



HEALTH CHOICE®

*Leading the Way to Quality Care*

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## Prestige Health Choice provider bulletin

### CMS-1500 Emergent Transportation Claims Submission

Prestige Health Choice is committed to ensuring timely reimbursement for claims submissions. This includes lowering the number of denials due to encounter rejections. We routinely see encounter rejections for emergent transportation claims billed on UB04 claims. As such, we would like to share with you information on how to correctly bill emergent transportation on the CMS-1500 claim form.

#### **Completing and Submitting the CMS-1500 Claim Form**

The following providers, when billing on a paper claim form, must bill on a CMS-1500 claim form to receive Medicaid reimbursement:

- o Advanced Registered Nurse
- o Practitioners
- o Ambulance, Land and Air
- o Ambulatory Surgical Centers
- o Assistive Care Providers
- o Audiologists
- o Birthing Centers
- o Child Health Check-Up Providers
- o Children at Risk Targeted Case Management
- o Children's Health Services Targeted Case Management
- o Chiropractors
- o Community Mental Health Services Providers
- o County Health Departments
- o County Health Department Certified Match
- o Dentists (as described below)
- o Durable Medical Equipment
- o Early Intervention Services
- o Federally Qualified Health Centers
- o Hearing Aid Specialists
- o Home and Community-Based Waiver Services
- o Home Health
- o Independent Laboratories
- o Licensed Midwives

- o Medicaid Certified School Match
- o Medical Foster Care
- o Mental Health Targeted Case Management
- o Opticians
- o Optometrists
- o Physicians
- o Physician Assistants
- o Podiatrists
- o Portable X-ray
- o Prescribed Pediatric Extended Care
- o Registered Nurse First Assistants
- o Rural Health Clinics
- o Therapists
- o Visual Services
- o Wheelchair and Stretcher Vans
- o Any other provider whose service- specific Coverage and Limitations Handbook requires the CMS-1500 claim form

### **Ordering the claim form**

Providers can order claim forms by completing and submitting a claims order form to the Medicaid fiscal agent. Providers can obtain the form by calling the Florida Medicaid Program's Provider Contact Center at 800-289-7799 and selecting Option 7.

### **Basic rules to follow before completing the CMS-1500 claim form**

- o Make sure the CMS-1500 is the right form to use for the claim. Use one claim form for each recipient.
- o Enter one procedure code per claim line.
- o Enter all information in black type or black ink.
- o Be sure the information on the form is legible. Enter information within the allotted spaces.
- o Do not use correction fluid on the claim form; correction tape is acceptable. Complete the form using the service-specific Coverage and Limitations Handbook as a reference.
- o Follow the instructions found in this handbook for completing the CMS-1500 claim form for Medicaid reimbursement. Some fields are not self- explanatory or have multiple uses, so if you are uncertain as to how to complete an item on the claim form, please refer to this handbook for the most comprehensive and correct instructions. Incorrect entries can result in denied Medicaid claims.

To view the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, go to <http://www.medicaregcode.com/florida-medicaid-provider-general-handbook/>