

Status Claim Review & Resubmission on the New CMS-1500 (02-12) Form

This document will detail:

- The deadline for the **Michigan** Status Claim Review Form
- Dual use period for **Michigan** Status Claim Review Form
- How to fill out the Claim Header for a resubmission claim (paper and electronic)

Deadline for the Michigan Status Claim Review Form

April 1, 2014, providers who submit the paper version of the **Michigan** Status Claim Review Form (Inquiry) will be required to use the new CMS-1500 (02-12) claim form for Status Reviews. There will be a dual-use period when both forms can be used between January 6th and March 31st 2014. Genius Solutions will be selling the new CMS-1500 (02-12) form.

The image shows the Michigan Status Claim Review Form, which is a CMS-1500 (02-12) form. It features the Blue Cross Blue Shield of Michigan logo on the left. The form is divided into several sections with red borders. The top left section contains fields for 'LAST NAME OF INSURED/SUBSCRIBER', 'FIRST NAME', 'GROUP NO.', 'SERVICE CODE', and 'INSURED'S-SUBSCRIBER IDENTIFYING NO. (INCLUDE ANY LETTERS)'. Below these are checkboxes for 'BCBS', 'F.E.P.', 'COMP', and 'O.S.'. The top right section is titled 'STATUS CLAIM REVIEW FORM' and contains a large box for 'PHYSICIAN OR PROVIDER NAME, ADDRESS, ZIP CODE'. Below this are fields for 'PROVIDER CODE/NPI' (with sub-fields A and B) and 'TELEPHONE NUMBER'. At the bottom right, there are checkboxes for 'P.O.T.A.', 'REJ.', 'CORR.', 'COMP. NPR', and a section for 'ORIGINAL FORM WAS PAY PROVIDER' with 'YES' and 'NO' options.

The Status Claim Review Form (pictured above) will no longer be used as of April 1, 2014

Blue Cross Blue Shield of Michigan paper claim submitters

If you do not submit claims electronically, Blue Cross Blue Shield of Michigan will begin accepting the revised CMS-1500 (02-12) claim form for Status Claim Reviews (Inquiry). April 1, 2014, paper Status Claim Reviews must be sent on the new CMS-1500 (02-12) form. The new form will replace the Michigan Status Claim Review form that Blue Cross and Blue Shield of Michigan used in the past.

For paper Michigan Status Claim Review Form (Inquiry) will be replaced with the new CMS-1500 (02-12) claim form as of April 1, 2014. Genius Solutions highly recommends sending claims electronically (even Status Claim Reviews).

Blue Cross Blue Shield of Michigan has this information about the Status Claim Review from The January 2014 release of *The Record*.

As you've read in previous issues of *The Record*, BCBSM will begin accepting the revised CMS-1500 claim form (version 02/12) on **Jan. 6, 2014**. It replaces version 08/05, as well as the *Michigan Status Claim Review Form*.

We'll no longer accept the 08/05 version of the CMS-1500 claim or the *Michigan Status Claim Review Form* as of April 1, 2014.

The *Michigan Status Claim Review Form* was used when a claim was rejected or if the payment received was different from what was anticipated — issues you'll be able to address with the new CMS-1500 claim. Following are the fields that will need to be completed when submitting a claim status update:

Field 22: This field takes the place of the *Michigan Status Claim Review Form*. (If you're submitting a new claim, leave this field blank.) List the original reference number for resubmitted claims. When resubmitting a claim, enter the appropriate bill frequency code left-justified on the left-hand side of the field.

Field 19: This is required on a resubmitted claim. If you complete Field 22, you must complete Field 19 as well, providing additional information.

How to fill out the Claim Header for ALL Resubmission claims

Both of these fields (22 & 19) can be accessed through the Claim Header in eTHOMAS. These instructions are for **paper resubmissions and electronic resubmissions**. Once you are on the updated version of eTHOMAS and sending paper claims on the new CMS-1500 (02-12) form all status claim reviews can be done through the Claim Header. There will be no need to flag it as Inquiry.

Claim Header

01 - 10 SMITH, JOHN
Caste: 150.24 Ins: 821.00

Code: 010614 Description: X Ray Taken ☐

General All Fields

DX/Ray/Serv Date: Other Date(15):

Illness/Injury Date(14): Injury date related to:

Total Disability(16): To: Referral(17):

Part Disability: To: Facility(32):

Hosp. Admission(18): To: Att Physician:

Return To Work Date: Ordering Physician:

Other Claim ID(11b): First Consulted Date:

Prior Auth(23): Ref. Date:

Related to Accident(10): ☐ Auto ☐ Work ☐ Other ☐ Box 10D:

Hospice Employee Indicator:

Resub Code(22): Add'l Claim Info(19):

Subluxation: Nature of Condition: State: MI

Category: Acute Manifestation Date: Hour:

Status Codes (Resub Codes)

7=POTA, Correction, Replacement

8=Rejection, Cancel, Void

Resub Code (22): Select the Resubmission Code (the reason you are inquiring about the claim), input the Original Reference Number in the field to the right

Add'l Claim Info (19): If you complete 22, you must provide additional information about the resubmission.

To create an electronic resubmission claim with a status code 7 or 8, follow the same steps outlined above. eTHOMAS can send these claims electronically. Genius Solutions recommends sending all claims electronically, when possible. If you need to add a claim note to the resubmission status claim, enter a note inside the Ins Remarks button inside the Claim Information. Please note that Blue Cross EDI (Michigan) does not require a claim note when sending a status claim electronically.