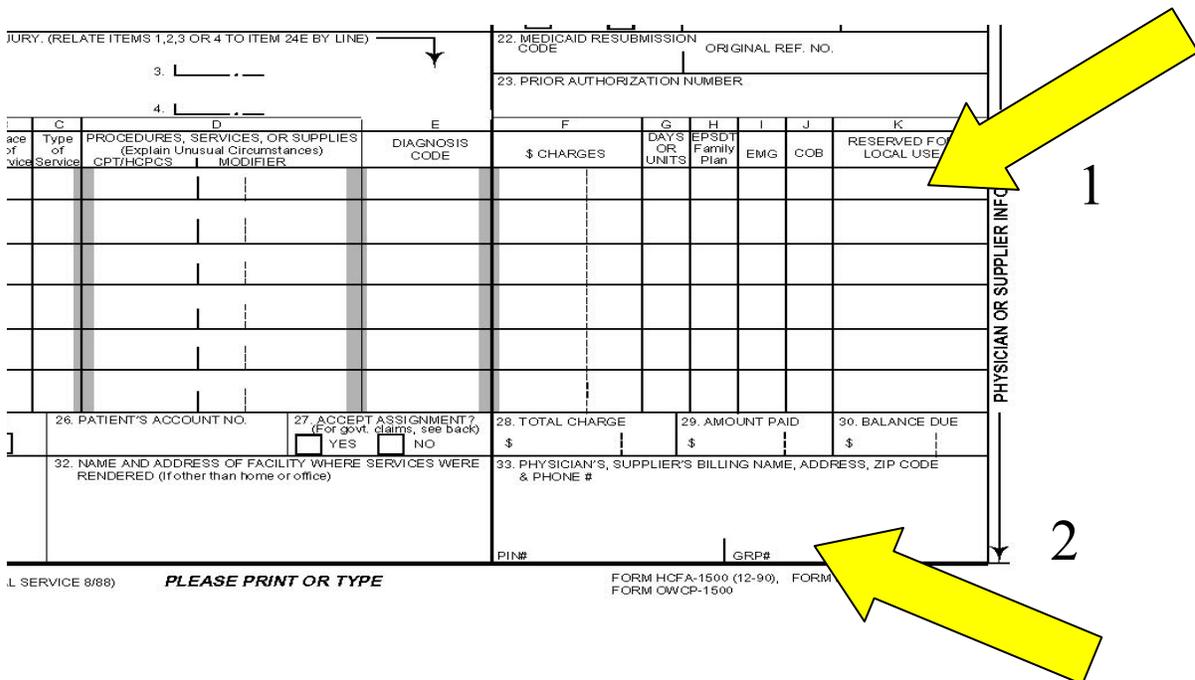


Notice to CMS-1500 Billers

This notice to Nevada Medicaid and Nevada Check Up providers is being published to notify providers of the latest errors discovered during a review of some of the batches of claims received at First Health Services Corporation. This type of notice will be published periodically to minimize future occurrences of identified errors and prevent delays in the processing of Medicaid claims.

- 1) When submitting a CMS-1500 claim form, column 24K is used only to enter the rendering/servicing Provider Medicaid ID Number. This column is always to be used to report the servicing Provider Medicaid ID Number. This will be the same number as the number submitted in Field 33 (GRP#) when the servicing provider does not have a Group Medicaid ID Number. If no number is printed in column 24K, the claim will be denied as the actual Provider Medicaid ID Number of the servicing provider is not documented on the claim. In the example below, column 24K is marked with the number one (1) arrow.



The image shows a sample CMS-1500 form with two yellow arrows pointing to specific fields. Arrow 1 points to column 24K (RESERVED FOR LOCAL USE). Arrow 2 points to the GRP# field in section 33.

JURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)				22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.		
3. _____				23. PRIOR AUTHORIZATION NUMBER				
4. _____								
C	D	E	F	G	H	I	J	K
Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID	
			YES NO		\$		\$	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)			33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #					
			PIN# GRP#					

L SERVICE 8/88) PLEASE PRINT OR TYPE FORM HCFA-1500 (12-90), FORM FORM OWCP-1500

- 2) Your Provider Medicaid ID Number should be entered in Field 33 in the area marked GRP #. In the example above, this is marked by the number two (2) arrow. Do not enter your Provider Medicaid ID Number in the area marked PIN#. This area of Field 33 is to be used for your MEDICARE provider identification number when billing Medicare only. In addition, you should be sure that zip codes and phone numbers are not printed in this area.