

Provider Update

Virginia Premier's Operational Excellence program is improving how we do business. And we want to let you, our provider partners, know about some of the changes we're making.

This summer, Virginia Premier will streamline our payment processes and systems. This will improve the quality, accuracy and timeliness of claims payments. We're doing this to make things easier for you, the providers who deliver high-quality care to our members.

What's New?

Below is an overview of the changes providers can expect to see from Virginia Premier in the near future. Most will not require any action or change in process for providers. We expect that these changes will improve your experience working with us.

Provider Billing Guidelines

In order to better align with CMS and DMAS billing standards, Virginia Premier will be updating our claims system guidelines. We will configure our claim system to align with field requirements for both professional and facility claims. For your convenience, we've included a user-friendly grid for required fields for both CMS 1500 and UB04 claim forms on the following pages.

Beginning **August 2, 2019**, Virginia Premier will reject claims with missing or incorrectly submitted data in required fields. This will apply to both paper and EDI claims. For providers using the Virginia Premier portal for claims submission, claims will be rejected beginning **July 11, 2019**.

Date Span Billing Update: Virginia Premier has received additional date span billing guidelines from DMAS. These guidelines address a large number of codes, and can be found on the Virginia Premier website under *Provider Notices*.

Claim Pends and Inventory Management

We are redesigning our Claim Pend strategy to limit pend scenarios. Pended claims can cause delays in claim processing and provider payment, and this redesign will make us more efficient and accurate in claim processing.

Improved Prior Authorization List

Virginia Premier is taking a more comprehensive approach to reviewing and correcting inconsistencies between our Prior Authorization requirements and claim payment system. Our Authorization standards will be clarified, which should limit provider the amount of work on behalf of providers. This approach is the result of internal review and provider feedback, and will include all lines of business.

Improved Provider Data and Enrollment Data

Collecting and maintaining accurate provider and member data is a critical. It directly impacts claim processing, provider directories, and encounter data reporting. We will centralize provider and member information and host a single source for record keeping and processing.

Online Claims Reconsiderations

We realize many providers would like the option of submitting claim reconsiderations online directly through our provider portal. We are working to make this a reality, and will announce a go-live date soon.

Contact Us

We look forward to hearing from you about these changes, as well as on other ways we can improve. For questions or feedback, please contact our Provider Services team at (804) 968-1529.

CMS 1500 Claim Submission Guideline

The Center of Medicaid and Medicare Services (CMS) form 1500 must be used to bill Virginia Premier for medical services. The form is used by Physicians and Allied Health Professionals to submit claims for medical services. All items must be completed unless otherwise noted in these instructions.

CMS 1500 Data Field Requirements

Field #	Field Name	Required Field
1	Type of Insurance	Not Required
1A	Insured's ID number	Required
2	Patient's Name	Required
3	Patient's Birth Date/Gender	Required
4	Insured's Name	Required
5	Patient's Address	Required
6	Patient Relationship to Insured	Required
7	Insured's Address	Conditional
8	Reserved for NUCC Use	Not Required
9	Other Insured Name (Last, First, MI)	Conditional
9A	Other Insured's Policy or Group Number	Conditional
9B	Other Insured's Date of Birth (Month) & Gender	Not Required
9C	Other Insured's Employer's Name or School	Not Required
9D	Other Insured's Plan Name or Payer	Conditional
10	Is Patient Condition Related To	Required
10A	Employment	Required
10B	Auto Accident	Required
10C	Other Accident	Required
10D	Claim Codes (Designated by NUCC)	Not Required
11	Insured's Policy Group or FECA Number	Conditional
11A	Insured's Date of Birth/Sex	Conditional
11B	Other Claim ID (Designated by NUCC)	Not Required
11C	Insurance Plan Name / Program Name	Conditional
11D	Is there another health benefit plan?	Conditional
12	Patient's / Authorized Person's Signature/Date	Not Required
13	Insured's / Authorized Person's Signature	Not Required
14	Date of Current Illness, Injury or Pregnancy	Conditional
15	Other Date	Conditional
16	Dates Patient Unable to Work in Current Job	Not Required
17	Name of Referring Provider	Conditional
17A	Referring Provider NPI Number	Conditional
17B	NPI	Conditional
18	Hospitalization Dates Related to Current Services	Not Required

