Billing Manual

Contents

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 1

INTRODUCTION

New Hampshire Healthy Families is a product of Granite State Health Plan, a Managed Care Organization (MC0) contracted with the New Hampshire Department of Health and Human Services (DHHS) to deliver a Care Management program to citizens of New Hampshire eligible for Medicaid benefits and the New Hampshire Health Protection Program. Granite State Health Plan's management company, Centene Corporation (Centene), has been providing comprehensive managed care services to individuals receiving benefits under Medicaid and other government-sponsored healthcare programs for more than 27 years. Centene operates local health plans and offers a wide range of health insurance solutions to individuals. It also contracts with other healthcare and commercial organizations to provide specialty services.

This New Hampshire Healthy Families Billing Manual is a guide to our processes and procedures for claims submission, payment, corrections, reconsiderations, and disputes. For questions regarding claims submission or billing requirements, contact a New Hampshire Healthy Families Provider Services Representative at 1-866-769-3085.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 2

BILLING INFORMATION

New Hampshire Healthy Families is required by State and Federal regulations to capture specific data regarding services rendered to its members. The provider must adhere to all billing requirements in order to ensure timely processing of claims and to avoid unnecessary rejections and/or denials. **Claims will be rejected or denied if not submitted correctly.** In general, New Hampshire Healthy Families follows the CMS (Centers for Medicare & Medicaid Services) billing requirements. For questions regarding billing requirements, contact a New Hampshire Healthy Families Provider Services Representative at 1-866-769-3085.

It is important that providers ensure New Hampshire Healthy Families has accurate billing information on file. Please confirm with our Provider Relations department that the following information is current in our files:
- **Provider name (**as noted on current W-9 form**)**
- **National Provider Identifier (NPI)**
- **Tax Identification Number (TIN)**
- **Taxonomy code**
- **Physical location address (**as noted on current W-9 form**)**
- **Billing name and address**
- **Medicaid Number**

We recommend that providers notify New Hampshire Healthy Families <u>30 days in advance of changes pertaining to billing information</u>. Please submit this information on a W-9 form. Changes to a provider's TIN and/or address are **NOT** acceptable when conveyed via a claim form.

When required data elements are missing or are invalid, claims will be rejected or denied by New Hampshire Healthy Families for correction and re-submission.

- For EDI claims, rejections happen through one of our EDI clearinghouses if the appropriate information is not contained on the claim.

- For paper claims, rejections happen prior to the claims being received in the claims adjudication system and will be sent to the provider with a letter detailing the reason(s) for the rejection.

- Denials happen once the claim has been received into the claims adjudication system and will be sent to the provider via an Explanation of Payment (EOP) or Electronic Remittance Advice (ERA).

Claims for billable services provided to New Hampshire Healthy Families members must be submitted by the provider who performed the services or by the provider's authorized billing vendor.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 3

All claims filed with New Hampshire Healthy Families are subject to verification procedures. These include but are not limited to verification of the following:

- All required fields are completed on the current industry standard paper CMS 1500 Claim Form (HCFA), CMS 1450 (UB-04) Claim Form, or EDI electronic claim format.

    - All inpatient facilities are required to submit a **Present on Admission (POA) indicator** on all claims. Claims will be denied *(or rejected)* if the POA indicator is missing. Please reference the CMS billing guidelines regarding POA for more information and for excluded facility types.

- All Diagnosis, Procedure, Modifier, Location (Place of Service), Revenue, Type of Admission, and Source of Admission Codes are valid for the date of service.

- All Diagnosis, Procedure, Modifier, and Location (Place of Service) Codes are valid for provider type/specialty billing.

    - The following modifiers are required for Physical, Occupational and Speech therapy services per CMS guidelines:

        - GP – Physical Therapy

        - GN – Speech Therapy

        - GO – Occupational Therapy

- All Diagnosis, Procedure, and Revenue Codes are valid for the age and/or sex for the date of the service billed.

- All Diagnosis Codes are to their highest number of digits available Principle Diagnosis billed reflects an allowed Principle Diagnosis as defined in the current volume of ICD-9 CM, or ICD-10 CM for the date of service billed.

    - For a CMS 1500 claim form, this criteria looks at all procedure codes billed and the diagnosis they are pointing to. If a procedure points to the diagnosis as primary and that code is not valid as a primary diagnosis code, that service line will deny.

- National Drug Code (NDC) is billed in the appropriate fields on all claim forms for HCPCS beginning with J, S and Q codes including the number of units associated with the NDC. These requirements pertain to physician outpatient hospital and DME claims.

- **The Member identification number is located in Box 1A of the paper CMS 1500 claim form and Loop ID 2010 BA Segment NM109 of the 837***p.*

- A member is eligible for services under New Hampshire Healthy Families during the time period in which services were provided.

- Appropriate authorizations must be obtained for the services performed.

New Hampshire Healthy Families Provider Services 1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 4

- o ***Note***: New Hampshire Healthy Families is not obligated to pay Out-of-network providers except for emergency, trauma and hemophilia services.

- Providers (whether in or out- of -network) must obtain and provide to New Hampshire Healthy Families, their New Hampshire Medicaid ID numbers.

- Medicare coverage or other third party coverage has been clearly identified and appropriate COB information has been included with the claim submission.

- Required **Consent Forms** must be included with the claim during the time of submission:

  - o Consent forms are located on the New Hampshire Medicaid website at:

    - Sterilization and Hysterectomy Consent Form - https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms

Claim Filing Deadlines

Providers will make best efforts to submit first time claims within 180 days of the date of service, however, claims will not be accepted for payment after 365 days of the date of service for original claims (first time claims) and corrected claims. When New Hampshire Healthy Families is the secondary payer, claims must be received within 365 calendar days from date of service or from the date of disposition (final determination) of the primary payer. Claims received outside of this timeframe will be denied for untimely submission.

All requests for reconsideration or claim disputes must be received within 180 days from the original date of notification of payment or denial but not to exceed 15 months from the date of service. All requests for reconsideration or claim disputes received outside of the 15 month timeframe will not be considered. The original determination will be upheld,, unless a qualifying circumstance is offered and appropriate documentation is provided.   Qualifying circumstances include:

- Catastrophic event that substantially interferes with normal business operations of the provider or damage or destruction of the provider's business office or records by a natural disaster.

- Mechanical or administrative delays or errors by New Hampshire Healthy Families or the New Hampshire Department of Health and Human Services.

- The member was eligible however the provider was unaware that the member was eligible for services at the time services were rendered. Consideration is granted in this situation *only if **all*** of the following conditions are met:

  - o The provider's records document that the member refused or was physically unable to provide their ID card or information.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 5

- o The provider can substantiate that he continually pursued reimbursement from the patient until eligibility was discovered
- o The provider can substantiate that a claim was filed within 180 days of discovering Plan eligibility
- o The provider has not filed a claim for this member prior to the filing of the claim under review

Claim Requests for Corrected Claims, Reconsideration and Claim Disputes

Corrected claims must be submitted within 365 days from the date of service. All claim requests for reconsiderations and claim disputes must be received within 180 days from date of original notification of payment or denial but not to exceed 15 months from the date of service.

If a provider has a question or is not satisfied with the information they have received related to a claim, there are five effective ways in which the provider can contact New Hampshire Healthy Families.

1. Review the claim in question on the secure Provider Portal:
   - Participating providers, who have registered for access to the secure provider portal, can access claims to obtain claim status, submit claims or submit a corrected claim.

2. Contact a New Hampshire Healthy Families Provider Service Representative at 1-866-769-3085:
   - Providers may inquire about claim status, payment amounts or denial reasons. A provider may also make a simple request for further claim review by clearly explaining the reason the claim is not adjudicated correctly.

3. Submit Corrected Claim to New Hampshire Healthy Families:
   - Corrected claims must clearly indicate they are corrected in one of the following ways:
     - o Submit corrected claim via the secure Provider Portal
       - ▪ Follow the instructions on the portal for submitting a correction
     - o Submit corrected claim electronically via Clearinghouse
       - ▪ Institutional Claims (UB): Field CLM05-3 = 7 and REF*F8 = Original Claim Number
       - ▪ Professional Claims (HCFA): Field CLM05-3 = 6 and REF*F8 = Original Claim Number
     - o Mail corrected claims to:
       New Hampshire Healthy Families
       Attn: Corrected Claim
       PO Box 4060

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 6

Farmington MO 63640-3831
- Paper claims **include the original EOP with the resubmission.**
- Failure to include the EOP may result in the claim being denied as a duplicate, a delay in the reprocessing, or denial for exceeding the timely filing limit.

4. Submit a "Request for Reconsideration" to New Hampshire Healthy Families :
   - A request for reconsideration is a written communication (i.e. a letter) from the provider about a disagreement with the manner in which a claim was processed, but does not require a claim to be corrected and does not require medical records.
   - The request must include sufficient identifying information which includes, at a minimum, the patient name and patient ID number, date of service, total charges, and provider name.
   - The documentation must also include a detailed description of the reason for the request.
   - Mail Requests for Reconsideration to:

     New Hampshire Healthy Families
     Attn: Reconsideration
     PO Box 4060
     Farmington, MO 63640-3831

5. Submit a "Claim Dispute Form" to New Hampshire Healthy Families :
   - A claim dispute should be used only when a provider has received an unsatisfactory response to a request for reconsideration.
   - The Claim Dispute Form is located on the New Hampshire Healthy Families provider website at www.nhhealthyfamilies.com.
   - To expedite processing of your dispute, please include the original Request for Reconsideration letter and the response.

Mail your "Claim Dispute Form" and all other attachments to:

New Hampshire Healthy Families
Attn: Claim Dispute
PO Box 3000
Farmington, MO 63640-3800

Failure to submit to the correct address may result in delays or incorrect claims processing.

If the Provider's call, the corrected claim, the request for reconsideration or the claim dispute results in an adjusted claim, the provider will receive a revised Explanation of Payment (EOP). If the original decision is upheld, the provider will receive a revised EOP or letter detailing the decision and steps for escalated reconsideration.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 7

New Hampshire Healthy Families shall process all corrected claims, and finalize requests for reconsideration and claim dispute to a paid or denied status within 30 calendar days of receipt.

Claim Payment
Clean claims will be processed (finalized as paid or denied) at the following levels:
- 95% of clean claims within 30 business days of receipt.
- 100% of clean claims within 60 business days of receipt

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 8

PROCEDURES FOR ELECTRONIC SUBMISSION

Electronic Data Interchange (EDI) allows faster, more efficient and cost-effective claim submission for providers. EDI, performed in accordance with nationally recognized standards, supports the healthcare industry's efforts to reduce administrative costs.

