HandyWork Newsletter

The New HCFA

CMS 1500

Recently, the National Uniform Claim Committee announced the release of the new version of the CMS-1500 Health Insurance Claim Form, (version 08/05) that accommodates the reporting of the National Provider Identifier (NPI). This new version will update the existing CMS-1500 Claim Form (version 12/90), often referred to as the HCFA-1500.

The new CMS-1500 purportedly contains a number of improvements and enhancements that include better alignment with the electronic HIPAA ASC X12N 837-non Institutional Transaction Standard. Most important is that the New 1500 paper claim form will be able to accommodate the reporting of the National Provider Identifier (NPI) Number.

The NPI will be a single provider identifier, replacing the different provider identifiers healthcare systems currently use for each health plan with which you do business. The NPI Identifier, which implements a requirement of the HIPAA law of 1996 must be used by all HIPAA covered entities.

Time Lines

As with most things from the feds, the timeline is not set in stone. And if anything, implementation deadlines will be extended. The proposed time lines for the transition of the new CMS-1500 Claim Form are as follows:

October 1, 2006: Health plans, clearinghouses, and other information support vendors must be ready to handle and accept the revised (08/05) 1500 Claim Form.

October 1, 2006 - March 31, 2007: Providers can use either the current or the revised version of the CMS-1500 Claim Form.

April 1, 2007: The current (12/90) version of the CMS-1500 Claim Form is discontinued; only the revised form is to be used. All rebilling of claims should use the revised form from this date forward, even though earlier submissions may have been on the 12/90 Claim Form.

Be assured that HandyWorks will be ready to print your claims on the new forms well within the guidelines given above!

Post-N-Track

Recently, Dr. Laura H. a long-time HWW user, told me of a new FREE electronic claims clearinghouse. It is at www.post-n-track.com. While they currently only handle a half dozen or so carriers, they will be handling more in the future.

We have started using them for our Oxford claims and it is working out well. If you are tired of paying for electronic claims submission, feel free to give them a buzz.

X-Charge it!

A number of our users have already switched their credit card processing over to X-charge.

Not only are they saving money with reduced fees, they are saving time because X-Charge fully integrates into the HandyWorks Transaction screen. It is convenient, fast and reliable.

If you are tired of paying high rates for credit card services, why don't you call Barbara Rivards at 800-217-3927 or email her at Barbara.Rivard@xcharge.biz She'll ask you to fax her your current credit card services bill and show you how you can start saving money right away.

We use it in our office and it works GREAT!

So Long: DOS

The Bhuddists say that anything that starts must also stop, and I'm sorry to say that this is now true for HandyWorks DOS. This is not because we stopped loving DOS, or because it no longer works, but simply that times have changed and the needs of the health care universe are now exceeding the capabilities of this spunky little program.

Specifically, the new CMS-1500 form, with its additional data fields will draw too many resources for us to program it into a language we haven't programmed in for over a decade.

I hope, that as we methodically convert our remaining DOS users into HWW that the heavens smile upon the conversion, making it easy and problem free

Vacation!

Dr. Schram will be out of the HandyWorks Office 9/1-9/8 for a short break. Off to the Eternal City, Dr S. and family will return refreshed, reinvigorated and renewed. However, our trusty office staff will be in the office on these days, so don't hesitate to call if you have a small problem. If you are planning to have a big problem, please call prior to the vacation week.

What's New!

While most changes have been minor, including many state specific changes for Medicare and Electronic billing, several changes stand out.

The addition of a referral field in Patient Data solved the problem a few users had in differentiating a patient's personal referral from their medical referral. The Referral utilization report (now enhanced) looks at the data in Patient data for its analysis.

The Doctors form now has a field for the new NPI number. This number will be linked into the new HCFA form next year.

Case Data / Accounting screen now has a referred date through field (and report) for patients that have care through a specific date.

The Statements and Billing Wizard screens have been redesigned to make their use easier.

Details on these changes can be found in the What's New section in the handyworks.com website.

HCFA Changes

Header The bar code was removed.
Header Language "please do not staple in this area" was removed from left side.
Header The rectangle with "1500" was added in black ink to the left-hand side.
Header The title "HEALTH INSURANCE CLAIM FORM" was moved from the lower, right side to the left-hand side.
Header Language APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05" was added to the left-hand side.
Box 1 "TRICARE" was added above "CHAMPUS"
Box 1 Under CHAMPUS, VA File #" was change to "Member ID#".
Box 17a The box was split in half length-wise.
Box 17a This area was shaded. This box will accommodate other ID numbers.
Box 17a Two vertical lines were added. This field will accommodate two byte qualifier for other ID numbers.
Box 17b This field was added
Box 17b Two vertical lines were added with the "NPI" label. This field will accommodate the NPI number.
Box 21 The lines after decimal points in items 1, 2, 3, & 4 were extended to accommodate four bytes.
Box 24 The line with the alpha indicators was removed. Alpha indicators were moved next to respective titles in the title fields.
Box 24 Line numbers to the left of box 24 were increased in size and centered with each line.
Box 24 Each of the six lines were split length-wise and shading was added to the top portion of each line. This area is to be used for the reporting of supplemental information.
Box 24 Vertical lines separates on each of the six lines have been removed from the shaded area, except for the lines before 24I and 24J.
Box 24c "Type of Service" was removed. This field is now titled "EMG".
Box 24d The field became wider by three bytes. Shading was added vertically between "CPT/HCPCS" and "MODIFIER".
Box 24d Vertical Lines were added in the un-shaded "MODIFIER" section to accommodate four sets of two bytes.
Box 24e The title was changed from "DIAGNOSIS CODE" to "DIAGNOSIS POINTER".
Box 24e The field was decreased by three bytes.
Box 24g This field was increased by one byte.
Box 24h This field was decreased by one byte.
Box 24i The title was changed from "EMG" to "ID. QUAL".
Box 24i A horizontal line was added length-wise across the field separating the shaded and un-shaded portions of the field.
Box 24i The label "NPI" was added in the un-shaded portion of the field.
Box 24j The title was changed from "COB" to "RENDERING PROVIDER ID. #".
Box 24j A dotted horizontal line was added length-wise across the field separating the shaded and un-shaded portions of the field. The NPI number is to be reported in the un-shaded field. Other ID number can be reported in the shaded field.
Box 24k This field, "RESERVED FOR LOCAL USE", was removed.
Box 32 Boxes 32a and 32b were added at the bottom.
Box 32a This field was added to accommodate reporting of the NPI number and is indicated by the shaded label of "NPI".
Box 32b This shaded field was added to accommodate the reporting of other ID numbers.
Box 33 Parentheses were added after the title to indicate the location for phone number.
Box 33 Boxes 33a & 33b were added at the bottom.
Box 33a The title of this field was changed from "PIN" to "a.".
Box 33a A shaded label of NPI was added to the box to indicate the reporting of the NPI number
Box 33b The title was changed from "GRP#" to "b." to accommodate other ID numbers.