Ambulatory Surgery Centers (ASCs)

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Ambulatory Surgery Centers (ASCs)

The Department of Health Care Policy and Financing (the Department) periodically modifies billing information. Therefore, the information in this manual is subject to change, and the manual is updated as new billing information is implemented.

Providers must be enrolled as a Colorado Medical Assistance Program provider in order to:

- Treat a Colorado Medical Assistance Program member
- Submit claims for payment to the Colorado Medical Assistance Program

Medical services provided in Ambulatory Surgery Centers (ASCs) are a benefit of the Colorado Medical Assistance Program.

Ambulatory Surgery Centers are distinct entities that provide a surgical setting for members who do not require hospitalization. If the ASC is part of a hospital, the ASC portion must be physically separated from all other health services offered at the hospital.

To receive payment, the center must be certified as an ASC, licensed by the Colorado Department of Public Health and Environment (CDPHE), and enrolled in the Colorado Medical Assistance Program.

Providers should refer to the Code of Colorado Regulations, Program Rules (10 CCR 2505-10), for specific information when providing care in an ASC.

Billing Information

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) requires that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information electronically in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions.

Paper Claims

Electronic claims format shall be required unless hard copy claims submittals are specifically prior authorized by the Department. Requests may be sent to Xerox State Healthcare, P.O. Box 90, Denver, CO 80201-0090. The following claims can be submitted on paper and processed for payment:

- Claims from providers who consistently submit five (5) claims or fewer per month (requires prior approval)
- Claims that, by policy, require attachments
- Reconsideration claims

Paper claims do not require an NPI but do require the Colorado Medical Assistance Program provider number. Electronically mandated claims submitted on paper are processed, denied, and marked with the message “Electronic Filing Required”.

Electronic Claims

Instructions for completing and submitting electronic claims are available through the following:

- X12N Technical Report 3 (TR3) for the 837P, 837I, or 837D (wpc-edi.com/)
- Companion Guides for the 837P, 837I, or 837D in the Provider Services
- Web Portal User Guide (via within the Web Portal)

The Colorado Medical Assistance Program collects electronic claim information interactively through the Colorado Medical Assistance Program Secure Web Portal (Web Portal) or via batch submission through a host system. Please refer to the Colorado General Billing Information Manual for additional electronic information.

Procedure/HCPCS Codes Overview

The Department accepts procedure codes that are approved by the Centers for Medicare & Medicaid Services (CMS). The procedure codes are used for submitting claims for services provided to Colorado Medical Assistance Program members and represent services that may be provided by enrolled certified Colorado Medical Assistance Program providers.

The Healthcare Common Procedural Coding System (HCPCS) is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of Current Procedural Terminology (CPT), a numeric coding system maintained by the American Medical Association (AMA).

The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by four numeric digits, while CPT codes are identified using five numeric digits.

HIPAA requires providers to comply with the coding guidelines of the AMA CPT Procedure Codes and the International Classification of Disease, Clinical Modification Diagnosis Codes. If there is no time designated in the official descriptor, the code represents one unit or session. Providers should regularly consult monthly bulletins located on the Department's website (colorado.gov/hcpf/Provider-Services) in the Provider Bulletins section. To receive electronic provider bulletin notifications, an email address can be entered into the Web Portal in the *(MMIS) Provider Data Maintenance* area or by completing and submitting a publication preference form. Bulletins include updates on approved procedure codes as well as the maximum allowable units billed per procedure.

Procedure Coding

The Colorado Medical Assistance Program provides benefits for medically necessary services. An ASC is an entity that operates exclusively for the purpose of furnishing surgical procedures that do not require hospitalization. An ASC may be part of a hospital, but only if the building space utilized by the ASC is physically separated from other health services offered by a hospital.

Medicaid-enrolled ASC providers must be certified by the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare program as an ASC. The facility must also be licensed by the CDPHE.

For payment purposes, ASC surgical procedures are grouped into ten (10) reimbursement categories. The Coloado Medical Assistance Program uses the Healthcare Common Procedural Coding System (HCPCS) to identify surgical services. HCPCS includes all codes published in the American Medical Association's (AMA) Current Procedural Terminology (CPT) and HCPCS Level II codes published by CMS. The AMA and CMS publish annual coding revisions. Medicaid bulletins notify providers when annual coding updates are implemented.

Refer to the end of this manual for a complete list of the Medicaid-approved ASC procedure codes effective January 1, 2014. The list is divided into related groups for payment. Only surgical procedure codes that are published in this manual are an ASC Medicaid benefit.

Services Must be Reported Using HCPCS Surgical Procedure Codes

During claim processing, the HCPCS surgical code is linked to the appropriate ASC group for payment calculation.

ASC Authorized Services

This manual contains a complete list of the Medicaid-approved ASC procedure codes effective January 1, 2014. The list is divided into related groups for payment. Only surgical procedure codes that are published in this manual are ASC Medicaid benefits.

Reimbursement

For payment purposes, ASC surgical procedures are grouped into ten categories. Within the tables below, please find the ASC Grouper rates and their effective dates.

The Colorado Medicaid reimbursement rates are the lower of billed charges or the maximum allowable payment by group are as follows:

Grouper	January 1 – June 30, 2011	July 1, 2011 – June 30, 2013	July 1, 2013- June 30, 2014	July 1, 2014 – Current
1	$ 252.03	$ 250.14	$ 255.14	$ 260.24
2	$ 337.57	$ 335.04	$ 341.74	$ 348.57
3	$ 386.00	$ 383.11	$ 390.77	$ 398.59
4	$ 476.82	$ 473.24	$ 482.70	$ 492.35
5	$ 542.68	$ 538.61	$ 549.38	$ 560.36
6	$ 625.18	$ 620.49	$ 632.89	$ 645.55
7	$ 753.09	$ 747.44	$ 762.38	$ 777.63
8	$ 736.44	$ 730.92	$ 745.53	$ 760.44
9	$1,013.45	$1,005.85	$1025.96	$1046.48
10	N/A	$1,668.35	$1701.72	$1735.75

Colorado Medicaid Program Payment Calculation

Submitted charges must represent usual and customary charges. Do not adjust charges to correspond to the anticipated Medicaid payment.

Colorado Medical Assistance Program providers must agree to accept Medicaid reimbursement as payment in full for benefit services. Medicaid members may not be billed for charges that exceed the Medicaid allowance. The Colorado Medicaid Management Information System (MMIS) calculates payment as the provider's billed charge or the established rate for the group, *whichever is less.*

Ambulatory Surgery Center Pilot Reimbursement

Beginning November 1, 2014, Colorado Medicaid is piloting a change in reimbursement for professional fees and Ambulatory Surgery Center facility fees for targeted procedures with the goal of moving targeted procedures from hospitals to Ambulatory Surgery Centers. The targeted procedures are for hernia repair and knee arthroscopies. The pilot reimbursement program will continue until June 30, 2015. The utilization of these procedure codes in hospitals and Ambulatory Surgery Centers will be analyzed to evaluate any utilization

change. The results of the analysis will be used to plan possible future professional and facility rates for services in Ambulatory Surgery Centers.

For the procedure codes identified in the table below, Colorado Medicaid has changed the grouper assignment for the Ambulatory Surgery Center facility fee to the grouper reimbursement that is closest to the Medicare rate without exceeding the Medicare rate.

	Hernia Repair	From Grouper	To Grouper
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	4	9
49505	RPR 1ST INGUN HRNA AGE 5 YRS/GT REDUCIBLE	4	9
49507	RPR 1ST INGUN HRNA AGE 5 YRS/GT INCARCERATED	9	9
49585	RPR UMBILICAL HRNA 5 YRS/GT REDUCIBLE	4	9
49587	RPR UMBILICAL HRNA AGE 5 YRS/GT INCARCERATED	9	9
49650	LAPS SURG RPR INITIAL INGUINAL HRNA	4	10
49651	LAPS SURG RPR RECURRENT INGUINAL HRNA	7	10

	Knee Arthroscopy	From Grouper	To Grouper
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	4	6
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	3	6
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	4	6
29881	ARTHRS KNEE SURG W/MENISCECTOMY MED/LAT W/SHVG	4	6
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	3	6

The professional fee for the procedures identified in the table below will be reimbursed at Medicare rates when the service is rendered in an ASC. To identify that the professional service was done at an ASC, the line item on the claim must use the SG modifier. The SG modifier for professional services should only be used when a hernia repair or a knee arthroscopy is done in an ASC. The professional service rates for the targeted procedures in any other setting will not be changed.

	Hernia Repair	Modifier	Rate
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	SG	$422.97
49505	RPR 1ST INGUN HRNA AGE 5 YRS/GT REDUCIBLE	SG	$578.50
49507	RPR 1ST INGUN HRNA AGE 5 YRS/GT INCARCERATED	SG	$651.25

	Hernia Repair	Modifier	Rate
49585	RPR UMBILICAL HRNA 5 YRS/GT REDUCIBLE	SG	$494.01
49587	RPR UMBILICAL HRNA AGE 5 YRS/GT INCARCERATED	SG	$528.85
49650	LAPS SURG RPR INITIAL INGUINAL HRNA	SG	$476.38
49651	LAPS SURG RPR RECURRENT INGUINAL HRNA	SG	$619.67

	Knee Arthroscopy	Modifier	Rate
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	SG	$697.57
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	SG	$742.97
29880	ARTHRS KNEE W/MENISCECTOMY MED and LAT W/SHAVING	SG	$630.96
29881	ARTHRS KNEE SURG W/MENISCECTOMY MED/LAT W/SHVG	SG	$606.69
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	SG	$1,108.72

Multiple Procedures

When multiple procedures are performed during the same session, the ASC claim should reflect the highest or most complex procedure.

