



Provider Training – CMS 1500 Paper Billing Webinar

**Presented by Jonathan Marsiglia, Medicaid Provider Services Training
Unit**

CMS 1500 Form Overview

- **Standard claim form Non-Institutional Provider or Supplier**
 - Nurse Practitioners, Free-Standing Clinics, Physicians, Podiatrists, DME/DMS Providers, Etc
- **Used to bill Medicare/Some State Medicaid Agencies**
- **CMS 1500 Forms are split into (3) Sections**
 - Fields 1-13 = Patient Information
 - Fields 14-24 = Procedural and Diagnostic Information (Except 24J)
 - Fields 25-33 = Servicing and Billing Provider Information
- **The Department periodically revises procedures for all Medicaid Programs to adhere with HIPAA**

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H.
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Plan

I.
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QUAL

J.
RENDERING
PROVIDER ID. #

NPI

BLOCK 24J

RENDERING PROVIDER ID

Enter the ID Qualifier ID (Medical Provider Number) rendering the service. In some instances, the rendering number may be the same as the payee provider number in Block #33.

Enter the rendering provider's NPI in the unshaded area.

NPI

NPI

General Billing Instructions

- Before providing services to a Maryland Medicaid recipient, ensure:
 - Your Enrollment as Medicaid Assistance provider is effective on date of service
 - Your patient is eligible on date of service. **Always verify recipient's eligibility using EVS or eMedicaid**
 - Is Recipient in an MCO? If so, bill the MCO for services
 - Does recipient has other insurance?
 - You have obtained pre-authorization (if required)

Timely Filing Statutes

- Filing Statutes: Claims must be received w/in 12 Months of date of service
- Statutes in addition to initial claim submission:
 - 12 months from the date of the IMA-81(Notice of Retro-Eligibility)
 - 120 days from the date of Medicare EOB
 - 60 days from the date of 3rd Party Liability EOB
 - 60 days from the date of Maryland Medicaid Remittance Advice
- The Department will not accept reports, only the above documentation

Paper Claims Submissions

- Once a claim has been received, how long until it's processed?
- Invoices are processed on a weekly basis
- Payments are issued and mailed to provider's pay-to address or Paid via Electronic Funds Transfer (EFT)
- All claims should be mailed to the following address:

Claims Processing
Maryland Department of Health
P.O Box 1935
Baltimore, MD 21203

Electronic Claims Submission and eClaims

- Electronic Claims Submission
 - Must be in correct format and submitting with correct forms
 - Companion Guide <https://health.maryland.gov/HIPAA/Pages/transandcodesets.aspx>
 - All questions regarding HIPAA testing, please email mdh.hipaaeditest@maryland.gov
- eClaims
 - Direct Billing is available through eMedicaid website
 - Enables providers that bill on CMS 1500 to submit their single claims electronically
 - This is a direct submission cuts down on manual processing/lead time associated with paper submissions
- For questions or how to become an eClaim user, as the administrator for Office/Provider, visit <https://encrypt.emdhealthchoice.org/emedicaid/>

3rd Party Billing

- Maryland Medicaid is “Payer of Last Resort”
- If you do not bill other carrier 1st, the claim will be denied
- Action Items
 1. Locate Potential payer’s address, phone number in 3rd Carrier Listing. If denied because of other insurance, address will be listed in remittance advice
 2. Contact Insurance Carrier or other payer by phone
 3. Submit claim to Medical Assistance, attaching the appropriate supporting documentation if necessary

Importance of Checking Eligibility

- **It is the provider's responsibility to check Eligibility prior to rendering services to ensure recipient eligibility for a specific date of service**
- Before providing services, you should request the recipient's Medical Care Program identification card. If the recipient does not have the card, you should request a Social Security number, which may be used to verify eligibility.
- **Two (2) Ways to Check Recipient Eligibility:**
 - Telephone Based Electronic Verification System (EVS)
 - Web Based Electronic Verification System (EVS)
- **Provider Verification System (PVS) to Check Provider Eligibility**

Electronic Verification System (EVS)

- EVS is a telephone-inquiry system that enables health care providers to quickly and efficiently verify a Medicaid recipient's current eligibility status..
- EVS also allows a provider to verify past dates of eligibility for services rendered up to one year ago.
- Request recipient's Medical Care Program ID Card, No Card? Request a SSN to verify eligibility
- Also, if the Medical Assistance identification number is not available, you may search current eligibility and optionally past eligibility up to one year by using a recipient's Social Security Number and name code.

