



News Flash - An Overview of Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals educational video program, provides information on Medicare-covered preventive services, risk factors associated with various preventable diseases, and highlights the importance of prevention, detection, and early treatment of disease. The program is an excellent resource to help physicians, providers, suppliers, and other health care professionals learn more about preventive benefits covered by Medicare. Running approximately 75 minutes in length, the program is suitable for individual viewing or for use in conjunction with a conference or training session. To order your copy today, go to the Medicare Learning Network Product Ordering page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website. Available in DVD or VHS format.

MLN Matters Number: MM5568 **Revised**

Related Change Request (CR) #: 5568

Related CR Release Date: March 19, 2007

Effective Date: April 1, 2007

Related CR Transmittal #: R1208CP

Implementation Date: April 2, 2007

Extension for Acceptance of Form CMS-1500 (12-90)

Note: This article was updated on September 10, 2012, to reflect current Web addresses. This article was also revised on June 12, 2008, to add a reference to MLN Matters article MM5616 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5616.pdf>). MM5616 changed the date for the implementation of the Form CMS-1500, version (08-05). MM5616 announced that beginning July 2, 2007 you must use the Form CMS-1500 (08-05) for paper claims submission to Medicare. Claims received on or after July 2, 2007, using Form CMS-1500 (12-90) will be rejected. All other information remains the same.

Provider Types Affected

Physicians, non-physician practitioners and suppliers who submit claims for their services using the Form CMS-1500 to Medicare contractors (carriers, Part A/B Medicare Administrative Contractors (A/B MACs), durable medical equipment regional carriers (DMERCs), and/or DME Medicare Administrative Contractors (DME/MACs)). **Be aware that some of the new Form CMS-1500 (08-05) forms have been printed incorrectly. This article contains details on this issue.**

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Background

Form CMS-1500 is one of the basic forms prescribed by the Centers for Medicare & Medicaid Services (CMS) for the Medicare program. It is only accepted from physicians and suppliers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act, Public Law 107-105 (ASCA), and the implementing regulation at 42 CFR 424.32. The Form CMS-1500 (12-90) was revised in July of 2006 to accommodate the reporting of the National Provider Identifier (NPI).

Recently it came to the attention of CMS that there are incorrectly formatted versions of the revised form being sold by print vendors. After reviewing the situation, CMS determined that the source files received from the authorized forms designer were improperly formatted. This resulted in the sale of printed forms and negatives which do not comply with the form specifications.

Therefore, CMS has decided to extend the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007 deadline while this situation is resolved. The specific formatting issue involves top and bottom margins only, but may not be isolated to only top and/or bottom.

Key Points of CR5568

- CR5568 states that the Form CMS-1500 (12-90) will continue to be accepted until CMS instructs otherwise.
- All Form CMS-1500 (08-05) forms received by Medicare contractors that are incorrectly formatted will be returned to the provider or supplier if the Medicare contractor is unable to scan the form with its Optical Character Reader scanning equipment. An incorrectly formatted form is one that is ¼" or more off in the top, bottom, right, and/or left margins.
- The best way to identify the incorrect forms is by looking at the upper right hand corner of the form. If the tip of the red arrow above the vertically stacked word "CARRIER" is touching or close to touching the top edge of the form, then the form is not printed to specifications. There should be approximately ¼" between the tip of the arrow and the top edge of the paper on properly formatted forms.
- Providers submitting the Form CMS-1500 (12-90) are only required to submit their legacy provider number on that form, since the CMS-1500 (12-90) cannot accommodate the NPI. ***It is important to note that this issue involves the paper claim form only, not the electronic claim format, which can accommodate the NPI. In addition, this situation does not affect the current NPI implementation date of May 23, 2007.***

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Note: There is an NPI contingency plan regarding the May 23, 2007, implementation of the NPI. For details of this contingency plan, see the MLN Matters article, MM5595, at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5595.pdf> on the CMS website.

Additional Information

To see the official instruction (CR5568) issued to your Medicare carrier, A/B MAC, DME MAC, or DMERC, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1208CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, A/B MAC, DME MAC, or DMERC at their toll-free number which may be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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