



Date: 4/1/08

Medi-Cal

Important Provider Notice: #0095

Subject: CMS 1500 Reminders on form completion

Effective on or after 5/1/08, PHC will be stream lining and automating the front-end processes for our paper claims. These improved processes may or may not affect you, depending on how you complete and submit your claims using the CMS 1500 claim form. Here is a list of claim submission guidelines that we currently follow and will be enforcing on a going forward basis:

- Claim attachments must be attached to each claim they pertain to.
- CMS-1500 claim forms – There are three places you can identify important notes and remarks you wish to communicate to us for consideration in claims payment.
 - Box 19 (Reserved for Local Use area)
 - Box 24 (blank space in service area lines 1 – 6)
 - Attached as an additional document to the claim.
- CMS-1500 claim forms – Box 33 (Billing Provider Info and Phone #) – This must include the Provider's name, address, city, state, and zip code as well as the NPI number.
- CMS-1500 claim forms – Box 31 (Signature) – Must be an original signature. We cannot accept copies, faxes, initials, computer generated or stamped signatures.

If you still have questions regarding the completion of the CMS 1500 claim form, please feel free to contact the PHC Customer Service Department at (707) 863-4130.