

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

February 22, 2007

DEN

07-05

MEDICAID BULLETIN

TO: Oral and Maxillofacial Surgeons

SUBJECT: Implementation of the Centers for Medicare and Medicaid Services (CMS) 1500 (08/05) Claim Form

In response to guidelines set forth by the CMS, the South Carolina Department of Health and Human Services (SCDHHS) is implementing the revised CMS-1500 (08/05) effective **January 1, 2007**.

Although the form CMS-1500 (08/05) version will be effective January 1, 2007, use of the revised form is optional until **April 1, 2007**. The transitional dual acceptability period of the current and the revised forms is described as follows:

- **January 1, 2007 to March 31, 2007** – Providers can use either the current form CMS-1500 (12/90) version OR the revised form CMS-1500 (08/05) version.
- **April 1, 2007** – The current form CMS-1500 (12/90) version of the claim form is discontinued and only the revised form CMS-1500 (08/05) is to be used. *Note: Effective April 1, 2007, all rebilling of claims should use the revised form CMS-1500 (08/05), even though previous submissions may have been on the prior form CMS-1500 (12/90).*

A major difference between form CMS-1500 (08/05) and the prior form is the provision for split provider identifier fields. The split fields enable the provider to report their National Provider Identifier (NPI) in labeled fields and their corresponding legacy number in an unlabeled block above each NPI field.

Use of the NPI is mandatory. Effective on and after **May 23, 2007**, SC Medicaid will no longer accept your six-character Medicaid provider identification number. For additional NPI information, refer to the South Carolina Medicaid bulletins available online at www.scdhhs.gov (publication dates: 10/19/06, 04/24/06, 09/11/06, 09/26/06, 10/12/06 and 1/18/07).

Attached are the instructions for completion for the CMS 1500 (08/05) claim form. Please inform your software vendor of the changes. Electronic filers can refer to the revised South Carolina Medicaid Companion Guides for information regarding placement of the NPI. The Companion Guides are located on the SCDHHS Website at www.scdhhs.gov. Click on "Electronic Data Interchange" under "Programs and Services", then select "S.C. Medicaid Companion Guides".

Questions regarding this information may be directed to your Dental Program Coordinator at (803) 898-2568. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

RMK/bmhw

Attachments: Instructions for completion of the CMS-1500 (08-05) Claim Form
Examples of CMS-1500 (08/05) Claim Form

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>