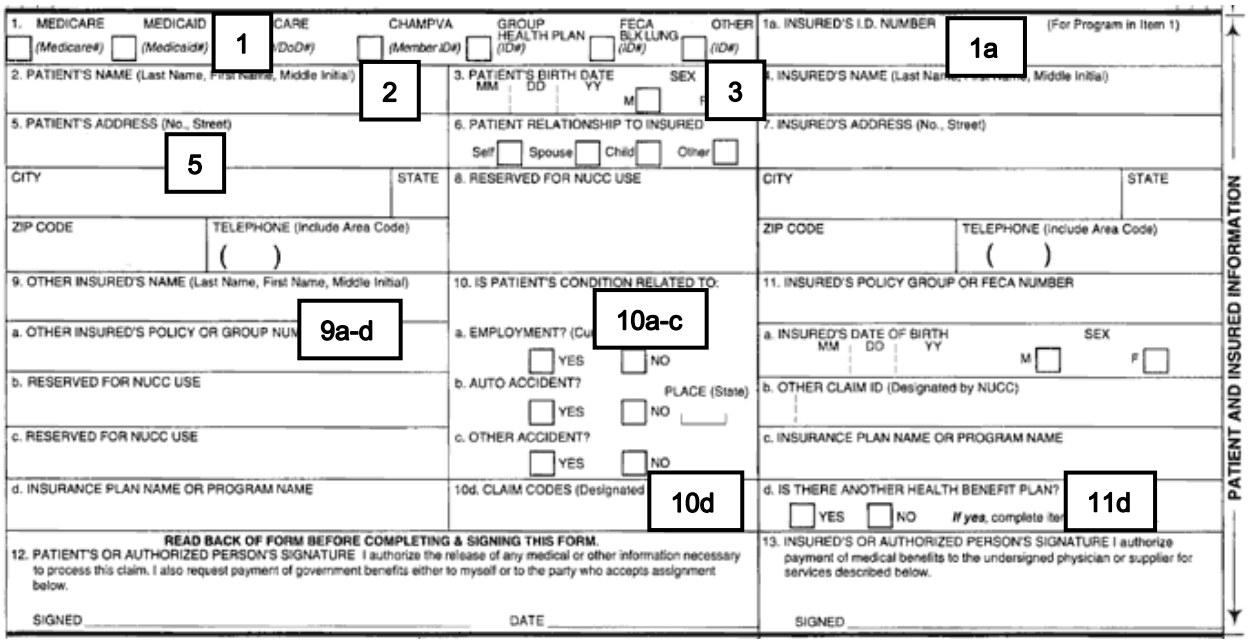
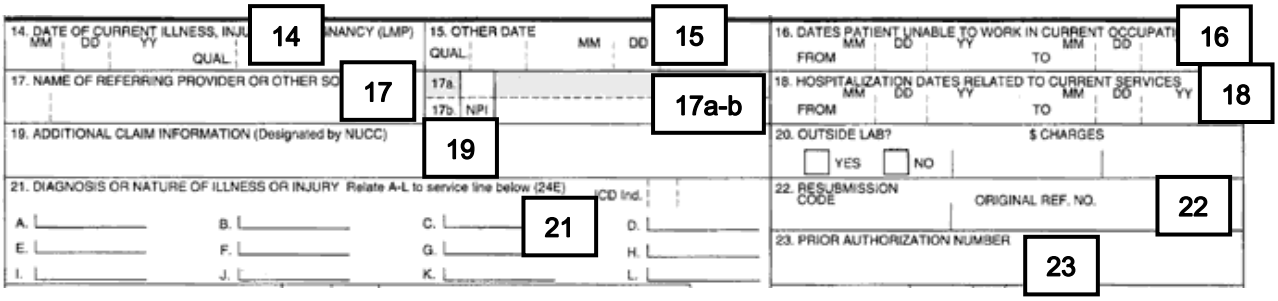
Claim Form Billing Instructions: CMS-1500 Claim Form



