



FROM



nh healthy families

PROVIDER NOTIFICATION

New Required Fields on CMS 1500 Claims

Effective: May 1, 2019

Ambetter has changed its policy as it relates to required fields on the CMS-1500 claim form. Formerly box 18 was listed as a conditional/optional field. If you are submitting an inpatient professional service/s, with a location (box 24B) value of 06, 08, 21, 31, 32, 51, 54, 55, 56, or 61, Ambetter is now **requiring** box 18 ("Hospitalization Dates Related to Current Services") to have the date of admission populated in the 'FROM' portion of this field. If this field is blank, the claim may be rejected or denied. If the "TO" date is known (the patient's discharge date) it may also be populated in the same format; however, it is not a requirement for claim acceptance. Populate the applicable month, day and year of the facility admission/discharge date, using an eight digit date format for all inpatient physician or professional services.

If you have questions about this or any other billing matters, please reach out to Provider Services at 1-844-265-1278.

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES								
	MM	DD	YY		MM	DD	YY	
FROM				TO				

24. A.	DATE(S) OF SERVICE						B.
	From			To			PLACE OF SERVICE
	MM	DD	YY	MM	DD	YY	