

Paper Claim Submission Standards and Specifications

Paper Claim Standards	CMS-1500 Box/Field #	Paper Claims Submissions Standards for CMS Forms	Specifications (where required)
Form Requirements			
<ul style="list-style-type: none"> Med/Surg Claims 		Required for all providers: <ul style="list-style-type: none"> CMS 1500 No copies No faxes Official forms only Reject if claim is from provider (contracted or non-contracted) and does not come on original, red drop- out, official CMS 1500 form February 2012 version or later	<ul style="list-style-type: none"> Red drop-out for official CMS 1500form
Data Quality Standards CMS-1500	CMS-1500 Box/Field #		
<ul style="list-style-type: none"> Consumer Number 	1A	Required data element Reject if missing	<ul style="list-style-type: none"> Preferred: Kaiser Permanente consumer number;8- character numeric No symbols or special characters
<ul style="list-style-type: none"> Consumer Name 	4	Required data element Reject if missing	<ul style="list-style-type: none"> Last name and first name, Preferred: Middle initial (if known)
<ul style="list-style-type: none"> Provider Name (rendering provider) 	31	Required data element Reject if missing	<ul style="list-style-type: none"> Last name and first name Preferred: Middle initial (if known) Preferred: Credentials (if known)
Data Quality Standards CMS-1500 (cont.)	CMS-1500 Box/Field #		
<ul style="list-style-type: none"> Patient Relationship to Insured 	6	Not required	<ul style="list-style-type: none"> Preferred: If no information available leave blank;if information known, check box
<ul style="list-style-type: none"> Tax ID# 	25	Required data element Reject if missing	<ul style="list-style-type: none"> Required: 9-character numeric; no symbols or special characters Tax ID that is valid at Time of Service (in case of subsequent change)

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<ul style="list-style-type: none"> NPI # 24J: Rendering 33A: Billing 	24J 33A	Required data element Both required Reject if either one is missing	<ul style="list-style-type: none"> 10-character alpha-numeric No symbols or special characters
<ul style="list-style-type: none"> Procedure Code(s) 	24D	Required data element Reject if missing	<ul style="list-style-type: none"> CPT-4/HCPC codes or most current versions
<ul style="list-style-type: none"> Provider Billing Address 	33	Required data element Reject if left blank Reject if billing name, address, or ZIP is missing Reject if address is outside US & country code is not present	<ul style="list-style-type: none"> Billing name, address, ZIP, and phonenumber Preferred: USPS address standard Preferred: Phone number ISO Alpha – 2 characters
<ul style="list-style-type: none"> Diagnosis Code(s) 	21	Required data element Reject if missing	<ul style="list-style-type: none"> Diagnosis at the highest level of specificity IDC-9 or most current version of coding standards
Data Quality Standards CMS-1500 (cont.)	CMS-1500 Box/Field #		
<ul style="list-style-type: none"> Date of Service 	24A	Required data element Reject if missing	<ul style="list-style-type: none"> Preferred: MM/DD/YY Required: Field 3: MM/DD/YY (required) Other fields will accept : MM/DD/YY or MM/DD/YYYY
<ul style="list-style-type: none"> Place of Service 	24B	Required data element Reject if missing	<ul style="list-style-type: none"> 2 character numeric only
<ul style="list-style-type: none"> COB/ Other Payer Information 	9(A-D)	Not required	Preferred: <ul style="list-style-type: none"> If no COB, then leave all fields blank If COB, then enter all fields section 9, 9a. –9d
<ul style="list-style-type: none"> Patient Condition Related To 	10	Required data element Reject if missing	<ul style="list-style-type: none"> Check yes or no
<ul style="list-style-type: none"> Referring or Ordering Physician Name 	17	Required data element for DME suppliers	<ul style="list-style-type: none"> Preferred: Last name, first name, middle initial (if known), credentials

