Updated CMS-1500 Claim Form to be Accepted
Beginning January 6, 2014

Information posted November 15, 2013

Effective January 6, 2014, TMHP will begin accepting version 02/12 of the CMS-1500 paper claim form. The CMS-1500 paper claim form was revised to accommodate the reporting needs for International Classification of Disease, Tenth Revision (ICD-10) and to align with National Uniform Claim Committee (NUCC) guidelines.

TMHP will accept both version 08/05 and the new version 02/12 of the CMS-1500 paper claim form until March 31, 2014. Beginning April 1, 2014, only version 02/12 will be accepted. On or after April 1, 2014, claims that are submitted on a CMS-1500 version 08/05 paper claim form will be returned to the provider.

The following form fields have been updated on the CMS-1500 paper claim form:

<table>
<thead>
<tr>
<th>Form Field</th>
<th>Description</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>9b</td>
<td>Other Insured Date of Birth</td>
<td>For special situations, use this space to provide additional information such as: If the client is deceased, enter “DOD” in block 9 and time of death in block 9a. If the services were rendered on the date of death, enter the date of death in block 9b</td>
</tr>
</tbody>
</table>
| 17         | Name of Referring Provider or Other Source | Enter the name (First Name, Middle Initial, Last Name) and credentials of the professional who referred, ordered or supervised the service(s) or supplies on the claim. If multiple providers are involved, enter one provider using the following priority order:  
1. Referring Provider  
2. Ordering Provider  
3. Supervising Provider  
Do not use periods or commas within the name. A hyphen can be used for hyphenated names. Enter the applicable qualifier to identify which provider is being reported.  
DN = Referring Provider  
DK = Ordering Provider  
DQ = Supervising Provider  
**Supervising Physician for Referring Physicians:**  
If there is a Supervising Physician for the referring or ordering provider that is listed in Block 17, the name and NPI of the supervising provider must go in Block 19. |
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| 19         | Additional Claim Information         | **Ambulance transfers of multiple clients**  
If the claim is part of a multiple transfer, indicate the other client’s complete name and Medicaid number.  

**Ambulance Hospital-to-Hospital Transfers**  
Indicate the services required from the second facility and unavailable at the first facility  

**Supervising Physician for Referring Physicians:**  
If there is a Supervising Physician for the referring or ordering provider that is listed in Block 17, the name and NPI of the supervising provider must go in Block 19. |
| 21         | Diagnosis of Nature of Illness or Injury | Enter the applicable ICD indicator to identify which version of ICD codes is being reported.  
9 = ICD-9-CM  
10 = ICD-10-CM  
Enter the patient’s diagnosis and/or condition codes. List no more than 12 diagnosis codes.  
Relate lines A-L to the lines of service in 24E by the letter of the line. Use the highest level of specificity.  
Do not provide narrative description in this field. |
| 24E        | Diagnosis Pointer                    | In 24 E, enter the diagnosis code reference letter (pointer) as shown in Form Field 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference number for each service should be listed first, other applicable services should follow.  
The reference letter(s) should be A-L or multiple letters as applicable.  
Diagnosis codes must be entered in Form Field 21 only. Do not enter diagnosis codes in Form Field 24E. |

For more information, call the TMHP Contact Center at 1-800-925-9126.