



Rhode Island Medicaid

837 Professional – CMS 1500 claim form

This document is a field –by –field instructional help sheet. The fields are listed in a left to right format as they appear in the Provider Electronic Solution Software. Examples of the values needed in order to process the claim are given. Those fields with “Not Required” listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does **not** guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present.

** Represents a list that must be created in order to process the claim. Please see additional documentation on how to create your list.

Header 1

FIELD	VALUE
Claim Frequency	Is defaulted to 1 = new/original claim
Provider ID **	Select your 10 digit National Provider Identifier number from the drop down list.
Taxonomy Code	This will auto populate using the TAB button after selecting the NPI.
Last/Org Name	This will auto populate using the TAB button after selecting the NPI.
First Name	This will auto populate using the TAB button after selecting the NPI.
Client ID **	This is the MID of the client you are billing services for. Choose from the drop down list
Account Number	This will auto populate using the TAB button when the client number is selected from the client list.
Last Name	This will auto populate using the TAB button when the client number is selected from the client list.
First Name	This will auto populate using the TAB button when the client number is selected from the client list.
MI	NOT REQUIRED
Medical Record Number	NOT REQUIRED
Release of Medical Data	Auto – Populated to Y = Yes
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes
Report Type Code	NOT REQUIRED
Report Transmission Code	NOT REQUIRED

Header 2

FIELDS	VALUE
Qualifier	Select appropriate Diagnosis Qualifier either ICD-9 or ICD-10
Diagnosis Code	Enter the ICD-9 or ICD-10 code describing the conditions for which you are treating the client i.e. 010019 Pre-existing essential hypertension complicating pregnancy, unspecified trimester. These can be acquired from the clients Primary Care Physician or your medical records and are based on date of service.
Referring Provider** SSN/Tax Id	Required for the following: Independent Radiology, Independent Labs, DME, and Chiropractor.
Provider Id	This information will be auto populated when the provider number is selected from the Other Provider list and then you hit the tab button on your keyboard
Last/Org Name	This information will be auto populated when the provider number is selected from the Other Provider list and then you hit the tab button on your keyboard
First Name	This information will be auto populated when the provider number is selected from the Other Provider list and then you hit the tab button on your keyboard
MI	NOT REQUIRED
PLACE OF SERVICE	NOT REQUIRED ON HEADER 2.
Onset of Current Illness Date	NOT REQUIRED
Special Program Code	NOT REQUIRED
Admission Date	NOT REQUIRED
EPSDT Referral	NOT REQUIRED

Header 3

FIELDS	VALUE
Accident Related Causes	Not Required unless treatment is a result of an accident. If that is the case choose the most appropriate value from the drop down lists.
Date	Required if Accident Related Causes is entered
State	Required if Accident Related Causes is entered
Country	Required is Accident Related Causes is entered
Transport Reason Code	Not Required unless you are an Ambulance Provider
Transport Distance	Not Required unless you are an Ambulance Provider
Patient Weight	Not Required unless you are an Ambulance Provider
Condition Codes	Not Required unless you are an Ambulance Provider

FIELDS	VALUE
Round Trip Purpose	Not Required unless you are an Ambulance Provider
Rendering Provider	Not required unless you are a group. In which case this is the provider within your group that PERFORMED the services. The information will be auto populated when the NPI provider number is selected from the Provider List and then you hit the tab button on your keyboard. Required only if you do not use the rendering in the SRV2. If this NPI is equal to NPI at SRV2, the claim will reject for compliance.
Rendering Taxonomy Code	If NPI is used this will auto populate from the Provider List
Last/Org Name	This will auto populate from the Provider List.
First Name	This will auto populate from the Provider List.
Other Insurance Indicator	This is auto populated to N = No. This may be changed to Y = yes if billing Medical Assistance as a secondary * please see Billing Other Insurance” directions for further instructions when billing secondary claims.

SRV 1

FIELDS	VALUE
From DOS	The date you began treating the client
To DOS	The date you stopped treating the client
Place of Service	REQUIRED. Please select from the drop down list.
Procedure	This is the service you are billing for (i.e. CPT, HCPC or local code). If J Code is used, please enter Y in the NDC indicator field.
Modifiers	Use if applicable
Billed Amount	The total dollar amount you are charging for the service
Diagnosis Pointer	This is related Diagnosis associated with this procedure. Example if you have three diagnoses for this client and the procedure you are billing for relates to the second condition the Ptr. will be 2. Refer to header 2
Units	The number of times you performed the procedure
Basic Unit of Measure	Auto populated to UN = Units
EPSDT	Auto populated to N = No
NDC Indicator	Auto populated to N=No. If J Code is used in Procedure field, change indicator to Y=Yes, and enter NDC number in new NDC tab.
CLIA Number	NOT REQUIRED
Emergency Ind.	NOT REQUIRED
Family Planning	NOT REQUIRED

SRV 2

FIELDS	VALUE
Transport Reason Code	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Transport Distance	Not Required. Unless you are an Ambulance Provider. Then enter the appropriate value
Patient Weight	Not Required. Unless you are an Ambulance Provider. Then enter the appropriate value
Condition Code	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Round Trip Purpose	Not Required. Unless you are an Ambulance Provider. Then enter the appropriate reason
Rendering Provider ** Provider ID	Not Required unless you are a group. In which case this is the provider within your group that performed the services. The information will be auto populated when the NPI provider number is selected from the provider list and then you hit the tab button on your keyboard. Required only if different from rendering in header 3. If this NPI is equal to NPI at header 3, claim will reject for compliance. This should only be used if the header 3 is not.
Taxonomy Code	This will populate if NPI is selected from Provider List. If seven digit Medicaid provider number is used above this is Non Applicable
Last/Org Name	This will auto populate when the provider number is selected from the Provider List selecting the tab button on your keyboard
First Name	This will auto populate when the provider number is selected from the provider list and then you select the tab button on your keyboard
MI	NOT REQUIRED
Service Adjustment Indicator	Auto Populated to N = No