471-000-56 Nebraska Medicaid Billing Instructions for Hearing Aid Services

The instructions in this appendix apply when billing Nebraska Medicaid, also known as the Nebraska Medical Assistance Program (NMAP), for Medicaid-covered services provided to clients who are eligible for fee-for-service Medicaid. Medicaid regulations for hearing aid services are covered in 471 NAC 8-000.

CMS 1500 Claim Form Versions

In November, 2013, Nebraska Medicaid published implementation information regarding the revised CMS 1500 claim form (version 02/12). The transition timeline for dual processing and acceptance of ONLY the CMS 1500 claim form (version 02/12) may be found in that Provider Bulletin 13-75 at this site:
http://dhhs.ne.gov/medicaid/Documents/pb1375.pdf

Please note that on or after **April 1, 2014**, any claims received utilizing the older versions of the CMS 1500 claim form will be returned to the provider.

Claims for services provided to clients enrolled in a Nebraska Medicaid managed care health maintenance organization plan must be submitted to the managed care plan according to the instructions provided by the plan.

Third Party Resources: Claims for services provided to clients with third party resources (e.g., Medicare, private health/casualty insurance) must be billed to the third party payer according to the payer's instructions. After the payment determination by the third party payer is made, the provider may submit the claim to Nebraska Medicaid. A copy of the remittance advice, explanation of benefits, denial, or other documentation from the third party resource must be submitted with the claim.

Verifying Eligibility: Medicaid eligibility, managed care participation, and third party resources may be verified from –

1. The client's permanent Nebraska Medicaid Identification Card or temporary Nebraska Medicaid Presumptive Eligibility Application. For explanation and examples, see 471-000-123;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.
4. The Internet. Separate login IDs and passwords are required for each person accessing the site. For enrollment forms, go to Internet Access for Providers or call the Medicaid's EDI Help Desk at 866-498-4357 (in Lincoln, 402-471-9461).

CLAIM FORMATS

Electronic Claims: Hearing aid services are billed to Nebraska Medicaid using the standard electronic Health Care Claim: Professional transaction (ASC X12N 837). For electronic transaction submission instructions, see 471-000-50.

Paper Claims: Hearing aid services are billed to Nebraska Medicaid on Form CMS-1500, "Health Insurance Claim Form." Instructions for completing Form CMS-1500 are in this appendix. The CMS-1500 claim form may be purchased from the U. S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402 or from private vendors.

Share of Cost Claims: Certain Medicaid clients are required to pay or obligate a portion of their medical costs due to excess income. These clients receive Form EA-160, "Record of Health Cost – Share of Cost – Medicaid Program" from the HHS office to record services paid or obligated to providers. For an example and instructions on completing this form, see 471-000-79.

MEDICAID CLAIM STATUS

The status of Nebraska Medicaid claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

CMS-1500 FORM COMPLETION AND SUBMISSION

Mailing Address: When submitting claims on Form CMS-1500, retain a duplicate copy and mail the ORIGINAL form to –

Medicaid Claims Unit
Division of Medicaid and Long-Term Care
Department of Health and Human Services
P. O. Box 95026
Lincoln, NE 68509-5026

Claim Adjustments and Refunds: See 471-000-99 for instructions on requesting adjustments and refund procedures for claims previously processed by Nebraska Medicaid.

Claim Example: See 471-000-58 for an example of Form CMS-1500.

Claim Form Completion Instructions: The numbers listed below correspond to the numbers of the fields on the form. Completion of fields identified with an asterisk (*) is mandatory for claim acceptance. Information in fields without an asterisk is required for some aspect of claims processing/resolution. Fields that are not listed are not needed for Nebraska Medicaid claims.

*1a. INSURED'S I.D. NUMBER: Enter the Medicaid client's complete eleven-digit identification number (Example: 123456789-01).

*2. PATIENT'S NAME: Enter the full name (last name, first name, middle initial) of the person that received services.

*3. PATIENT'S BIRTHDATE AND SEX: Enter the month, day, and year of birth of the person that received the services. Check the appropriate box (M or F).

9. – 14. Fields 9–11 and 14 address third party resources other than Medicaid or Medicare. If there is no known insurance coverage, leave blank. If the client has insurance coverage other than Medicaid or Medicare, complete fields 9-11 and 14. A copy of the remittance advice, explanation of benefits, denial, or other documentation is required and must be attached to the claim. Nebraska Medicaid must review all claims for possible third party reimbursement. All third party resources must be exhausted before Medicaid payment may be issued.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Enter the name of the referring/prescribing physician.

17a. OTHER ID#: Leave qualifier field blank. Effective 01/01/2012, this field is no longer required.

*17b. NPI #: Effective 01/01/2012, enter the National Provider Identifier (NPI) of the referring, ordering provider.

21. DIAGNOSIS OR NATURE OF ILLNESS OF INJURY: The services on this claim form must be related to the diagnosis entered in this field. Enter the appropriate International Classification of Disease, Clinical Modification diagnosis codes.

The COMPLETE diagnosis code is required.

CMS 1500 claim form (version 08-05) will be accepted through March 31, 2014. For claims being submitted on this version there are up to four diagnoses that may be entered in 1-4. If there is more than one diagnosis, list the primary diagnosis first.

CMS 1500 claim form (version 02-12) is currently accepted. For dates of service on or before September 30, 2015 only ICD-9 codes will be accepted on this form. For dates of service on or after October 1, 2015 only ICD-10 codes will be accepted.

