Urgent Announcement Regarding CMS-1500 (02-12) Paper Claims Submitted with Incorrect Diagnosis Pointers

CMS-1500 (02-12) paper claims submitted with incorrect diagnosis pointers that were processed October 28, 2013, through June 10, 2014, have been reprocessed. Providers saw both a debit (DR) and a credit (CR) for each of the affected reprocessed claims on remittance advices dated August 15, 2014.

Reminder: Valid ICD-9 diagnosis codes and/or principal diagnosis codes are required on all paper and electronic CMS-1500 (02-12) claims. On paper claims, diagnosis pointers are required in Field 24E when diagnosis codes are entered in Field 21.