ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

APPENDIX B – CLAIMS FILING

PAGE(S) 6

12/16/21

07/20/21

CLAIMS FILING

Hard copy billing of DME 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

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.

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT APPENDIX B – CLAIMS FILING

PAGE(S) 6

12/16/21

07/20/21

CMS 1500 (02/12) INSTRUCTIONS FOR DME SERVICES

Please click the following link to access "CMS 1500 (02/12) Instructions for DME Services": https://www.lamedicaid.com/Provweb1/billing_information/CMS_1500_DME.pdf.

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT APPENDIX B – CLAIMS FILING

PAGE(S) 6

12/16/21

07/20/21

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>. Denied claims must be corrected and resubmitted – not adjusted or voided.

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; and
- 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.

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

ISSUED: REPLACED: 12/16/21 07/20/21

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

APPENDIX B – CLAIMS FILING

PAGE(S) 6

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

ISSUED: REPLACED: 12/16/21 07/20/21

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

APPENDIX B – CLAIMS FILING

PAGE(S) 6

SAMPLE DME CLAIM FORM ADJUSTMENT WITH ICD-10 DIAGNOSIS CODE (DATES OF SERVICE ON OR AFTER 10/01/15)

HEALTH INSURANCE CLAIM FORM PPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 TTTTPRO	Mail To: Gainwell Technologies P.O. Box 91020 Baton Rouge, LA 70821				
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PATIENT'S NAME (Last Name, First Name, Midde Initial) S. PATIENT'S BERTH DATE BEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
LOU, JANNIE 06 11 00 M F X					
PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Set[Spouse] Chitr] Other	7. INSURED'S ADDRESS (No., Street)				
ITY STATE 8. RESERVED FOR NUCC USE	CITY STATE				
P CODE TELEPHONE (Indude Area Code)	ZIP CODE TELEPHONE (Induide Area Code)				
CTHER INSURED'S NAME (Last Name, First Name, Middle Initia) 10. IS PATIENT'S CONDITION RELATED TC:	11 INSURED'S POLICY GROUP OR FECA NUMBER				
OTHER INSURED'S POLICY OR GROUP NUMBER TPL CODE IF APPLICABLE RESERVED FOR NUCC USE	■ INSUBED S DATE OF BIRTH SEX				
RESERVED FOR NUCCUSE COTHER ACCIDENT?	C INSURANCE PLAN NAME OF PROBRAM NAME				
INSURANCE PLAN NAME OF PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?				
FXAMPLE OF IC	D 1 9 NO #yes, complete items 9, 9a, and 9d				
SIGNED DATE	IS. INSURED'S OR AUTHORIZED REPSONS SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for employed perceptions of the second second SIGNED				
DATE OF CURRENT ILLNESS, INJURY, OF PRESINANCY (LMP) 15. OF HER DATE MM DO YY QUAL DO YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION				
NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a 1234567	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
N JOHN DOE, MD 17a NPI 1234567890 ADDITIONAL CLAIM INFORMATION (Designated by NJCC) 1	FROM TO				
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9/12/16	a. 1326547895 a. 1987654				
IGNED DATE	APPROVED OMB-0936-1197 FORM 1500 (02-1				

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

APPENDIX B – CLAIMS FILING

PAGE(S) 6

12/16/21

07/20/21

Sample of a Claim Form

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			Self Spo	ouse Child	Other					
ПҮ		STATE	8. RESERVED F	FOR NUCC USE		CITY				STATE
PCODE	TELEPHONE (Include	le Area Code)				ZIP CODE		TELEPHO	VE (Include	a Area Code)
	()							()	
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						YES	NO	# yes, compl	ete items 9), 9a, and 9d.
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