The benefits of billing electronically include:

- Reduction of overhead and administrative costs:
  - o Eliminates the need for paper claim submission
  - o Reduces claim re-work (adjustments)
- Receipt of clearinghouse reports as proof of claim receipt
- Faster transaction time for claims submitted electronically
- Validation of data elements on the claim format

All the same requirements for paper claim filing apply to electronic claim filing. Claims not submitted correctly or not containing the required field data will be rejected or denied.

Electronic Claim Submission

Providers are encouraged to participate in New Hampshire Healthy Families' Electronic Claims/Encounter Filing Program through Centene. New Hampshire Healthy Families (Centene) has the capability to receive an ANSI X12N 837 professional, institution or encounter transaction. In addition, New Hampshire Healthy Families (Centene) has the capability to generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP). For more information on electronic filing, contact:

New Hampshire Healthy Families
Centene EDI Department
1-800-225-2573, extension 25525
Or by e-mail at: EDIBA@centene.com

Providers who bill electronically are responsible for filing claims within the same filing deadlines as providers filing paper claims. Providers who bill electronically *must monitor their error reports and evidence of payments* to ensure all submitted claims and encounters appear on the reports.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 9

Electronic Secondary Claims

New Hampshire Healthy Families has the ability to receive coordination of benefit (COB or Secondary) claims electronically. The field requirements for successful electronic COB submission are below (5010 Format):

COB Field Name The below should come from the primary payer's Explanation of Payment	837I - Institutional EDI Segment and Loop	837P - Professional EDI Segment and Loop
COB Paid Amount	If 2320/AMT01=D, MAP AMT02 or 2430/SVD02	If 2320/AMT01=D, MAP AMT02 or 2430/SVD02
COB Total Non Covered Amount	If 2320/AMT01 = A8 map AMT02	If 2320/AMT01 =A8, map AMT02
COB Remaining Patient Liability	If 2300/CAS01 = PR, map CAS03 Note: this segment can have 6 occurrences. Loop2320/AMT01=EAF, map AMT02 which is the sum of all of CAS03 with CAS01 segments presented with a PR	If 2320/AMT01 = EAF, map AMT02
COB Paid Amount		If 2320/AMT01 = F5, map AMT02
COB Patient Paid Amount Estimated	If 2300/AMT01=**F3**, map AMT02	
Total Claim Before Taxes Amount	If 2400/AMT01 = **N8**, map AMT02	If 2320/AMT01 = **T**, map AMT02
COB Claim Adjudication Date	IF 2330B/DTP01 = 573, map DTP03	IF 2330B/DTP01 = 573, map DTP03
COB Claim Adjustment Indicator	IF 2330B/REF01 = T4, map REF02	IF 2330B/REF01 = T4, map REF02

Data Record Requirements

Claims transmitted electronically must contain all the same data elements identified within the Claim Filing section of this manual. Please contact the clearinghouse you intend to use and ask if they require additional data record requirements. The Companion Guide is located on New Hampshire Healthy Families' website at www.NHhealthyfamilies.com

Electronic Claim Flow

In order to send claims electronically to New Hampshire Healthy Families, all EDI claims must first be forwarded to one of New Hampshire Healthy Families' clearinghouses. This can be completed via a direct submission to a clearinghouse or through another EDI clearinghouse.

Once the clearinghouse receives the transmitted claims, they are validated against their proprietary specifications and Plan specific requirements. Claims not meeting the requirements are immediately rejected and sent back to the sender via a clearinghouse error report. **It is very important to review this error report daily to identify any claims that were not transmitted to New Hampshire Healthy Families**. The name of this

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 10

report can vary based upon the provider's contract with their intermediate EDI clearinghouse. Claims rejected by the clearinghouse must be corrected and resubmitted within the timely filing deadline. Accepted claims are passed to New Hampshire Healthy Families, and the clearinghouse returns an acceptance report to the sender immediately.

Claims forwarded to New Hampshire Healthy Families by a clearinghouse are validated against provider and member eligibility records. Claims that do not meet provider and/or member eligibility requirements are rejected and sent back on a daily basis to the clearinghouse. The clearinghouse in turn forwards the rejection back to its trading partner (the intermediate EDI clearinghouse or provider). **It is very important to review this report daily.** The report shows rejected claims and these claims must be reviewed and corrected timely.

Claims passing eligibility requirements are then passed to the claim processing queues.

Since the clearinghouse returns acceptance reports directly to the sender, submitted claims not accepted by the clearinghouse are not transmitted to New Hampshire Healthy Families. Providers are responsible for verification of EDI claims receipts. Acknowledgements for accepted or rejected claims received from the clearinghouse must be reviewed and validated against transmittal records daily.

If you would like assistance in resolving submission issues reflected on either the acceptance or claim status reports, please contact your clearinghouse or vendor customer service department.

Invalid Electronic Claim Record Rejections/Denials

All claim records sent to New Hampshire Healthy Families must first pass the clearinghouse proprietary edits and Plan-specific edits prior to acceptance. Claim records that do not pass these edits are invalid and will be rejected without being recognized as received by New Hampshire Healthy Families. In these cases, the claim must be corrected and re-submitted within the required filing deadline of 365 calendar days from the date of service. It is important that you review the acceptance or claim status reports received from the clearinghouse in order to identify and re-submit these claims accurately.

Questions regarding electronically submitted claims should be directed to our EDI BA Support at 1-800-225-2573 Ext. 25525 or via e-mail at EDIBA@centene.com. If you are prompted to leave a voice mail, you will receive a return call within 24 business hours.

The New Hampshire Healthy Families Companion Guides for electronic billing are available on our website at www.NHhealthyfamilies.com See section on electronic claim filing for more details.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 11

Exclusions

Excluded Claim Categories
- Excluded from EDI Submission Options - Must be Filed Paper - Applies to Inpatient and Outpatient Claim Types
Claim records requiring supportive documentation or attachments (i.e., consent forms) Note: **COB claims can be filed electronically**, but if they are not, the primary payer EOB must be submitted with the paper claim.
Medical records to support billing miscellaneous codes
Claim for services that are reimbursed based on purchase price (e.g. custom DME, prosthetics) Provider is required to submit the invoice with the claim.
Claim for services requiring clinical review (e.g. complicated or unusual procedure) Provider is required to submit medical records with the claim.
Claim for services requiring documentation and a Certificate of Medical Necessity (e.g. Oxygen, Motorized Wheelchairs)

Electronic Billing Inquiries

Please direct inquiries as follows:

Action	Contact
Clearinghouses Submitting Directly to New Hampshire Healthy Families	Availity Emdeon Gateway EDI SDS SSI
New Hampshire Healthy Families Payer ID	68069 NOTE: Please reference the vendor provider manuals at www.newhampshirehealthyfamilies.com for their individual payer ID's.
General EDI Questions:	Contact EDI Support at 1-800-225-2573 Ext. 25525 or (314) 505-6525 or via e-mail at EDIBA@centene.com.
Claims Transmission Report Questions:	Contact your clearinghouse technical support area.
Claim Transmission Questions (Has my claim been received or rejected?):	Contact EDI Support at 1-800-225-2573 Ext. 25525 or via e-mail at EDIBA@centene.com.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 12

Action	Contact
Remittance Advice Questions:	Contact New Hampshire Healthy Families Provider Services at 1-866-769-3085 or the secure Provider Portal at www.NHHealthyFamilies.com
Provider Payee, UPIN, Tax ID, Payment Address Changes:	Contact New Hampshire Healthy Families Provider Services at 1-866-769-3085

Important Steps to a Successful Submission of EDI Claims

1. Select clearinghouse to utilize.

2. Contact the clearinghouse to inform them you wish to submit electronic claims to New Hampshire Healthy Families.

3. Inquire with the clearinghouse what data records are required.

4. Verify with Provider Relations at New Hampshire Healthy Families that the provider is set up in the New Hampshire Healthy Families system before submitting EDI claims.

5. You will receive two reports from the clearinghouse. ALWAYS review these reports daily. The first report will be a report showing the claims that were accepted by the clearinghouse and are being transmitted to New Hampshire Healthy Families and those claims not meeting the clearinghouse requirements. The second report will be a claim status report showing claims accepted and rejected by New Hampshire Healthy Families. ALWAYS review the acceptance and claim status reports for rejected claims. If rejections are noted correct and resubmit.

6. MOST importantly, all claims must be submitted with provider identifying numbers. See the CMS 1500 and UB-04 claim form instructions and claim forms for details. *NOTE*:   Provider identification number validation is not performed at the clearinghouse level. The clearinghouse will reject claims for provider information only if the fields are empty.

EFT and ERA

New Hampshire Healthy Families partners with PaySpan to provide Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) to its participating providers. EFT and ERA services help providers reduce costs, speed secondary billings, and improve cash flow by enabling online access of remittance information, and straight forward reconciliation of payments. As a provider, you can gain the following benefits from using EFT and ERA:

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 13

- Reduce accounting expenses – Electronic remittance advices can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying
- Improve cash flow – Electronic payments mean faster payments, leading to improvements in cash flow
- Maintain control over bank accounts – You keep TOTAL control over the destination of claim payment funds and multiple practices and accounts are supported
- Match payments to advices quickly – You can associate electronic payments with electronic remittance advices quickly and easily
- For more information on our EFT and ERA services, please visit our website at www.NHHealthyFamilies.com, contact Provider Services at 1-866-769-3085 or directly contact PaySpan at 1-877-331-7154.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 14

PROCEDURES FOR ONLINE CLAIM SUBMISSION

For providers who have internet access and choose not to submit claims via EDI or paper, New Hampshire Healthy Families has made it easy and convenient to submit claims directly to us on our secure provider portal at www.NHhealthyfamilies.com

You must request access to our secure site by registering for a user name and password and you must select the Claims Role Access module. To register, please go directly to www.NHhealthyfamilies.com. If you have technical support questions, please contact Provider Services at 1-866-769-3085.

Once you have access to the secure portal you may file first time claims individually or submit first time batch claims. You will also have the capability to find, view, and correct any previously processed claims.

PAPER CLAIM SUBMISSION REQUIREMENTS

Submit claims to New Hampshire Healthy Families at the following address:

First Time Claims, Corrected Claims, and Requests for Reconsiderations:
New Hampshire Healthy Families
Claim Processing Department
P. O. Box 4060
Farmington, MO 63640-3831

Claim Dispute Forms:
New Hampshire Healthy Families
Claim Processing Department
P. O. Box 3000
Farmington, MO 63640-3800

Failure to submit to the correct address may result in delays or incorrect claims processing.

New Hampshire Healthy Families encourages all providers to submit claims electronically. Our Companion Guides for electronic billing are available on our website at www.NHHealthyFamilies.com.

Documentation Required with Claims:
- Medical records are required for miscellaneous codes

_____
New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 15

CLAIM FORM REQUIREMENTS

Claim Forms

New Hampshire Healthy Families only accepts the CMS 1500 and CMS UB-04 paper claim forms. Other claim form types will be rejected and returned to the provider.

