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### CLAIMS FILING

Hard copy billing of waiver services are billed on the paper CMS-1500 (02/12) claim form or electronically on the 837P Professional transaction. Instructions in this appendix are for completing the CMS-1500; however, the same information is required when billing claims electronically. Items to be completed are listed as **required**, **situational** or **optional**.

**Required** information must be entered in order for the claim to process. Claims submitted with missing or invalid information in these fields will be returned unprocessed to the provider with a rejection letter listing the reason(s) the claims are being returned, or will be denied through the system. These claims cannot be processed until corrected and resubmitted by the provider.

Situational information may be required, but only in certain circumstances as detailed in the instructions that follow.

Paper claims should be submitted to:

Gainwell Technologies P.O. Box 91020 Baton Rouge, LA 70821

Services may be billed using:

- The rendering provider's individual provider number as the billing provider number for independently practicing providers; or
- The group provider number as the billing provider number and the individual rendering provider number as the attending provider when the individual is working through a 'group/clinic' practice.

**NOTE:** Electronic claims submission is the preferred method for billing. (See the EDI Specifications located on the Louisiana Medicaid web site at <u>www.lamedicaid.com</u>, directory link "HIPAA Information Center, sub-link "5010v of the Electronic Transactions" – 837P Professional Guide.)

This appendix includes the following:

- Instructions for completing the CMS 1500 claim form and samples of completed CMS-1500 claim forms; and
- Instructions for adjusting/voiding a claim and samples of adjusted CMS 1500 claim forms.

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### CMS 1500 (02/12) Instructions for Waiver Services

In order to access the CMS 1500 (02/12) Instructions for Waiver Services and to view sample forms, use the following link: https://www.lamedicaid.com/Provweb1/billing\_information/CMS\_1500.htm.

**NOTE:** You must write "WAIVER" at the top center of the claim form.

#### ADJUSTING/VOIDING CLAIMS

An adjustment or void may be submitted electronically or by using the CMS-1500 (02/12) form.

<u>Only a paid claim can be adjusted or voided</u>. <u>Denied claims must be corrected and resubmitted – not adjusted or voided</u>.

Only one claim line can be adjusted or voided on each adjustment/void form.

For those claims where multiple services are billed and paid by service line, a separate adjustment/void form is required for each claim line if more than one claim line on a multiple line claim form must be adjusted or voided.

The provider should complete the information on the **adjustment** exactly as it appeared on the original claim, **changing only the item(s) that was in error and noting the reason for the change in the space provided on the claim**.

If a paid claim is being voided, the provider must enter all the information on the **void** from the original claim exactly as it appeared on the original claim. After a voided claim has appeared on the Remittance Advice, a corrected claim may be resubmitted (if applicable).

Only the paid claim's most recently approved internal control number (ICN) can be adjusted or voided; thus:

- If the claim has been successfully adjusted previously, the most current ICN (the ICN of the adjustment) must be used to further adjust the claim or to void the claim; or
- If the claim has been successfully voided previously, the claim must be resubmitted as an original claim. The ICN of the voided claim is no longer active in claims history.

LOUISIANA MEDICAID PROGRAM

ISSUED: 12/21/21 REPLACED: 07/28/21

### CHAPTER 14: CHILDREN'S CHOICE APPENDIX F – CLAIMS FILING

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If a paid claim must be adjusted, almost all data can be corrected through an adjustment with the exception of the Provider Identification Number and the Beneficiary/Patient Identification Number. Claims paid to an incorrect provider number or for the wrong Medicaid beneficiary cannot be adjusted. They must be voided and corrected claims submitted.

#### Adjustments/Voids Appearing on the Remittance Advice

When an Adjustment/Void Form has been processed, it will appear on the Remittance Advice under *Adjustment or Voided Claim*. The adjustment or void will appear first. The original claim line will appear in the section directly beneath the Adjustment/Void section.

The approved adjustment will replace the approved original and will be listed under the "Adjustment" section on the RA. The original payment will be taken back on the same RA and appear in the "Previously Paid" column.

When the void claim is approved, it will be listed under the "Void" column of the RA.

An Adjustment/Void will generate Credit and Debit Entries which appear in the Remittance Summary on the last page of the Remittance Advice.

