



**ICD-10 Changes to  
CMS-1500 Billing Guide**

04/01/2014

**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**

*ICD-10 Changes to CMS-1500*

*April 2014*

**Table of Contents**

<b><i>Introduction</i></b> .....	<b>1</b>
<b><i>CMS-1500 Billing Guide Changes</i></b> .....	<b>2</b>

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# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*ICD-10 Changes to CMS-1500 Billing Guide*

*April 2014*

### ***Introduction***

On January 16, 2009, the Department of Health and Human Services (HHS) published a final rule on the International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), requiring all HIPAA-covered entities to adopt the ICD-10-CM/PCS (diagnosis/inpatient procedure codes) by October 1, 2013. Because of industry readiness concerns, the final rule was modified on September 5, 2012, to delay the adoption of the code set until October 1, 2014.

Subsequently, the Protecting Access to Medicare Act of 2014 (H.R. 4302) mandated that HHS cannot adopt the ICD-10 code set as the standard before October 1, 2015. HHS is expected to officially announce an ICD-10 implementation date.

Effective for dates of service beginning on or after the ICD-10 implementation date, claims submitted to MassHealth must include the ICD-10 diagnosis codes. In addition, claims for inpatient services with a date of discharge on or after the implementation date must be billed with the new ICD-10 diagnosis and inpatient procedure code set.

The following changes have been made to the CMS-1500 billing guide to comply with the HHS ruling and guidelines. These guides are posted on the MassHealth ICD-10 Implementation web page, [www.mass.gov/eohhs/gov/newsroom/masshealth/providers/icd10-implementation.html](http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/icd10-implementation.html).

The changes in this guide should be used in conjunction with the CMS-1500 billing guide to ensure a complete set of instructions.

Please Note: Effective January 1, 2012, MassHealth implemented an all-electronic claims submission policy to achieve greater efficiency. All claims must be submitted electronically, unless the provider has received an approved electronic claim submission waiver. Ninety-day waiver requests and final deadline appeals may be submitted either electronically through the Provider Online Service Center (POSC) or on paper.

Please see [All Provider Bulletin 217](#), dated September 2011, and [All Provider Bulletin 223](#), dated February 2012, for more information about MassHealth's paper claims waiver policy. For information on how to submit 90-day waiver requests and final deadline appeals electronically, please also see [All Provider Bulletin 220](#) and [All Provider Bulletin 221](#), both dated December 2011, and [All Provider Bulletin 226](#), dated June 2012.

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

### CMS-1500 Billing Guide Changes

#### Changes to the CMS-1500 Billing Guide

Date	Change	Field No.	Field Name	Existing Description	Change Description
4/1/2014	Introduction text changed	N/A	N/A	Please Note: Effective January 1, 2012, MassHealth is moving toward an all-electronic claims submission policy to achieve greater efficiency. All claims must be submitted electronically, unless the provider has received an approved electronic claim submission waiver. 90-day waiver requests and final deadline appeals may be submitted either electronically via the Provider Online Service Center (POSC) or on paper.	Please Note: Effective January 1, 2012, MassHealth adopted an all-electronic claims submission policy to achieve greater efficiency. All claims must be submitted electronically, unless the provider has received an approved electronic claim submission waiver. 90-day waiver requests and final deadline appeals may be submitted either electronically via the Provider Online Service Center (POSC) or on paper.
4/1/2014	The sample CMS-1500 form was replaced with the updated form.	N/A	N/A-	N/A	N/A
4/1/2014	Member identification (ID) number is required in all cases.	1a	Insured's I.D. Number	Enter the complete 12-character member identification (ID) number that is printed on the MassHealth card. If the Medicare box is checked in Field 1 (and if this is a crossover claim), enter the member's HIC (health insurance claim) number.	Enter the complete 12-character member identification (ID) number that is printed on the MassHealth card.
4/1/2014	Field name changed.	8	Reserved for NUCC Use	N/A	N/A
4/1/2014	Changes to instructions for completing the field.	9	Other Insured's Name	If Field 11d has an entry, complete Fields 9 and 9a through 9d, as applicable. When additional group health coverage exists, enter the name of the other insured in the following order: last name, first name, middle initial.	If Field 11d has an entry, complete Fields 9, 9a, and 9d, as applicable. When additional group health coverage exists, enter the name of the other insured in the following order: last name, first name, middle initial.
4/1/2014	Field now reserved for NUCC use.	9b	Reserved for NUCC Use	Enter the eight-digit date of birth of the other insured in MM/DD/YYYY format. Enter an X in the applicable box to indicate the gender of the other insured. Only one box can	Not required

