

<b>ISSUE DATE</b> January 10, 2014	<b>EFFECTIVE DATE</b> April 1, 2014	<b>NUMBER</b> 99-14-03
<b>SUBJECT</b>  Implementation of the CMS-1500 Health Insurance Claim Form (version 02/12)		<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the Department of Public Welfare website at: [http://www.dpw.state.pa.us/provider/icd10information/P\\_012571](http://www.dpw.state.pa.us/provider/icd10information/P_012571)

## PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin (bulletin) is to notify providers enrolled in the MA Program that **effective April 1, 2014**, the Department of Public Welfare (Department) will be implementing the revised CMS-1500 Health Insurance Claim Form (02/12) and its attachments.

## SCOPE:

This bulletin applies to all providers enrolled in the MA Program who currently submit claims on the CMS-1500 Health Insurance Claim Form, with the exception of dentists (provider type 27) and pharmacies (provider type 24).

## BACKGROUND/DISCUSSION:

The CMS-1500 Health Insurance Claim Form is the basic healthcare form accepted nationwide by most insurance entities and health plans as the standard form for claims submitted by physicians and suppliers and, in some cases, ambulance services.

Although many providers now submit electronic claims, many of the software/hardware systems depend on the existing CMS-1500 Health Insurance Claim Form in its current image. Revisions to the form have been mandated by the Centers for Medicare and Medicaid Services (CMS) in order to accommodate changes due to 837P v5010 and ICD-10 implementation.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

**PROCEDURE:**

**Effective April 1, 2014 through June 30, 2014**, the Department will accept claims submitted by providers on ***either*** the current CMS-1500 Health Insurance Claim Form (08/05) or the revised CMS-1500 Health Insurance Claim Form (02/12) and its attachments.

**Effective July 1, 2014**, the Department will only accept the revised CMS-1500 Health Insurance Claim Form (02/12) and its attachments. Providers who want to resubmit claims on and after July 1, 2014, must use the revised CMS 1500 Health Insurance Claim Form (02/12), even if earlier submissions were on the (08/05) version of the form.

**IMPORTANT:**

**All claims received by the Department on or after July 1, 2014, must be on the revised CMS-1500 Health Insurance Claim Form (02/12). Effective July 1, 2014, claims received on previous versions of the CMS-1500 Health Insurance Claim Form will be returned to the provider.**

Providers who also contract with any MA Managed Care Organization (MCO) should review each MCO's policies and submit claims accordingly.

PROMISe™ Provider Billing Guides and the Desk Reference for the CMS-1500 Health Insurance Claim Form (02/12) will be made available prior to implementation on the Department's website at:

**<http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillinnguides/index.htm>**. Additional information about the CMS-1500 Health Insurance Claim Form is available on the CMS website, **[www.cms.gov](http://www.cms.gov)**.