



April 23, 2014

Announcement 729

## **URGENT REMINDER: Dual-Use Periods Are Ending for ADA and CMS-1500 Claim Forms; New Forms Must Be Used**

### ***2012 ADA Claim Form Must Be Used Effective May 1, 2014***

Effective with claims received at HP Enterprise Services (HPES) on or after May 1, 2014, the new 2012 American Dental Association (ADA) claim form must be used. The dual-use period of the 2006 version and the 2012 version ends on April 30, 2014. Effective May 1, 2014, claims submitted with the 2006 ADA claim form will be returned to providers.

- **Please note:** For dates of service on or after May 1, 2014, claims on the 2012 ADA form will deny if **valid diagnosis codes and diagnosis pointers** (Fields 29a and 34a) and **place of treatment codes** (Field 38) are not included on the claim. Please review the [2012 ADA Claim Form Instructions](#).
- Electronic billers: Please refer to the Transaction 837D – Dental Health Care Claim and Encounter Companion Guide for billing instructions. The Companion Guides are available on the [Electronic Claims/EDI](#) webpage.

### ***CMS-1500 (02-12) Claim Form Must Be Used Effective May 3, 2014***

Effective with claims received at HP Enterprise Services (HPES) on or after May 3, 2014, the new CMS-1500 (02-12) claim form must be used. The dual-use period of version 02-12 and version 08/05 ends on May 2, 2014. Effective May 3, 2014, claims submitted with the CMS-1500 (version 08/05) claim form will be returned to providers.

Due to updates to field instructions, providers are encouraged to review the [CMS-1500 \(02-12\) Claim Form Instructions](#). For example:

- In Field 21, enter up to twelve (12) ICD-9 codes in the spaces indicated A through L. Please enter the codes **across each line**, not down.
- In Field 24E, the Diagnosis pointers must be alpha characters. They are no longer numeric values. If you enter multiple codes in Field 21, then in Field 24E use a dash between the first and last letters, i.e., A-D, instead of ABCD. Please note: This is a claim form field in which dashes are acceptable.
- In Field 30, the space is labeled as reserved for NUCC use, but the **Balance Due is required**. If Medicaid is primary coverage, enter the amount shown in Field 28. If the recipient has Third Party Liability (TPL) (including Medicare), enter the recipient's legal obligation to pay. Do not include write-off, contractual adjustment or behavioral health reduction amounts.
- Electronic billers: Please refer to the Transaction 837P – Professional Health Care Claim and Encounter Companion Guide for billing instructions. The Companion Guides are available on the [Electronic Claims/EDI](#) webpage.