Professional providers and medical suppliers complete the CMS 1500 form and institutional providers complete the CMS UB-04 claim form. New Hampshire Healthy Families does not supply claim forms to providers. Providers should purchase these from a supplier of their choice. All paper claim forms must be typed or printed and in the original red and white version to ensure clean acceptance and processing. Black and white and handwritten forms will not be accepted. Paper claims must be typed or printed with 10 or 12 size Times New Roman font with **NO** highlighting, italics, or bold text. To reduce document imaging time, please refrain from utilizing staples for attaching multiple page documents.. If you have questions regarding what type of form to complete, contact New Hampshire Healthy Families Provider Services at 1-866-769-3085.

Coding of Claims/Billing Codes

New Hampshire Healthy Families requires claims to be submitted using codes from the current version of ICD-9-CM, ICD-10, ASA, DRG, CPT4, and HCPCS Level II for the date the service was rendered. These requirements may be amended to comply with federal and state regulations as necessary. Below are some code related reasons a claim may reject or deny:

- Code billed is missing, invalid, or deleted at the time of service
- Code inappropriate for the age or sex of the member
- Diagnosis code missing the 4th or 5th digit as appropriate
- Procedure code is pointing to a diagnosis that is not appropriate to be billed as primary
- Code billed is inappropriate for the location or specialty billed
- Code billed is a part of a more comprehensive code billed on same date of service

Written descriptions, itemized statements, and invoices may be required for non-specific types of claims or at the request of New Hampshire Healthy Families.

For more information regarding billing contact a New Hampshire Healthy Families Provider Services Representative at 1-866-769-3085.

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 16

Claims Mailing Instructions

First Time Claims, Corrected Claims, and Requests for Reconsiderations:

New Hampshire Healthy Families
Claim Processing Department
P. O. Box 4060
Farmington, MO 63640-3831

Claim Dispute Forms:
New Hampshire Healthy Families
Claim Processing Department
P. O. Box 3000
Farmington, MO 63640-3800

Failure to submit to the correct address may result in delays or incorrect claims processing.

New Hampshire Healthy Families encourages all providers to submit claims electronically. Our Companion Guides to billing electronically are available on our website at www.NHHealthyFamilies.com.

Code Auditing and Editing

New Hampshire Healthy Families uses code-auditing software to assist in improving accuracy and efficiency in claims processing, payment and reporting, as well as meeting HIPAA compliance regulations. The software will detect, correct, and document coding errors on provider claims prior to payment by analyzing CPT, HCPCS, modifier, and place of service codes. Claims billed in a manner that does not adhere to the standards of the code editing software will be denied.

The code editing software contains a comprehensive set of rules addressing coding inaccuracies such as unbundling, fragmentation, up-coding, duplication, invalid codes, and mutually exclusive procedures. The software offers a wide variety of edits that are based on:

- American Medical Association (AMA) – the software utilizes the CPT Manuals, CPT Assistant, CPT Insider's View, the AMA web site, and other sources.
- Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) which includes column 1/column 2, mutually exclusive and outpatient code editor (OCE0 edits). In addition to using the AMA's CPT manual, the NCCI coding policies are based on national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

_____
New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 17

- Public-domain specialty society guidance (i.e., American College of Surgeons, American College of Radiology, American Academy of Orthopedic Surgeons).
- Clinical consultants who research, document, and provide edit recommendations based on the most common clinical scenario.
- In addition to nationally-recognized coding guidelines, the software has added flexibility to its rule engine to allow business rules that are unique to the needs of individual product lines.

The following provides conditions where the software will make a change on submitted codes:

Unbundling of Services – Identifies Services That Have Been Unbundled

Example: Unbundling lab panels. If component lab codes are billed on a claim along with a more comprehensive lab panel code that more accurately represents the service performed, the software will bundle the component codes into the more comprehensive panel code. The software will also deny multiple claim lines and replace those lines with a single, more comprehensive panel code when the panel code is not already present on the claim.

Code	Description	Status
80053	Comprehensive Metabolic Panel	Disallow
85025	Complete CBC, automated and automated & automated differential WBC count	Disallow
84443	Thyroid Stimulating Hormone	Disallow
80050	General Health Panel	Allow

Explanation: 80053, 85025 and 84443 are included in the lab panel code 80050 and therefore are not separately reimbursable. Those claim lines containing the component codes are denied and only the comprehensive lab panel code is reimbursed.

Code	Description	Status
80053	Comprehensive Metabolic Panel	Disallow
85025	Complete CBC, automated and automated & automated differential WBC count	Disallow
84443	Thyroid Stimulating Hormone	Disallow
80050	General Health Panel	Add

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 18

Explanation: 80053, 85025 and 84443 are included in the lab panel code 80050 and therefore are not separately reimbursable. Those claim lines containing the component codes are denied and CPT code 80050 is added to a new service line and recommended for reimbursement.

Bilateral Surgery – Identical Procedures Performed on Bilateral Anatomical Sites During Same Operative Session:

Example:

Code	Description	Status
69436 DOS=01/01/10	Tympanostomy	Disallow
69436 50 DOS=01/01/10	Tympanostomy billed with modifier 50 (bilateral procedure)	Allow

Explanation: identifies the same code being billed twice, when reimbursement guidelines require the procedure to be billed once with a bilateral modifier. These should be billed on one line along with modifier 50 (bilateral procedure).
Note: Modifiers RT (right), or LT (left) should not be billed for bilateral procedures

Duplicate Services – Submission of Same Procedure More than Once on Same Date of Service That Cannot Be or Are Normally Not Performed More Than Once on Same Day:

Example: Excluding a Duplicate CPT

Code	Description	Status
72010	Radiologic exam, spine, entire, survey study, anteroposterior & lateral	Allow
72010	Radiologic exam, spine, entire, survey study, anteroposterior & lateral	Disallow

Explanation:
- Procedure 72010 includes radiologic examination of the lateral and anteroposterior views of the entire spine that allow views of the upper cervical vertebrae, the lower cervical vertebrae, the thoracic vertebrae, the lumbar vertebrae, the sacrum, and the coccyx.
- It is clinically unlikely that this procedure would be performed twice on the same date of service.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 19

Evaluation and Management Services (E/M) – Submission of E/M Service either Within a Global Surgery Period or on the Same Date of Service as another E/M Service:

Global Surgery:

Procedures that are assigned a 90-day global surgery period are designated as *major* surgical procedures; those assigned a 10-day or 0-day global surgery period are designated as *minor* surgical procedures.

- Evaluation and management services, submitted with major surgical procedures (90-day) and minor surgical procedures (10-day), are not recommended for separate reporting because they are part of the global service.
- Evaluation and management services, submitted with minor surgical procedures (0-day), are *not* recommended for separate reporting or reimbursement because these services are part of the global service unless the service is a service listed on the New Hampshire Fee Schedule with an asterisk.

Example: Global Surgery Period

Code	Description	Status
27447 DOS=05/20/09	Arthroplasty, knee, condoyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty).	Allow
99213 DOS=06/02/09	Office or other outpatient visit for the evaluation and management of an EST patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling & coordination of care w/other providers or agencies are provided consistent w/nature of problem(s) & patient's &/or family's needs. Problem(s) are low/moderate severity. Physicians spend 15 minutes face-to-face w/patient &/or family.	Disallow

Explanation:

- Procedure code 27447 has a global surgery period of 90 days.
- Procedure code 99213 is submitted with a date of service that is within the 90-day global period.
- When a substantial diagnostic or therapeutic procedure is performed, the evaluation and management service is included in the global surgical period.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 20

Example: E/M with Minor Surgical Procedures

Code	Description	Status
11000 DOS=01/23/10	Debridement of extensive eczematous or infected skin; up to 10% of body surface.	Allow
99213 DOS=01/23/10	Office or other outpatient visit for the evaluation and management of an EST patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent w/ nature of problem(s) and patient's and/or family's needs. Problem(s) are low/moderate severity. Physicians spend 15 minutes face-to-face with patient and/or family.	Disallow

Explanation:

- Procedure 11000 (0-day global surgery period) is identified as a minor procedure.
- Procedure 99213 is submitted with the same date of service.
- When a minor procedure is performed, the evaluation and management service is considered part of the global service.

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 21

<u>Same Date of Service</u>

One evaluation and management service is recommended for reporting on a single date of service.

Example: Same Date of Service

Code	Description	Status
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent w/ nature of problem(s) and patient's and/or family's needs. Usually, problem(s) are moderate/high severity. Physicians spend 40 minutes face-to-face with patient and/or family.	Allow
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling/coordination of care with other providers or agencies are provided consistent with nature of problem(s) and patient's/family's needs. Presenting problem(s) are low severity. Physicians spend 30 minutes face-to-face with patient/family.	Disallow

Explanation:
- Procedure 99215 is used to report an evaluation and management service provided to an established patient during a visit.
- Procedure 99242 is used to report an office consultation for a new or established patient.
- Separate reporting of an evaluation and management service with an office consultation by a single provider indicates a duplicate submission of services. Interventions, provided during an evaluation and management service, typically include the components of an office consultation

NOTE:

Modifier -24 is used to report an unrelated evaluation and management service by the same physician during a post-operative period.

Modifier -25 is used to report a significant, separately identifiable evaluation and management service by the same physician on the same day of a procedure.

Modifier -79 is used to report an unrelated procedure or service by the same physician during the post-operative period.

When modifiers -24 and -25 are submitted with an evaluation and management

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 22

service on the same date of service or during the post-operative period by the same physician, the evaluation and management service is questioned and a review of additional information is recommended.

Modifiers – Codes Added to the Main Procedure Code to Indicate the Service Has Been Altered by a Specific Circumstance:

Modifier -26 (professional component)

Definition: Modifier -26 identifies the professional component of a test or study.

- If modifier -26 is not valid for the submitted procedure code, the procedure code is not recommended for separate reporting.
- When a claim line is submitted without the modifier -26 in a facility setting (for example, POS 21, 22, 23, 24), the rule will replace the service line with a new line with the same procedure code and the modifier -26 appended.

Example:

Code	Description	Status
78278 POS=Inpatient	Acute gastrointestinal blood loss imaging	Disallow
78278-26 POS=Inpatient	Acute gastrointestinal blood loss imaging	Allow

Explanation:

- Procedure code 78278 is valid with modifier -26.
- Modifier -26 will be added to procedure code 78278 when submitted without modifier -26.

Modifier -80, -81, -82, and -AS (assistant surgeon)

Definition: This edit identifies claim lines containing procedure codes billed with an assistant surgeon modifier that typically do not require an assistant surgeon.

Many surgical procedures require aid in prepping and draping the patient, monitoring visualization, keeping the wound clear of blood, holding and positioning the patient, and assisting with wound closure and/or casting (if required). This assistance does not require the expertise of a surgeon. A qualified nurse, orthopedic technician, or resident physician can provide the necessary assistance.