19	Additional Claim Information (NUCC)	Not Required
20	Outside Lab?/Charges	Not Required
21	Diagnosis / Nature of Illness or Injury (A-L)	Required
22	Medicaid Resubmission Code/Original Ref No	Conditional
23	Prior Authorization Number	Conditional
24	Dates of Service (From & To)	Required
24A.1	Supplemental Lines / NDC	Conditional
24A.2	Anesthesia Minutes, start & stop	Conditional
24B	Place of Service	Required
24C	EMG	Not Required
24D	Procedures/ Modifiers	N/A
24D.1	Proc code	Required
24D.2	Modifier	Not Required
24E	Diagnosis Pointer	Required
24F	Charges	Required
24G	Days or Units	Required
24H	EPSDT	Not Required
24I	ID Qualifier	Not Required
24I.1	Non Shaded Section: "NPI"	Not Required
24I.2	Shaded: ID Qualifier	Not Required
24J	Rendering Provider ID #	N/A
24J.1	Shaded Section: Provider ID (taxonomy code)	Conditional
24J.2	Non Shaded Section: NPI (rendering NPI)	Required
25	Federal Tax ID Number	Required
26	Patient Account Number	Required
27	Accept Assignment?	Required
28	Total Charge	Required
29	Amount Paid	Not Required
30	Reserved for NUCC Use	Not Required
31	Signature of Physician or Supplier/Date	Required
32	Service Facility Location Information	Conditional
32A	Service Facility Location NPI	Conditional
32B	Service Facility Other ID	Not Required
33	Billing Provider Info and Phone Number	Required
33A	Billing Provider Info NPI	Required
33B	Billing Provider Info Other ID	Not Required

UB04 Claim Submission Guide

The UB-04 claim form, also known as the CMS-1450 form, is approved by the Centers for Medicare & Medicaid Services (CMS) and the National Uniform Billing Committee for facility and ancillary paper billing.

UB04 Data Field Requirements

Field #	Field Name	Required Field	Outpatient
1	Billing Information	Required	Required
2	Pay To Provider Name / Address	Not required	Not required
3A	Patient Control Number	Required	Required
3B	Medical / Health Record Number	Not required	Not required
4	Type of Bill	Required	Required
5	Provider Federal Tax ID	Required	Required
6	Statement Covers Period	Required	Required
7	Reserved	Not required	Not required
8	<i>Patient Information</i>	Header	Header
8A	Patient Identifier	Not required	Not required
8B	Patient Name	Not required	Not required
9	Patient Address Information	Not required	Not required
9A	Patient Street Address	Not required	Not required
9B	Patient City	Not required	Not required
9C	Patient State	Not required	Not required
9D	Patient Zip Code	Not required	Not required
9E	Patient Country Code	Not required	Not required
10	Birthdate	Required	Required
11	Sex	Required	Required
12	Admission Date	Required	Conditional
13	Patient Admission Hour	Required	Conditional
14	Patient Priority (Type) of Visit	Required	Conditional
15	Point of Origin for Visit	Required	Conditional
16	Patient Discharge Hour	Not required	Not required
17	Patient Discharge Status	Required	Conditional
18-28	Condition Codes	Conditional	Conditional
29	Accident State	Not required	Not required
30	Reserved	Not required	Not required
31-34	Occurrence Code / Date	Conditional	Conditional
35-36	Occurrence Span Codes and Dates	Conditional	Conditional
37	Future Use	Not required	Not required
38	Responsible Party Name / Address	Required	Required
39-41	Value Code and Amount	Conditional	Conditional
42	Revenue Code	Required	Required
43	Description	Conditional	Conditional

44.A	HCPCS	Conditional	Conditional
44.B	Modifier	Conditional	Conditional
44.C	HCPCS Rate	Conditional	Conditional
45	Service Date	Conditional	Conditional
46	Service Units	Required	Required
47	Total Charges	Required	Required
48	Non-Covered Charges	Not required	Not required
49	Future Use	Not required	Not required
50	Payer Name	Header	Header
50A	Primary Payer Name	Required	Required
50B	Secondary Payer Name	Conditional	Conditional
50C	Tertiary Payer Name	Conditional	Conditional
51	Payer Health Plan ID	Header	Header
51A	Primary Payer Health Plan ID	Required	Required
51B	Secondary Payer Health Plan ID	Conditional	Conditional
51C	Tertiary Payer Health Plan ID	Conditional	Conditional
52	Release of Information Certification	Not required	Not required
52A	Primary Release of Info Certification	Required	Required
52B	Secondary Release of Info Certification	Conditional	Conditional
52C	Tertiary Release of Info Certification	Conditional	Conditional
53	Assignment of Benefits Indicator	Not required	Not required
53A	Primary Assignment of Benefits Indicator	Required	Required
53B	Secondary Assignment of Benefits Indicator	Conditional	Conditional
53C	Tertiary Assignment of Benefits Indicator	Conditional	Conditional
54	Prior Payments	Conditional	Conditional
54A	Primary Prior Payments	Conditional	Conditional
54B	Secondary Prior Payments	Conditional	Conditional
54C	Tertiary Prior Payments	Conditional	Conditional
55	Estimated Amount Due	Conditional	Conditional
55A	Primary Estimated Amount Due	Conditional	Conditional
55B	Secondary Estimated Amount Due	Conditional	Conditional
55C	Tertiary Estimated Amount Due	Conditional	Conditional
56	NPI Number-Billing Provider	Required	Required
57A	Primary Provider Legacy Id	Conditional	Conditional
57B	Secondary Provider Legacy Id	Conditional	Conditional
57C	Tertiary Provider Legacy Id	Conditional	Conditional
58	Insured's Name	Required	Required
58A	Insured's Name-Primary Plan	Required	Required
58B	Insured's Name-Secondary Plan	Conditional	Conditional
58C	Insured's Name-Tertiary Plan	Conditional	Conditional
59	Patient's Relationship to Insured	Not required	Not required
59A	Patient's Relationship to Insured-Primary	Required	Required
59B	Patient's Relationship to Insured-Secondary	Conditional	Conditional