Additional payment is not available for multiple or subsequent procedures performed at the same surgical setting. When multiple procedures are performed, the procedure with the highest reimbursement should be listed first on the claim.

Medicare Crossover Payment

Colorado Medicaid payment for Part B Medicare crossover claims is made as follows:

1. The sum of reported Medicare deductible and coinsurance **or**
2. The Colorado Medicaid allowed benefit **minus** the Medicare payment, *whichever is less*. Third Party liability payments and Medicaid copay amounts, as applicable, will be subtracted after the crossover allowed payment has been determined.

If the amount paid by Medicare equals or is greater than the Medicaid benefit, the Colorado Medicaid Program makes no additional payment. This method of determining payment is commonly referred to as "lower-of" pricing.

Note: Except for applicable Colorado Medicaid copayment amounts, unpaid balances cannot be billed to the Colorado Medicaid member or the member's family.

Services and Items Included at a Minimum in the ASC Reimbursement

1. Use of the facilities where the surgical procedures are performed
2. Nursing, technician, and related services
3. Drugs, biologicals, surgical dressings, supplies, splints, casts, and appliances and equipment directly related to the provision of surgical procedures
4. Diagnostic and therapeutic items and services directly related to the provision of a surgical procedure
5. Administrative, record keeping, and housekeeping items and services
6. All blood products (whole blood, plasma, platelets, etc.)
7. Materials for anesthesia
8. Intra-ocular lenses (IOLs)
9. Supervision of the services of an anesthetist by the operating surgeon

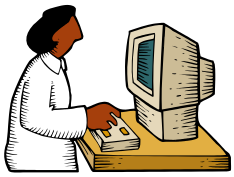
Services That may be Billed Separately

The following services/items are not included in the ASC rate and may be billed separately **by the actual provider of services**.

1. Physician services
2. Anesthetist services
3. Laboratory, radiology or diagnostic procedures (other than those directly related to performance of the surgical procedure)
4. Prosthetic devices (except IOLs)
5. Ambulance services
6. Leg, arm, back, and neck braces
7. Artificial limbs
8. Durable medical equipment for use in the member's home

Billing Procedures

Ambulatory Surgical Center facility claims are submitted as an 837 Professional (837P) electronic transaction or on the CMS 1500 paper claim form. Claim completion instructions are described in the above Billing Information. The following instructions are specific to ASC facility services claims. Ambulatory Surgical Center information does not apply to other provider types.



Ambulatory Surgical Center claims should be submitted electronically. Electronic claims submission reduces billing expense and claims processing time. Information about electronic claims submission may be obtained from Electronic Data Interchange (EDI) Support at 1-800-237-0757, Monday through Friday from 8:00 a.m. to 5:00 p.m. Mountain Time (MT).

Procedure codes: ASCs identify services using HCPCS surgical procedure codes. During claim processing, the surgical code is linked to an appropriate ASC group for payment calculation.

Implantable prosthetics: The following implantable prosthetic HCPCS codes are approved for billing by the ASC or the surgeon as an 837P transaction or on the CMS 1500 paper claim form:

L8600	Implantable breast prosthesis, silicone or equal
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8610	Ocular implant
L8612	Aqueous shunt
L8613	Ossicular implant
L8614	Cochlear device / system
L8619	Cochlear implant external speech processor, replacement
L8630	Metacarpophalangeal joint implant
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)
L8641	Metatarsal joint implant
L8642	Hallux implant
L8658	Interphalangeal joint spacer, silicone or equal, each
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size
L8670	Vascular graft material, synthetic, implant
L8689	External recharging system for battery (internal) for use with implantable neurostimulator
V2785	Processing, preserving and transporting corneal tissue

Billing Information

The ASC is responsible for obtaining required billing information from the surgeon. ASC providers are required to verify Medicaid eligibility before services are rendered. If eligibility is not verified, payment may be denied.

ICD-9-CM diagnosis: The diagnosis field(s) must be completed with an appropriate ICD-9-CM diagnosis code(s).

Place of service: Complete the Place Of Service (POS) field with a "24" for ASC facility charges.

Note: Electronic billers should consult the software instructions to assure that POS coding is submitted properly.

Rendering provider: Complete with the eight digit Colorado Medical Assistance Program provider number assigned to the operating surgeon.

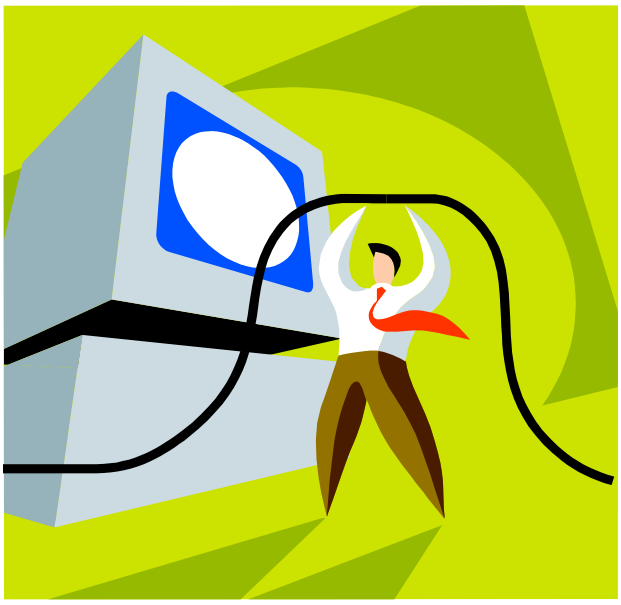
Referring provider: If the member is enrolled in the Primary Care Physician (PCP) program and the operating surgeon is not the PCP, the PCP's Colorado Medical Assistance Program provider number must be entered in this field. PCP-enrolled members must obtain PCP referral if surgical services are performed by a physician other than the PCP. If the member does not have an assigned PCP, this field may be left blank.

Sterilization procedures: All sterilization claims must have an attached copy of a properly completed MED-178 sterilization consent form. The surgeon is responsible for providing a copy of the MED-178 to the ASC. Claims without a properly completed MED-178 are denied. Refer to the Ambulatory Surgical Centers provider manual for complete billing requirements.

Hysterectomy procedures: Hysterectomy procedures are a benefit of Colorado Medicaid when performed solely for medical reasons. Hysterectomy is not a benefit if the procedure is performed solely for the purpose of sterilization, or if there was more than one purpose for the procedure and it would not have been performed but for the purpose of sterilization. Refer to the Ambulatory Surgical Centers provider manual for complete billing requirements.

Medicare crossover claims: Medicaid pays the Medicare deductible and coinsurance **or** the Medicaid-allowed benefit minus the Medicare payment, *whichever is less*. If Medicare's payment equals or is more than the Medicaid allowed benefit, crossover claims are paid at zero.

Most Medicare crossover claims are transmitted electronically from Medicare to Medicaid. If a Medicare claim does not cross automatically, the provider is responsible for submitting a "hardcopy crossover" claim on the CMS 1500 paper claim form. Refer to the end of the manual for an example of a completed paper crossover claim.



ASC Group 1

11404	21296	26110	27810	32405	43200	45332	50553	54220	63610	64859
11444	21480	26350	27816	32554	43201	45333	50555	54450	63661	64907
11971	21800	26476	27818	36262	43202	45334	50557	54500	63662	65175
12020	21820	26477	27824	36555	43204	45335	50561	54505	63663	65400
12021	22305	26478	27830	36556	43205	45337	50688	54800	63664	65800
13102	22310	26479	27831	36568	43215	45338	50951	54865	63688	65820
13122	23030	26516	27840	36569	43216	45339	50953	55100	64410	65865
13133	23330	26645	27842	36580	43217	45340	50955	55150	64415	66020
15003	23331	26990	27860	36584	43219	45341	50957	55175	64417	66500
15005	23333	26991	28222	36589	43220	45342	50961	55400	64420	66505
15111	23500	27040	28225	36590	43226	45345	50970	55680	64421	67015
15116	23505	27086	28226	36640	43235	45355	50972	55720	64430	67025
15131	23520	27193	28264	38300	43450	45387	50974	56441	64455	67030
15136	23525	27230	28400	38505	43453	45900	50976	56442	64479	67227
15151	23540	27238	28545	40818	43753	45905	50980	56700	64480	67346
15152	23545	27246	28575	40819	43754	45910	51080	57000	64483	67415
15156	23570	27250	28605	40831	43755	45915	51101	57023	64484	67500
15157	23575	27265	28635	41005	43756	46030	51102	57065	64490	67715
15272	23650	27323	28665	41006	43757	46050	51710	57180	64491	67820
15274	23655	27324	29581	41007	43760	46220	51726	57200	64492	67825
15276	23700	27380	29582	41008	43761	46230	51727	57426	64493	68510
15278	23930	27390	29583	41009	43870	46285	51728	57700	64494	68525
19081	24100	27500	29584	41010	44100	46608	51729	58555	64495	68810
19082	24500	27508	30120	41015	44312	46610	51785	59320	64510	69110
19083	24505	27510	30310	41016	44380	46611	51880	60000	64520	69205
19084	24530	27516	30801	41017	44382	46612	52000	61020	64530	69424
19085	24535	27517	30802	41018	44385	46706	52317	61026	64553	69450
19086	24560	27520	30903	41116	44386	46917	53000	61050	64568	69711
19100	24576	27530	30905	41500	44388	46922	53010	61055	64575	92018
19281	24577	27532	30906	41510	44389	46924	53020	61070	64580	92019
19282	24600	27538	31235	41512	44390	46946	53200	61888	64585	92020
19283	24655	27550	31238	41530	44391	47000	53442	62194	64595	G0260
19284	24670	27552	31515	41800	44392	47525	53445	62225	64600	
19285	24675	27560	31525	42180	44393	47530	53446	62263	64605	
19286	25028	27562	31527	42300	44394	48102	53447	62264	64610	
19287	25250	27570	31603	42310	44397	49180	53449	62267	64611	
19288	25251	27605	31612	42320	45000	49418	53450	62268	64620	
19290	25505	27606	31615	43211	45100	49419	53460	62269	64633	
19291	25520	27658	31620	43212	45305	49421	53665	62270	64634	
19295	25535	27750	31622	43213	45307	49422	53855	62272	64635	
19328	25635	27752	31637	43214	45308	50200	54057	62273	64636	
19330	25660	27760	31645	42600	45309	50390	54060	62280	64702	
20206	25671	27762	31646	42700	45315	50392	54065	62281	64704	
20220	25675	27780	31717	42720	45317	50393	54100	62282	64722	
20670	25690	27781	31720	42802	45320	50395	54105	62310	64726	
20694	26011	27786	31730	42804	45321	50396	54115	62311	64727	
21011	26025	27788	31820	42900	45327	50398	54150	62318	64832	
21295	26105	27808	31899	42960	45331	50551	54152	62319	64837	