Example:

Code	Description	Status
42820-81	Tonsillectomy and adenoidectomy; under age 12	Disallow

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 23

Explanation:
- Procedure code 42820 is not recommended for Assistant Surgeon reporting because a skilled nurse or surgical technician can function as the assistant.

CPT® Category II Codes

CPT Category II Codes are supplemental tracking codes developed to assist in the collection and reporting of information regarding performance measurement, including HEDIS. Submission of CPT Category II Codes allows data to be captured at the time of service and may reduce the need for retrospective medical record review.

Uses of these codes are optional and are not required for correct coding. They may not be used as a substitute for Category I codes. However, as noted above, submission of these codes can minimize the administrative burden on providers and health plans by greatly decreasing the need for medical record review.

Code Editing Assistant

A web-based code auditing reference tool designed to "mirror" how New Hampshire Healthy Families code auditing product(s) evaluate code combinations during the auditing of claims is available for participating providers via the secure provider portal. This allows New Hampshire Healthy Families to share with our contracted providers the claim auditing rules and clinical rationale we use to pay claims. You can access the tool in the Claims Module by clicking "Claim Auditing Tool."

This tool offers many benefits:

- *Prospectively* access the appropriate coding and supporting clinical edit clarifications for services *before* claims are submitted

- *Proactively* determine the appropriate code/code combination representing the service for accurate billing purposes

The tool will review what was entered and will determine if the code or code combinations are correct based on the age, sex, location, modifier (if applicable), or other code(s) entered.

The Code Editing Assistant is intended for use as a 'what if' or hypothetical reference tool. It is meant to apply coding logic only. The tool does not take into consideration historical claims information which may have been used to determine an edit. The tool assumes all CPT codes are billed on a single claim.

The tool will not take into consideration individual fee schedule reimbursement, authorization requirements or other coverage considerations.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 24

REJECTIONS VS. DENIALS

All paper claims sent to the claims office must first pass specific HIPAAedits prior to acceptance. Claim records that do not pass these HIPAA edits are invalid and will be rejected or denied.

REJECTION:

A **REJECTION** is defined as an unclean claim that contains invalid or missing data elements required for acceptance of the claim into the claim processing system. These data elements are identified in the Companion Guide located on the website at www.nhhealthyfamilies.com. A comprehensive list of rejections with explanations can be located found in Appendix 1. Rejections will not enter our claims adjudication system, so there will be no Explanation of Payment (EOP) for these claims. The provider will receive a letter or a rejection report if the claim was submitted electronically. If a paper claim has been rejected, the provider should submit the rejection letter with the corrected claim.

DENIAL:

If all edits pass and the claim is accepted, it will then be entered into the system for processing. A **DENIAL** is defined as a claim that has passed edits and is entered into the system, however has been billed with invalid or inappropriate information causing the claim to deny. An EOP will be sent that includes the denial reason. A comprehensive list of common delays and denials can be found listed below with explanations in Appendix 2.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 25

APPENDIX LISTING

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 26

APPENDIX I: COMMON CAUSES OF UPFRONT REJECTIONS

- **Unreadable Information** - The ink is faded, too light, or too bold (bleeding into other characters or beyond the box), the font is too small..

- **Member Date of Birth** is missing or invalid

  o Check the provider section of the plans website, providers may log in and review members eligibility,

- **Member Name or Identification Number** is missing or invalid

  o Check the provider section of the plan website, providers may log in and review members eligibility

- Member not valid for dates of Service

  o Check the provider section of the plan website, providers may log in and review members eligibility

- **Provider Name, Taxpayer Identification Number (TIN), or National Practitioner Identification (NPI) Number** is missing or invalid

  o Required when submitting the following levels: referring, attending, rendering, operating, billing, facility, and other.

- **Attending Provider** information missing from Loop 2310A on Institutional claims when CLM05-1 (Bill Type) is 11, 12, 13, 21, 22 or 72 or missing from box 48 on the paper UB claim form

- **Date of Service** is not prior to the received date of the claim (future date of service)

- **Date of Service or Date Span** is missing from required fields

  o Example: "Statement From" or "Service From" dates

- **Type of Bill** is missing or invalid

  o **When type of bill indicates an adjustment the original claim number must be submitted in field64 on UB 04**

- **Diagnosis Code** is missing, invalid, or incomplete

- **Service Line Detail** is missing

- **Date of Service** is prior to member's effective date

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 27

- **Admission Date is missing** (Inpatient/Outpatient Facility Claims – UB-04, field 12)

- Admission hour is missing (Inpatient/Outpatient Facility Claims – UB-04, field 13)

- **Admission Type** is missing or invalid (Inpatient/Outpatient Facility Claims – UB-04, field)

- **Admission Source is missing** (Inpatient/Outpatient Facility Claims – UB-04, field 15)

- **Discharge hour is missing** (Inpatient Final billing Facility Claims – UB-04, field 18)

- **Patient Status** is missing or invalid (Inpatient/Outpatient Facility Claims – UB-04, field)**Occurrence Code/Date** is missing or invalid

- **Revenue Code** is missing or invalid

- **CPT/Procedure Code** is missing or invalid

    o **Required for each service line completed on HCFA 1500**

- **Incorrect Claim Form used**

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 28

APPENDIX II: COMMON CAUSES OF CLAIMS PROCESSING DELAYS AND DENIALS

- **Diagnosis Code** is missing the 4th or 5th digit
    - o **Diagnosis codes must be in order and no field may be skipped**
- **Procedure** or **Modifier Codes** entered are invalid or missing
    - o **This includes GN, GO or GP modifier for therapy services**
- **DRG** code is missing or invalid
- **Explanation of Benefits (EOB)** from the primary insurer is missing or invalid
- **Third Party Liability** (TPL) information is missing or invalid
- **Member ID** is missing or invalid
    - o **Check the provider section of the plans website, providers may log in and review members eligibility**
- **Place of Service Code** is missing or invalid
- **Provider TIN and NPI** does not match, missing or invalid
- **Revenue Code** is missing or invalid
- **Dates of Service** span do not match the listed days/units
- **Physician Signature** is missing or invalid
- **Tax Identification Number (TIN)** is missing or invalid
- **NDC Code, Units and base of measurement** missing or invalid for drug codes
    - o **When submitting NDC the standard format for paper must be used with qualifier N4 NDC number quantity and type**
        - ▪ **Valid types**
            - • **F2 – International Unit**
            - • **GR – Gram**
            - • **ME – Milligram**
            - • **ML – Milliliter**
            - • **UN - Unit**

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 29

APPENDIX III: COMMON EOP DENIAL CODES AND DESCRIPTIONS

See the bottom of your paper EOP for the updated and complete description of all explanation codes associated with your claims.
Electronic EOP will use standard HIPAA denial codes.

CODE	DESCRIPTION
07	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S SEX
09	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE
10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S SEX
18	DENY: DUPLICATE CLAIM/SERVICE
28	DENY: COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED
29	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED
35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED
46	DENY: THIS SERVICE IS NOT COVERED
50	DENY:NOT A MCO COVERED BENEFIT
86	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE
99	DENY:MISC/UNLISTED CODES CAN NOT BE PROCESSED W/O DESCRIPTION/REPORT
1K	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT
3D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 4TH DIGIT PLEASE RESUBMIT
4D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT
9M	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS
A1	DENY: AUTHORIZATION NOT ON FILE
BG	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT
BI	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL
CF	DENY: WAITING FOR CONSENT FORM
DS	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS
DW	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT
DX	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE.
EC	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT
HQ	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY WITH CONSENT FORM
IM	DENY: RESUBMIT WITH CORRECT MODIFIER
L6	DENY: BILL PRIMARY INSURER 1ST. RESUBMIT WITH EOB.
LO	DENY: CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT.
MG	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT
MO	MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE.
MQ	DENY: MEMBER NAME/NUMBER/DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT
NT	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT
U1	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS
VI	GLOBAL FEE PAID
x3	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE
x4	PROCEDURE CODE/ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER
x5	PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE
x6	ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE
x7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE
x8	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED
x9	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED
xa	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE
xb	PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA
xc	PROCEDURE/DIAGNOSIS CODE DELETED, INCOMPLETE OR INVALID
xd	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER
xe	PROCEDURE CODE INCONSISTENT WITH MEMBER'S AGE
xf	MAXIMUM ALLOWANCE EXCEEDED
xh	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE
xp	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM
xq	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE
Y6	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W/PRIME'S ORIGINAL EOB
ye	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS
ZC	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 30

APPENDIX IV: INSTRUCTIONS FOR SUPPLEMENTAL INFORMATION

CMS-1500 Form, Shaded Field 24A-G

The following types of supplemental information are accepted in the shaded claim line of the CMS 1500 form field 24A-G:

- Anesthesia duration
- Narrative description of unspecified/miscellaneous/unlisted codes
- National Drug Codes (NDC) for drugs
- Vendor Product Number–Health Industry Business Communications Council (HIBCC)
- Product Number Health Care Uniform Code Council–Global Trade Item Number (GTIN), formerly Universal Product Code (UPC) for products

The following qualifiers are to be used when reporting these services.

7 Anesthesia information

ZZ Narrative description of unspecified/miscellaneous/unlisted codes

N4 National Drug Codes (NDC)
The following qualifiers are to be used when reporting NDC units:
F2 International Unit
GR Gram
ME Milligram

ML Milliliter
UN Unit

OZ Product Number Health Care Uniform Code Council – Global Trade Item Number (GTIN)

VP Vendor Product Number- Health Industry Business Communications Council (HIBCC) Labeling Standard

To enter supplemental information, begin at 24A by entering the qualifier and then the information. Do not enter a space between the qualifier and the supplemental information. Do not enter hyphens or spaces within the NDC, HIBCC, or GTIN number/code.

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 31

When reporting a service that does not have a qualifier, enter two blank spaces before entering the information.

More than one supplemental item can be reported in a single shaded claim line **IF** the information is related to the un-shaded claim line item it is entered on. When entering more than one supplemental item, enter the first qualifier at the start of 24A followed by the number, code, or other information. Do not enter a space between the qualifier and the supplemental information. Do not enter hyphens or spaces within the NDC, HIBCC, or GTIN number/code. After the entry of the first supplemental item, enter three blank spaces and then the next qualifier and number, code, or other information. Do not enter a space between the qualifier and the supplemental information. Do not enter hyphens or spaces within the NDC, HIBCC, or GTIN number/code.