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

Changes to the CMS-1500 Billing Guide					
Date	Change	Field No.	Field Name	Existing Description	Change Description
				be marked. If the gender is unknown, leave this field blank.	
4/1/2014	Field now reserved for NUCC use.	9c	Reserved for NUCC Use	Enter the name of the other insured's employer or school.	Not required
4/1/2014	Field no longer available for MassHealth use.	10d	Claim Codes (Designated by NUCC)	If submitting a Medicare crossover claim, enter the complete 12-character member identification (ID) number that is printed on the MassHealth card.	Not required. MassHealth member identification (ID) is captured at field 1a.
4/1/2014	Changes to instructions for completing the field.	11d	Is There Another Health Benefit Plan?	Enter an X in the appropriate box to indicate whether or not there is another health benefit plan. If Yes, complete Fields 9 and 9a through 9d. Make an entry in only one box.	Enter an X in the appropriate box to indicate whether or not there is another health benefit plan. If Yes, complete Fields 9, 9a, and 9d. Make an entry in only one box.
4/1/2014	Field now requires a qualifier.	14	Date of Current: Illness, Injury, or Pregnancy (LMP)	Enter the start date of the present illness, injury, or condition in MMDDYYYY or MMDDYY format. For pregnancy, use the date of the last menstrual period (LMP).	Enter the start date of the present illness, injury, or condition in MMDDYYYY or MMDDYY format. For pregnancy, use the date of the last menstrual period (LMP). Enter one of the following qualifiers to indicate which date is being reported: <ul style="list-style-type: none"> <li>• 431: Onset of Current Symptoms of Illness</li> <li>• 484: Last Menstrual Period</li> </ul>
4/1/2014	Field name changed and field is now required.	15	Other Date	Not required	Enter another date related to the patient's condition or treatment in MMDDYYYY or MMDDYY format. Enter one of the following qualifiers to identify which date is being reported: <ul style="list-style-type: none"> <li>• 454: Initial Treatment</li> <li>• 304: Latest visit or Consultation</li> <li>• 453: Acute Manifestation of a Chronic Condition</li> <li>• 439: Accident</li> <li>• 455: Last X-ray</li> </ul>

