To: First Choice VIP Care Plus Participating Providers and Facilities

Date: September, 2015

Subject: **UPDATED LIST OF COMMON ERRORS ON CLAIMS SUBMISSIONS.**

Summary: Earlier this year, we distributed a list of common errors made to claims submissions and advised that as of April 1, 2015, paper claims completed improperly would be rejected. For your reference, attached is an updated list of common errors. Fields where updates have occurred are outlined in bold.

Action Required:

Please reference the attached updated grids for both the CMS-1500 and UB-04 required fields and billing guidelines for the mandated 5010 837 formats to ensure your claims are submitted correctly.

If you have any questions, please contact your Provider Account Executive or Provider Services at 1-800-978-0862.

CMS-1500 (02/12) AND UBO4 PAPER CLAIMS REJECT CRITERIA

Field #	CMS-1500 (02/12) Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
2	Patient's Name	"**Member name is missing or illegible.**" (If first and/or last name are missing or illegible, the claim will be rejected.)
3	Patient's Birth Date	"**Member date of birth (DOB) is missing.**" (If missing month and/or day and/or year, the claim will be rejected.)
3	Patient's Birth Sex	"**Member's sex is required.**" (If no box is checked, the claim will be rejected.)
4	Insured's Name	"**Insured's name missing or illegible.**" (If first and/or last name is missing or illegible, the claim will be rejected.)

Field #	CMS-1500 (02/12) Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
5	Patient's Address(number, street, city, state, zip) phone	"**Patient address is missing.**" (If street number and/or street name and/or city and/or state and/or zip are missing, the claim will be rejected.)
6	Patient Relationship to Insured	"**Patient relationship to insured is required.**" (If none of the four boxes are selected, the claim will be rejected.)
7	Insured's Address(number, street, city, state, zip) phone	"**Insured's address is missing.**" (If street number and/or street name and/or city and/or state and/or zip are missing, the claim will be rejected.)
21	Information related to Diagnosis/Nature of Illness/Injury	"**Diagnosis code is missing or illegible.**" (The claim will be rejected.)
24	Supplemental Information	"**National Drug Code** (NDC) **data is missing/incomplete/invalid.**" (The claim will be rejected if NDC data is missing, incomplete, or has an invalid unit/basis of measurement.)
24A	Date of Service	"**Date of service (DOS) is missing or illegible.**" (The claim will be rejected if both the" From" and "To" DOS are missing. If both "From" and "To" DOS are illegible, the claim will be rejected. If only the "From" or "To" DOS is billed, the other DOS will be populated with the DOS that is present.)
24B	Place of Service	"**Place of service is missing or illegible.**" (Claim will be rejected.)
24D	Procedure, Services or Supplies	"**Procedure code is missing or illegible.**" (Claim will be rejected.)
24E	Diagnosis Pointer	"**Diagnosis (DX) pointer is required on line ___**" [lines **1-6].** (For each service line with a "From" DOS, at least one diagnosis pointer is required. If the DX pointer is missing, the claim will be rejected.)
24F	Line item charge amount	"**Line item charge amount is missing on line ___**" [line **1-6].** (If a value greater than or equal to zero is not present on each valid service line, claim will be rejected.)
24G	Days/Units	"**Days/units are required on line ___**" [lines **1-6].** (For each line with a "From" DOS, days/units are required. If a numeric value is not present on each valid service line, claim will be rejected.)
24J	Rendering Provider identification	"**National provider identifier (NPI) of the servicing/rendering provider is missing, or illegible.**" (If NPI is missing or illegible, claim will be rejected.)

Field #	CMS-1500 (02/12) Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
26	Patient Account/Control Number	"**Patient Account/Control number is missing or illegible**" (If missing or illegible, claim will reject)
27	Assignment Number	"**Assignment acceptance must be indicated on the claim.**" (If "Yes" or "No" is not checked, the claim will be rejected.)
28	Total Claim Charge Amount	"**Total charge amount is required.**" (If a value greater than or equal to zero is not present, the claim will be rejected.)
31	Signature of physician or supplier including degrees or credentials	"**Provider name is missing or illegible.**" (If the provider name, including degrees or credentials, and date is missing or illegible, the claim will be rejected.)
33	Billing Provider Information and Phone number	"**Billing provider name and/or address is missing or incomplete.**" (If the name and/or street number and/or street name and/or city and/or state and/or zip are missing, the claim will be rejected.)
33	Billing Provider Information and Phone number	"**Field 33 of the CMS1500 claim form requires the provider's physical service address.**" (If a PO Box is present, the claim will be rejected.)

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
1	Billing Provider Name, Address and Telephone Number	"**Billing provider name and/or address missing or incomplete.**" (If the name and/or street number and/or street name and/or city and/or state and/or zip are missing, the claim will be rejected.)
1	Billing Provider Name, Address and Telephone Number	"**Field 1 of the UB04 claim form requires the provider's physical service address.**" (If a PO Box is present, the claim will be rejected.)
3a	Patient Account/ Control Number	"**Patient account/control number is missing or illegible.**" (If the number is missing or illegible, the claim will be rejected.)
8b	Patient Name	"**Member name is missing or illegible.**" (If first and/or last name are missing or illegible, the claim will be rejected.)