59C	Patient's Relationship to Insured-Tertiary	Conditional	Conditional
60	Insureds Unique Identifier	Header	Header
60A	Insureds Unique Identifier-Primary Plan	Required	Required
60B	Insureds Unique Identifier-Secondary Plan	Conditional	Conditional
60C	Insureds Unique Identifier-Tertiary Plan	Conditional	Conditional
61	Group Name	Conditional	Conditional
61A	Group Name-Primary Plan	Conditional	Conditional
61B	Group Name-Secondary Plan	Conditional	Conditional
61C	Group Name-Tertiary Plan	Conditional	Conditional
62	Insurance Group Number	Not required	Not required
62A	Insurance Group Number-Primary Plan	Conditional	Conditional
62B	Insurance Group Number-Secondary Plan	Conditional	Conditional
62C	Insurance Group Number-Tertiary Plan	Conditional	Conditional
63	Treatment Authorization Code	Header	Header
63A	Treatment Authorization Code-Primary	Required	Required
63B	Treatment Authorization Code-Secondary	Conditional	Conditional
63C	Treatment Authorization Code-Tertiary	Conditional	Conditional
64	Document Control Number	Header	Header
64A	Document Control Number-Primary	Conditional	Conditional
64B	Document Control Number-Secondary	Not required	Not required
64C	Document Control Number-Tertiary	Not required	Not required
65	Employer Name	Header	Header
65A	Employer Name-Primary	Conditional	Conditional
65B	Employer Name-Secondary	Conditional	Conditional
65C	Employer Name-Tertiary	Conditional	Conditional
66	Diagnosis/Procedure Code Qualifier	Required	Required
67A	Principal Diagnosis Code	Required	Required
67B	Other Diagnosis Codes (A-Q)	Conditional	Conditional
68	Reserved	Not required	Not required
69	Admitting Diagnosis Code	Required	Conditional
70	Patient Reason Diagnosis Code	Header	Header
70A	Patient Reason Diagnosis Code	Conditional	Conditional
70B	Patient Reason Diagnosis Code	Conditional	Conditional
70C	Patient Reason Diagnosis Code	Conditional	Conditional
71	Prospective Payment System (PPS) Code	Conditional	Conditional
72	External Cause of Injury Code	Not required	Not required
72A	External Cause of Injury Code	Conditional	Conditional
72B	External Cause of Injury Code	Conditional	Conditional
72C	External Cause of Injury Code	Conditional	Conditional
73	Reserved	Not required	Not required
74	Principal Procedure Code / Date	Conditional	Conditional
74A	Other Procedure Code / Date	Conditional	Conditional
74B	Other Procedure Code / Date	Conditional	Conditional

74C	Other Procedure Code / Date	Conditional	Conditional
74D	Other Procedure Code / Date	Conditional	Conditional
74E	Other Procedure Code / Date	Conditional	Conditional
75	Reserved	Not required	Not required
76	Attending Provider Name, NPI and qualifier	Conditional	Conditional
77	Operating Provider Name, NPI and qualifier	Conditional	Conditional
78	Other Provider NPI and Secondary Qualifier	Conditional	Conditional
79	Other Provider NPI and Secondary Qualifier	Conditional	Conditional
80	Remarks	Conditional	Conditional
81	Health Care Taxonomy Code	Not required	Not required
81A	Code Field - Primary	Conditional	Conditional
81B	Code Field - Secondary	Conditional	Conditional
81C	Code Field - Tertiary	Not required	Not required
81D	Code Field	Not required	Not required

Readability Requirements

Paper claims are converted to an electronic format to ensure that all claims are processed identically. However, the conversion process can cause data elements to be misinterpreted.

Follow these guidelines to ensure successful conversion of your claims:

Do	Don't
<ul style="list-style-type: none">• Use red ink on UB-04 paper forms only.• Remember that replacement/corrected claims require a Type of Bill with a Frequency Code "7" (field 4) and claim number in the Document Control Number (field 64).• Enter all required data (patient details must include ID number with prefix, last name, first name, and date of birth).• Separate the subscriber/patient last name and first name with a comma.• Use proper coding (ICD-10 HIPAA codes, dates of service, and correcting a prior claim).• Use standard fonts and sizes.	<ul style="list-style-type: none">• Include handwriting anywhere on the claim form.• Use stamped data in any field (NPI, provider names, signatures, corrections, etc.).• Print claim data out of the designated field or from an older DOT matrix printer (it may not be captured).