Examples:

Anesthesia

24. A. DATE(S) OF SERVICE	B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.	F.	G.	H.	I.	J.
7Begin 1315 End 1445 Time 90 minutes								NPI	

Unlisted, Non-specific, or Miscellaneous CPT or HCPC Code

24. A. DATE(S) OF SERVICE	B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.	F.	G.	H.	I.	J.
ZZLaparoscopic Ventral Hernia Repair Op Note Attached								NPI	

Vendor Product Number- HIBCC

24. A. DATE(S) OF SERVICE	B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.	F.	G.	H.	I.	J.
VPA123ABC7D9E1F								NPI	

Product Number Health Care Uniform Code Council – GTIN

24. A. DATE(S) OF SERVICE	B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.	F.	G.	H.	I.	J.
OZ01234567891112								NPI	

NDC CODE

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N459148001665 UN1								N	G2	12345678901
10 01 05 10 01 05	11		J0400		1	250 00	40	N	NPI	0123456789

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 32

Appendix V: COMMON HIPAA Compliant EDI Rejection Codes

These codes are the standard national rejection codes for EDI submissions. All errors indicated for the code must be corrected before the claim is resubmitted.

Please see New Hampshire Healthy Families' list of common EDI rejections to determine specific actions you may need to take to correct your claims submission.

Code	Description
01	Invalid Mbr DOB
02	Invalid Mbr
06	Invalid Prv
07	Invalid Mbr DOB & Prv
08	Invalid Mbr & Prv
09	Mbr not valid at DOS
10	Invalid Mbr DOB; Mbr not valid at DOS
12	Prv not valid at DOS
13	Invalid Mbr DOB; Prv not valid at DOS
14	Invalid Mbr; Prv not valid at DOS
15	Mbr not valid at DOS; Invalid Prv
16	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
17	Invalid Diag
18	Invalid Mbr DOB; Invalid Diag
19	Invalid Mbr; Invalid Diag
21	Mbr not valid at DOS;Prv not valid at DOS
22	Invalid Mbr DOB; Mbr not valid at DOS;Prv not valid at DOS
23	Invalid Prv; Invalid Diag
24	Invalid Mbr DOB; Invalid Prv; Invalid Diag
25	Invalid Mbr; Invalid Prv; Invalid Diag
26	Mbr not valid at DOS; Invalid Diag
27	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
29	Prv not valid at DOS; Invalid Diag
30	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
31	Invalid Mbr; Prv not valid at DOS; Invalid Diag
32	Mbr not valid at DOS; Prv not valid; Invalid Diag
33	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid; Invalid Diag

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 33

APPENDIX VI: INSTRUCTIONS FOR SUBMITTING NDC INFORMATION

Instructions for Entering the NDC:

CMS requires the 11-digit National Drug Code (NDC), therefore, providers are required to submit claims with the exact NDC that appears on the actual product administered, which can be found on the vial of medication. The NDC must include the NDC Unit of Measure and NDC quantity/units.

Electronic submissions arehighly recommended and will enhance claim reporting/adjudication processes. When reporting a drug, enter identifier N4, the eleven digit NDC code, Unit Qualifier and number of units from the package of the dispensed drug in the LIN segment of Loop ID-2410.

For Paper claims, use Form Locator 43 of the CMS UB-04 and the red shaded detail of 24A on the CMS 1500 line detail. Do not enter a space, hyphen, or other separator between N4, the NDC code, Unit Qualifier, and number of units.

The NDC must be entered with 11 digits in a 5-4-2 digit format. The first five digits of the NDC are the manufacturer's labeler code, the middle four digits are the product code, and the last two digits are the package size. If you are given an NDC that is less than 11 digits, add the missing digits as follows:

>   For a 4-4-2 digit number, add a 0 to the beginning
>   For a 5-3-2 digit number, add a 0 as the sixth digit.
>   For a 5-4-1 digit number, add a 0 as the tenth digit.

Enter the Unit Qualifier and the actual metric decimal quantity (units) administered to the patient. If reporting a fraction of a unit, use the decimal point. The Unit Qualifiers are:

>   F2 - International Unit
>   GRGram
ME – Milligram
>   ML - Milliliter
>   UN – Unit

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 34

APPENDIX VII: CLAIM FORM INSTRUCTIONS

Billing Guide for a CMS-1500 and CMS UB-04

Required (R) fields must be completed on all claims. Conditional (C) fields must be completed if the information applies to the situation or the service provided.

Note: Claims with missing or invalid Required (R) field information will be rejected or denied

Completing a CMS 1500 Form

FIELD#	Field Description	Instruction or Comments	Required or Conditional
1	INSURANCE PROGRAM IDENTIFICATION	Check only the type of health coverage applicable to the claim. This field indicates the payer to whom the claim is being filed. Enter "X" in the box noted Medicaid (Medicaid #).	R
1a	INSURED I.D. NUMBER	The 13-digit Medicaid identification number on the member's New Hampshire Healthy Families I.D. card.	R
2	PATIENT'S NAME (Last Name, First Name, Middle Initial)	Enter the patient's name as it appears on the member's New Hampshire Healthy Families I.D. card. Do not use nicknames.	R
3	PATIENT'S BIRTH DATE / SEX	Enter the patient's 8-digit date of (MM|DD|YYYY) and mark the appropriate box to indicate the patient's sex/gender. M = male F = female	R
4	INSURED'S NAME	Enter the patient's name as it appears on the member's New Hampshire Healthy Families I.D. card.	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 35

Appendix

FIELD#	Field Description	Instruction or Comments	Required or Conditional
5	PATIENT'S ADDRESS (Number, Street, City, State, Zip code) Telephone (include area code)	Enter the patient's complete address and telephone number including area code on the appropriate line. First line – Enter the street address. Do not use commas, periods, or other punctuation in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Second line – In the designated block, enter the city and state. Third line – Enter the zip code and phone number. When entering a 9-digit zip code (zip+4 code), include the hyphen. Do not use a hyphen or space as a separator within the telephone number (i.e. (803)5551414). Note: Patient's Telephone does not exist in the electronic 837 Professional 5010A1.	R (Subscriber address is Situational but the City, State, and zip are required)
6	PATIENT'S RELATION TO INSURED	Always mark to indicate self.	C
7	INSURED'S ADDRESS (Number, Street, City, State, Zip code) Telephone (include area code)	Enter the patient's complete address and telephone number including area code on the appropriate line. First line – Enter the street address. Do not use commas, periods, or other punctuation in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Second line – In the designated block, enter the city and state. Third line – Enter the zip code and phone number. When entering a 9-digit zip code (zip+4 code), include the hyphen. Do not use a hyphen or space as a separator within the telephone number (i.e. (803)5551414). Note: Patient's Telephone does not exist in the electronic 837 Professional 5010A1.	Not Required
8	PATIENT STATUS		Not Required

CMS 1500 Claim Form

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 36

FIELD#	Field Description	Instruction or Comments	Required or Conditional
9	OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	Refers to someone other than the patient. REQUIRED if patient is covered by another insurance plan. Enter the complete name of the insured.	C
9a	*OTHER INSURED'S POLICY OR GROUP NUMBER	REQUIRED if # 9 is completed. Enter the policy of group number of the other insurance plan.	C
9b	OTHER INSURED'S BIRTH DATE / SEX	REQUIRED if # 9 is completed. Enter the 8-digit date of birth (MM|DD|YYYY) and mark the appropriate box to indicate sex/gender. M = male F = female for the person listed in box 9.	C
9c	EMPLOYER'S NAME OR SCHOOL NAME	Enter the name of employer or school for the person listed in box 9. Note: Employer's Name or School Name does not exist in the electronic 837 Professional 5010A1.	C
9d	INSURANCE PLAN NAME OR PROGRAM NAME	REQUIRED if # 9 is completed. Enter the other insured's (name of person listed in box 9) insurance plan or program name.	C
10a, b, c	IS PATIENT'S CONDITION RELATED TO:	Enter a Yes or No for each category/line (a, b, and c). Do not enter a Yes and No in the same category/line.	R (Auto accident state is required)
10d	RESERVED FOR LOCAL USE		Not Required
11	INSURED'S POLICY OR FECA NUMBER	REQUIRED when other insurance is available. Enter the policy, group, or FECA number of the other insurance.	C
11a	INSURED'S DATE OF BIRTH / SEX	Same as field 3.	C
11b	EMPLOYER'S NAME OR SCHOOL NAME	REQUIRED if Employment is marked Yes in box 10a.	C
11c	INSURANCE PLAN NAME OR PROGRAM NUMBER	Enter name of the insurance Health Plan or program.	C
11d	IS THERE ANOTHER HEALTH BENEFIT PLAN	Mark Yes or No. If Yes, complete # 9a-d and #11c.	R

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 37

FIELD#	Field Description	Instruction or Comments	Required or Conditional
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Enter "Signature on File", "SOF", or the actual legal signature. The provider must have the member's or legal guardian's signature on file or obtain their legal signature in this box for the release of information necessary to process and/or adjudicate the claim.	C
13	PATIENT'S OR AUTHORIZED PERSONS SIGNATURE	Obtain signature if appropriate.	Not Required

CMS 1500 Claim Form

	DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR Pregnancy (LMP)	Enter the 6-digit (MM|DD|YY) or 8-digit (MM|DD|YYYY) date reflecting the first date of onset for the: Present illness Injury LMP (last menstrual period) if pregnant Qualifier is required	C
This needs to be update with the new HCFA claim form effective 01/01/1414			

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 38

FIELD#	Field Description	Instruction or Comments	Required or Conditional
15	Other Date	Enter another date related to the patient's condition or treatment. Enter the date in the 6-digit (MM│DD│YY) or 8-digit (MM│DD│YYYY) format. Qualifiers 454 Initial Treatment 304 Latest Visit or Consultation 453 Acute Manifestation of a Chronic Condition 439 Accident 455 Last X-ray 471 Prescription 090 Report Start (Assumed Care Date) 091 Report End (Relinquished Care Date) 444 First Visit or Consultation Enter the qualifier between the left-hand set of vertical, dotted lines.	Not Required
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		Not Required
17	NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	Enter the name of the referring physician or professional (First name, middle initial, last name, and credentials).	Not Required
17a	ID NUMBER OF REFERRING PHYSICIAN	Required if 17 is completed. Use ZZ qualifier for Taxonomy code.	C
17b	NPI NUMBER OF REFERRING PHYSICIAN	Required if 17 is completed. If unable to obtain referring NPI, servicing NPI may be used.	C
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		Not Required
19	RESERVED FOR LOCAL USE		Not Required
20	OUTSIDE LAB / CHARGES		Not Required

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 39

FIELD#	Field Description	Instruction or Comments	Required or Conditional
21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS A-L TO ITEM 24E BY LINE)	Enter the diagnosis or condition of the patient using the appropriate release/update of ICD-9/ICD-10 CM Volume 1 for the date of service. "E" codes are NOT acceptable as a primary diagnosis.	R
22	MEDICAID RESUBMISSION CODE / ORIGINAL REF.NO.	Required for re-submissions or adjustments, type the DCN (Document Control Number) of the original claim.	R (for re-submissions or adjustments only)
23	PRIOR AUTHORIZATION NUMBER	Enter the New Hampshire Healthy Families authorization or referral number. Refer to the Provider Manual for information on services requiring referral and/or prior authorization. When billing CLIA lab services use Box 23 to note the CLIA certification or waiver number	Not Required

