

Submitting an Additional Claim to Capture all Diagnosis Codes

The Centers for Medicare and Medicaid Services (CMS) and Select Health request that providers submit **all** relevant ICD-10 diagnosis codes to fully illustrate the breadth of services and treatments provided to patients, particularly for complex cases.

We understand that it is not always possible to report active diagnoses on a single claim due to the 12-diagnosis-code limitation on the CMS 1500 form or the truncating that can occur through a clearinghouse or practice management software. When these situations occur, file an additional claim as you normally would, but be sure to follow the instructions below.

List the additional diagnosis codes not included in the primary claim.

When a non-specific (unlisted, etc.) procedure code is billed, a description is required. If billing an EDI claim: 837P, 2400 loop, SV101-7 Description

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD-10		22. RESUBMISSION CODE		ORIGINAL REF. NO.									
A. E08.00			B. F33.2			C. J44.9			D.		E.		F.		G.								
E.			F.			G.			H.		I.		J.		K.								
I.			J.			K.			L.		M.		N.		O.								
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	SE	EMG	CPT/HCPCS	MODIFIER	PC	INTER												
01	15	20	01	15	20	11		99499			A		00	1		NPI		123456789					
2																NPI							
3																NPI							
4																NPI							
5																NPI							
6																NPI							

Make sure that the **ONLY** procedure code entered is **99499**. Do not include other CPT codes.

Bill as a **zero-dollar** claim.

25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd. for NUCC Use	
123456789		<input checked="" type="checkbox"/>		ABC-1234		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 00		\$ 00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # (555) 555-5555					
Sample Simple, MD				Example Clinic 123 Main St Anytown, NC 99999-9998				Dr. Sample Simple, MD 123 Main St Anytown, NC 99999-9998					
SIGNED: 01/15/20 DATE				a. 999999999 b.				a. 999999999 b.					

NUCC Instruction Manual available at: www.nucc.org
PLEASE PRINT OR TYPE
APPROVED OMB-0938-1197 FORM 1500 (02-12)

NOTE: To ensure that additional diagnosis codes are applied to the primary encounter, please make sure the member, provider information (billing and rendering), and dates of service (DOS) **exactly match** the primary claim.

Questions? Contact your Provider Relations representative at provider.development@selecthealth.org or 800-538-5064.