### Sample forms are on the following pages.

### PAGE(S) 5

#### SAMPLE WAIVER CLAIM FORM ADJUSTMENT WITH ICD-10 DIAGNOSIS CODE (DATES ON OR AFTER 10/01/15)

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AYCO, TRAVIS		07 31	72 M X F					
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ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. DATE(S) OF SERVICE     B.      C. D. PR     F.      F.      F.      F.      C. D. PR     F.      F.      F.      F.      F.      F.      C. D. PR     F.	172.         12. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE           175.         NPI         TO           176.         NPI         TO           20.         OUTBIDE LAB?         ICHARGES           Service line below (24E)         ICD Ind.         ICD Ind.           C.         D.         ICD Ind.         ICD Ind.           B.         H.         ICD Ind.         ICD Ind.           C.         D.         ICD Ind.         ICD Ind.           D.         ICD Ind.         ICD Ind.         ICD Ind.           CEDURES, SERVICES, OR SUPPLIES         E.         F.         IC	, ERING
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. DATE(S) OF SERVICE     B.      C. D. PR     F.      F.      F.      F.      C. D. PR     F.      F.      F.      F.      F.      F.      C. D. PR     F.	T7a         18. HOSPITALIZATION DATES RELATED TO CURBENT SERVICE           17b. NPI         TO           20. OUTBIDE LABT         \$ CHARGES           C.         D.           G.         D.           B.         H.           K.         L	, ERING
A ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. A. DATE(S) OF SERVICE     REAL CLAIM INFORMATION (Designated by NUCC)	172.         12. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE           175.         NPI         TO           176.         NPI         TO           20.         OUTBIDE LAB?         ICHARGES           Service line below (24E)         ICD Ind.         ICD Ind.           C.         D.         ICD Ind.         ICD Ind.           B.         H.         ICD Ind.         ICD Ind.           C.         D.         ICD Ind.         ICD Ind.           D.         ICD Ind.         ICD Ind.         ICD Ind.           CEDURES, SERVICES, OR SUPPLIES         E.         F.         IC	, ERING
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. DATE(S) OF SERVICE     B.      C. D. PR     F.      F.      F.      F.      C. D. PR     F.      F.      F.      F.      F.      F.      C. D. PR     F.	178.         18. HOSPITZLIZATION DATES RELATED TO CURRENT SERV.           178.         NPI         TO           178.         NPI         TO           20.         OUTBIDE LAS?         \$ CHARGES           Service line below (24E)         ICD Ind.         22.           C.         D.         23.           G.         H.         23.           CCEDURES, SERVICES, OR BUPPLES         DIAGNOSIS           POINTER         POINTER           SCHARGES         UNTS           INCOLOURS         CHARGES           DIAGNOSIS         POINTER           SCHARGES         UNTS           NODIFIER         POINTER	, ERING
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. DATE(S) OF SERVICE     B.      C. D. PR     F.      F.      F.      F.      C. D. PR     F.      F.      F.      F.      F.      F.      C. D. PR     F.	T72         18. HOSPITALIZATION DATES RELATED TO CUBSENT SERVICE           176         NPI         TO           176         NPI         TO           20. OUTBIDE LAB?         \$ CHARGES           9.         NO         C.           0.         C.         D.           23. PRIOR AUTHORIZATION MUMBER         C.           0.	, ERING
A ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      C.      A.      A.      DATE(S) OF SERVICE     B.      FO	178.         18. HOSPITALIZATION DATES RELATED TO CURBENT SERVICES           178.         NPI         TO           178.         NPI         TO           20.         CUTBLE LAB?         \$ CHARGES           0.         D.         22.           8.         H.         23.           CCEDURES, SERVICES, OR BUPPLES         DIAGNOSIS           POINTER         \$ CHARGES           UMTS         PROVID           NOIFIER         POINTER           9 CHARGES         UMTS           NPI         NPI	, ERING
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      F.      A. DATE(S) OF SERVICE     B.      C. D. PR     F.      F.      F.      F.      C. D. PR     F.      F.      F.      F.      F.      F.      C. D. PR     F.	T72         18. HOSPITALIZATION DATES RELATED TO CUBSENT SERVICE           176         NPI         TO           176         NPI         TO           20. OUTBIDE LAB?         \$ CHARGES           9.         NO         C.           0.         C.         D.           23. PRIOR AUTHORIZATION MUMBER         C.           0.	, ERING
A ADDITIONAL CLAIM INFORMATION (Designated by NUCC)      DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to      B.      F.      C.      A.      A.      DATE(S) OF SERVICE     B.      FO	T78         18. HOSPITALIZATION DATES RELATED TO CUBBENT SERVICES           T78         NPI         TO           T78         NPI         TO           20. OUTBIDE LABT         \$ CHARGES	, ERING
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)  1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate AL to  A B,  F,  A A, DATE(S) OF SERVICE B,  C,  DD, PY MM, DD, YY SERVE BAG C,  C,  D, PR C,  C, D, PR C,	T78.         18. HOSPITALIZATION DATES RELATED TO CURRENT SERV.           T78.         NPI         TO           T78.         PROM         TO           Service line below (24E)         ICD Ind.         20. OUTBIDE LAB?         3 CHARGES           C.         D.         28. EESUBAIISSION         ORIGINAL REF. NO.           G.         H.         29. PRIOR AUTHORIZATION NUMBER         29. PRIOR AUTHORIZATION NUMBER           K         L         CCEDURES, BERVICES, OR SUPPLIES         DIAGNOSIS         PRIOR AUTHORIZATION NUMBER           NCPCS         MODIFIER         DIAGNOSIS         PRIOR         NPI           NPP         NPI         NPI         NPI         NPI	, ERING