ASC Group 2

10121	12044	15740	21400	23625	25248	26706	27641	28108	31233
10180	12045	15750	21452	23665	25263	26742	27656	28192	31237
11010	12046	15760	21485	23675	25565	26756	27659	28234	31240
11011	12047	15777	21497	23931	25624	26776	27664	28240	31320
11012	12054	16025	21501	23935	25676	26785	27665	28280	31400
11042	12055	16030	21502	24066	25680	26861	27675	28290	31420
11043	12056	19020	21552	24071	25695	26951	27681	28292	31510
11044	12057	19101	21554	24073	26020	27000	27695	28300	31511
11406	13100	19102	21555	24075	26030	27041	27696	28302	31512
11424	13120	19103	21556	24076	26034	27043	27698	28304	31513
11426	13131	19110	21600	24110	26055	27047	27704	28308	31526
11446	13160	19340	21610	24134	26060	27080	27705	28313	31528
11450	14000	20005	21700	24136	26070	27194	27707	28405	31529
11451	14040	20200	21805	24138	26100	27202	27709	28406	31530
11462	15002	20225	21925	24147	26111	27252	27730	28435	31535
11463	15004	20240	21930	24160	26113	27266	27732	28436	31570
11470	15040	20690	21931	24201	26115	27275	27734	28456	31571
11471	15050	20975	21932	24345	26116	27305	27740	28476	31576
11604	15100	21010	21933	24495	26140	27325	27742	28496	31577
11606	15110	21012	22315	24538	26200	27326	27825	28546	31578
11624	15115	21013	22505	24565	26210	27327	27829	28555	31595
11626	15120	21014	23000	24566	26262	27337	27832	28606	31613
11644	15130	21025	23020	24582	26320	27391	28020	28810	31614
11646	15135	21026	23066	24605	26471	27393	28022	28820	31623
11960	15150	21029	23071	24620	26474	27501	28024	28825	31624
12005	15155	21040	23073	25031	26485	27502	28039	30115	31625
12006	15201	21044	23075	25035	26550	27566	28043	30125	31628
12007	15220	21046	23076	25066	26560	27603	28050	30140	31629
12016	15221	21047	23100	25071	26596	27604	28052	30320	31630
12017	15260	21060	23170	25075	26605	27607	28054	30560	31631
12018	15261	21100	23172	25100	26607	27610	28060	30915	31634
12034	15271	21310	23174	25118	26650	27614	28086	31020	31635
12035	15273	21315	23405	25145	26675	27618	28088	31050	31636
12036	15275	21320	23406	25150	26676	27632	28100	31070	31638
12037	15277	21337	23605	25151	26705	27640	28104	31200	31640

ASC Group 2 - Continued

31641	40510	43232	44364	46707	52330	54163	62350	64778	66710
31643	40520	43236	44365	46754	52332	54164	62355	64783	66711
31755	40525	43237	44366	46760	52630	54512	62360	64787	66720
31825	40527	43238	44369	47510	52640	54660	62361	64795	66740
31830	40530	43239	44372	47552	52700	54700	62362	64802	66821
32551	40801	43240	44373	49082	53040	55110	62365	64834	68115
32555	40814	43241	44376	49083	53220	55120	63600	64840	68130
32560	40816	43242	44377	49084	53230	55180	63650	64856	68360
33010	40840	43243	44378	49402	53240	55200	63685	64857	68362
33011	41112	43244	45005	49411	53250	55250	63746	64858	68371
33222	41113	43245	45020	49426	53250	55700	64517	64872	68700
33223	41114	43246	45108	49540	53260	55705	64569	64885	68811
33233	41250	43247	45150	52001	53265	55706	64570	64886	68815
36261	41251	43248	45160	52005	53270	55725	64590	64890	69120
36557	41252	43249	45171	52007	53275	56440	64630	64891	69140
36558	41520	43250	45172	52010	53405	57010	64680	64892	69145
36575	41827	43251	45378	52204	53410	57020	64681	64893	69620
36576	42000	43255	45379	52214	53425	57105	64708	64901	G0105
36578	42107	43260	45380	52224	53430	57130	64712	64902	G0121
36581	42140	43261	45381	52234	53431	57135	64713	64905	
36860	42182	43262	45382	52260	53440	57155	64714	65135	
37609	42305	43263	45383	52270	53444	57156	64718	65150	
37650	42340	43264	45384	52275	53502	57210	64719	65235	
37700	42405	43265	45385	52277	53505	57400	64721	65270	
38305	42450	43267	45386	52281	53510	57410	64732	65272	
38308	42725	43268	45391	52283	53515	57415	64734	65410	
38500	42806	43269	45392	52285	53520	57513	64736	65420	
38510	42808	43271	45500	52287	53605	57520	64738	65815	
38520	42950	43272	45505	52290	54000	57522	64740	66160	
38525	42955	43273	45560	52300	54001	58120	64742	66174	
38530	42955	43456	45990	52305	54110	58346	64744	66175	
38542	42962	43458	46045	52310	54111	58559	64746	66185	
38740	43227	44360	46060	52315	54112	60200	64771	66250	
38760	43228	44361	46200	52318	54120	61885	64772	66682	
40500	43231	44363	46615	52327	54162	62230	64774	66700	

ASC Group 3

11770	15770	19126	23490	24579	25316	26160	26520	27381	27676
11771	15775	19301	23491	24615	25320	26170	26530	27385	27680
11772	15776	19342	23515	24635	25335	26180	26555	27386	27685
11970	15820	20205	23530	24685	25355	26205	26561	27392	27686
13101	15821	20245	23550	24925	25360	26373	26568	27394	27687
13121	15822	20250	23585	25000	25365	26392	26591	27395	27692
13132	15824	20251	23660	25020	25370	26410	26593	27396	27745
13150	15825	20525	23670	25023	25390	26412	26685	27397	27756
13151	15826	20650	23680	25024	25392	26416	26686	27400	27766
13152	15828	20680	23921	25025	25400	26426	26843	27418	27784
13153	15830	20900	24077	25073	25415	26428	26844	27420	27792
14001	15832	20910	24079	25076	25425	26432	26860	27424	27814
14020	15833	20912	24105	25077	25450	26433	26863	27427	27822
14021	15834	20922	24115	25078	25455	26434	26910	27497	27823
14041	15835	21016	24116	25085	25490	26437	27001	27498	27826
14060	15836	21034	24120	25101	25491	26440	27003	27499	27827
14061	15839	21050	24125	25107	25492	26442	27033	27503	27846
14350	15847	21070	24126	25110	25515	26445	27045	27509	27848
15101	15876	21355	24130	25111	25545	26449	27048	27594	27884
15121	15877	21356	24140	25119	25574	26450	27049	27600	27889
15200	15878	21401	24145	25120	25575	26455	27050	27601	27892
15240	15879	21450	24155	25125	25605	26460	27052	27602	27893
15241	15920	21453	24164	25126	25606	26480	27059	27612	27894
15570	15931	21490	24310	25130	25628	26483	27087	27615	28002
15572	15933	21557	24320	25135	25645	26489	27096	27616	28003
15574	15934	21558	24330	25136	25670	26490	27097	27619	28005
15576	15940	21720	24331	25210	25685	26492	27098	27630	28008
15600	15941	21725	24340	25265	25907	26494	27257	27634	28011
15610	15944	21935	24341	25272	25922	26496	27301	27635	28041
15630	15950	21936	24342	25290	25929	26497	27306	27637	28045
15731	15952	23031	24420	25295	26045	26499	27307	27638	28046
15732	15956	23035	24430	25300	26117	26508	27328	27647	28047
15734	19112	23040	24470	25301	26118	26510	27339	27650	28062
15736	19120	23077	24498	25310	26130	26517	27340	27652	28070
15738	19125	23078	24575	25315	26145	26518	27355	27654	28072

