

## **New Paper Claim Forms CMS 1500 & UB04**

### **CMS-1500**

#### **Section 24 (Item Number 24A through 24H – Lines 1-6)**

Report service line information in the non-shaded portion. The top area, which is shaded, should only be used to report supplemental information if required.

#### **Item Number 24C (Emergent Condition Code)**

Report

- “Y” for Emergent admission
- “N” for Non-Emergent admission (prior authorization is required)

#### **Item Number 24I (ID Qualifier – Lines 1-6)**

Enter the two-digit Medicaid qualifier (1D) in the shaded area of 24I.

Report 24I only when different from data recorded in Item Number 33a and 33b (Billing Provider).

#### **Item Number 24J (Rendering Provider ID – Lines 1-6)**

Enter the 9-digit Medicaid legacy provider ID number (the 2-digit provider type code followed by the 7-digit ID number) in the shaded area of 24J.

Enter the 10-digit unique National Provider Identification (NPI) in the non-shaded area of 24J.

Report the Identification Number in Item 24J only when different from data recorded in Item 33a and 33b (Billing Provider).

#### **Item Number 33a (Billing Provider NPI#)**

Enter the 10-digit unique National Provider Identification (NPI) of the billing provider.

#### **Item Number 33b (Billing Provider Other ID#)**

Enter the two-digit Medicaid qualifier (1D) followed by the nine-digit Medicaid legacy provider ID number (the 2-digit provider type code followed by the 7-digit ID number).

## UB-04

### **Form Locator 50 (Payer Name – Lines A-C)**

Enter the Name of the Payer (“Medicaid”, “Medicare”, etc)

- Line A = Primary Payer
- Line B = Secondary Payer
- Line C = Tertiary Payer

### **Form Locator 51 (Health Plan Identification Number – Lines A-C)**

Enter the ID for each payer reported in Form Locator 50.

- For Michigan Medicaid report “D00111”.
- For Medicare report a payer ID beginning with “C” (C00123, C00452, etc.)

### **Form Locator 56 (National Provider Identifier – Billing Provider)**

Enter the 10-digit unique National Provider Identification (NPI) number assigned to the provider submitting the bill.

**NOTE:** Billing provider NPI will not be required by Michigan Medicaid until October 1, 2007.

### **Form Locator 57 (Other Provider Identifier)**

Enter the unique identification number assigned to the provider by the payer reported in Form Locator 50 (Lines A-C). For Michigan Medicaid report the 9-digit Medicaid Provider.

**NOTE:** This field is required by Michigan Medicaid until September 30, 2007.

### **Form Locator 76 (Attending Provider Name and Identifiers)**

**National Provider ID – NPI** – Enter the 10-digit unique National Provider Identification (NPI) number assigned to the attending provider.

**NOTE:** This field is not required by Michigan Medicaid until October 1, 2007.

**Secondary Identifier** –Enter the 9-digit Medicaid Provider ID (the 2-digit provider type code followed by the 7-digit ID number) in the second box following “QUAL”.

**NOTE:** This field is required by Michigan Medicaid until September 30, 2007.

### **Form Locator 77 (Operating Provider Name and Identifiers)**

**National Provider ID – NPI** – Enter the 10-digit unique National Provider Identification (NPI) number assigned to the individual with primary responsibility for performing the surgical procedure(s).

**Secondary Identifier** –Enter the 9-digit Medicaid Provider ID (the 2-digit provider type code followed by the 7-digit ID number) in the second box following “QUAL”.

### **Form Locator 78 – 79 (Other Provider Name and Identifiers)**

**Provider Type Qualifier** – Enter the appropriate Provider Type Qualifier Value (DN = Referring; ZZ = Other Operating; or 82 = Rendering) to identify the other provider being reported.

**National Provider ID** – NPI – Enter the 10-digit unique National Provider Identification (NPI) number assigned to other provider.

**Secondary Identifier** – Enter the 9-digit Medicaid Provider ID (the 2-digit provider type code followed by the 7-digit ID number) in the second box following “QUAL”.