



## NH Title XIX (Healthy Kids-Gold/Medicaid) CMS 1500 Form (08/05) Completion Instructions

### **Box 1**

#### **Carrier identification**

- Check the Medicaid box

### **Box 1a**

#### **Insured's ID number**

- Enter the patient's Title XIX (Medicaid/Healthy Kids-Gold) ID#
- Must be eleven characters

### **Box 2**

#### **Patient's name**

- Enter recipient's last name and first name as shown on their NH Title XIX (Medicaid/Healthy Kids-Gold) card

### **Box 3**

#### **Patient's Date of Birth**

- Optional field

### **Box 9d**

#### **Insurance Plan Name or Program Name**

- Indicate the other insurance plan(s) carrier code(s)
- Up to three (3) carrier codes in this field (one per carrier)
- The four digit carrier code can be obtained by:
  - Refer to provider website and quarterly bulletins for updates
  - The Carrier Code list can be located on the Provider Services website at <http://www.nhmedicaid.com/Downloads/Fees&Codes/OTHER%20INSURANCE%20LIST.xls> or;
    - Contact the Communications unit at: 1-800-423-8303 (NH & VT only) or (603) 224-1747

### **Box 10**

#### **Is Patient's Condition Related To:**

- Check boxes Yes or No for A, B and C



### **Box 11d**

#### **Is There Another Health Benefit Plan?**

- Check Yes or No
  - If Yes, please ensure you have listed the appropriate carrier code(s) in Box 9d

### **Box 14**

#### **Date of Current:**

- Use only if indicated Yes in Box 10
- Valid format of mmddccyy, e.g., 12012005

### **Box 17**

#### **Name of Referring Physician**

- Use full name if number not known
  - Required when billing for a consultation, radiology or lab service

### **Box 17A**

- Use two digit qualifier
  - 1D Medicaid Provider Number
- In the next box Use the Referring Physician's eight (8) digit NH Title XIX (Medicaid/Health Kids-Gold) provider number
  - Use 9999999 if provider number unknown
  - Required when billing for consultation, radiology or lab service

### **Box 17B**

- Use the NPI of the referring provider ( if available)

### **Box 19**

#### **Reserved for Local Use**

- Enter remarks for unusual services, if applicable
  - Be clear and concise
    - Example: "This is not a duplicate" or "not covered by other insurance" and state why



### **Box 21**

#### **Diagnoses (Relate Items 1, 2, 3 or 4 to Item 24E by line)**

- Up to four ICD9-CM codes
  - Follow the numbering of 1,2,3 or 4 in Box 21

### **Box 23**

#### **Prior Authorization Number**

- Enter the NH Title XIX (Medicaid/Healthy Kids-Gold) prior authorization number that applies to this claim, if applicable

### **Box 24A**

#### **Date(s) of Service**

- Enter the “From” and “To” date(s) of service
- Valid format of mmddccyy, e.g., 12012005

### **Box 24B**

#### **Place of Service (POS)**

- Enter the appropriate two (2) digit POS code
- Use the provider billing manual as a reference guide.
- The billing manual can be located on the Provider Service website at <http://www.nhmedicaid.com/Downloads/manuals.html>

### **Box 24D**

#### **Procedure Code(s) (CPT/HCPCS and Modifiers)**

- Enter the appropriate five (5) digit procedure code as per the current year CPT and HCPC II guidelines
- Use any applicable current year CPT and HCPC II guidelines modifiers
  - Medicaid allowed CPT and HCPC modifier combinations can be located on the Provider Service website at:  
[http://www.nhmedicaid.com/Downloads/Fees&Codes/mod\\_06.xls](http://www.nhmedicaid.com/Downloads/Fees&Codes/mod_06.xls)

### **Box 24E**

#### **Diagnosis Code**

- Enter applicable diagnosis pointer reference number(s) from Box 21 per line
  - Separate by comma if more than one diagnosis pointer per detail



### **Box 24F**

#### **Detail Charges**

- Enter charge for services rendered by line
- Multiply your single unit charge by the number of units you billed in Box 24g and enter the calculated charge
- Must be in a valid currency format dd.cc, e.g., 24.00

### **Box 24G**

#### **Days or Units**

- Enter number of days or units of service per line
  - Utilize the current year CPT/HCPC guidelines for the definition of a unit per procedure code
- Five (5) characters or less
- No decimal points
- Must be whole units or days only

### **Box 24H**

#### **EPSDT Family Plan**

- N/A

### **Box 24I**

#### **Individual Qualifier**

- Use two digit qualifier
  - 1D - Medicaid Provider Number

### **Box 24J**

#### **Rendering Provider ID**

- Use the eight (8) digit NH Title XIX (Medicaid/Health Kids-Gold) provider number in the shaded area
- Use the performing providers ten (10) digit NPI (National Provider Identification) number in the non-shaded area ( if applicable)



### **Box 25**

#### **Federal Tax I.D. number**

- Optional field
- Enter your Federal Tax I.D. number or Social Security Number and check box indicating FEIN or SS#

### **Box 26**

#### **Patient's Account Number**

- Optional field
- If you enter patient account number, we will report back to you on your remittance advice (RA)
- Up to twelve (12) characters

### **Box 28**

#### **Total Charge**

- Enter your total charge
- Must equal the total of all entries on field 24f
- Up to nine (9) characters
- Must be in a valid currency format dd.cc, e.g., 24.00

### **Box 29**

#### **Amount Paid**

- Indicate any payment for other insurance, if applicable
  - If none, leave blank
- If more than one payment add total payment together and enter one amount
- Up to nine (9) characters
- Must be in a valid currency format dd.cc, e.g., 24.00
- Must fill in if "other insurance" carrier code is indicated in Box 9d and there is nothing indicated in box 19

### **Box 30**

#### **Balance Due**

- Subtract other insurance payment from your total charge in Box 28
- This will be the balance to NH Title XIX (Medicaid/Healthy Kids-Gold) Program
- Up to nine (9) characters
- Must be in a valid currency format dd.cc, e.g., 24.00



### **Box 31**

#### **Signature of Physician or Supplier**

- Must be an actual signature or signature stamp of the provider or individual authorized to sign on behalf of the provider
- Enter the date when the bill was signed
- Must be in mmddccyy format, e.g., 12012005
- Must be **on** or **after** the “To” date of service

### **Box 33**

#### **Billing provider Info & PH #**

#### **Box 33A**

- Enter the 10 digit billing provider NPI ( if applicable)

#### **Box 33B**

- Use the eight (8) digit NH Title XIX (Medicaid/Health Kids-Gold) provider number