



Bulletin

Michigan Department of Community Health

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Issued: July 1, 2001

Subject: HCFA 1500/837 Professional Claim Format Effective Date

Effective: August 1, 2001

Programs Affected: Medicaid, Children's Special Health Care Services,
State Medical Program

Transition to the 837 Professional ANSI ASCX12N version 3051 Electronic format and the HCFA 1500 paper claim form will be for all claims received on or after August 1, 2001. Do not submit claims in the new formats before August 1, 2001. Your claims will not be paid.

The purpose of this bulletin is to notify providers transitioning to the 837 Professional ANSI ASCX12N version 3051 or Michigan Medicaid interim 4010 electronic format and the HCFA 1500 paper claim form that it will be effective for all claims submitted to the Department of Community Health (DCH) on or after August 1, 2001 regardless of the date of service. This affects professional services rendered by the above providers.

The current proprietary electronic format and the Medicaid unique paper invoice (MHBCF and MSA 1653 for vision providers) will no longer be accepted for any claims submitted on or after August 1, 2001. Providers are encouraged to start cleaning old claims out of their systems so they will be ready for the standard claim form and billing conventions that will be implemented with this Uniform Billing Project.

Policy changes and the use of standard procedure codes will be implemented by date of service for services rendered on and after August 1, 2001. Each provider group should have received a policy bulletin detailing the policy and reporting changes associated with the Uniform Billing Project. The final bulletins can be found on the DCH website at:

http://www.mdch.state.mi.us/msa/mdch_msa/medicaid/

Providers will also be able to access the Medicaid Practitioner Database that will provide a list of all covered procedure codes, fee screens, and other billing indicators for practitioners transitioning to the new formats August 1, 2001.

The key claim completion changes include, but are not limited to, the following:

- Diagnoses reporting
- Use of modifiers
- Dates in eight-digit format (MMDDCCYY)
- Reporting the taxpayer ID# (FE or SSN)
- Reporting the CLIA number for all clinical lab services
- Claim replacement process in place of a claim adjustment
- EOB required for any paper claim that involves Medicare or other insurance
- Two-digit place of service codes
- Reduced documentation requirements
- Elimination of "series billing"

Providers should review Chapter IV, provider manual for healthcare professionals, published in bulletin MSA 01-01 January 2001 and to be updated July 2001. This document can also be found on the DCH website noted above.

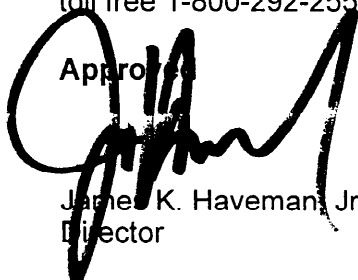
Manual Maintenance

Retain this bulletin for future reference.

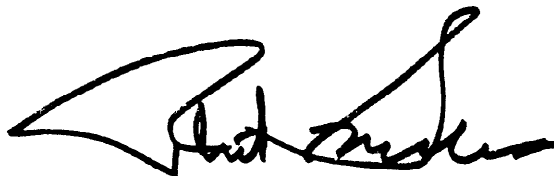
Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@state.mi.us. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved



James K. Haveman, Jr.
Director



Robert M. Smedes
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