

See What's New from PayDC!

Latest Updates (March 19, 2014)

- ✓ Billing: Overview of revised CMS 1500 form (02-2012 version)
- ✓ Billing: Support for printing the revised CMS 1500 form (02-2012)

NOTE: *If your office does not use the PayDC Billing module, these changes will not affect you.*

Billing: Overview of revised CMS 1500 form (02-2012 version)

In preparation for ICD-10 later this year, the health care industry is in the process of transitioning to a revised version of the CMS-1500 paper claim form. This new form version (02/12) replaces the current claim form version (08/05), and must be used for all paper claims submitted on or after April 1, 2014. You can find the form version in the lower right corner of pre-printed claims forms.

The most notable differences in the new form version are: (1) the number of diagnosis fields increased to twelve; (2) the format of the diagnosis pointers changed from numeric to alpha; and (3) an indicator was added to differentiate ICD-9 and ICD-10 diagnosis codes. The Medicare Learning Network provides an overview and links to additional resources if you want to learn more about these changes: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8509.pdf>.

This release of PayDC software supports printing of the new CMS 1500 form (02/12). It will also continue to support printing of the older version (08/05) until March 31, 2014. This will allow you to transition to using the new form over the next week. Medicare and other payers will accept paper claims on both the old form version (08/05) and the new form version (02/12) until March 31, 2014.

Effective April 1, 2014, payers will no longer accept any paper claims on the old form and you will be required to submit all paper claims using the new form version (02/12). As of April 1, the software will only allow you to print to the new form version. If you have not already done so, we recommend that you order pre-printed stock of the new form version (02/12) to be available before April 1st.

Please note that this change does not affect claims that are submitted electronically, it affects only paper claims that you print directly from the application. Note also that, while all paper forms submitted on or after April 1 must be in the new format, many payers will not accommodate more than four diagnoses until ICD-10 is implemented on October 1, 2014. Accordingly, while PayDC software supports entry of as many diagnosis codes as appropriate, we do not recommend using diagnosis pointers on either paper or electronic claims for any diagnosis beyond the first four until payers begin accepting more than four diagnoses.

Billing: Support for printing the revised CMS 1500 form (02-2012 version)

There is no impact to SOAP Notes. The visible differences are primarily in Quick Charge Entry screen and at the point of printing claims.

When you open Quick Charge Entry for a patient with insurance coverage (not self-pay), you will notice several changes: (1) a new button at the top to switch between the old and new 1500 format; (2) the name of the CMS 1500 tab now includes the version of the form that is active; (3) eight additional diagnosis codes have been added; and (4) the diagnosis code numbers have been replaced by letters for diagnosis pointers.

Claim Status: Generated

Quick Charge Entry **CMS 1500 (02-12)**

Switch to 08-05 format View SOAP Note View Demographics

Permissions
☒ Patient Signature on File ☒ Insured Signature on File ☒ Physician Signature On File ☒ Accept Assignment

Providers
 Rendering Provider: Pro PayDC, DC

Service Information
 Place Of Service: Office Service Location: First Staging Subscription

Diagnosis Codes (Item 21)
 A V68.0 - Lack of Physical Exercise B 722.31 - Schmorl's Nodes C 722.51 - Disc Degeneration D
 E F G H
 I J K L

Service Lines

From Date	To Date	Procedure Code	Modifiers	Diagnosis Pointer	Charges (\$)	Days/Units	Self-Pay
3/17/2014	3/17/2014	72020		A B C	32.00	1	☐
3/17/2014	3/17/2014	72072		A B C	54.00	1	☐
3/17/2014	3/17/2014				0.00	1	☐
3/17/2014	3/17/2014				0.00	1	☐
3/17/2014	3/17/2014				0.00	1	☐

Save Update Cancel Back On Hold

The new CMS 1500 format (02-12) is the default when you open Quick Charge Entry. You can change to the older CMS 1500 format (08-05) by clicking on the new “Switch Format” button at the top of the screen. This button allows you to toggle back and forth between a preview of the old and the new format. Switching formats does not change the data, only the format in which it is displayed and printed.

You can tell which version of the form is active by looking at the name of the tab for the 1500 preview: if the new format is active, then the tab will show “CMS 1500 (02-12)”; if the older format is active, then the tab will show “CMS 1500 (08-05)”. The active format will determine which version is used for printing if you click the Print icon on Quick Charge entry. On the printed output, the main difference is the layout and whether the diagnosis pointers appear as letters (02-12) or numbers (08-05).

Switching the format of the CMS-1500 preview does NOT change the layout of the Quick Charge Entry screen itself. Regardless of which version of the form is active, you will see the same Quick Charge Entry screen.

Beginning April 1, 2014, the new format (02-12) will be the only version available – the “Switch” button at the top will be removed and there will be no option to print to the older (08-05) format. This is due to the fact that payers and clearinghouses will stop accepting the older format on April 1st.

The other visible change is when you print a paper claim from the Primary Claims or Secondary Claims screen. When you have selected one or more claims with a “Paper” submission method and click the “Print Paper Claims” button, you will be prompted to choose which version of the form to use. Choose “02/12” for the new form, or “08/05” for the older. The form choice will apply to any claims that have been selected.

The screenshot shows the 'Primary Claims' interface. At the top, there are tabs for 'Generated', 'On Hold', 'Submitted', 'Rebilled', 'Completed', and 'All'. Below these are search filters for Patient Name, Provider, and Carrier, all set to 'ALL'. To the right, there are date pickers for 'Service Date From' (2/17/2014) and 'To' (3/17/2014), and a 'Search' button. A modal dialog titled 'Please Select Form Version' is open in the center, asking 'Which version of the CMS 1500 form would you like to print?' with two buttons: '02/12' and '08/05'. In the background, a table of claim results is visible, showing columns for Claim No., Carrier, Patient Name, Status, Total Charges(\$), Submission Method, and Update. The table lists several claims, with the third one (BBDG9606) highlighted in blue and having 'Paper' selected as the submission method.

Claim No.	Carrier	Patient Name	Status	Total Charges(\$)	Submission Method	Update
ChM/9611	BC/BS	Miller, C	Generated	93.00	☒ Paper	☐ Update
AnHo9607	BC/BS	Hoffman	Generated	104.00	☐ Electronic-EClaims	☐ Update
BBDG9606	BC/BS	DGtest,	Generated	139.00	☒ Paper	☐ Update
BBDG9604	BC/BS	DGtest,	Generated	139.00	☐ Electronic-EClaims	☐ Update
BBDG9603	BC/BS	DGtest,	Generated	71.00	☐ Electronic-EClaims	☐ Update
AbAa9601	UNITED HEALTHCARE	Aaron, A	Generated	84.00	☐ Electronic-EClaims	☐ Update
DeAy9600	Aetna	Ayers, D	Generated	55.00	☐ Electronic-EClaims	☐ Update
ChM/9597	BC/BS	Miller, C	Generated	131.00	☐ Electronic-EClaims	☐ Update
ChM/9596	BC/BS	Miller, C	Generated	93.00	☐ Electronic-EClaims	☐ Update

As with Quick Charge Entry, on April 1, 2014, the new format (02/12) will be the only version available. You will no longer be prompted to select a form because the older (08/05) form will be obsolete and no longer accepted by payers or clearinghouses.

Again, the changes for the 1500 form do NOT affect claims that are submitted electronically; they affect only paper claims that you print directly from the application.