CMS 1500 Claim Form

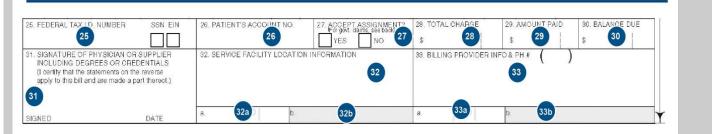| 24a-j General Information	Box 24 contains 6 claim lines. Each claim line is split horizontally into shaded and un-shaded areas. Within each un-shaded area of a claim line there are 10 individual fields labeled A-J. Within each shaded area of a claim line there are 4 individual fields labeled 24A-24G, 24H, 24J and 24Jb. Fields 24A through 24G are a continuous field for the entry of supplemental information. Instructions are provided for shaded and un-shaded fields.
	The shaded area for a claim line is to accommodate the submission of supplemental information, EPSDT qualifier, and Provider Medicaid Number.
	Shaded boxes a-g is for line item supplemental information and is a continuous line that accepts up to 61 characters. Refer to the instructions listed below for information on how to complete.
	The un-shaded area of a claim line is for the entry of claim line item detail.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 40

Appendix

FIELD#	Field Description	Instruction or Comments	Required or Conditional
24a-g Shaded	SUPPLEMENTAL INFORMATION	The shaded top portion of each service claim line is used to report supplemental information for: NDC Anesthesia Start/Stop time & duration Unspecified, miscellaneous, or unlisted CPT and HCPC code descriptions. HIBCC or GTIN number/code. For detailed instructions and qualifiers refer to Appendix 4 of this manual.	R (for the items listed under instruction or comments box)
24a Un-shaded	DATE(S) OF SERVICE	Enter the date the service listed in 24D was performed (MM|DD|YYYY). If there is only one date, enter that date in the "From" field. The "To" field may be left blank or populated with the "From" date. If identical services (identical CPT/HCPC code(s)) were performed each date must be entered on a separate line.	R
24b Un-shaded	PLACE OF SERVICE	Enter the appropriate 2-digit CMS standard place of service (POS) code. A list of current POS codes may be found on the CMS website.	R
24c Un-shaded	EMG	Enter Y (Yes) or N (No) to indicate if the service was an emergency.	Not Required
24d Un-shaded	PROCEDURES, SERVICES OR SUPPLIES CPT/HCPCS MODIFIER	Enter the 5-digit CPT or HCPC code and 2-character modifier– - if applicable. Only one CPT or HCPC and up to 4 modifiers may be entered per claim line. Codes entered must be valid for date of service.	R
24e Un-shaded	DIAGNOSIS POINTERS	Enter the diagnosis pointers (A-L) from field 21. List the primary diagnosis for the service provided or performed first followed by any additional or related diagnosis listed in field 21.Do not use commas between the diagnosis pointers. .	R
24f Un-shaded	CHARGES	Enter the charge amount for the claim line item service billed. Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign ($). If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.	R
24g Un-shaded	DAYS OR UNITS	Enter quantity (days, visits, units). If only one service provided, enter a numeric value of 1.	R
24h Shaded	EPSDT (Family Planning)	Leave blank or enter "Y" if the services were performed as a result of an EPSDT referral.	C
24h Un-shaded	EPSDT (Family Planning)	Enter the appropriate qualifier for EPSDT visit	C
24i Shaded	ID QUALIFIER	Use ZZ qualifier for Taxonomy Use 1D qualifier for Medicaid ID, if an Atypical Provider	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 41

FIELD#	Field Description	Instruction or Comments	Required or Conditional
24j Shaded	NON-NPI PROVIDER ID#	Enter as designated below the Medicaid ID number or taxonomy code. <u>Typical Providers</u>: Enter the Provider taxonomy code that corresponds to the qualifier entered in 24I shaded. Use ZZ qualifier for taxonomy code. <u>Atypical Providers</u>: Enter the 6-digit Medicaid Provider ID number.	R
24j Un-shaded	NPI PROVIDER ID	Typical Providers ONLY: Enter the 10-character NPI ID of the provider who rendered services. If the provider is billing as a member of a group, the rendering individual provider's 10-character NPI ID should be entered. . Enter the billing NPI if services are not provided by an individual (e.g. DME, Independent Lab, Home Health, etc.)	R

CMS 1500 Claim Form

25	FEDERAL TAX I.D. NUMBER SSN/EIN	Enter the provider or supplier 9-digit Federal Tax ID number and mark the box labeled EIN.	R
26	PATIENT'S ACCOUNT NO.	Enter the provider's billing account number. Required with implementation of 5010A1 guidelines	R
27	ACCEPT ASSIGNMENT?	Enter an X in the YES box. Submission of a claim for reimbursement of services provided to a Medicaid recipient using Medicaid funds indicates the provider accepts Medicaid assignment. Refer to the back of the CMS 1500 (12-90) form for the section pertaining to Medicaid Payments.	R
28	TOTAL CHARGES	Enter the total charges for all claim line items billed – claim lines 24F. Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign ($). If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.	R

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 42

FIELD#	Field Description	Instruction or Comments	Required or Conditional
29	AMOUNT PAID	REQUIRED when another carrier is the primary payer. Enter the payment received from the primary payer prior to invoicing New Hampshire Healthy Families. Medicaid programs are always the payers of last resort. Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign ($). If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.	C
30 (8/05)	BALANCE DUE	**REQUIRED** when #29 is completed. Enter the balance due (total charges minus the amount of payment received from the primary payer). Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign ($). If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.	C
30 (2/12)	Rsvd for NUCC Use		Not required
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	Authorized representative may stamp, type or computer-generate the signature	R
32	SERVICE FACILITY LOCATION INFORMATION	**REQUIRED** if the location where services were rendered is different from the billing address listed in field 33. Enter the name and physical location. (P.O. Box #'s are not acceptable here.) First line – Enter the business/facility/practice name. Second line– Enter the street address. Do not use commas, periods, or other punctuation in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Third line – In the designated block, enter the city and state. Fourth line – Enter the zip code and phone number. When entering a 9-digit zip code (zip+4 code), include the hyphen.	C
32a	NPI – SERVICES RENDERED	Typical Providers **ONLY: REQUIRED** if the location where services were rendered is different from the billing address listed in field 33. Enter the 10-character NPI ID of the facility where services were rendered.	C
32b	OTHER PROVIDER ID	REQUIRED if the location where services were rendered is different from the billing address listed in field 33. Typical Providers Enter the 2-character qualifier ZZ followed by the taxonomy code (no spaces). Atypical Providers Enter the 2-character qualifier 1D (no spaces).	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 43

FIELD#	Field Description	Instruction or Comments	Required or Conditional
33	BILLING PROVIDER INFO & PH #	Enter the billing provider's complete name, address (include the zip + 4 code), and phone number. First line – Enter the business/facility/practice name. Second line– Enter the street address. Do not use commas, periods, or other punctuation in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Third line – In the designated block, enter the city and state. Fourth line – Enter the zip code and phone number. When entering a 9-digit zip code (zip+ 4 code), include the hyphen. Do not use a hyphen or space as a separator within the telephone number (i.e. (803)551414). **NOTE**: The 9 digit zip code (zip + 4 code) is a requirement for paper and EDI claim submission	R
33a	GROUP BILLING NPI	Typical Providers **ONLY: REQUIRED** if the location where services were rendered is different from the billing address listed in field 33. If the provider is billing as a member of a group, the group's 10-character NPI ID should be entered. . Enter the 10-character NPI ID.	R
33b	GROUP BILLING OTHER ID	Enter as designated below the Billing Group taxonomy code. <u>Typical Providers</u>: Enter the Provider taxonomy code. Use ZZ qualifier. <u>Atypical Providers</u>: Enter the Medicaid Provider ID number.	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 44

UB-04 Claim Form

A UB-04 is the only acceptable claim form for submitting:

- Inpatient hospital claims

- Outpatient hospital claims

- Hospital based ASCs claims

- Comprehensive Outpatient Rehabilitation Facilities (CORF) claims

- Nursing home facility claims

- Inpatient hospice claims

- Dialysis claims.

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 45

UB-04 Claim Instructions

Completing a CMS UB-04 Form

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*

UB-04 Claim Form

1	(UNLABELED FIELD)	Line 1: Enter the complete provider name.	R
		Line 2: Enter the complete mailing address.	
		Line 3: Enter the City, State, and zip+4 code (include hyphen). NOTE: the 9-digit zip (zip + 4 code) is a requirement for paper and EDI claims.	
		Line 4: Enter the area code and phone number.	
2	(UNLABELED FIELD)	Enter the Pay-To Name and Address.	Not Required
3a	PATIENT CONTROL NO.	Enter the facility patient account/control number. Required with implementation of 5010A1 guidelines	R
3b	MEDICAL RECORD NUMBER	Enter the facility patient medical or health record number.	C
4	TYPE OF BILL	Enter the appropriate 3-digit type of bill (TOB) code as specified by the NUBC UB-04 Uniform Billing Manual minus the leading "0" (zero). A leading "0" is not needed. Digits should be reflected as follows:	R
		1st digit - Indicating the type of facility.	
		2nd digit - Indicating the type of care	
		3rd digit - Indicating the billing sequence.	
5	FED. TAX NO.	Enter the 9-digit number assigned by the federal government for tax reporting purposes.	R
6	STATEMENT COVERS PERIOD FROM/THROUGH	Enter begin and end or admission and discharge dates for the services billed. Inpatient and outpatient observation stays must be billed using the admission date and discharge date. Outpatient therapy, chemotherapy, laboratory, pathology, radiology and dialysis may be billed using a date span. All other outpatient services must be billed using the actual date of service. (MMDDYY)	R

