

Supplemental Submissions For Performance and Quality Reporting

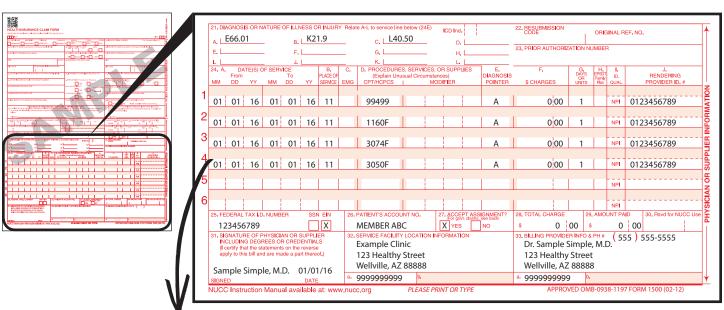
Did you know?

- 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:



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