ASC Group 3 - Continued

28080	28293	29835	30220	36819	43259	52346	54520	62294	66630
28090	28294	29836	30430	36820	44340	52351	54522	63744	66635
28092	28296	29837	30920	36821	46020	52400	54620	64716	66680
28102	28297	29838	31030	36861	46040	52402	54670	64776	67250
28103	28298	29840	31205	37500	46080	52450	54680	64782	67255
28106	28305	29843	31254	37607	46250	52500	54830	64784	67311
28107	28310	29844	31256	37718	46255	53080	54860	64786	67400
28110	28312	29845	31267	37722	46257	53235	55040	64788	67880
28111	28415	29846	31276	37735	46258	53400	55500	64790	67882
28112	28445	29847	31287	37760	46260	53420	56515	64792	67911
28113	28465	29870	31288	37761	46270	54300	56740	64835	67912
28114	28505	29871	31295	37780	46275	54304	56800	64836	67914
28116	28525	29873	31296	37785	46700	54308	57220	64861	67921
28122	28531	29874	31297	37790	46750	54312	57230	64862	67961
28126	28576	29882	31531	38550	46753	54316	57268	64864	67966
28130	28585	29883	31536	40650	46761	54318	57300	64874	67971
28140	28615	29884	31540	40652	47553	54322	57530	64876	67973
28150	28636	29885	31611	40654	47554	54324	57550	64895	67974
28153	28645	29886	33212	40761	47555	54326	57558	64896	67975
28160	28666	29887	33213	40842	47560	54328	57720	64897	68500
28171	28675	29889	36260	40843	47561	54340	58350	64898	68505
28173	29800	29891	36560	42408	47630	54344	58558	65091	68540
28175	29804	29892	36561	42409	49320	54348	58560	65093	68550
28200	29805	29894	36563	42410	49590	54352	58561	65101	68550
28202	29806	29895	36565	42440	51715	54360	58562	65103	69150
28208	29807	29897	36566	42500	52235	54380	58670	65130	69300
28210	29819	29898	36570	42507	52240	54385	58671	65140	69310
28238	29820	29899	36571	42810	52276	54400	58800	65155	69421
28250	29821	29900	36582	42820	52301	54401	58820	65260	69436
28260	29822	29901	36583	42860	52334	54405	58900	65290	69440
28261	29823	29902	36585	42870	52341	54406	59160	65810	69670
28270	29825	30117	36800	42972	52342	54408	61215	66220	69676
28285	29826	30118	36810	43256	52343	54410	61790	66600	69700
28288	29830	30130	36815	43257	52344	54415	61791	66605	
28289	29834	30150	36818	43258	52345	54416	61886	66625	

ASC Group 4

14301	21465	24800	26415	27350	28420	31541	49652	64821	67332
14302	22900	25105	26418	27356	28485	31545	49654	64831	67334
15620	22901	25112	26420	27403	28705	31546	49656	64865	67335
15840	22902	25115	26498	27405	28715	35188	51020	64870	67340
15841	22903	25215	26500	27407	28725	35207	51030	65105	67405
15845	23044	25230	26502	27409	28730	36825	51040	65265	67550
15922	23105	25240	26540	27428	28735	36830	51045	65275	67570
15935	23106	25260	26542	27429	28740	36832	51050	65280	67900
15936	23107	25270	26545	27430	28750	36833	51065	65285	67903
15937	23140	25274	26546	27435	28755	36835	51500	65772	67904
15945	23150	25275	26548	27437	28760	38555	51520	65775	67908
15946	23180	25280	26562	27620	29850	38745	52250	65778	67909
15951	23182	25312	26608	27625	29851	42120	52325	65779	67916
15953	23184	25375	26615	27626	29855	42260	52352	65850	67917
15958	23190	25391	26665	27690	29856	42505	52353	65870	67923
19300	23430	25393	26715	27691	29860	42508	52354	65875	67924
19303	23440	25405	26735	27758	29861	42509	52355	65880	68320
19304	23480	25420	26765	27759	29863	42510	52356	66150	68325
19316	23532	25426	26841	27828	29875	43229	52601	66155	68326
19318	23552	25440	26842	27870	29876	43233	54015	66165	68328
19324	23615	25525	26850	27871	29914	43266	54205	66170	68330
19350	23616	25800	26852	28035	29915	46261	54420	66172	68335
19355	23800	25820	26862	28055	29916	46262	54435	66225	68340
19370	24000	26040	26952	28118	30160	46280	54440	66825	68720
19371	24006	26075	27035	28119	30400	46288	54530	66830	68745
20902	24101	26080	27100	28193	30520	49250	54550	66840	68750
20920	24102	26121	27105	28262	30580	49321	54600	66852	68770
20924	24301	26123	27110	28286	30600	49322	54640	66920	69666
20926	24305	26125	27111	28306	30930	49495	54840	67005	69667
21240	24400	26135	27310	28307	31032	49496	54861	67010	
21325	24410	26185	27330	28309	31051	49500	54900	67027	
21336	24435	26352	27331	28315	31075	49505	54901	67036	
21338	24515	26356	27332	28320	31081	49525	55060	67312	
21340	24516	26357	27333	28322	31084	49560	55520	67314	
21421	24545	26358	27334	28340	31085	49565	55530	67316	
21445	24586	26370	27335	28341	31086	49570	55535	67318	
21451	24665	26372	27345	28344	31087	49580	60280	67320	
21461	24666	26390	27347	28345	31239	49600	60281	67331	

ASC Group 5

15650	23156	25444	27067	31560	49550	59820	67440
15823	23195	25445	27329	31561	49555	59821	67445
15829	23395	25447	27357	31580	51992	59840	67450
19357	23410	25449	27358	31582	52320	59841	67901
19366	23415	25526	27360	31588	53210	59870	67902
19380	23450	25607	27364	31590	53215	59871	67906
21206	23460	25608	27438	31750	54692	65110	69550
21209	23465	25609	27441	40844	55041	65426	69631
21242	23630	25805	27442	40845	55540	65780	69632
21243	24360	25810	27443	41120	56620	65781	69633
21270	24361	25825	27496	42145	56810	65782	69660
21280	24362	25830	27700	42200	57240	65900	69661
21282	24365	26535	28299	42205	57250	65930	69662
21330	24366	26536	28737	42210	57260	66180	69720
21339	24370	26565	29824	42220	57288	66930	69740
21454	24371	26567	29827	42226	57289	66940	69745
21462	24546	26580	30410	42235	57291	67041	69801
22904	24587	26587	30420	42815	57556	67042	69820
22905	24802	26590	30435	42821	58145	67043	69840
23120	25040	26746	30540	42825	58660	67107	
23125	25332	26820	30545	42826	58661	67218	
23130	25337	27060	31090	42830	58662	67412	
23145	25441	27062	31201	42831	58672	67413	
23146	25442	27065	31255	42835	58673	67420	
23155	25443	27066	31300	42836	59812	67430	

ASC Group 6

29877	29880	29888	66986
29879	29881	66985	

ASC Group 7

19302	23334	30620	65710	69603
21120	23397	30630	65730	69604
21121	23400	40700	65750	69605
21122	23412	40701	65755	69635
21123	23420	40720	65756	69636
21125	23455	42215	65770	69637
21181	23462	42415	65920	69641
21208	23466	42420	66130	69642
21210	23485	42425	66850	69643
21215	23802	42665	67039	69644
21230	24363	42890	67040	69645
21235	25446	42892	67108	69646
21244	26230	46762	67112	69650
21245	26531	46947	67343	69805
21246	26541	49520	69320	69806
21248	26727	49568	69501	69905
21249	27372	56625	69502	69910
21267	27422	57265	69505	69915
21275	27425	57267	69511	69930
21335	28120	58353	69530	
21345	30450	65112	69552	
23101	30460	65114	69601	

ASC Group 8

66982	66983	66984

ASC Group 9

19296	35876	44383	49582	55873
19297	36475	45190	49585	55875
19298	36476	47511	49587	58545
19325	36478	47556	49653	58546
21127	36479	49500	49655	58550
22520	36831	49501	49657	58563
22521	36870	49505	50590	58565
22522	38570	49507	50947	62287
29848	38571	49521	50948	69714
29862	38572	49553	52282	69715
29893	41899	49557	52647	69717
30462	43653	49561	52648	69718
30465	44370	49566	54690	
35875	44379	49572	55550	

ASC Group 10

47562	47564	49651
47563	49650	

Paper Claim Reference Table

The following paper form reference table shows required, optional, and conditional fields and detailed field completion instructions for the CMS 1500 claim form.

