attention to attachments such as operative notes, TPL denial, Medicare Part B only, etc.
81CCa. Code-Code Field	Required when applicable	<p>Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 56:</p> <p>1st Box: B3 qualifier 2nd Box: Provider taxonomy code.</p>

<u>Field Number & Name</u>	<u>Requirements</u>	<u>Instructions for Completion</u>
81CCb. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 76: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.
81CCc. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 77: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.
81CCd. Code-Code Field	Required when applicable	Enter the B3 Provider Taxonomy qualifier and the corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 78-79: 1 st Box: B3 qualifier 2 nd Box: Provider taxonomy code.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896