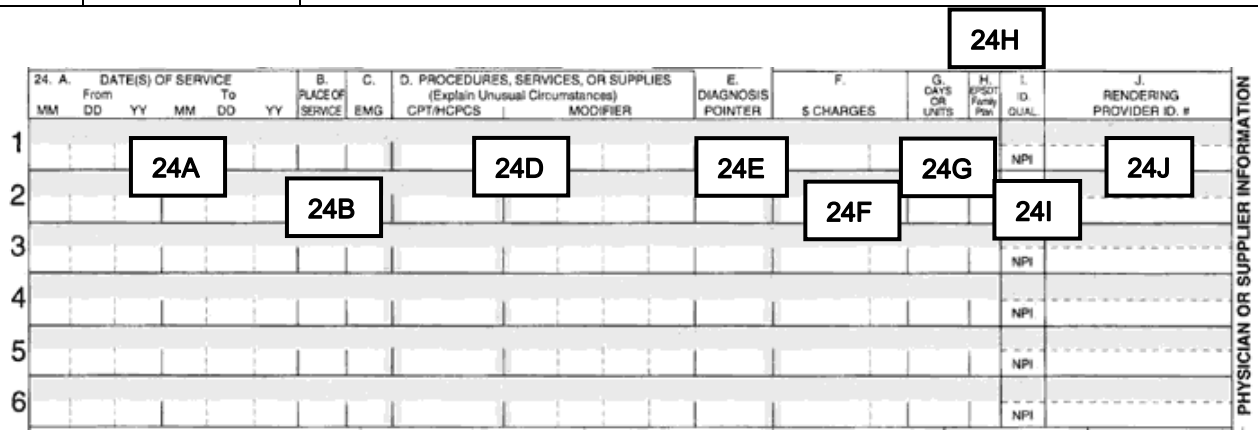
Item number	Required Field?	Description and Instructions
N/A	Situational	When submitting a Medicare Replacement Plan claim, write or stamp “Medicare Replacement Plan” in the left top margin of the claim. When billing for HMO Copay, write or stamp “HMO Copay Due” in the left top margin.
1	Not Required	Check “Medicaid” when billing for NM Medicaid services.
1a	Required	Insured’s ID Number: Enter the patient’s NM Medicaid ID number.
2	Required	Patient’s Name: Enter the patient’s last name, first name, and middle initial.
3	Required	Patient’s Birth Date: Enter the patient’s date of birth in MMDDCCYY format. Check the box indicating the patient’s gender.
4	Not Required	Not used.
5	Optional	Patient’s Address: Enter the patient’s address and telephone number. Not required for claim processing.
6	Not Required	Not used.
7	Not Required	Not used.
8	Not Required	Not used.
9	Situational	Other Insured’s Name: Enter the patient’s information in fields 9, 9a, and 9d only when the patient has a third party health insurance plan. Medicare, Medicare Replacement, Medicaid, Conduent, IHS, and Centennial Care or Medicaid Managed Care Plans are not considered third party payers. Do not enter information for these plans.
9a	Situational	Other Insured’s Policy Number: Enter the patient’s insurance plan policy or group number.
9b	Not Required	Not used.
9c	Not Required	Not used.

9d	Situational	Insurance Plan Name: Enter the name of the patient's insurance plan or program. Medicare, Medicare Replacement, Medicaid, Conduent, IHS, and Centennial Care or Medicaid Managed Care Plans are not considered third party payers.
10a-c	Situational	Patient's Condition Related To: Check appropriate "Yes" boxes if patient's condition is related to employment, auto accident, or other accident. Checking "No" is not required.
10d	Reserved	Claim Codes: Reserved for NM Medicaid claims processing and must be left blank.
11a-c	Not Required	Insured's Information: Not used.
11d	Situational	Another Health Benefit Plan: Check "Yes" only when the patient has a third party health insurance plan. Checking "Yes" when not appropriate may result in the claim being denied. Medicare, Medicare Replacement, Medicaid, Conduent, IHS, and Centennial Care or Medicaid Managed Care Plans are not considered third party payers.
12	Not Required	Patient signature is not required.
13	Not Required	Insured signature is not required.



