

**Bulletin Number:** MSA 14-07

**Distribution:** All Providers

**Issued:** February 27, 2014

**Subject:** Implementation of Updated Paper Claim Forms

**Effective:** As Indicated

**Programs Affected:** Adult Benefits Waiver (ABW), Children's Special Health Care Services (CSHCS), Children's Waiver Program (CWP), Maternity Outpatient Medical Services (MOMS), Medicaid, Plan First!, Serious Emotional Disturbance Waiver (SED)

The purpose of this bulletin is to alert providers that the Michigan Department of Community Health (MDCH) will convert to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will implement a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. MDCH is also implementing a new adjudication rule to comply with the existing UB 04 claim form.

### Conversion to the ADA 2012

The American Dental Association (ADA) standard completion instructions for the ADA 2012 claim form must be followed for dental claims submitted to MDCH. The paper claim forms may be purchased directly from the ADA at [www.ada.org/7119.aspx](http://www.ada.org/7119.aspx) or through ADA-approved vendors.

### **ADA 2012 New Claim Completion Instructions**

The following fields represent the new completion instructions significant to MDCH claim adjudication:

- **Item 29a. – Diagnosis Pointer**  
Enter the appropriate letter corresponding to the diagnosis entered in Item 34a;
- **Item 29b. – Quantity**  
Enter the number of times (01 – 99) the procedure identified in Item 29 is delivered to the beneficiary on the date of service shown in Item 24;
- **Item 34. – Diagnosis Code List Qualifier**  
Enter B for ICD-9 or AB for ICD-10. This information is required when the diagnosis may impact the adjudication of the claim. Please note: both ICD-9 and ICD-10 diagnosis codes must not be reported on the same claim.

Additional information in regards to the ICD-9 and ICD-10 diagnosis codes can be found in Bulletin 13-33 – Claims Processing Guidance for Implementing the International Classification of Diseases, 10th Edition (ICD-10) and on the MDCH website;

- **Item 34a. – Diagnosis Codes**  
Beginning with field A, enter the ICD-9 or ICD-10 diagnosis when necessary. The new form supports reporting up to four diagnosis codes per dental procedure. This information is necessary when the diagnosis may affect claim adjudication; and

- **Item 38. – Place of Treatment**

Enter the two-digit place-of-service code found in the Current Procedural Terminology (CPT) manual. For additional information regarding proper use of place-of-service codes, refer to the Medicaid Provider Manual. All current codes are available online from the Centers for Medicare and Medicaid Services (CMS).

### **Conversion to the CMS 1500 (Version 02/12)**

The National Uniform Claim Committee (NUCC) standard completion instructions must be followed for the CMS 1500 (version 02/12). The final version of the claim form, with the CMS OMB number in the bottom right-hand corner, is posted on the NUCC website at [www.nucc.org](http://www.nucc.org). Please refer to this website for more information on purchasing the new claim forms.

### **New Adjudication Rule for UB 04**

The National Uniform Billing Committee (NUBC) standard completion instructions for the UB 04 must be followed which includes entering a 9 for ICD-9 or 0 for ICD-10 codes. Effective March 22, 2014, the appropriate ICD-9 qualifier must be reported in field locator 66. Claims received not using the appropriate code qualifier will be returned to the provider for resubmission.

### **Electronic Billing**

Providers are encouraged to bill electronically. Providers interested in submitting claims electronically may contact the Automated Billing Unit via e-mail at [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) for further information on electronic claims and a listing of approved service bureaus. Advantages of electronic billing include decreased errors in claim submission which result in faster turnaround for payment.

### **Medicaid Manual Update**

To further comply with the standardization of all claim formats, MDCH will be removing the step-by-step completion instructions for paper claims from the Medicaid Provider Manual. Instructions that are specific to Medicaid will remain in the manual under the Billing & Reimbursement Chapter Special Billing Instructions Section.

### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**



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