BILLING FORMS

CLEAN CLAIM

A clean claim is defined by Medicare as a claim which has no defect, impropriety or special circumstance, including incomplete documentation that delays timely payment.

The elements for a clean claim have been required for some time, beginning January 1, 2011 medical bills will be denied if elements are missing that are necessary to process for payment. The required elements must be complete, legible and accurate. The following elements are required to meet the test for "Clean Claim" status for MSF:

CMS (HCFA) 1500 GENERAL MEDICAL

(*See the CMS website for form information:* https://www.cms.gov/cmsforms/)
The CMS (HCFA) is used when billing for general medical services. The required information is as follows:

Box #	Description
1a	**Required** Insured's ID number will be the full 12 digit claim number of the injured worker. (Note: the claim number can be listed anywhere on the form.) **Processing:** If claim number is missing or invalid, and RMS is unable to ascertain the claim number the bill will be forwarded to the Medical Auditor queue. MSF will indicate which claim to process the bill on or instruct to have the bill deleted and destroyed.
2	**Required** Injured Employee's name
3	**Required** Injured employee's date of birth/sex
5	**Required** Injured employee's address
10	"Is patient's condition related to…?
11	Claim number – OPTIONAL as it should also be entered in 1a
12	The patient (injured employee) or authorized representative must sign/date the form unless there is a signature on file, then "Signature on file" is sufficient
14	Accident/Injury Date (Exception DME)
17a	Referring Provider Taxonomy (**if applicable**) – input ZZ in first box and 10-character taxonomy code without spaces in the second box
17b	Referring provider NPI# (**if applicable**), input 10-character NPI number (Required if 17a is filled in.
21	**Required** ICD diagnosis code(s) Note: for Vocational Rehabilitation, this box is optional; enter 959.9 if DOS is prior to 10/1/15 and T14.90 if DOS is on or after 10/1/15 for voc rehab bills.
24A	**Required** Date(s) of service
24B	**Required** Place of service code (Exception would be for Voc Rehab, MSF PPO contracted home health, and MCM services and other MSF PPO contracted vendors or on non CMS 1500 bills as POS would be home (12). ***Processing: If missing on an exception bill type, add POS 12.***
24D	**Required** Procedures, Services or Supplies – enter appropriate CPT, HCPCS, Montana Only or contracted code(s). If using an unlisted code etc, also enter description.

Box #	Description
24E	ICD code or number from Box 21
24F	**Required** Service charge/fee billed for each line item/code
24G	**Required** # Days or unit(s) – enter the number of units for each line item/code
24I	ID Qualifier – 'Blank' and preprinted 'NPI' spaces. Blank space should be populated with ZZ for taxonomy code listed in 24J.
24J	**Required – if applicable (exceptions are Vocational Rehabilitation, DME, ambulance, ASCs, labs, MRI centers, MCM, infusion therapy, non-medical providers and POS 12).** Rendering provider ID# - If top space is 'blank', 24I is populated with ZZ then enter 10-digit taxonomy code in 24J (top space). On the bottom line, enter the NPI number in the corresponding space after preprinted 'NPI' in 24I. **Processing:** For Professional bills, if the NPI is not supplied by provider, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are afforded because the claim cannot be processed. Please submit a new claim with the complete/correct information" and nothing will be sent to MSF in the file feed. For **facilities** that are billing on a CMS-1500, RMS should send the NPI in Box 33 as the rendering provider if 24J is blank. RMS will populate the rendering taxonomy based on the NPI number chosen from either box 24J or 33 per the NPPES database.
25	**Required** Federal Tax ID number – enter the tax ID or SS# of the billing entity
28	**Required** Total Charges
31	Signature of Physician or supplier, including degrees or credentials. **Processing:** RMS will send the name associated with the Rendering NPI in box 31 or the Billing NPI in Box 33 per the NPPES database. See box 24J instructions for processing details.
32	**Required – if applicable (exceptions would be Ambulance, POS 12, DME and Voc Rehab).** Name and address of facility where services were rendered (cannot be PO Box).
32a	**Required – if applicable (exceptions would be Ambulance, POS 12, DME, MCM, IME panel providers, non-medical providers and Voc Rehab providers who are considered "consultants).** Service Facility Location NPI – enter 10-character NPI number. **Processing:** If the NPI is not supplied by the provider, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are afforded because the claim cannot be processed. Please submit a new claim with the complete/correct information". If the bill is an exception, process bill. Do not populate this field if not on form – instead leave blank.
32b	Service Facility Location Taxonomy – input ZZ and 10-character taxonomy code without spaces. **Processing:** RMS will populate the service facility taxonomy based on the NPI number given in box 32a per the NPPES database.
33	**Required -** Physician's, suppliers billing name, address, zip code.
33a	**Required – if applicable (exceptions would be Ambulance, POS 12, DME, MCM, IME panel providers, non-medical providers and Voc Rehab providers who are considered "consultants).** Billing Provider NPI # - input 10-character NPI number. **Processing:** If the NPI is not supplied by the provider, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are afforded because the claim cannot be processed.

Box #	Description
	Please submit a new claim with the complete/correct information". Do not populate this field if not on form – instead leave blank.
33b	Billing Provider Taxonomy – input ZZ and 10-character taxonomy code without spaces. **Processing:** RMS will populate the billing provider taxonomy based on the NPI number given in box 33a per the NPPES database.