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

Changes to the CMS-1500 Billing Guide					
Date	Change	Field No.	Field Name	Existing Description	Change Description
					<ul style="list-style-type: none"> <li>• 471: Prescription</li> <li>• 090: Report Start (Assumed Care Date)</li> <li>• 091: Report End (Relinquished Care Date)</li> <li>• 444: First Visit or Consultation</li> </ul> <p>Enter the qualifier between the left-hand set of vertical, dotted lines.</p>
4/1/2014	Multiple providers can now be specified using qualifiers.	17	Name of Referring Provider or Other Source	Enter the name and credentials of the professional who referred, ordered, or supervised the service(s) or supply(ies) on the claim in the following order: first name, middle initial, last name.	<p>Enter the name and credentials of the professional who referred, ordered, or supervised the service(s) or supply(ies) on the claim in the following order: first name, middle initial, last name. If multiple providers are involved, enter one provider using the following priority order:</p> <ol style="list-style-type: none"> <li>1. Referring Provider</li> <li>2. Ordering Provider</li> <li>3. Supervising Provider</li> </ol> <p>Do not use periods or commas. A hyphen can be used for hyphenated names.</p> <p>Enter one of the following qualifiers to identify which provider is being reported:</p> <ul style="list-style-type: none"> <li>• DN: Referring Provider</li> <li>• DK: Ordering Provider</li> <li>• DQ: Supervising Provider</li> </ul> <p>Enter the qualifier to the left of the vertical, dotted line.</p>
4/1/2014	Field name removed and instructions changed.	17a	(Unnamed)	<p>If the referring provider has an NPI, enter the provider's taxonomy code with a qualifier of PXC, if applicable.</p> <p>If the referring provider is atypical and does not have an NPI, enter the 10-character MassHealth provider ID with a qualifier of G2.</p>	<p>Enter the other ID number of the referring, ordering, or supervising provider in the shaded area of this field. In the box to the immediate right of "17a." enter one of the following qualifiers to identify what other ID number is being reported:</p> <ul style="list-style-type: none"> <li>• 0B: State License Number</li> </ul>

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

Changes to the CMS-1500 Billing Guide					
Date	Change	Field No.	Field Name	Existing Description	Change Description
					<ul style="list-style-type: none"> <li>• 1G: Provider UPIN Number</li> <li>• G2: Provider Commercial Number (MassHealth Provider ID)</li> <li>• LU: Location Number (for supervising provider only)</li> </ul>
4/1/2014	Field no longer available for MassHealth use.	19	Additional Claim Information (Designated by NUCC)	<p>Not required unless otherwise noted.</p> <p>Durable Medical Equipment (Repairs):</p> <p>If the repair does not require prior authorization, enter the following information:</p> <ul style="list-style-type: none"> <li>• the name of the person who requested the repair;</li> <li>• the date of the request and a specific description of the equipment malfunction;</li> <li>• a list of procedures and parts used to complete the repair;</li> <li>• the cost of each procedure and part; and</li> <li>• the time required to complete the repair.</li> </ul> <p>If there is not enough space in this field, submit an attachment with the claim containing the above-mentioned information.</p>	<p>Not required.</p> <p>Previously, this field was used to report information about Durable Medical Equipment repairs. When submitting a claim for a repair that does not require prior authorization, provide the following information in an attachment:</p> <ul style="list-style-type: none"> <li>• the name of the person who requested the repair;</li> <li>• the date of the request and a specific description of the equipment malfunction;</li> <li>• a list of procedures and parts used to complete the repair;</li> <li>• the cost of each procedure and part; and</li> <li>• the time required to complete the repair.</li> </ul>
4/1/2014	Field name and instructions changed.	21	Diagnosis or Nature of Illness or Injury (A–L to service line below (24E)	<p>Enter the ICD-9-CM diagnosis code. If there is a fourth or fifth digit, it is a required part of the code. Enter up to four ICD-9-CM codes.</p> <p>Relate lines 1, 2, 3, and 4 to the lines of service in Field 24E by line number. Use the highest level of specificity.</p> <p>Do not provide a narrative description in this field.</p> <p>When entering the number,</p>	<p>Between the vertical, dotted lines labeled “ICD Ind.” in the upper right-hand portion of the field, enter one of the following indicators to identify which version of ICD codes are being reported:</p> <ul style="list-style-type: none"> <li>• 9: ICD-9-CM</li> <li>• 0: ICD-10-CM</li> </ul> <p>On lines A through L, enter up to 12 ICD-CM codes to identify each of the patient’s diagnoses or</p>