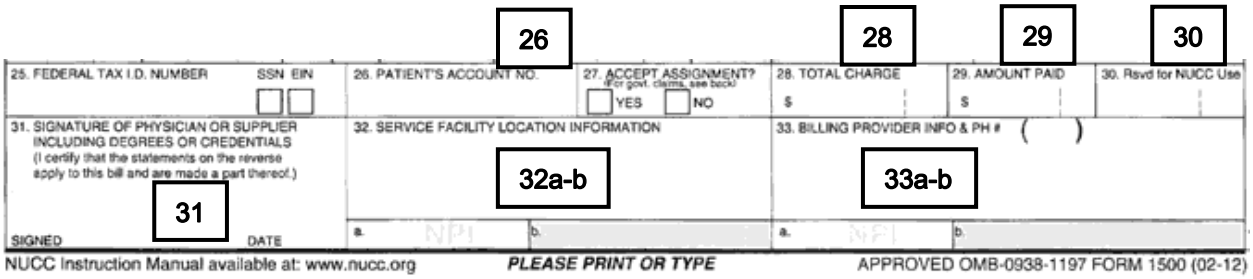
Item number	Required Field?	Description and Instructions
14	Optional	Date of Current Illness: Enter the date of current illness, injury, or pregnancy in MMDDYY format.
15	Not Required	Other Date: Enter date in MMDDYY format. Note: a previous pregnancy is not considered a same or similar illness.
16	Not Required	Dates Patient Unable to Work in Current Occupation: Enter dates in MMDDYYYY format.
17	Optional	Name of Referring Provider: Enter the referring provider's name.
17a	Optional	Enter the qualifier "1D" followed by the referring provider's NM Medicaid provider ID.
17b	Situational	Enter the referring provider's NPI. The NPI is required when billing certain services. The provider must be a valid NM Medicaid provider. If the NPI is unknown, the provider can be looked up on these websites in order to identify the NPI: NPPES - https://npiregistry.cms.hhs.gov/ or the NM Web Portal - https://nmmedicaid.portal.conduent.com/webportal/providerSearch
18	Situational	Hospitalization Dates: Enter the hospitalization dates related to an inpatient stay in MMDDYY format. The "From" date is the date of admission and the "To" date is the discharge date. Leave the "To" date blank if patient has not been discharged.

19	Reserved	Additional Claim Information: Reserved for NM Medicaid claims processing and must be left blank.
20	Not Required	Outside Lab: Not used. Outside lab services must be billed by the outside lab, not the ordering provider.
21	Required	Diagnosis or Nature of Illness or Injury: Enter up to 12 diagnosis codes in fields A - L. Codes may not be required for HCBS waiver or non-emergency transportation claims. ICD10 codes are required for all dates of service 10/01/2015 or later. The ICD indicator is not used.
22	Situational	Original Ref No: When resubmitting a previously denied claim or submitting an adjustment to a previously paid claim, enter the 17 digit Transaction Control Number (TCN) of the claim in this field. To meet the timely filing guidelines, the resubmission must be received within 90 days of the RA date of the original claim.
23	Situational	Prior Authorization Number: Enter a Prior Authorization number if a PA is required for services billed on the claim.



Item number	Required Field?	Description and Instructions
24a-j	Introduction	Lines 1-6 are used to identify the services performed. Unless otherwise instructed, enter information in the unshaded area of each field. If billing more than 6 charge lines, the claim must be billed electronically or entered on the Web Portal.
24A	Dates of Service – Required NDC – Situational Anesthesia	Dates of Service: Enter From and To dates of service in MMDDYY format. If the To date matches the From date, the “To” date field may be left blank. Due to the ICD9/ICD10 change, services with dates prior to 10/01/2015 must be billed on separate claims from services with dates 10/01/2015 and later. If an NDC code is required for the procedure, enter the qualifier “N4” followed by the 11-digit NDC code in the shaded area above the Dates of Service. Follow the code with the 2-digit Unit of Measure code and the number of units with up to three decimal places. When required for anesthesia charges, enter the start and stop times for the service in the shaded area above the dates of service.
24B	Required	Place of Service: Enter the 2-digit place of service code.
24C	Not Required	EMG: Not used.
24D	Required	Procedures: Enter the 5-digit code for the service performed in the CPT/HCPCS field. If required, enter up to 4 2-digit modifier codes in the Modifier fields.