CMS Field #	Field Label	Field is?	Instructions
1	**Insurance Type**	Required	Place an "X" in the box marked as Medicaid.
1a	**Insured's ID Number**	Required	Enter the member's Colorado Medical Assistance Program seven-digit Medicaid ID number as it appears on the Medicaid Identification card. Example: A123456
2	**Patient's Name**	Required	Enter the member's last name, first name, and middle initial.
3	**Patient's Date of Birth / Sex**	Required	Enter the patient's birth date using two digits for the month, two digits for the date, and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the member.
4	**Insured's Name**	Conditional	Complete if the member is covered by a **Medicare** health insurance policy. Enter the insured's full last name, first name, and middle initial. If the insured used a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name.
5	**Patient's Address**	Not Required	
6	**Patient's Relationship to Insured**	Conditional	Complete if the member is covered by a commercial health insurance policy. Place an "X" in the box that identifies the member's relationship to the policyholder.
7	**Insured's Address**	Not Required	
8	**Reserved for NUCC Use**		

CMS Field #	Field Label	Field is?	Instructions
9	**Other Insured's Name**	Conditional	If field 11d is marked "YES", enter the insured's last name, first name and middle initial.
9a	**Other Insured's Policy or Group Number**	Conditional	If field 11d is marked "YES", enter the policy or group number.
9b	**Reserved for NUCC Use**		
9c	**Reserved for NUCC Use**		
9d	**Insurance Plan or Program Name**	Conditional	If field 11d is marked "YES", enter the member insurance plan or program name.
10a-c	**Is Patient's Condition Related to?**	Conditional	When appropriate, place an "X" in the correct box to indicate whether one or more of the services described in field 24 are for a condition or injury that occurred on the job, as a result of an auto accident or other.
10d	**Reserved for Local Use**		
11	**Insured's Policy, Group or FECA Number**	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's policy number as it appears on the ID card. Only complete if field 4 is completed.
11a	**Insured's Date of Birth, Sex**	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's birth date using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the insured member.

CMS Field #	Field Label	Field is?	Instructions
11b	**Other Claim ID**	Not Required	
11c	**Insurance Plan Name or Program Name**	Not Required	
11d	**Is there another Health Benefit Plan?**	Conditional	When appropriate, place an "X" in the correct box. If marked "YES", complete 9, 9a and 9d.
12	**Patient's or Authorized Person's signature**	Required	Enter "Signature on File", "SOF", or legal signature. If there is no signature on file, leave blank or enter "No Signature on File". Enter the date the claim form was signed.
13	**Insured's or Authorized Person's Signature**	Not Required	
14	**Date of Current Illness Injury or Pregnancy**	Conditional	Complete if information is known. Enter the date of illness, injury or pregnancy, (date of the last menstrual period) using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Enter the applicable qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period
15	**Other Date**	Not Required	
16	**Date Patient Unable to Work in Current Occupation**	Not Required	
17	**Name of Referring Physician**	Not Required	
18	**Hospitalization Dates Related**	Not Required	

CMS Field #	Field Label	Field is?	Instructions
	to Current Service		
19	**Additional Claim Information**	Conditional	**LBOD** Use to document the Late Bill Override Date for timely filing.
20	**Outside Lab?** **$ Charges**	Conditional	Complete if all laboratory work was referred to and performed by an outside laboratory. If this box is checked, no payment will be made to the physician for lab services. Do not complete this field if any laboratory work was performed in the office. Practitioners may not request payment for services performed by an independent or hospital laboratory.
21	**Diagnosis or Nature of Illness or Injury**	Required	Enter at least one but no more than twelve diagnosis codes based on the member's diagnosis/condition. Enter applicable ICD indicator to identify which version of ICD codes is being reported. 9 ICD-9-CM 0 ICD-10-CM
22	**Medicaid Resubmission Code**	Conditional	List the original reference number for resubmitted claims. When resubmitting a claim, enter the appropriate bill frequency code in the left-hand side of the field. 7 Replacement of prior claim 8 Void/Cancel of prior claim This field is not intended for use for original claim submissions.
23	**Prior Authorization**	Not Required	
24	**Claim Line Detail**	Information	The paper claim form allows entry of up to six detailed billing lines. Fields 24A through 24J apply to each billed line. **Do not enter more than six lines of information** on the paper claim. If more than six lines of information are entered, the

CMS Field #	Field Label	Field is?	Instructions
			additional lines will not be entered for processing. Each claim form must be fully completed (totaled). **Do not file continuation claims** (e.g., Page 1 of 2).
24A	**Dates of Service**	Required	The field accommodates the entry of two dates: a "From" date of services and an "To" date of service. Enter the date of service using two digits for the month, two digits for the date and two digits for the year. Example: 010114 for January 1, 2014 From To 01 01 14 | | | Or From To 01 01 14 01 01 14 Span dates of service From To 01 01 14 01 31 14 Practitioner claims must be consecutive days. <u>Single Date of Service</u>: Enter the six digit date of service in the "From" field. Completion of the "To field is not required. Do not spread the date entry across the two fields. <u>Span billing</u>: permissible if the same service (same procedure code) is provided on consecutive dates. **Supplemental Qualifier** To enter supplemental information, begin at 24A by entering the qualifier and then the information. ZZ Narrative description of unspecified code N4 National Drug Codes VP Vendor Product Number OZ Product Number CTR Contract Rate JP Universal/National Tooth Designation

CMS Field #	Field Label	Field is?	Instructions
			JO Dentistry Designation System for Tooth & Areas of Oral Cavity
24B	**Place of Service**	Required	Enter the Place of Service (POS) code that describes the location where services were rendered. The Colorado Medical Assistance Program accepts the CMS place of service codes. 24 ASC
24C	**EMG**	Conditional	Enter a "Y" for YES or leave blank for NO in the bottom, unshaded area of the field to indicate the service is rendered for a life-threatening condition or one that requires immediate medical intervention. If a "Y" for YES is entered, the service on this detail line is exempt from co-payment requirements.
24D	**Procedures, Services, or Supplies**	Required	Enter the HCPCS procedure code that specifically describes the service for which payment is requested. All procedures must be identified with codes in the current edition of Physicians Current Procedural Terminology (CPT). CPT is updated annually. HCPCS Level II Codes The current Medicare coding publication (for Medicare crossover claims only). Only approved codes from the current CPT or HCPCS publications will be accepted.
24D	**Modifier**	Not Required	
24E	**Diagnosis Pointer**	Required	Enter the diagnosis code reference letter (A-L) that relates the date of service and the procedures performed to the primary diagnosis. At least one diagnosis code reference letter must be entered. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. This field allows for the entry of 4 characters in the unshaded area.

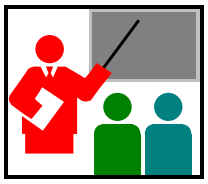
CMS Field #	Field Label	Field is?	Instructions
24F	**$ Charges**	Required	Enter the usual and customary charge for the service represented by the procedure code on the detail line. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number. Some CPT procedure codes are grouped with other related CPT procedure codes. When more than one procedure from the same group is billed, special multiple pricing rules apply. The base procedure is the procedure with the highest allowable amount. The base code is used to determine the allowable amounts for additional CPT surgical procedures when more than one procedure from the same grouping is performed. Submitted charges cannot be more than charges made to non-Colorado Medical Assistance Program covered individuals for the same service. Do not deduct Colorado Medical Assistance Program co-payment or commercial insurance payments from the usual and customary charges.
24G	**Days or Units**	Required	Enter the number of services provided for each procedure code. Enter whole numbers only- do not enter fractions or decimals. **Anesthesia Services** Anesthesia services must be reported as minutes. Units may only be reported for anesthesia services when the code descripton includes a time period. Anesthesia time begins when the anesthetist begins patient preparation for induction in the operating room or an equivalent area and ends when the anesthetist is no longer in constant attendance. No additional benefit or additional units are added for emergency conditions or the member's physical status. The fiscal agent converts reported anesthesia time into fifteen minute units. Any fractional unit of service is rounded up to the next fifteen minute increment.

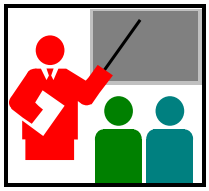
CMS Field #	Field Label	Field is?	Instructions
24H	**EPSDT/Family Plan**	Conditional	**EPSDT** (shaded area) For Early & Periodic Screening, Diagnosis, and Treatment related services, enter the response in the shaded portion of the field as follows: AV Available- Not Used S2 Under Treatment ST New Service Requested NU Not Used **Family Planning** (unshaded area) If the service is Family Planning, enter "Y" for YES or "N" for NO in the bottom, unshaded area of the field**.**
24I	**ID Qualifier**	Not Required	
24J	**Rendering Provider ID #**	Not Required	
25	**Federal Tax ID Number**	Not Required	
26	**Patient's Account Number**	Optional	Enter information that identifies the patient or claim in the provider's billing system. Submitted information appears on the Provider Claim Report (PCR).
27	**Accept Assignment?**	Required	The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer's program.
28	**Total Charge**	Required	Enter the sum of all charges listed in field 24F. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.
29	**Amount Paid**	Conditional	Enter the total amount paid by Medicare or any other commercial health insurance that has made payment on the billed services. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.