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

Changes to the CMS-1500 Billing Guide					
Date	Change	Field No.	Field Name	Existing Description	Change Description
				include a space (accommodated by the period) between the two sets of numbers. If entering a code with more than three beginning digits (for example, E codes), enter the fourth digit over the period.	conditions. Relate lines A through L to the lines of service in Field 24E by line letter. Use the highest level of specificity. Do not provide a narrative description in this field.
4/1/2014	Changes to field name and instructions for claims resubmittals.	22	Resubmission Code Original Ref. No.	<p><i>For Adjustments:</i></p> <p>When requesting an adjustment to a paid claim, enter an “A” followed by the 13-character internal control number (ICN) assigned to the paid claim. This ICN appears on the remittance advice on which the original claim was paid. Please refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p> <p><i>For Resubmittals:</i></p> <p>When resubmitting a denied claim, enter an “R” followed by the 13-character ICN assigned to the denied claim. This ICN appears on the remittance advice on which the original claim was denied. Please refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p>	<p>When resubmitting a claim, enter one of the following bill frequency codes left-justified in the left-hand portion of this field:</p> <p style="padding-left: 40px;">7: Replacement of prior claim</p> <p style="padding-left: 40px;">8: Void/cancel of prior claim</p> <p>In the right-hand portion of the field, enter the 13-character internal control number (ICN) assigned to the paid claim. This ICN appears on the remittance advice on which the original claim was paid. Please refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p>
4/1/2014	Clarifying note added.	24	(Unnamed)	N/A	<p>Note: Each of the six rows designated for field 24 contains an upper, shaded area and a lower, unshaded area. Enter information in the shaded and unshaded areas as follows:</p> <ul style="list-style-type: none"> <li>• Shaded/upper area: drugs; injectable devices; durable medical equipment; oxygen and</li> </ul>



# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

ICD-10 Changes to CMS-1500 Billing Guide

April 2014

Changes to the CMS-1500 Billing Guide					
Date	Change	Field No.	Field Name	Existing Description	Change Description
					respiratory therapy equipment; prosthetics and orthotics. <ul style="list-style-type: none"> <li>Unshaded/lower area: date of current illness, injury, or pregnancy; place of service; emergency status; procedures, services, or supplies; diagnosis pointer; charges; days/units; etc.</li> </ul>
4/1/2014	Clarifications to field name and description.	24A	Date(s) of Service (for lower, unshaded area)	Enter the date the service was provided in MMDDYYYY format.	Enter the date the service was provided in MMDDYYYY format in the <b>unshaded area</b> .
4/1/2014	Changed references to pointers from numeric to alphabetic.	24E	Diagnosis Pointer	If applicable, enter the diagnosis code reference number (pointer) as shown in Field 21 to relate the date of service and the procedures performed to the primary diagnosis. (ICD-9-CM diagnosis codes must be entered in Field 21 only. Do not enter them in Field 24E.) When multiple services are performed, enter the primary reference number for each service first, followed by other applicable services. The reference number should be a 1, 2, 3, 4, or multiple numbers as explained in the previous sentence. Enter numbers left-justified in the field. Do not use commas between the numbers.	If applicable, enter the diagnosis code reference letter (pointer) as shown in Field 21 to relate the date of service and the procedures performed to the primary diagnosis. (ICD-CM diagnosis codes must be entered in Field 21 only. Do not enter them in Field 24E.) When multiple services are performed, enter the primary reference letter for each service first, followed by other applicable services. The reference number should be a letter A through L or multiple letters as explained in the previous sentence. Enter letters left-justified in the field. Do not use commas between the letters.
4/1/2014	Field now reserved for NUCC use	30	Rsvd for NUCC Use	N/A	Not required
4/1/2014	Appendix A: TPL Supplemental Instructions	N/A	N/A	N/A	Removed references to fields 1a, 9b, 10d, and changed TPL Required information for field 11d to reflect changes to these fields.

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*ICD-10 Changes to CMS-1500 Billing Guide*

*April 2014*

### Changes to the CMS-1500 Billing Guide

Date	Change	Field No.	Field Name	Existing Description	Change Description
	for Submitting Claims on the CMS-1500 for Members with Medicare Coverage				