WYOMING MEDICAID WILL NOT ACCEPT CMS 1500 (02-12) CLAIM FORM UNTIL JULY 2014

Effective July 1, 2014, Wyoming Medicaid will transition from the current professional claim form [CMS 1500 (08-05)] to the new professional claim form [CMS 1500 (02-12)].

### IMPORTANT DATES

<table>
<thead>
<tr>
<th>DATES</th>
<th>CMS 1500 (08-05) FORM</th>
<th>CMS 1500 (02-12) FORM</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT - 6/30/2014</td>
<td>X</td>
<td></td>
<td>Medicaid will accept only the 08-05 version, claims on any other version will be returned unprocessed</td>
</tr>
<tr>
<td>7/1/2014 - 7/31/2014</td>
<td>X</td>
<td>X</td>
<td>Medicaid will accept both versions, (08-05 and 02-12)</td>
</tr>
<tr>
<td>8/1/2014 - On-going</td>
<td>X</td>
<td></td>
<td>Medicaid will accept only the 02-12 version, claims on any other version will be returned unprocessed</td>
</tr>
</tbody>
</table>

### IMPORTANT NOTES

- Medicaid will not accept the new claim form until July 1, 2014.
- To avoid your claims being returned unprocessed verify Items 21 and 24 have the appropriate diagnosis pointers for the claim version you are submitting.
  - CMS 1500 (08-05) - diagnosis pointers are numeric, 1 - 4
MAJOR CHANGES IDENTIFIED

Select to view sample claim forms:

- CMS 1500 (08-05)
- CMS 1500 (02-12)

ITEM NUMBER 21. Diagnosis or Nature of Illness or Injury

- Requires an ICD indicator to identify which version of ICD codes is being reported (ICD Ind.)
  - 9 ICD-9-CM
  - 0 ICD-10-CM
- Diagnoses are expanded from accepting four (4) codes (Items 1-4) to allowing up to twelve (12) diagnosis codes (A-L), but are still related to service lines in Item Number 24E
  - Diagnosis field is increased to a maximum of seven (7) characters in length
- Additional Instructions
  - Medicaid claims may not contain both ICD-9 and ICD-10 (once mandated) codes on the same claim form
  - On the 08-05 version the diagnosis codes are displayed as Relate Items 1-4 listed in two columns and two rows. But on the 02-12 version this is changed and the diagnosis codes are displayed as Relate Items A-L are listed in four columns and three rows.
  - When you begin using the new version (not before 7/1/14) your printer settings will need adjusted to accommodate the twelve diagnosis fields. Claims will be returned unprocessed if diagnosis codes are not properly displayed and printed in the applicable fields.
  - For complete billing instructions for this field refer to the National Uniform Claim Committee (NUCC) website

ITEM NUMBER 24E. Diagnosis Pointer

- The diagnosis pointers have changed from 1-4 to A-L
- This field allows up to four pointers, either 1-4 or A-L dependent on the form version
- Additional Instructions
  - Diagnosis codes must be entered in Item Number 21 only. Do not enter them in Item Number 24E
  - On version 02-12 ensure you are using the correct reference letters (A-L) to point to the correct diagnosis codes in Item Number 21. If you are using numbers instead of letters on this form, your claims will be returned unprocessed.
- For complete billing instructions for this field refer to the NUCC website

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