For claims being submitted on the CMS 1500 claim form (version 02-12) there are up to twelve diagnoses that may be entered in A-L. If there is more than one diagnosis, list the primary diagnosis first.

ICD VERSION INDICATOR: On the CMS 1500 (version 02/12) the **ICD Version Indicator is required**. The ICD qualifier located in this section denotes the version of International Classification of Diseases reported.

The ICD Version Indicator will be used to distinguish if the submitted Code is an ICD-9 or an ICD-10 Code.

Version ‘9’ indicates the Codes entered as ICD-9 Diagnosis Code.

Version ‘0’ indicates the Codes entered as ICD-10 Diagnosis Code.

22. MEDICAID RESUBMISSION: Leave blank. For regulations regarding resubmittal or adjustment requests, see 471 NAC 3-000 and 471-000-99.

23 PRIOR AUTHORIZATION NUMBER: If the service requires prior authorization, enter the prior authorization number. This number must be entered to receive payment for a service or supply that requires prior authorization. Prior authorization requirements for hearing aid services are contained in 471 NAC 8-004.01.

If the service does not require prior authorization, leave blank.

*24. The six service lines in section 24 have been divided horizontally to accommodate the submission of supplemental information to support the billed service. The top area of the six service lines is shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 services lines. Only six line items can be entered in Field 24. Do not print more than one line of information on each claim line. DO NOT LIST services for which there is no charge.

*24A. DATE(S) OF SERVICE: In the unshaded area, enter the 8-digit numeric date of service rendered. Each procedure code/service billed requires a date. Each service must be listed on a separate line. The "From" date of service must be completed. The "To" date of service may be left blank.

*24B. PLACE OF SERVICE: In the unshaded area, enter the place of service code 11 (office). National place of service codes are defined by the Centers for Medicare and Medicaid Services (CMS) and published on the CMS web site at http://www.cms.hhs.gov.

*24D. PROCEDURES, SERVICES, OR SUPPLIES: In the unshaded area, enter the appropriate HCPCS procedure code and, if required, procedure code modifier. Up to four modifiers may be entered for each procedure code. HCPCS procedure codes used by Nebraska Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see 471-000-508). When using miscellaneous and not otherwise classified (NOC) procedure codes, a complete description of the service is required in the shaded area between 24D through 24H, as an 8 ½ x 11 attachment to the claim, or sent with the Electronic Claim Attachment Control Number Form (MC-2) for electronic claims.

Procedure Codes: HCPCS procedure codes and procedure code modifiers used by Nebraska Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see 471-000-508).

24E. DIAGNOSIS POINTER:
Version (02/12) On the CMS 1500 claim form list the reference letter of the primary diagnosis that is being treated from Field 21 (A-L). Up to four diagnosis pointers may be entered per line.
Version (08/05) On the CMS 1500 claim form list the reference number of the primary diagnosis that is being treated from Field 21 (1-4). On the CMS 1500 claim form (version 02-12) list the reference letter of the primary diagnosis that is being treated from Field 21 (A-L). One diagnosis pointer may be entered per line.

*24F. $ CHARGES: Enter the lab invoice cost for hearing aids and hearing aid repairs. Enter the fee schedule maximum allowable fee for dispensing fees. Enter your customary charge for other procedures. Do not list one charge for several procedure codes.

*24G. DAYS OR UNITS: Enter the number of services being claimed. If the procedure code description includes specific time or quantity increments, each increment should be billed as one unit of service. See Fee Schedule.

25. FEDERAL TAX I.D. NUMBER: Leave blank.

26. PATIENT'S ACCOUNT NO.: Optional. Any patient account information (numeric or alpha) may be entered in this field to enhance patient identification. This information will appear on the Medicaid Remittance Advice.

*28. TOTAL CHARGE: Enter the total of all charges in Field 24, Column F. If more than one claim form is used to bill for services provided, EACH claim form must be submitted with the line items totaled. DO NOT carry charge forward to another claim form.

*29. AMOUNT PAID: Enter any payments made, due, or obligated from other sources for services listed on this claim. Other sources may include health insurance, liability insurance, excess income, etc. A copy of the Medicare or insurance remittance advice, explanation of benefits, denial, or other documentation must be attached. DO NOT enter previous Medicaid payments, copayment or the difference between the provider's billed charge and the Medicaid allowable (provider "write-off" amount) in this field.

*30. Version (02/12) RSVD FOR NUCC USE

Version (08/05) BALANCE DUE: Provider may enter the balance due. (This amount is determined by subtracting the amount paid in Field 29 from the total charge in Field 28.)

*31. SIGNATURE OF PHYSICIAN OR SUPPLIER: The provider or authorized representative must SIGN and DATE the claim form. A signature stamp computer generated or typewritten signature will be accepted.

The signature date must be on or after the date(s) of service listed on the form.

*33. BILLING PROVIDER INFO & PHONE #: Enter the provider's name, address, zip code, and phone number.

Effective 01/01/2012, enter the nine-digit Zip Code (Zip+4) of the Billing Provider, as reported to Nebraska Medicaid.

*33a. NPI #: Effective 01/01/2012, enter the National Provider Identifier (NPI) of the Billing Provider, as reported to Nebraska Medicaid.

*33b. OTHER ID #: Effective 01/01/2012, enter the 10-digit Taxonomy Code of the Billing Provider, as reported to Nebraska Medicaid.

Claim Attachments: For hearing aids and miscellaneous services, a copy of the purchase invoice must be attached to the claims or sent with the Electronic Claim Attachment Control Number Form (MC-2) for electronic claims.