

New Required Fields on CMS 1500 Claims

Effective April 1, 2019 Ambetter from Arizona Complete Health (Ambetter) will change its policy as it relates to required fields on the CMS-1500 claim form. Formerly box 18 was listed as a conditional/optional field.

If you are submitting an inpatient professional service/s, with a location (box 24B) value of 06, 08, 21, 31, 32, 51, 54, 55, 56, or 61, Ambetter is now requiring box 18 (“Hospitalization Dates Related to Current Services”) to have the date of admission populated in the ‘FROM’ portion of this field. If this field is blank, the claim may be rejected or denied.

If the “TO” date is known (the patient’s discharge date) it may also be populated in the same format. However, it is not a requirement for claim acceptance. Populate the applicable month, day and year of the facility admission/discharge date, using an eight digit date format for all inpatient physician or professional services.

AFFECTED FIELDS

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES											
FROM			MM	DD	YY	TO			MM	DD	YY

24. A. DATE(S) OF SERVICE						B.
From			To			PLACE OF SERVICE
MM	DD	YY	MM	DD	YY	

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update or if additional education is needed please contact Provider Services at 1-866-796-0542 or your Provider Engagement Specialist. If you do not know who your Provider Engagement Specialist is please email:

AzCHProviderEngagement@azcompletehealth.com.

THIS UPDATE APPLIES TO THE FOLLOWING **ARIZONA COMPLETE HEALTH** PROVIDERS TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers
- Behavioral Health Physicians
- FQHC

LINES OF BUSINESS:

- Ambetter (Marketplace)

PROVIDER SERVICES:

AzCHProviderEngagement@azcompletehealth.com
1-866-796-0542
www.Azcompletehealth.com