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 46

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
7	(UNLABELED FIELD)	Not Used	Not Required
8 a-b	PATIENT NAME	8a – Enter the patient's 13-digit Medicaid identification number on the member's New Hampshire Healthy Families I.D. card.	Not Required
		8b – Enter the patient's last name, first name, and middle initial as it appears on the New Hampshire Healthy Families ID card. Use a comma or space to separate the last and first names. Titles (Mr., Mrs., etc.) should not be reported in this field. Prefix: No space should be left after the prefix of a name e.g. McKendrick. H Hyphenated names: Both names should be capitalized and separated by a hyphen (no space). Suffix: A space should separate a last name and suffix.	R
9 a-e	PATIENT ADDRESS	Enter the patient's complete mailing address of the patient. Line a: Street address Line b: City Line c: State Line d: ZIP code Line e: Country Code (NOT REQUIRED)	R (except line 9e)
10	BIRTHDATE	Enter the patient's date of birth (MMDDYYYY)	R
11	SEX	Enter the patient's sex. Only M or F is accepted.	R
12	ADMISSION DATE	Enter the date of admission for inpatient claims and date of service for outpatient claims.	R
13	ADMISSION HOUR	Enter the time using 2-digit military time (00-23) for the time of inpatient admission 00-12:00 midnight to 12:59 12- 12:00 noon to 12:59 01- 01:00 to 01:59 13- 01:00 to 01:59 02- 02:00 to 02:59 14- 02:00 to 02:59 03- 03:00 to 03:39 15- 03:00 to 03:59 04- 04:00 to 04:59 16- 04:00 to 04:59 05- 05:00 to 05:59 17- 05:00 to 05:59 06- 06:00 to 06:59 18- 06:00 to 06:59 07- 07:00 to 07:59 19- 07:00 to 07:59 08- 08:00 to 08:59 20- 08:00 to 08:59 09- 09:00 to 09:59 21- 09:00 to 09:59 10- 10:00 to 10:59 22- 10:00 to 10:59 11- 11:00 to 11:59 23- 11:00 to 11:59	R
14	ADMISSION TYPE	Required for inpatient admissions (TOB 11X, 12X, 118X, 21X, 22X, 41X) or outpatient claims. Enter the 1-digit code indicating the priority of the admission using one of the following codes: 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma	R

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 47

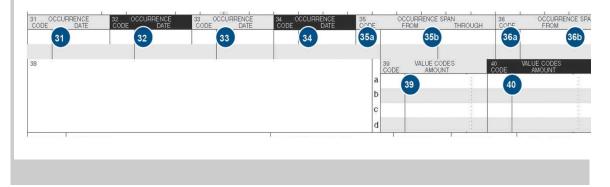| FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
15	ADMISSION SOURCE	Required for inpatient and outpatient claims. Enter the 1-digit code indicating the source of the admission or outpatient service using one of the following codes: For Type of admission 1,2,3 or 5 1 Nonhealthcare Facility Point of Origin 2 Clinic or Physician's Office 3 Reserved for assignment by the NUBC 4 Transfer from a hospital (different facility) 5 Transfer from Skilled Nursing Facility (SNF). Intermediate Care Facility (ICF), or Assisted Living Facility (ALF) 6 Transfer from another healthcare facility 7 Reserved for assignment by the NUBC 8 Court/Law enforcement 9 Information not available A,- C Reserved for assignment by the NUBC D Transfer from 1 distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer. E Transfer from .ambulatory surgery center F Transfer from hospice facility G - Z Reserved for assignment by the NUBC For type of admission 4 (newborn): 1 – 4 Discontinued 5 Born inside this hospital 6 Born outside of this hospital 7 – 9 Reserved for assignment by the NUBC	R
16	DISCHARGE HOUR	Enter the time using 2-digit military time (00-23) for the time of inpatient 00-12:00 midnight to 12:59 12- 12:00 noon to 12:59 01- 01:00 to 01:59 13- 01:00 to 01:59 02- 02:00 to 02:59 14- 02:00 to 02:59 03- 03:00 to 03:39 15- 03:00 to 03:59 04- 04:00 to 04:59 16- 04:00 to 04:59 05- 05:00 to 05:59 17- 05:00 to 05:59 06- 06:00 to 06:59 18- 06:00 to 06:59 07- 07:00 to 07:59 19- 07:00 to 07:59 08- 08:00 to 08:59 20- 08:00 to 08:59 09- 09:00 to 09:59 21- 09:00 to 09:59 10- 10:00 to 10:59 22- 10:00 to 10:59 11- 11:00 to 11:59 23- 11:00 to 11:59	C
17	PATIENT STATUS	REQUIRED for inpatient and outpatient claims. Enter the 2-digit disposition of the patient as of the "through" date for the billing period listed in field 6 using one of the following codes: 01 Discharge to home or self-care (routine discharge)	R

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 48

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
		02 Discharged/Transferred to a short-term general hospital for inpatient care	
		03 Discharged/Transferred to SNF with Medicare certification in anticipation of skilled care.	
		04 Discharged/Transferred to a facility that provides custodial or supportive care	
		05 Discharged/Transferred to a designated cancer center or children's hospital	
		06 Discharged/Transferred to a home under care of organized home health service organization in anticipation of covered skilled care	
		07 Left against medical advice or discontinued care	
		08 Reserved for assignment by the NUBC	
		09 Admitted as an inpatient to this hospital (only for use on Medicare outpatient hospital claims)	
		10 – 19 Reserved for assignment by the NUBC	
		20 Expired	
		21 Discharged/Transferred to court/law enforcement	
		22 – 29 Reserved for assignment by the NUBC	
		30 Still a patient	
		31 – 39 Reserved for assignment by the NUBC	
		40 Expired at home	
		41 Expired in a medical facility such as a hospital, SNF, ICF or Free Standing Hospice	
		42 Expired—place unknown	
		43 Discharged/Transferred to a federal healthcare facility	
		44 – 49 Reserved for assignment by the NUBC	
		50 Discharged to Hospice—Home	
		51 Discharged to Hospice – Medical Facility (Certified) providing hospice level of care	
		52 – 60 Reserved for assignment by the NUBC	
		61 Discharged/ Transferred within this institution to a hospital-based Medicare approved swing bed62 Discharged/ Transferred to an Inpatient rehabilitation facility (IRF), including rehabilitation distinct part units of a hospital	
		63 Discharged/ Transferred to a Medicare certified long-term care hospital (LTCH)	
		64 Discharged/ Transferred to a nursing facility certified under Medicaid but not certified under Medicare	
		65 Discharged/ Transferred to a Psychiatric hospital or psychiatric distinct part unit of a hospital	
		66 Discharged/transferred to a critical access hospital (CAH)	
		67 – 68 Reserved for assignment by the NUBC	
		69 Discharged/Transferred to a designated disaster alternative care site (effective Oct 01, 2013)	
		70 Discharged/Transferred to another type of healthcare institution not define elsewhere in this code list	
		71 – 80 Reserved for assignment by the NUBC	
		81 Discharged to home or self-care with a planned acute care hospital inpatient readmission	
		82 Discharged/Transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission	
		83 Discharged/Transferred to a skilled nursing facility with Medicare certification with a planned acute care hospital inpatient readmission	
		84 Discharged/Transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission	
		85 Discharged/Transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission	
		86 Discharged/Transferred to home under care of organized Home Health service organization with planned a planned acute care hospital inpatient readmission	
		87 Discharged/Transferred to court/law enforcement with a planned acute care	

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 49

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
		hospital inpatient readmission	
		88 Discharged/Transferred to a federal healthcare facility with a planned acute care hospital inpatient readmission	
		89 Discharged/Transferred hospital based Medicare approved swing bed with a planned acute care hospital inpatient readmission	
		90 Discharged/Transferred to an inpatient rehabilitation facility including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission	
		91 Discharged/Transferred to a Medicare certified long term care hospital with a planned acute care hospital inpatient readmission	
		92 Discharged/Transferred to a Nursing facility certified under Medicaid but not Certified under Medicare with a planned acute care hospital inpatient readmission	
		93 Discharged/Transferred to a psychiatric hospital or psychiatric distinct part units of a hospital with a planned acute care hospital inpatient readmission	
		94 Discharged/Transferred to a critical access hospital with a planned acute care hospital inpatient readmission	
		95 Discharged/Transferred to another type of healthcare institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission	
18-28	CONDITION CODES	**REQUIRED** when applicable. Condition codes are used to identify conditions relating to the bill that may affect payer processing. Each field (18-24) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes). For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual.	C
29	ACCIDENT STATE		Not Required
30	(UNLABELED FIELD)	Not Used	Not Required

UB-04 Claim Form

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 50

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
31-34 a-b	OCCURRENCE CODE and OCCURENCE DATE	Occurrence Code: **REQUIRED** when applicable. Occurrence codes are used to identify events relating to the bill that may affect payer processing. Each field (31-34a) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes). For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual. Occurrence Date: **REQUIRED** when applicable or when a corresponding Occurrence Code is present on the same line (31a-34a). Enter the date for the associated occurrence code in MMDDYYYY format.	C
35-36 a-b	OCCURRENCE SPAN CODE and OCCURRENCE DATE	Occurrence Span Code: **REQUIRED** when applicable. Occurrence codes are used to identify events relating to the bill that may affect payer processing. Each field (31-34a) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes). For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual. Occurrence Span Date: **REQUIRED** when applicable or when a corresponding Occurrence Span code is present on the same line (35a-36a). Enter the date for the associated occurrence code in MMDDYYYY format.	C
37	(UNLABELED FIELD)	**REQUIRED** for re-submissions or adjustments. Type the DCN (Document Control Number) of the original claim.	C
38	RESPONSIBLE PARTY NAME AND ADDRESS		Not Required
39-41 a-d	VALUE CODES CODES and AMOUNTS	Code: **REQUIRED** when applicable. Value codes are used to identify events relating to the bill that may affect payer processing. Each field (39-41) allows entry of a 2-character code. Codes should be entered in alphanumeric sequence (numbered codes precede alphanumeric codes). Up to 12 codes can be entered. All "a" fields must be completed before using "b" fields, all "b" fields before using "c" fields, and all "c" fields before using "d" fields. For a list of codes and additional instructions refer to the NUBC UB-04 Uniform Billing Manual. Amount: **REQUIRED** when applicable or when a Value Code is entered. Enter the dollar amount for the associated value code. Dollar amounts to the left of the vertical line should be right justified. Up to 8 characters are allowed (i.e. 199,999.99). Do not enter a dollar sign ($) or a decimal. A decimal is implied. If the dollar amount is a whole number (i.e. 10.00), enter 00 in the area to the right of the vertical line.	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 51

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*

UB-04 Claim Form

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
42	43	44	45	46	47

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
42 Line 1-22	REV CD	Enter the appropriate revenue codes itemizing accommodations, services, and items furnished to the patient. Refer to the NUBC UB-04 Uniform Billing Manual for a complete listing of revenue codes and instructions. Enter accommodation revenue codes first followed by ancillary revenue codes. Enter codes in ascending numerical value.	R
42 Line 23	Rev CD	Enter 0001 for total charges.	R
43 Line 1-22	DESCRIPTION	Enter a brief description that corresponds to the revenue code entered in the service line of field 42.	R
43 Line 23	PAGE ___ OF ___	Enter the number of pages. Indicate the page sequence in the "PAGE" field and the total number of pages in the "OF" field. If only one claim form is submitted enter a "1" in both fields (i.e. PAGE "1" OF "1").	R
44	HCPCS/RATES	**REQUIRED** for outpatient claims when an appropriate CPT/HCPCS code exists for the service line revenue code billed. The field allows up to 9 characters. Only one CPT/HCPC and up to two modifiers are accepted. When entering a CPT/HCPCS with a modifier(s) do not use a spaces, commas, dashes or the like between the CPT/HCPC and modifier(s) Refer to the NUBC UB-04 Uniform Billing Manual for a complete listing of revenue codes and instructions.	C
45 Line 1-22	SERVICE DATE	**REQUIRED** on all outpatient claims. Enter the date of service for each service line billed. (MMDDYY).	R
45 Line 23	CREATION DATE	Enter the date the bill was created or prepared for submission on all pages submitted. (MMDDYY)	R
46	SERVICE UNITS	Enter the number of units, days, or visits for the service. A value of at least "1" must be entered. For inpatient room charges, enter the number of days for each accommodation listed.	R
47 Line 1-22	TOTAL CHARGES	Enter the total charge for each service line.	R
47 Line 23	TOTALS	Enter the total charges for all service lines.	R