How to Use EVS

- EVS Telephone Number 1-866-710-1447
- User Guide and additional information available here at <https://mmcp.health.maryland.gov/docs/EVS%20Brochure%20March%202013.pdf>
- For Additional Questions, Contact Provider Relations at 410-767-5503, Option #2

Web Based EVS

- For providers enrolled in eMedicaid, WebEVS, a web-based eligibility application is now available at <http://www.emdhealthchoice.org>
- Providers must be enrolled in eMedicaid in order to access WebEVS. To enroll at the URL, click *Services for Medical Care Providers* and follow the login instructions. Visit the website for more information or for provider application support call **(410) 767-5340**

Provider Verification System (PVS)

- The Provider Verification System (PVS) is an internally-built, public-facing search engine for Maryland Medicaid fee-for-service provider enrollment
- A PVS user can search for a provider's Medicaid fee-for-service enrollment to determine if the provider was active or inactive on specified date
- Used for Attending Provider/ORP Lookup, Facility or Group Enrollment Status Check, Reval Date Check, Retroactive Enrollment Date Check, Provider Number Lookup, Etc
- <https://encrypt.emdhealthchoice.org/searchableProv/main.action>

Why is Checking Eligibility so Important?

- After an analysis of CMS 1500 Paper Claims (Over 140K Claims):
 - 6 of the Top 10 most commonly committed errors were related to recipient eligibility
 - In the case of Laboratories, 9 of the top 10 errors were related to eligibility
- What does that mean for you?
 - If your claim is denied, your payment is delayed longer
 - Duplicate Work
 - Timely Filing clock continues to tick
- Solution?
 - Check Eligibility before each and every time before rendering services

Common Errors Made When Filling out CMS 1500 Form

- (539) - Recipient Enrolled in MCO
- (528) - Recipient has Medicare Benefits
- Invalid/No Provider Number in Box 33B
- Invalid/No Recipient Number in Box 9A
- Medicare EOB does not match the Claim (Codes, Amount, Modifiers, Etc)

Frequently Asked Questions (FAQs)

- How long to process and how long should I wait before I check claim status?

Once a clean claim has been received, depending on the method of submission:

- Paper (PO Box 1935.....): Estimated 90 days or more for processing as it is a manual process
- Electronic: Estimated less than 30 days

**Always check eMedicaid for claim status to avoid long wait times when calling the hotline (410-767-5503 option 2)*

Frequently Asked Questions (FAQs)

- Where can a provider obtain a copy of a Remittance Advice (RA)?
 - Copies of RAs are available for up to two years by accessing the Program's website at www.emdhealthchoice.org. eMedicaid registration must be completed by an administrator
- How does the Provider sign up for Electronic Funds Transfer (EFT)?
 - Per our Provider Relations Team, please call 410-260-7813. The voicemail also provides an e-mail address as another means of contacting them. They can usually provide any information Providers need in terms of EFT.
- Can you check Eligibility for future dates?
 - No; however, you can check EVS for past eligibility up to one year

Frequently Asked Questions (FAQs)

- How long does a provider have to file a claim?
 - A provider has twelve months from the date of service to submit a claim for payment.
- Claims should be mailed to what address?

Claims Processing
P.O. Box 1935
Baltimore, MD 21203

Thank you!

- Jonathan Marsiglia, Provider Training Unit
 - Jonathan.marsiglia@maryland.gov
- Provider Relations Team
 - Available for Monday through Friday 8 AM – 5 PM
 - 410-767-5503, Option #2
- Help Desk Information for ePREP 1-844-463-7768
- Additional Provider Information can be found online at health.maryland.gov/providerinfo