

To: MDwise Hoosier Alliance Providers

Subject: How to Prevent the Most Common Reasons for A Rejected CMS 1500 Claim

From: MDwise Hoosier Alliance

Date: 8/23/2011

Submitting a “clean” claim the first time will help ensure that your practice gets paid quickly and accurately. Based on the CMS 1500 claim forms MDwise Hoosier Alliance receives, the difference between an accepted claim and a rejected one often comes down to putting the correct detail in the correct form field. The following is a list of tips to help you avoid the most common reasons for a CMS 1500 claims submission rejection.

- 1. Verify eligibility the same day services are rendered.** By doing so, you’ll know you’re completing the form with the patient’s correct Medicaid Delivery System information.
- 2. We recommend that you include the service address in Field 33.** This can be a bit misleading because the field is worded, “Billing Provider Info & Ph # ().” However, the field should actually include the *billing provider service location* – including ZIP Code +4.
- 3. Include your National Provider Identifier (NPI).** MDwise Hoosier Alliance requires that the applicable fields be completed as instructed by Indiana’s Office of Medicaid Policy and Planning. If you’re a rendering provider, enter your NPI in Field 24J. Group providers should enter the group NPI in Field 33a, in addition to the rendering provider NPI, if applicable.
- 4. Double check your procedure, diagnosis and modifier codes in Field 21, Items 1-4 and in Fields 24D and E.** The diagnosis code(s) you enter in Field 21 should correlate to the procedure code(s) you’ve entered in Field 24D. If the procedure code(s) requires a modifier code, make sure you enter it. Likewise, make sure the diagnosis pointer in Field 24E is a logical extension of the procedure or service code you’ve entered. Refer to the International Classification of Diseases coding system (ICD-9-CM) for guidance:
<http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>.

Sometimes, even with diligent attention to detail, errors do happen. If your submitted claim is rejected because of a form completion error such as the ones listed above, take any of these steps:

- 1. Contact your clearinghouse to verify the accuracy of the rejection.**
- 2. If your clearinghouse cannot help you identify why the claim was rejected, call the MDwise Hoosier Alliance Claims Inquiry Line: 1-800-581-2488 for Hoosier Healthwise claims; 1-800-356-1204 for Healthy Indiana Plan claims.**
- 3. Call your MDwise Hoosier Alliance Account Executive. He or she would be happy to help.**