24E	Required	Diagnosis Pointer: Pointers are required when diagnosis codes are listed in field 21. Enter the letters of the diagnosis codes in field 21 which are related to this charge line. Up to 8 pointers can be entered. Alternatively, a diagnosis code can be entered directly in this field.
24F	Required	Charges: Enter the amount billed for the charge line. Enter cents to the right of the dashed line. For-profit providers must include gross receipts tax in the total charges entered on each service line. Do not submit tax on a separate charge line.
24G	Required	Days or Units: Enter the number of units of service being billed for the procedure or service on the charge line.
24H	Optional	EPSDT/Family Plan: Enter “Y” in the shaded area if the charge line is EPSDT related. Enter “Y” in the unshaded area if the charge line is family planning related.
24I	Situational	ID Qual: If entering the rendering provider’s taxonomy code in the shaded area of box 24J, enter the qualifier “ZZ”. If entering the rendering provider’s NM Medicaid ID in the shaded area of box 24J, enter the qualifier “1D”. If neither will be entered, leave the field blank.
24J	Situational	Rendering Provider ID: If the rendering provider is a health care provider, enter the provider’s NPI in the unshaded area (required) and the provider’s taxonomy code in the shaded area (recommended). For non-health care providers, enter the NM Medicaid ID in the shaded area and leave the NPI area blank. If the NPI is unknown, the provider can be looked up on these websites in order to identify the NPI: NPPES - https://npiregistry.cms.hhs.gov/ or the NM Web Portal - https://nmmedicaid.portal.conduent.com/webportal/providerSearch.



Item number	Required Field?	Description and Instructions
25	Not Required	Federal Tax ID Number: Not used.
26	Optional	Patient’s Account Number: Enter the patient’s account number if needed for provider records. Not used in claim processing.
27	Not Required	Accept Assignment: Not used. By filing the claim, the provider is agreeing to accept assignment as a condition of payment.
28	Required	Total Charge: Enter the total of all service line charges from field 24F. If submitting a multiple page claim, enter the complete total on the last page only.
29	Situational	Amount Paid: For a claim with third party commercial insurance, enter the amount paid to the provider from the EOB. For a Medicare crossover claim, Medicare Replacement plan claim, or a claim with no other coverage, leave this field blank.

30	Situational	For a claim with no coverage other than Medicaid, enter the total from field 28. Enter the amount due, which may be a copayment, a copayment and deductible, or an amount due after other insurance applied all contractual reductions. For a Medicare crossover claim or Medicare Replacement plan claim, leave this field blank.
31	Required	Signature of Physician or Supplier: A valid signature is required. The signature can be printed, stamped, typed or hand signed, but must be the name of a person, not a facility. Claims without a valid signature or stating “Signature on file” will be denied. Enter the signature date in MMDDCCYY format.
32	Optional	Service Facility: If the service facility NPI is entered in field 32a, enter the service facility name and address.
32a	Situational	Service Facility NPI: If the place of service on any charge line is 21, 22, 23, 31, 32, 51 or 54, the service facility NPI is required. Enter the provider’s NPI.
32b	Not Required	Not used.
33	Required	Billing Provider Info: Enter the billing provider’s name, address, city, state, and zip code. If the billing provider has multiple locations but a single NPI, enter the zip code of the location where the service was rendered so the correct billing provider can be identified. The provider’s phone number is optional.
33a	Required	Billing Provider NPI: Enter the billing provider’s NPI. For non-health care providers, the Medicaid Provider ID number should be entered in field 33b and this field left blank.
33b	Situational	If billing with the provider’s NPI in field 33a, entering a taxonomy code is recommended. Enter the qualifier “ZZ” followed by the 10-digit taxonomy code. Waiver providers billing atypical services with their NPI must use the taxonomy code 174400000X to identify it as a waiver service. For non-health care providers, enter the qualifier “1D” followed by the NM Medicaid provider ID.

Date	**Revision History**	**Updated by**
4/14/2015	Original document	PS
9/25/2015	ICD 10 instructions, fields 21 and 24a	PS
5/10/2017	Replaced claim images, revised all pages, updated logo to Conduent	PS
8/15/2017	Updated with State reviewer notes	PS
10/13/17	Updated with instructions from the State	PS
02/07/2018	Updated with rebranded provider search URL	AH