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<ul style="list-style-type: none"> Referring or Ordering Physician ID Number 	17B	Required data element for DME suppliers	<ul style="list-style-type: none"> Preferred: 10-character alpha-numeric; no symbols or special characters
<ul style="list-style-type: none"> Charges Field(s) 	24F	Required data element Reject if missing Reject if blank Reject if text in Field 24F (i.e. NC, NA, No Charges)	<ul style="list-style-type: none"> Numeric, 2-decimal place monetary format No symbols or special characters Dollars and cents to align with field 24F, cents to follow the dashed dividing line No charge or zero charge represented by zeroes
<ul style="list-style-type: none"> Total Charge 	28	Required data element Reject if missing	<ul style="list-style-type: none"> Numeric, 2-decimal place monetary format No symbols or special characters Dollars and cents to align with field 24F, cents to follow the dashed dividing line No charge or zero charge represented by zeroes
<ul style="list-style-type: none"> Units 	24G	Required data element Reject if missing	<ul style="list-style-type: none"> Single numeric character Whole numbers only
<ul style="list-style-type: none"> Diagnosis Pointers if More Than One 	24E	Required: If more than one diagnosis, diagnosis pointer required Reject if missing when more than one diagnosis present	<ul style="list-style-type: none"> Single, numeric character that is: 1 or 2 or 3 or 4 Diagnosis pointer references the most relevant diagnosis code for the charge Diagnosis pointer value should not be repeated on a service line
<ul style="list-style-type: none"> Amount Paid 	29	Not required	<ul style="list-style-type: none"> Total amount paid by primary insurance
<ul style="list-style-type: none"> Balance Due 	30	Not required	<ul style="list-style-type: none"> Amount due before contractual adjustment by primary insurance; Kaiser Permanente will pay up to our contracted rate with provider
Paper Quality			
<ul style="list-style-type: none"> Condition of paper form 		Required Reject if illegible	<ul style="list-style-type: none"> Information/data must be legible We reserve the right to determine legibility Forms - unwrinkled, un torn Original, red drop-out, official CMS 1500 form August 2005 version or later
<ul style="list-style-type: none"> Type of forms 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Original, red drop-out, official CMS 1500 form August 2005 version or later

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<ul style="list-style-type: none"> Size 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Original, red drop-out, official CMS 1500 form August 2005 version or later
<ul style="list-style-type: none"> Paper stock 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Original, red drop-out, official CMS 1500 form August 2005 version or later
<ul style="list-style-type: none"> Staples 		Recommend	<ul style="list-style-type: none"> Preferred: No staples Additional pages or documentation necessary for the proper administration of claim to be combined with paperclips
Print Quality			
<ul style="list-style-type: none"> Ink colors 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Black ink required for all data elements entered onto standard CMS 1500 form
<ul style="list-style-type: none"> Ink quality for data elements (Lightness – low ink status) 		Recommend	<ul style="list-style-type: none"> Preferred: printed text must appear black Maybe using required black ink, but ink ribbon or ink reservoir may be low and printing gray Provider responsible for replacing/maintaining printer ink quality requirements
<ul style="list-style-type: none"> Data Alignment 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Data must align to, and fit within, appropriate fields and not overlay vertical or horizontal lines that border the field
<ul style="list-style-type: none"> Font (size, type, spacing, wt.) 		Recommend	<ul style="list-style-type: none"> Preferred: 10-point mono space font (Courier New or PICA) Recommended <ul style="list-style-type: none"> Minimum: 10-point font-size Maximum: 12-point font-size Data must align to, and fit within, appropriate fields and not overlay vertical or horizontal lines that border the field Do not combine two lines into one by using small font-size Do not add additional information by using compressed or thin-stroke font or character spacing
<ul style="list-style-type: none"> Type of printer and/or DPI standards 		Recommend	<ul style="list-style-type: none"> Preferred: 600 DPI laser printer

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<ul style="list-style-type: none"> Margins 		Required Reject if does not meet specification	<ul style="list-style-type: none"> If not using original, red drop-out, official HCFA/CMS 1500 form August 2005 version or later probably will not meet this standard and will be rejected due to size of form
<ul style="list-style-type: none"> Hand written 		Required Reject if does not meet specification	<ul style="list-style-type: none"> No handwriting except in signature fields 12, 13, and 31 or above line 1
<ul style="list-style-type: none"> Highlighting 		Required Reject if does not meet specification	<ul style="list-style-type: none"> No highlighting accepted
<ul style="list-style-type: none"> Stickers 		Required Reject if stickers on forms	<ul style="list-style-type: none"> No stickers
<ul style="list-style-type: none"> Stamps 		Required Reject if does not meet specification	<ul style="list-style-type: none"> Preferred: no stamps Required: no stamps in body of form; stamps allowed in white-space above line-1 or in signature fields 12, 13 and 31.=