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 52

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
48 Line 1-22	NON-COVERED CHARGES	Enter the non-covered charges included in field 47 for the revenue code listed in field 42 of the service line. Do not list negative amounts.	C
48 Line 23	TOTALS	Enter the total non-covered charges for all service lines.	C
49	(UNLABELED FIELD)	Reserved for assignment by the NUBC	Not Required

UB-04 Claim Form

50 A-C	PAYER	Enter the name for each Payer from which reimbursement is being sought in the order of the Payer liability. Line A refers to the primary payer; B, secondary; and C, tertiary.	R
51 A-C	HEALTH PLAN IDENTIFICATION NUMBER		Not Required
52 A-C	REL. INFO	REQUIRED for each line (A, B, C) completed in field 50. Release of Information Certification Indicator. Enter "Y" (yes) or "N" (no). Providers are expected to have necessary release information on file. It is expected that all released invoices contain "Y".	R
53	ASG. BEN.	Enter "Y" (yes) or "N" (no) to indicate a signed form is on file authorizing payment by the payer directly to the provider for services.	R
54	PRIOR PAYMENTS	Enter the amount received from the primary payer on the appropriate line when Medicaid/ New Hampshire Healthy Families are listed as secondary or tertiary.	C
55	EST. AMOUNT DUE		Not Required

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 53

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
56	NATIONAL PROVIDER IDENTIFIER or PROVIDER ID	Required: Enter provider's 10-character NPI ID.	R
57	OTHER PROVIDER ID	a. Enter the numeric provider Medicaid identification number assigned by the Medicaid program. b. Enter the TPI number (non -NPI number) of the billing provider	R
58	INSURED'S NAME	For each line (A, B, C) completed in field 50, enter the name of the person who carries the insurance for the patient. In most cases this will be the patient's name. Enter the name as last name, first name, middle initial.	R
59	PATIENT RELATIONSHIP		Not Required
60	INSURED'S UNIQUE ID	**REQUIRED**: Enter the patient's Insurance/Medicaid ID exactly as it appears on the patient's ID card. Enter the Insurance /Medicaid ID in the order of liability listed in field 50.	R
61	GROUP NAME		Not Required
62	INSURANCE GROUP NO.		Not Required
63	TREATMENT AUTHORIZATION CODES	Enter the Prior Authorization or referral when services require pre-certification.	C
64	DOCUMENT CONTROL NUMBER	Type the 12-character Document Control Number (DCN) of the paid HEALTH claim when submitting a replacement or void on the corresponding A, B, C line reflecting New Hampshire Healthy Families from field 50. Required on claims submitted with a Type of Bill (field 4) Frequency of "7" (Replacement of Prior Claim) or Type of Bill Frequency of "8" (Void/Cancel of Prior Claim). * Please refer to reconsider/corrected claims section	C
65	EMPLOYER NAME		Not Required
66	DX and Procedure Code QUALIFIER (ICD Version)		R

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 54

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*

UB-04 Claim Form

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
67	PRINCIPAL DIAGNOSIS CODE	Enter the principal/primary diagnosis or condition using the appropriate release/update of ICD-9/10-CM Volume 1& 3 for the date of service.	R
67 A-Q	OTHER DIAGNOSIS CODE	Enter additional diagnosis or conditions that coexist at the time of admission or that develop subsequent to the admission and have an effect on the treatment or care received using the appropriate release/update of ICD-9/10-CM Volume 1& 3 for the date of service.	C
68	(UNLABELED)	Reserved for assignment by the NUBC	Not Required
69	ADMITTING DIAGNOSIS CODE	Enter the diagnosis or condition provided at the time of admission as stated by the physician using the appropriate release/update of ICD-9/10-CM Volume 1& 3 for the date of service.	R
70 a,b,c	PATIENT REASON CODE	Enter the ICD-9/10-CM code that reflects the patient's reason for visit at the time of outpatient registration. 70a requires entry, 70b-70c are conditional.	C
71	PPS / DRG CODE		Not Required
72 a,b,c	EXTERNAL CAUSE CODE		Not Required
73	(UNLABELED)		Not Required

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 55

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
74	PRINCIPAL PROCEDURE CODE / DATE	**REQUIRED** on inpatient claims when a procedure is performed during the date span of the bill. CODE: Enter the ICD-9/10 procedure code that identifies the principal/primary procedure performed. Do not enter the decimal between the 2nd or 3rd digits of code. It is implied. DATE: Enter the date the principal procedure was performed (MMDDYY). **REQUIRED** for EDI Submissions.	C
74 a-e	OTHER PROCEDURE CODE DATE	**REQUIRED** on inpatient claims when a procedure is performed during the date span of the bill. **CODE**: Enter the ICD-9 procedure code(s) that identify significant a procedure(s) performed other than the principal/primary procedure. Up to 5 ICD-9 procedure codes may be entered. Do not enter the decimal between the 2nd or 3rd digits of code. It is implied. **DATE**: Enter the date the principal procedure was performed (MMDDYY).	C
75	(UNLABELED)	Reserved for assignment by the NUBC	Not Required
76	ATTENDING PHYSICIAN	Enter the NPI and Name of the physician in charge of the patient care: NPI: Enter the attending physician 10-character NPI ID. Taxonomy Code: Enter valid taxonomy code QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial # LU – Location # (Electronic Only) ZZ – Taxonomy Code LAST: Enter the attending physician's last name FIRST: Enter the attending physician's first name.	R
77	OPERATING PHYSICIAN	REQUIRED when a surgical procedure is performed: NPI: Enter the operating physician 10-character NPI ID. Taxonomy Code: Enter valid taxonomy code QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial # LU – Location # (Electronic Only) ZZ – Taxonomy Code LAST: Enter the operating physician's last name FIRST: Enter the operating physician's first name.	C
78 & 79	OTHER PHYSICIAN	Enter the Provider Type qualifier, NPI, and Name of the physician in charge of the patient care: (Blank Field): Enter one of the following Provider Type Qualifiers: DN – Referring Provider ZZ – Other Operating MD	C

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 56

FIELD	FIELD Description	Instructions and Comments	Required or Conditional*
		82 – Rendering Provider NPI: Enter the other physician 10-character NPI ID. QUAL: Enter one of the following qualifier and ID number 0B – State License # 1G – Provider UPIN G2 – Provider Commercial # LU – Location # (Electronic Only) LAST: Enter the other physician's last name. FIRST: Enter the other physician's first name.	
80	REMARKS		Not Required
81	CC	A: Taxonomy of billing provider. Use B3 qualifier	C

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085

New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 57

APPENDIX VIII: OTHER IMPORTANT INFORMATION

- Medical Records should accompany any professional claims billed with miscellaneous CPT codes (ending in 99).

- Invoices must accompany hearing aid codes and may be required for some DME codes.

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 58

Appendix IX: CLIA Billing Instruction

Paper Claims

Complete Box 23 of a CMS-1500 form with CLIA certification or waiver number as the prior authorization number for those laboratory services for which CLIA certification or waiver is required.

*Note

An independent clinical laboratory that elects to file a paper claim form shall file Form CMS-1500 for a referred laboratory service (as it would any laboratory service). The line item services must be submitted with a modifier 90. An independent clinical laboratory that submits claims in paper format may not combine non-referred (i.e., self-performed) and referred services on the same CMS-1500 claim form. When the referring laboratory bills for both non-referred and referred tests, it shall submit two separate claims, one claim for non-referred tests, the other for referred tests. If billing for services that have been referred to more than one laboratory, the referring laboratory shall submit a separate claim for each laboratory to which services were referred (unless one or more of the reference laboratories are separately billing). When the referring laboratory is the billing laboratory, the reference laboratory's name, address, and ZIP Code shall be reported in item 32 on the CMS-1500 claim form to show where the service (test) was actually performed. The NPI shall be reported in item 32a. Also, the CLIA certification or waiver number of the reference laboratory shall be reported in item 23 on the CMS-1500 claim form.

EDI

If a single claim is submitted for those laboratory services for which CLIA certification or waiver is required, report the CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2300, REF02. REF01 = X4

-Or-

If a claim is submitted with both laboratory services for which CLIA certification or waiver is required and non-CLIA covered laboratory test, in the 2400 loop for the appropriate line report the CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2400, REF02. REF01 = X4

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 59

*Note
The billing laboratory submits, on the same claim, tests referred to another (referral/rendered) laboratory, with modifier 90 reported on the line item and reports the referral laboratory's CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2400, REF02. REF01 = F4. When the referring laboratory is the billing laboratory, the reference laboratory's name, NPI, address, and Zip Code shall be reported in loop 2310C. The 2420C loop is required if different then information provided in loop 2310C. The 2420C would contain Laboratory name and NPI.

Web

Complete Box 23 with CLIA certification or waiver number as the prior authorization number for those laboratory services for which CLIA certification or waiver is required.

*Note
An independent clinical laboratory that elects to file a paper claim form shall file Form CMS-1500 for a referred laboratory service (as it would any laboratory service). The line item services must be submitted with a modifier 90. An independent clinical laboratory that submits claims in paper format may not combine non-referred (i.e., self-performed) and referred services on the same CMS-1500 claim form. When the referring laboratory bills for both non-referred and referred tests, it shall submit two separate claims, one claim for non-referred tests, the other for referred tests. If billing for services that have been referred to more than one laboratory, the referring laboratory shall submit a separate claim for each laboratory to which services were referred (unless one or more of the reference laboratories are separately billing). When the referring laboratory is the billing laboratory, the reference laboratory's name, address, and ZIP Code shall be reported in item 32 on the CMS-1500 claim form to show where the service (test) was actually performed. The NPI shall be reported in item 32a. Also, the CLIA certification or waiver number of the reference laboratory shall be reported in item 23 on the CMS-1500 claim form.

_____

New Hampshire Healthy Families Provider Services   1(866) 769-3085
New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

Page 60

NEW HAMPSHIRE™
HEALTHY FAMILIES

1-866-769-3085

2 Executive Park Drive
Bedford NH 03301

NHhealthyfamilies.com