



# Supplemental Submissions For Performance and Quality Reporting

## Did you know?

- Beginning January 1st, 2016:
  - Health Choice will accept more than one claim form with the same date of service, which will assist with PQRS reporting (if applicable).
  - This will help meet quality metrics and close the gaps early on the front end.

## What does this mean?

- This means that you can use multiple claim forms to **report more codes for the same date of service.**
  - The claim form allows a maximum of 12 diagnosis codes and 6 CPT/HCPCS codes to be submitted per form.
  - Providers can now submit additional diagnoses and CPT codes by using an additional claim form for the same date of service. 99499 should be used as the initial CPT code (line 1 of section 24) for any additional claim form.

## Sample of Supplemental Claim Form:

The image shows a sample of a supplemental claim form. A red box highlights section 21 (Diagnosis or Nature of Illness or Injury) and section 24 (Date(s) of Service). Section 21 contains diagnosis codes E66.01, K21.9, and L40.50. Section 24 contains six rows of service data, all with a date of service of 01/01/16. The first row uses CPT code 99499, while rows 2-6 use CPT codes 1160F, 3074F, and 3050F. The form also includes sections for patient information, provider information, and billing details.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										22. RESUBMISSION CODE		ORIGINAL REF. NO.		
A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	23. PRIOR AUTHORIZATION NUMBER				
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
From To						EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER	\$ CHARGES	DAYS OF UNITS	EPSDT Part	ID. QUAL	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER						
01	01	16	01	01	16	11	99499		A	0.00	1		NPI	0123456789
01	01	16	01	01	16	11	1160F		A	0.00	1		NPI	0123456789
01	01	16	01	01	16	11	3074F		A	0.00	1		NPI	0123456789
01	01	16	01	01	16	11	3050F		A	0.00	1		NPI	0123456789
													NPI	
													NPI	

25. FEDERAL TAX ID. NUMBER: 123456789  
 26. PATIENT'S ACCOUNT NO.: MEMBER ABC  
 27. ACCEPT ASSIGNMENT? (For gov't. claims, see back):  YES  
 28. TOTAL CHARGE: \$ 0.00  
 29. AMOUNT PAID: \$ 0.00  
 30. Rsvd for NUCC Use  
 31. SIGNATURE OF PHYSICIAN OR SUPPLIER: Sample Simple, M.D. 01/01/16  
 32. SERVICE FACILITY LOCATION INFORMATION: Example Clinic, 123 Healthy Street, Wellville, AZ 88888  
 33. BILLING PROVIDER INFO & PH #: (555) 555-5555, 123 Healthy Street, Wellville, AZ 88888  
 SIGNED: a. 9999999999 b. 9999999999  
 DATE: 01/01/16  
 NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Dates of service should be the same as initial claim form.

- Initial claim (not pictured) lists twelve ICD-10 diagnoses in section 21; section 24 lists CPT code G0439 (for the Annual Wellness Visit), and multiple other codes.
- Second claim form (shown above) lists additional diagnosis codes in section 21, and uses CPT code 99499 in line 1 of section 24. Additional CPT codes are listed in lines 2 - 6 as appropriate.
- Remember: use 99499 for the CPT service code on any subsequent form(s) to report additional codes for the same encounter.
- Bill the amount \$0.00 or \$0.01
- Submit all the claim forms to Health Choice

*Thank you for allowing Health Choice to enhance your performance and quality reporting.*