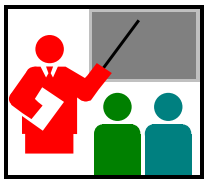
CMS Field #	Field Label	Field is?	Instructions
30	**Reserved for NUCC Use**	Not Required	
31	**Signature of Physician or Supplier Including Degrees or Credentials**	Required	Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent. A holographic signature stamp may be used if authorization for the stamp is on file with the fiscal agent. An authorized agent or representative may sign the claim for the enrolled provider if the name and signature of the agent is on file with the fiscal agent. Each claim must have the date the enrolled provider or registed authorized agent signed the claim form. Enter the date the claim was signed using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. **Unacceptable signature alternatives:** Claim preparation personnel may not sign the enrolled provider's name. Initials are not acceptable as a signature. Typed or computer printed names are not acceptable as a signature. "Signature on file" notation is not acceptable in place of an authorized signature.
32	**32- Service Facility Location Information** **32a- NPI Number** **32b- Other ID #**	Not Required	
33	**33- Billing Provider Info & Phone #** **33a- NPI Number** **33b- Other ID #**	Required	Enter the name of the individual or organization that will receive payment for the billed services in the following format: 1st Line Name 2nd Line Address 3rd Line City, State and ZIP Code 33a- NPI Number Enter the NPI of the billing provider 33b- Other ID #

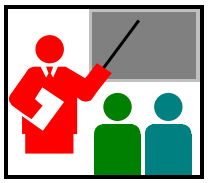
CMS Field #	Field Label	Field is?	Instructions
			Enter the eight-digit Colorado Medical Assistance Program provider number of the individual or organization.

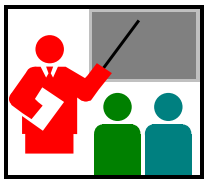
Sterilizations, Hysterectomies and Abortions

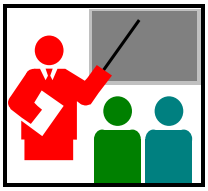
Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions 	**Voluntary Sterilizations** Sterilization for the purpose of family planning is a benefit of the Colorado Medical Assistance Program in accordance with the following procedures: **General Requirements** The following requirements must be followed precisely or payment will be denied. These claims **must** be filed on paper. A copy of the sterilization consent form (MED-178) must be attached to each related claim for service including the hospital, anesthesiologist, surgeon, and assistant surgeon. ➤ The individual must be at least 21 years of age at the time the consent is obtained. ➤ The individual must be mentally competent. An individual who has been declared mentally incompetent by a federal, state, or local court of competent jurisdiction for any purpose cannot consent to sterilization. The individual can consent if she has been declared competent for purposes that include the ability to consent to sterilization. ➤ The individual must voluntarily give "informed" consent as documented on the MED-178 consent form (see illustration) and specified in the "Informed Consent Requirements" described in these instructions. ➤ At least 30 days but not more than 180 days must pass between the date of informed consent and the date of sterilization with the following exceptions: **Emergency Abdominal Surgery:** An individual may consent to sterilization at the time of emergency abdominal surgery if at least 72 hours have passed since the member gave informed consent for the sterilization. **Premature Delivery:** A member may consent to sterilization at the time of a premature delivery if at least 72 hours have passed since she gave informed consent for the sterilization and the consent was obtained at least 30 days prior to the expected date of delivery. The person may not be an "institutionalized individual". Institutionalized includes: ➤ Involuntarily confinement or detention, under a civil or criminal statute, in a correctional or rehabilitative facility including a mental hospital or other facility for the care and treatment of mental illness. ➤ Confinement under a voluntary commitment in a mental hospital or other facility for the care and treatment of mental illness.

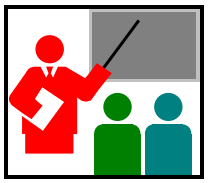
Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions 	**If any of the above requirements are not met, the claim will be denied.** Unpaid or denied charges resulting from clerical errors such as the provider's failure to follow the required procedures in obtaining informed consent or failure to submit required documentation with the claim may not be billed to the member. Informed consent requirements The person obtaining informed consent must be a professional staff member who is qualified to address all the consenting member's questions concerning medical, surgical, and anesthesia issues. Informed consent is considered to have been given when the person who obtained consent for the sterilization procedure meets **all** of the following criteria: ➤ Has offered to answer any questions that the member who is to be sterilized may have concerning the procedure. ➤ Has provided a copy of the consent form to the member. ➤ Has verbally provided all of the following information or advice to the member who is to be sterilized: ▪ Advice that the member is free to withhold or withdraw consent at any time before the sterilization is done without affecting the right to any future care or treatment and without loss or withdrawal of any federally funded program benefits to which the member might be otherwise entitled. ▪ A description of available alternative methods of family planning and birth control. ▪ Advice that the sterilization procedure is considered to be irreversible. ▪ A thorough explanation of the specific sterilization procedure to be performed. ▪ A full description of the discomforts and risks that may accompany or follow the performing of the procedure including an explanation of the type and possible effects of any anesthetic to be used. ▪ A full description of the benefits or advantages that may be expected as a result of the sterilization. ▪ Advice that the sterilization will not be performed for at least 30 days except in the case of premature delivery or emergency abdominal surgery. ▪ Suitable arrangements have been made to ensure that the preceding information was effectively communicated to a member who is blind, deaf, or otherwise handicapped. ▪ The individual to be sterilized was permitted to have a witness of his or her choice present when consent was obtained. • The consent form requirements (noted below) were met. • Any additional requirement of the state or local law for obtaining consent was followed.

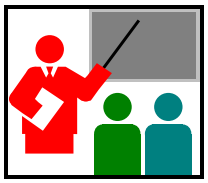
Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions 	▪ Informed consent may not be obtained while the individual to be sterilized is: ✓ In labor or childbirth; ✓ Seeking to obtain or is obtaining an abortion; and/or ✓ Under the influence of alcohol or other substances that may affect the individual's sense of awareness. **MED-178 Consent Form Requirements** Evidence of informed consent must be provided on the MED-178 consent form. The MED-178 form is available on the Department's website (colorado.gov/hcpf)→For Our Providers→Provider Services→Forms→Sterilization Consent Forms. The fiscal agent is required to assure that the provisions of the law have been followed before Colorado Medical Assistance Program payment can be made for sterilization procedures. A copy of the MED-178 consent form must be attached to every claim submitted for reimbursement of sterilization charges including the surgeon, the assistant surgeon, the anesthesiologist, and the hospital or ambulatory surgical center. The surgeon is responsible for assuring that the MED-178 consent form is properly completed and providing copies of the form to the other providers for billing purposes. Spanish forms are acceptable. **A sterilization consent form initiated in another state is acceptable when the text is complete and consistent with the Colorado form.** **Completion of the MED-178 consent form** Please refer to the MED-178 Instructions on the Department's website (colorado.gov/hcpf)→For Our Providers→Provider Services→Forms→Sterilization Consent Forms. Information entered on the consent form must correspond directly to the information on the submitted Colorado Medical Assistance Program claim form. Federal regulations require strict compliance with the requirements for completion of the MED-178 consent form or claim payment is denied. Claims that are denied because of errors, omissions, or inconsistencies on the MED-178 may be resubmitted if corrections to the consent form can be made in a legally acceptable manner. Any corrections to the member's portion of the sterilization consent must be approved and initialed by the member.

Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions (continued) 	**Hysterectomies** Hysterectomy is a benefit of the Colorado Medical Assistance Program when performed solely for medical reasons. Hysterectomy is not a benefit of the Colorado Medical Assistance Program if the procedure is performed solely for the purpose of sterilization, or if there was more than one purpose for the procedure and it would not have been performed but for the purpose of sterilization. **The following conditions must be met for payment of hysterectomy claims under the Colorado Medical Assistance Program**. These claims must be filed on paper. ➤ Prior to the surgery, the person who secures the consent to perform the hysterectomy must inform the member and/or member's representative verbally and in writing that the hysterectomy will render the member permanently incapable of bearing children. ➤ The member and/or member's representative must sign a written acknowledgment that the member has been informed that the hysterectomy will render the member permanently incapable of reproducing. The written acknowledgment may be any form created by the provider that states specifically that, "I acknowledge that prior to surgery, I was advised that a hysterectomy is a procedure that will render me permanently incapable of having children." The acknowledgment must be signed and dated by the member. A written acknowledgment from the member is not required if: ➤ The member is already sterile at the time of the hysterectomy, or ➤ The hysterectomy is performed because of a life-threatening emergency in which the practitioner determines that prior acknowledgment is not possible. If the member's acknowledgment is not required because of the one of the above noted exceptions, the practitioner who performs the hysterectomy **must certify in writing**, as applicable, one of the following: ➤ A signed and dated statement certifying that the member was already sterile at the time of hysterectomy and stating the cause of sterility; ➤ A signed and dated statement certifying that the member required hysterectomy under a life-threatening, emergency situation in which the practitioner determined that prior acknowledgment by the member was not possible. The statement must describe the nature of the emergency.

Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions (continued) 	A copy of the member's written acknowledgment or the practitioner's certification as described above must be attached to all claims submitted for hysterectomy services. A suggested form on which to report the required information is the Acknowledgment/Certification Statement for a Hysterectomy form located on the Department's Web site. Providers may copy this form, as needed, for attachment to claim(s). Providers may substitute any form that includes the required information. The submitted form or case summary documentation must be signed and dated by the practitioner performing the hysterectomy. The surgeon is responsible for providing copies of the appropriate acknowledgment or certification to the hospital, anesthesiologist, and assistant surgeon for billing purposes. **Claims will be denied if a copy of the written acknowledgment or practitioner's statement is not attached.** **Abortions** **Induced Abortions** Therapeutic legally induced abortions are a benefit of the Colorado Medical Assistance Program when performed to save the life of the mother. The Colorado Medical Assistance Program also reimburses legally induced abortions for pregnancies that are the result of sexual assault (rape) or incest. A copy of the appropriate certification statement must be attached to all claims for legally induced abortions performed for the above reasons. Because of the attachment requirement, claims for legally induced abortions must be submitted on paper and must **not** be electronically transmitted. Claims for spontaneous abortions (miscarriages), ectopic, or molar pregnancies are not affected by these regulations. The following procedure codes are appropriate for identifying induced abortions: 59840 59841 59851 59852 59850 59855 59856 59857 Diagnosis code ranges: 635.00-635.92 637.00-637.92 Surgical diagnosis codes 69.01 69.51 69.93 74.91 75.0

Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions (continued) 	**Providers Billing on the CMS 1500 Claim Form** Use the appropriate procedure/diagnosis code from the list above **and** the most appropriate modifier from the list below: G7 - Termination of pregnancy resulting from rape, incest, or certified by physian as life-threatening. **Providers Billing on the UB-04 Claim Form** Use the appropriate procedure/diagnosis code from those listed previously **and** the most appropriate condition code from the list below: AA Abortion Due to Rape AB Abortion Due to Incest AD Abortion Due to Life Endangerment In addition to the required coding, all claims must be submitted with the required documentation. Claims submitted for induced abortion-related services submitted without the required documentation will be denied. **Induced Abortions to Save the Life of the Mother** Every reasonable effort to preserve the lives of the mother and unborn child must be made before performing an induced abortion. The services must be performed in a licensed health care facility by a licensed practitioner, unless, in the judgment of the attending practitioner, a transfer to a licensed health care facility endangers the life of the pregnant woman and there is no licensed health care facility within a 30 mile radius of the place where the medical services are performed. "**To save the life of the mother**" means: The presence of a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, as determined by the attending practitioner, which represents a serious and substantial threat to the life of the pregnant woman if the pregnancy is allowed to continue to term. The presence of a psychiatric condition which represents a serious and substantial threat to the life of the pregnant woman if the pregnancy continues to term. All claims for services related to induced abortions to save the life of the mother must be submitted with the following documentation: ➤ Name, address, and age of the pregnant woman ➤ Gestational age of the unborn child ➤ Description of the medical condition which necessitated the performance of the abortion ➤ Description of services performed ➤ Name of the facility in which services were performed ➤ Date services were rendered

Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions (continued) 	And, at least one of the following forms with additional supporting documentation that confirms life-endangering circumstances: ➤ Hospital admission summary ➤ Hospital discharge summary ➤ Consultant findings and reports ➤ Laboratory results and findings ➤ Office visit notes ➤ Hospital progress notes **A suggested form on which to report the required information is the Certification Statement for Abortion to Save the Life of the Mother.** The form may be found on the Department's Web site. Providers may copy this form, as needed, for attachment to claim(s). Providers may substitute any form that includes the required information. The submitted form or case summary documentation must be signed and dated by the practitioner performing the abortion service. For psychiatric conditions lethal to the mother if the pregnancy is carried to term, the attending practitioner must: ➤ Obtain consultation with a physician specializing in psychiatry. ➤ Submit a report of the findings of the consultation unless the pregnant woman has been receiving prolonged psychiatric care. ***The practitioner performing the abortion is responsible for providing the required documentation to other providers (facility, anesthetist, etc.) for billing purposes.*** ***Induced abortions when pregnancy is the result of sexual assault (rape) or incest*** Sexual assault (including rape) is defined in the Colorado Revised Statutes (C.R.S.) 18-3-402 through 405, 405.3, or 405.5. Incest is defined in C.R.S. 18-6-301. Providers interested in the legal basis for the following abortion policies should refer to these statutes. All claims for services related to induced abortions resulting from sexual assault (rape) or incest **must** be submitted with the "Certification Statement for Abortion for Sexual Assault (Rape) or Incest". **A suggested form is located on the Department's Web site**. This form **must**: ➤ Be signed and dated by the patient or guardian **and** by the practitioner performing the induced abortion AND ➤ Indicate if the pregnancy resulted from sexual assault (rape) or incest. Reporting the incident to a law enforcement or human services agency is not mandated. If the pregnant woman did report the incident, that information should be included on the Certification form. No additional documentation is required. The practitioner performing the abortion is responsible for providing the required documentation to other providers (facility, anesthetist, etc.) for billing purposes.

Billing Instruction Detail	Instructions
Sterilizations, Hysterectomies, and Abortions (continued) 	**Spontaneous Abortion (Miscarriage)** **Ectopic and Molar Pregnancies** Surgical and/or medical treatment of pregnancies that have terminated spontaneously (miscarriages) and treatment of ectopic and molar pregnancies are routine benefits of the Colorado Medical Assistance Program. Claims for treatment of these conditions do not require additional documentation. The claim must indicate an ICD-9-CM diagnosis code that specifically demonstrates that the termination of the pregnancy was not performed as a therapeutic legally induced abortion. The following diagnosis codes are appropriate for identifying conditions that may properly be billed for Colorado Medical Assistance Program reimbursement. 630 Hydatidiform Mole 631 Other Abnormal Products of Conception 632 Missed Abortion 633-633.9 Ectopic Pregnancy 634- 634.92 Spontaneous Abortion 656.4 Intrauterine Death The following HCPCS (CPT) procedure codes may be submitted for covered abortion and abortion related services. 58120 D & C For Hydatidiform Mole 59100 Hysterectomy For Removal of Hydatidiform Mole 59812-59830 Medical and Surgical Treatment of Abortion ***Fetal anomalies incompatible with life outside the womb*** Therapeutic abortions performed due to fetal anomalies incompatible with life outside the womb are not a Colorado Medical Assistance Program benefit.

Late Bill Override Date

For electronic claims, a delay reason code must be selected and a date must be noted in the "Claim Notes/LBOD" field.

Valid Delay Reason Codes

1 Proof of Eligibility Unknown or Unavailable

3 Authorization Delays

7 Third Party Processing Delay

8 Delay in Eligibility Determination

9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules

11 Other

The Late Bill Override Date (LBOD) allows providers to document compliance with timely filing requirements when the initial timely filing period has expired. Colorado Medical Assistance Program providers have 120 days from the date of service to submit their claim. For information on the 60-day resubmission rule for denied/rejected claims, please see the General Provider Information manual in the Provider Services Billing Manuals section.

Making false statements about timely filing compliance is a misrepresentation and falsification that, upon conviction, makes the individual who prepares the claim and the enrolled provider subject to fine and imprisonment under state and/or federal law.

Billing Instruction Detail	Instructions
LBOD Completion Requirements	• Electronic claim formats provide specific fields for documenting the LBOD. • Supporting documentation must be kept on file for 6 years. • For paper claims, follow the instructions appropriate for the claim form you are using. ➢ *UB-04*: Occurrence code 53 and the date are required in FL 31-34. ➢ *CMS 1500*: Indicate "LBOD" and the date in box 19 – Additional Claim Informaion. ➢ *2006 ADA Dental*: Indicate "LBOD" and the date in box 35 - Remarks
Adjusting Paid Claims	If the initial timely filing period has expired and a previously submitted claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was paid and now needs to be adjusted, resulting in additional payment to the provider. **Adjust the claim within 60 days** of the claim payment. Retain all documents that prove compliance with timely filing requirements. *Note: There is no time limit for providers to adjust paid claims that would result in repayment to the Colorado Medical Assistance Program.* **LBOD** = the run date of the Colorado Medical Assistance Program Provider Claim Report showing the payment.

Billing Instruction Detail	Instructions
Denied Paper Claims	If the initial timely filing period has expired and a previously submitted paper claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was denied. **Correct the claim errors and refile within 60 days** of the claim denial or rejection. Retain all documents that prove compliance with timely filing requirements. **LBOD** = the run date of the Colorado Medical Assistance Program Provider Claim Report showing the denial.
Returned Paper Claims	A previously submitted paper claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was returned for additional information. **Correct the claim errors and re-file within 60 days** of the date stamped on the returned claim. Retain a copy of the returned claim that shows the receipt or return date stamped by the fiscal agent. **LBOD** = the stamped fiscal agent date on the returned claim.
Rejected Electronic Claims	An electronic claim that was previously entered within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was rejected and information needed to submit the claim was not available to refile at the time of the rejection. **Correct claim errors and refile within 60 days** of the rejection. Maintain a printed copy of the rejection notice that identifies the claim and date of rejection. **LBOD** = the date shown on the claim rejection report.
Denied/Rejected Due to Member Eligibility	An electronic eligibility verification response processed during the original Colorado Medical Assistance Program timely filing period states that the individual was not eligible but you were subsequently able to verify eligibility. Read also instructions for retroactive eligibility. **File the claim within 60 days** of the date of the rejected eligibility verification response. Retain a printed copy of the rejection notice that identifies the member and date of eligibility rejection. **LBOD** = the date shown on the eligibility rejection report.
Retroactive Member Eligibility	The claim is for services provided to an individual whose Colorado Medical Assistance Program eligibility was backdated or made retroactive. File the claim within 120 days of the date that the individual's eligibility information appeared on state eligibility files. Obtain and maintain a letter or form from the county departments of social services that: • Identifies the patient by name • States that eligibility was backdated or retroactive • Identifies the date that eligibility was added to the state eligibility system. **LBOD** = the date shown on the county letter that eligibility was added to or first appeared on the state eligibility system.

