



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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## MEMORANDUM

DATE: September 4, 2008

TO: BCCCP Coordinators

FROM: Cathy Blaze  
Reimbursement Coordinator  
Breast and Cervical Cancer Control Program

**SUBJECT: Requirements for Electronic and Paper Claim Submission to Health Advantage**

Below are some common billing errors that are still occurring frequently by providers. These errors could result in delayed payments, incorrect payment amounts, or rejected payments. This could be especially problematic with the end of Fiscal Year 08 coming soon. **There will be no exceptions made this year for provider errors.**

1) **Not identifying clients as “BCCCP” clients on the claim forms**

“BCCCP” must be placed on the claim form in the following boxes:

- Electronic claims:  
HCFA1500 (x098A1) – Loop 2000B, SBR03 (Insured Group Number)  
UB-04 (x096A1) – Loop 2000B, SBR03 (Insured Group Number)
- Paper claims:  
HCFA1500 - Box 11  
UB-04 - Box 62

2) **Not using the client’s Social Security Number for proper identification**

If the client does NOT have a SSN – please contact Sam or Tory at 866-930-6324 for a billing ID #.

- Electronic claims:  
Both HCFA 1500 and UB-04 - Loop 2010BA - Subscriber Name  
NM109 - member's SSN
- Paper claims:  
HCFA1500 - Box 1a  
UB-04 - Box 60

### 3) **Rendering Provider ID not indicated**

The rendering provider information must be entered on the claim form. **This is a required field.**

- Electronic claims:

- HCFA 1500 Rendering Provider - Claim Level ~ Loop 2310B
  - NM103 - Last Name
  - NM104 - First Name
  - NM105 - Middle Initial if available

- UB-04 Rendering Provider - Service Line Level ~ Loop 2420A

- Paper claims:

- HCFA1500 – Box 32
- UB-04 – Box 1

### 4) **Not indicating the NPI number**

Effective June 1, 2008, the NPI number is required on ALL claims in order to be HIPAA compliant.

- Electronic claims:

- In Loop 2010AA of the 837 electronic claim format
  - Element NM109
  - Use ID Code Qualifier 'XX' in NM108
  - Include your Tax ID Number in Loop 2010AA in an REF segment with qualifier code 'EI'

- Paper claims:

- HCFA1500 - Box 33a
- UB-04 - Box 56

### 5) **Avoiding checks “issued to clients”**

At times checks appear to have been issued to clients on your EOP. When this occurs, a correction must occur to ensure that your full payment amount is received. To avoid this problem, please follow the directions below:

- Electronic claims:

- CLM08 in the EDI 837 must be set to "Y" not "N". That is the element that dictates whether or not the payment has been assigned to the provider (Y) or the member (N).

- Paper claims:

- HCFA1500 Box 13 = “Signature on file”

Most EDI software and scanning programs look at Box 13 on the HCFA paper claim form.

If Box 13 is empty, the value of CLM08 will be set to "N" - payment not assigned to provider.

If there is something in Box 13, CLM08 will be set to "Y" - payment assigned to the provider.

If you have any questions, please contact Cathy Blaze at 1-517-324-7304 or [cblaze@mphi.org](mailto:cblaze@mphi.org).