

Southwestern Connecticut Agency on Aging, Inc.

Billing Instructions

for the

HCFA 1500 Form
(08-05)

Electronic Billing

Providers submitting billing electronically should submit the billing on software distributed and approved by SWCAA/DSS. DSS approved software is EDS Provider Electronic Solutions. This program should be obtained from the Connecticut Medical Assistance Program website (www.ctdssmap.com). Billing software and instructions are available.

To obtain the EDS billing software, first visit www.ctdssmap.com, look for the Trading Partner tab on the top of the web page, Click on Trading Partner and there will be a dropdown for EDI.. When you click on EDS, it will take you to where the software download and instructions to EDS software. The free software is called Provider Electronic Solutions (PES). It can be used for the submission of eligibility verification and claim transactions. Follow the instructions to download Provider Electronic Solutions 3.74 Full Version (as of 4/1/2008) and the installation and user guides..

SECTION I: CONNECTICUT HOME CARE (CHC) REQUIRED BILLING

<u>Field number and Name</u>	<u>Instructions</u>
1. Type of Claim	Not Required
1a. Insured's I.D. number	Enter the client's 9-digit CT Medical Assistance ID number exactly as it appears on the client's Medicaid card.
2. Client's Name	Enter the client's name (last name, first name, middle initial) exactly as it appears on the client's I.D. card.
3. Client's Birth date/Sex	Not Required for paper claims
4. Insured's Name	Not Required for paper claims
5. Client's Address	Not Required for paper claims
7. Insured's address	Not Required for paper claims
8. Patient Status	Not Required for paper claims
9a. Other Insured Name	Not Required for paper claims
9d. Insurance Plan Name	Not Required for paper claims
10. Condition Related	Not Required for paper claims
11. Insured Policy Group Number	Not Required for paper claims
12. Patient's or Authorized Signature on file	The words "on file" can be entered in this field.

***Any field that is not mentioned in the instructions can be left blank.**

21. Diagnosis

Enter the **Primary** ICD9-CM diagnosis code, *without any trailing zeroes and Z codes.*

23. Prior Authorization
(if applicable)

Enter the authorization number assigned by the Department of Social services for those services being rendered. The authorization number contains an alphabetic prefix which must be included to make the entire number valid. DO NOT attach a copy of the authorization form to the claim. When billing for Home Health Agency services which require prior authorization, form W-624 will be used. This form is to be completed by the provider and sent to the Department of Social Services (DSS) for approval. PLEASE wait for DSS' response on the requested prior authorization.

24a. Date(s) of Service

Enter the From and To dates of service in MM/DD/YY numeric format in the white unshaded portion of the claim field. If the dates consecutive, the procedures must be itemized on separate lines. (You can bill only one month/claim).

24b. Place of Service

Enter the appropriate place of service code in the white unshaded portion of the claim field. The place of service is always required. Use the appropriate place of service when billing for services.

<u>Code</u>	<u>Description</u>
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room-Hospital
24	Ambulatory Surgical Center
31	Skilled Nursing Facility
32	Nursing Facility
50	Clinic
51	Inpatient Psychiatric Hospital
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded

56	Psychiatric Residential Treatment Facility
71	State or local Public Health Clinic
99	Other Unlisted Facility

- 24c. EMG This field can be left blank.
- 24d. Procedure Codes Enter the state only HCPC code corresponding to the type of service and procedure performed in the white unshaded portion of the claim field.
- 24e. Diagnosis Pointer Reference the diagnosis code from field 21 that corresponds to the diagnosis treated by the procedure. Enter "1" for the primary diagnosis and "2" for the secondary diagnosis in the white unshaded portion of the claim field.
- .
- 24f. Charges Enter your contract charges for the procedure indicated. When a service was performed on consecutive days, enter the total charges for the period of time indicated in box 24a (total charges per detail line) in the white unshaded portion of the claim field.
- .
- 24g. Days and Units: Enter the number of days or units of service which were rendered for each detail line in the white unshaded portion of the claim field. When billing for days, the number must equal or be greater than the number of days billed in field 24a.
- 24h. EPSDT/Family planning: Not Required
- 24i. ID Qualifier: Enter in the red shaded upper area (above the word NPI) the ZZ qualifier for your Taxonomy code.
- 24j. Rendering Provider ID #: Enter your appropriate or registered Taxonomy code in the red shaded upper field and your individual performing

- provider's Medicaid I.D. number or registered NPI enumerator on each line of the claim entered in the white unshaded portion of the claim field.
25. Federal Tax ID: Not Required
26. Patient's Account Number Enter your individual performing provider's Medicaid I.D. number or registered NPI number. No other number should be placed in this field.
27. Accept Assignment? Not Required
28. Total Charge Enter the total dollar amount of Column 24F.
29. Amount Paid Not Required
30. Balance Due Not Required
31. Signature Enter the signature of the administrator or designated agent. A signature stamp or computer generated is also acceptable. Then enter the date of the bill.
32. Service Facility Location Information: Enter Provider's Name and Address with the 4 digit extension to the zip code.
- 32a. Provider's Medicaid number or NPI number
- 32b. Provider's Taxonomy code as listed in field 24j with the ZZ qualifier preceding the Taxonomy code in the red shaded area.
33. Provider's Billing Address: This field can only have the SWCAA name, address and zip code with the 4 digit extension. (06604-4229)
- 33a. SWCAA's NPI number: **1225163876**
- 33b. SWCAA's Taxonomy number: **ZZ 251B00000X**

***Any field that is not mentioned in the instructions can be left blank.**

NOTE: Any error or omission on an individual claim will cause the claim to be returned to the performing provider for correction(s).

PLEASE NOTE: *All entries must be confined within the appropriate box, whether handwritten or mechanically produced, or claims will be returned and/or denied by EDS.*

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