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
9a-e	Patient Address	"**Patient address is missing.**" (If street number and/or street name and/or city and/or state and/or zip are missing, the claim will be rejected.)
10	Patient Birth Date	"**Member DOB is missing.**" (If missing month and/or day and/or year, the claim will be rejected.)
11	Patient Sex	"**Member's sex is required**" (If missing, the claim will be rejected.)
12	Admission Date	"**Admission Date is missing or illegible.**" (Use the bill type table to identify if it is an inpatient (IP) or outpatient (OP) claim; If it is OP, do not reject claim. If it is IP and a valid date is not billed, the claim will be rejected.)
12	Admission Date	"**Based on the date the claim was received, the admission date is a future date.**" (Use bill type table to identify if it is an IP or an OP claim. If it is OP, do not reject claim. If it is IP and a future date is billed, reject the claim.)
13	Admission Hour	"**Admission hour is required.**" (Use bill type table to identify if it is an IP or OP claim. If it is OP, do not reject the claim. If it is IP and bill type is anything except 21x and a numeric value is not billed on the claim, the claim will be rejected.)
14	Admission Type	"**Admission type is required.**" (If a numeric value is not present, claim will be rejected.)
15	Point of Origin for Admission or Visit	"**Point of Origin for admission or visit is missing.**" (If claim has any bill type except 14x and the field is blank, claim will be rejected.)
16	Discharge Hour	"**Discharge hour is required.**" (Use type if bill table to determine if it is an IP or OP bill type. If IP, the frequency code is either 1 or 4, and this field is blank, claim will be rejected.)
17	Patient Discharge Status	"**Patient discharge status is required.**" (If left blank, claim will be rejected.)
42	Revenue Code	"**Revenue code is missing or illegible.**" (If the revenue code is missing or illegible, the claim will be rejected.)
45	Service Date	"**DOS is missing or illegible.**" (Claim will be rejected if the field is blank on any service line and the claim is submitted with an OP bill type.)
45	Creation Date	"**Creation date is missing or illegible.**" (If the creation date is missing or illegible, the claim will be rejected.)
46	Service Days/Units	"**Days/units are required on line ___.**" [lines 1-22]. (For each line with a "From" DOS, days/units are required. If a numeric value is not present on each valid service line, the claim will be rejected.)
47	Line Item Charges	"**Line item charge amount is missing on line___.**" [lines 1-22]. (If a value greater than or equal to zero is not present, the claim will be rejected.)

Field #	UB-04 Field/Data Element	"Reject Statement" (Reject Criteria) Effective April 1, 2015
47	Total Charges	"**Total charge amount is missing.**" (If a value greater than or equal to zero is not present, the claim will be rejected.)
50	Payer	"**Payer name is required.**" (If left blank, the claim will be rejected.)
52	Release of Information	"Valid r**elease of information certification indicator is required.**" (If blank or invalid, the claim will be rejected.)
53	Assignment of Benefits	"Valid a**ssignment of benefits certification indicator is required.**" (If blank or invalid, the claim will be rejected.)
58	Insured's Name	"**Member name is missing or illegible.**" (If first and/or last name are missing or illegible, the claim will be rejected.)
59	Patient's Relationship	"Valid p**atient's relationship to insured is required.**" (If blank or invalid, the claim will be rejected.)
67A-Q	Other Diagnosis Codes and Present on Admission Indicator	"**Diagnosis codes are missing or illegible.**" (If diagnosis codes are missing or illegible, the claim will be rejected.)
69	Admitting Diagnosis Code	"**Admitting diagnosis code is missing or illegible.**" (If it is an IP claim and field is blank or illegible, the claim will be rejected.)
70	Patient's Reason for Visit	"**Patient's reason for visit is missing.**" (If the claim is OP and field is blank, the claim will be rejected.)
74	Other/Procedure Date	"**Based on the date the claim was received, procedure date is a future date.**" (Use the bill type table to identify if it is an IP or an OP claim; If it is OP, do not reject the claim; If it is IP and a future date is billed, reject the claim.)
74	Other/Procedure Date	"**Procedure date is missing or illegible.**" (Use bill type table to identify if it is an IP or and OP claim. If OP, do not reject the claim. If IP and a valid date is not billed, reject the claim.)
76	Attending Provider Identifiers: Name and NPI	"**Attending physician name and/or number is missing.**" (If attending physician name or NPI number are missing, the claim will be rejected.)
76	Attending Provider Qualifier	"**Attending provider qualifier is missing/ invalid.**" (The claim will be rejected if the "Other provider ID" is present and either: 1.) The 'Qualifier' box is blank or 2.) A qualifier other than 0B/1G/G2 is present.
76	Attending Provider Other ID#	"**Attending Provider NPI is missing.**"(The claim will be rejected if qualifier is present and Other ID box is blank.)