UB 04

UB04 (*See the CMS website for form information:* https://www.cms.gov/cmsforms/)

Form Locator	Description
1	**Required** Billing provider name, and physical address.
2	**Required – if applicable (Box 1 is a PO Box)** Pay to address if different than field 1.
4	**Required** Type of bill –enter the three or 4 digit code that indicates the type of bill you are submitting.
5	**Required** Federal Tax Number
6	**Required** Statement covers period – enter the beginning and ending service date(s) of the period covered by the billed.
8	**Required** Patient name – enter last name, first name and middle initial.
9a-d	**Required** Patient address
10	**Required** Date of birth
11	**Required** Sex ("M" for male, "F" for female or "U" for unknown.
12	Admission/start of care date – enter the date the member was admitted for **inpatient** care, or the date of the outpatient service.
13	Admission hour – **situational**. Enter the two-digit hour during which the patient was admitted for **inpatient** care.
14	Admission Type – enter the code indicating the priority of this admission/visit.
15	Source of Admission – enter the appropriate source of admission code
16	Discharge hour – enter the code that indicates the discharge hour of the member from inpatient care.
17	**Required** Patient discharge status – enter the appropriate patient discharge status code
42	**Required** Revenue code(s) – enter the 4 digit Revenue code beside each service described in column 43.
43	**Required** Description – enter a brief description that corresponds to the revenue code in column 42.
44	**Required** HCPCS/Rates – for outpatient services, enter appropriate CPT/HCPCS code, where applicable. On inpatient bills, enter the accommodation rate
45	**Required for outpatient claims -** Service date – enter the date the service was rendered.
46	**Required** Units of service
47	**Required** Total Charges – the sum of the total charges for the billing period for each revenue code (FL42)
Line 23	**Required** Total Charges – Enter the claim total.
56	**Required** Billing Provider NPI – input 10-characer NPI number. **Processing:** If the NPI is not supplied, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are

Form Locator	Description
	afforded because the claim cannot be processed. Please submit a new claim with the complete/correct information". Do not populate this field if not on form – instead leave blank.
58	**Required** Insured's name
60	**Required** May enter the patient's claim number here. (Note: the claim number can be listed anywhere on the form.) Do not deny if claim number is listed in another location.
67A-Q	**Required** Principal diagnosis code and present on admission and any other diagnosis
69	Admitting Diagnosis
74	**Required - if applicable** Principal procedure code – situational.
76	**Required** Attending Provider NPI – input 10-character NPI number. **Processing:** If the NPI is not supplied, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are afforded because the claim cannot be processed. Please submit a new claim with the complete/correct information". Do not populate this field if not on form – instead leave blank.
77	Operating Provider NPI **(if applicable)** – input 10-character NPI number
78-79	Other Provider's NPI **(if applicable)** – input 10-character NPI number
81a	Billing Provider Taxonomy – input B3 in the first box and 10-character taxonomy code without spaces in second box. **Processing:** RMS will populate the billing provider taxonomy based on the NPI number given in box 56 per the NPPES database.

DA Dental

Box 3	Primary payer information
Box 4-11	Other coverage – leave blank if no other coverage
Box 15	**Required** Policyholder/Subscriber ID (SSN or ID#) will be the full 12 digit claim number of the injured worker. (Note: the claim number can be listed anywhere on the form.) **Processing:** If claim number is missing or invalid, and RMS is unable to ascertain the claim number, the bill will be forwarded to the Medical Auditor queue. MSF will indicate the correct claim number to process or instruct to have the bill deleted and destroyed.
Box 17	Employer Name
Box 20	**Required** Name and address of injured employee – accept bill if information in Box 12.
Box 21	**Required** Injured employee date of birth – accept bill if information is in Box 13.
Box 22	**Required** Injured employee gender – accept bill if information is in Box 14.
Box 24	**Required** Procedure date of service
Box 27	**Required** Tooth number – **(if applicable)** enter tooth number or range of teeth using a hyphen, if applicable
Box 28	Designate tooth surface(s), if applicable

Box 3	Primary payer information
Box 29	**Required** Procedure code – enter the appropriate dental code
Box 30	**Required** Description of procedure
Box 31	**Required** Fee – enter corresponding fee for each procedure listed in column 29
Box 33	**Required** Total fees
Box 48	**Required** Billing entity name and address
Box 49	**Required** Billing provider NPI – input 10-character NPI number. **Processing** If the NPI is not supplied, the bill will be denied with reason code "Claim contains incomplete/missing other procedure and/or invalid information, and no appeal rights are afforded because the claim cannot be processed. Please submit a new claim with the complete/correct information". Do not populate this field if not on form – instead leave blank. Billing provider Taxonomy – RMS will populate the billing provider taxonomy based on NPI number in box 49 per the NPPES database.
Box 51	**Required** Federal tax identification number
Box 53	**Required** Rendering dentist's signature
Box 54	Rendering dentist NPI – input 10-character NPI number. **Processing:** Enter if present. Do not populate this field if not on form – instead leave blank.
Box 56	**Required** Rendering dentist address, city and zip code
Box 57	Rendering dentist phone number (not required)