Billing Instruction Detail	Instructions
Delayed Notification of Eligibility	The provider was unable to determine that the patient had Colorado Medical Assistance Program coverage until after the timely filing period expired. **File the claim within 60 days** of the date of notification that the individual had Colorado Medical Assistance Program coverage. Retain correspondence, phone logs, or a signed Delayed Eligibility Certification form (see Certification & Request for Timely Filing Extension in the Provider Services Forms section) that identifies the member, indicates the effort made to identify eligibility, and shows the date of eligibility notification. • Claims must be filed within 365 days of the date of service. No exceptions are allowed. • This extension is available only if the provider had no way of knowing that the individual had Colorado Medical Assistance Program coverage. • Providers who render services in a hospital or nursing facility are expected to get benefit coverage information from the institution. • The extension does not give additional time to obtain Colorado Medical Assistance Program billing information. • If the provider has previously submitted claims for the member, it is improper to claim that eligibility notification was delayed. **LBOD** = the date the provider was advised the individual had Colorado Medical Assistance Program benefits.
Electronic Medicare Crossover Claims	An electronic claim is being submitted for Medicare crossover benefits within 120 days of the date of Medicare processing/ payment. (Note: On the paper claim form (only), the Medicare SPR/ERA date field documents crossover timely filing and completion of the LBOD is not required.) **File the claim within 120 days** of the Medicare processing/ payment date shown on the Standard Paper Remit (SPR) or Electronic Remittance Advice (ERA). Maintain a copy of the SPR/ERA on file. **LBOD** = the Medicare processing date shown on the SPR /ERA.
Medicare Denied Services	The claim is for Medicare denied services (Medicare non-benefit services, benefits exhausted services, or the member does not have Medicare coverage) being submitted within 60 days of the date of Medicare processing/denial. *Note: This becomes a regular Colorado Medical Assistance Program claim, not a Medicare crossover claim.* **File the claim within 60 days** of the Medicare processing date shown on the Standard Paper Remit (SPR) or Electronic Remittance Advice (ERA). Attach a copy of the SPR/ERA if submitting a paper claim and maintain the original SPR/ERA on file. **LBOD** = the Medicare processing date shown on the SPR/ERA.

Billing Instruction Detail	Instructions
Commercial Insurance Processing	The claim has been paid or denied by commercial insurance. **File the claim within 60 days** of the insurance payment or denial. Retain the commercial insurance payment or denial notice that identifies the patient, rendered services, and shows the payment or denial date. Claims must be filed within 365 days of the date of service. No exceptions are allowed. If the claim is nearing the 365-day limit and the commercial insurance company has not completed processing, file the claim, receive a denial or rejection, and continue filing in compliance with the 60-day rule until insurance processing information is available. **LBOD** = the date commercial insurance paid or denied.
Correspondence LBOD Authorization	The claim is being submitted in accordance with instructions (authorization) from the Colorado Medical Assistance Program for a 60 day filing extension for a specific member, claim, services, or circumstances. **File the claim within 60 days** of the date on the authorization letter. Retain the authorization letter. **LBOD** = the date on the authorization letter.
Member Changes Providers during Obstetrical Care	The claim is for obstetrical care where the patient transferred to another provider for continuation of OB care. The prenatal visits must be billed using individual visit codes but the service dates are outside the initial timely filing period. **File the claim within 60 days** of the last OB visit. Maintain information in the medical record showing the date of the last prenatal visit and a notation that the patient transferred to another provider for continuation of OB care. **LBOD** = the last date of OB care by the billing provider.

CMS 1500 ASC Claim Example

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare #) [X] MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): D444444

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Client, Ima A

3. PATIENT'S BIRTH DATE MM 10 DD 16 YY 45 SEX M F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO If yes, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File DATE 1/1/15

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. 6850 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01 01 15	01 01 15	24		11770		1	383 00	1		NPI	
2											NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO. Optional

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES NO

28. TOTAL CHARGE $ 383 00

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED Signature DATE 1/1/15

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

ABC Surgery Center
100 Any Street
Any City

a. 1234567890 b. 04567890

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

CMS 1500 ASC Crossover Claim Example

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): D444444

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Client, Ima A

3. PATIENT'S BIRTH DATE MM 10 DD 16 YY 45 SEX M F X

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): Client, Ima A

a. OTHER INSURED'S POLICY OR GROUP NUMBER: Medicare Policy Number

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME: Medicare Plan Name

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO

b. AUTO ACCIDENT? YES NO PLACE (State)

c. OTHER ACCIDENT? YES NO

10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? X YES NO If yes, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File DATE 1/1/15

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. 6850 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 01 15 01 01 15	24		11770		1	383 00	1		NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.: Optional

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $ 383 00

29. AMOUNT PAID $ 306 40

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

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ASC Revisions Log

Revision Date	Additions/Changes	Pages	Made by
04/20/2009	*Drafted Manual*	*All*	*jg*
05/11/2009	*Web site addresses updated*	*Throughout*	*jg*
07/06/2009	*Accepted changes and verified TOC*	*Throughout*	*jg*
08/05/2009	*Re-verified TOC*	*1*	*jg*
10/19/2009	*LBOD*	*18*	*jg*
01/12/2010	*Updated Web site links*	*Throughout*	*jg*
02/10/2010	*Changed EOMB to SPR*	*14 & 20*	*jg*
03/04/2010	*Added link to Program Rules*	*2*	*jg*
03/11/2010	*Added SPR to Special Instructions for Medicare SPR Date field*	*14*	*jg*
07/09/2010	*Updated date examples for field 19A* *Updated claim examples*	*11* *36 & 37*	*jg*
07/14/2010	*Added Electronic Remittance Advice (ERA) to Special Instructions for Medicare SPR Date field and* *to Electronic Medicare Crossover Claims & to Medicare Denied Services in Late Bill Override Date section.*	*14* *20*	*jg*
09/24/2010	*Added statement about billing most costly or most complex procedure on the first line of the claim*	*5*	*jg*
12/05/2011	*Replaced 997 with 999* *Replaced http://www.wpc-edi.com/hipaa with http://www.wpc-edi.com* *Replaced Implementation Guide with Technical Report 3 (TR3)*	*4* *2* *2*	*ss*
12/05/2012	*Added procedural billing information*	*6-9*	*cc*
04/30/2013	*Removed Items and Services Included in ASC Rates, Multiple Procedures, and Impatanable Prosthetic*	*6*	*db*
05/09/2013	*Consolidated electronic billing information* *Added Groupers to manual* *Deleted:* *Grouper 1: 31656, 32420, 32421, 43234, 65805* *Grouper 2: 32422* *Added:* *Grouper 1: 32554* *Grouper 2: 32555, 52287* *Grouper 5: 24370, 24371*	*3-5* *42-50*	*cc*

Revision Date	Additions/Changes	Pages	Made by
	Updated Sterilizations, Hysterectomies and Abortions section with correct coding.	*27-39*	
05/13/2013	*Updated TOC* *Reformatted*	*i* *Throughout*	*jg*
09/27/2013	*Removed MED-178 instructions and example. Referenced location of form and instructions on p 26*	*26-30*	*cc*
10/03/2013	*Reordered ASC Groups, Paper Claim Reference Table, Sterilizations, Hysterectomies and Abortions, Late Bill Override Date and Claim Examples* *Updated TOC*	*7-42* *i*	*jg*
02/03/2014	*Removed the following codes from the corresponding Grouper: Grouper 1- 54150; Grouper 2- 54160, 54161.* *Added the following codes into the corresponding Grouper: Grouper 1- 19081, 19082, 19083, 19084, 19085, 19086, 19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 23333, 43211, 43212, 43213, 43214; Grouper 4- 43229, 43233, 43266, 52356; Grouper 7- 23334*		*cc*
02/03/2014	*Updated TOC* *Updated abortion information* *Updated claim examples*	*i* *34* *41 & 42*	*Jg*
03/18/2014	*Added updated Grouper pricing*	*3*	*cc*
03/19/2014	*Added "$" to Reimbursement "July 1, 2013- Current"*	*3*	*Jg*
5/9/2014	*Added* 47563, 47564	*15*	*al, mm*
7/11/14	*Changed CO 1500 claim examples to CMS 1500 claim examples*	*38 & 39*	*ZS*
7/11/14	*Updated Professional Claim Billing Instructions section with CMS 1500 information.*		*ZS*
7/11/14	*Replaced all CO 1500 references with CMS 1500*	*Throughout*	*ZS*
7/17/2014	*Updated all web links to reflect new Department website*	*Throughout*	*mm*
7/17/2014	*Updated all references from Client to Member*	*Throughout*	*mm*
11/20/14	*Updated reimbursement table*	*3*	*AL*
11/20/14	*Added ASC Pilot program information*	*3*	*AL*
11/20/14	*Updated ASC group tables*	*8-16*	*AL*
11/25/14	*Updated sentences in Reimbursement and ASC Pilot sections*	*3 & 4*	*RM*
11/25/14	*Updated spelling for consistency in Hernia Repair & Knee Arthroscopy tables*	*4*	*RM*
11/25/14	*Formatted ASC Group Tables*	*6-16*	*RM*

Revision Date	Additions/Changes	Pages	Made by
11/25/14	*Removed duplicative words from Paper Claim Reference table*	*17, 18 & 21*	*RM*
11/25/14	*Spelled out Phone and Reserved*	*25*	*RM*
11/25/14	*Billing Detail Instructions- updated links and bread crumbs, replace Appendix H information with correct form*	*29 & 36*	*RM*
12/01/14	*TOC format, table alignment, and some minor grammar revisions.*	*Throughout*	*BL*

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.