Table of Contents

18.01.71 - Rule to Implement Uniform Health Claim Form Act

IDAPA 18
TITLE 01
CHAPTER 71

18.01.71 - RULE TO IMPLEMENT UNIFORM HEALTH CLAIM FORM ACT

000. LEGAL AUTHORITY.
These rules are promulgated and adopted pursuant to the authority vested in the Director under Title 41, Chapter 2, Idaho Code. (7-1-95)

001. TITLE AND SCOPE.

01. Title. These rules shall be cited in full as Idaho Department of Insurance Rules, IDAPA 18.01.71, "Rule to Implement Uniform Health Claim Form Act." (7-1-95)

02. Scope. The purpose and intent of these rules is to standardize the forms used in the billing and reimbursement of health care, reduce the number of forms utilized and increase efficiency in the reimbursement of health care through standardization. (7-1-95)

002. WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements which pertain to the interpretation of the rules of the chapter, or to the documentation of compliance with the rules of this chapter. These documents will be available for public inspection and copying at cost in the main office and each regional or district office of this agency. (7-1-95)

003. ADMINISTRATIVE APPEALS.
All contested cases shall be governed by the provisions of IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General." (7-1-95)

004. DEFINITIONS.
As used in these Rules. (7-1-95)

01. ASC X12N Standard Format. ASC X12N standard format means the standards for electronic data interchange within the health care industry developed by the Accredited Standards Committee X12N Insurance Subcommittee of the American National Standards Institute. (7-1-95)

02. CDT Codes. CDT Codes means the current dental terminology prescribed by the American Dental Association or the most recently approved edition. (7-1-95)

03. CPT Codes. CPT Codes means the most recent edition of the physicians current procedural terminology, published by the American Medical Association. (7-1-95)

04. HCFA Form UB-92. HCFA Form UB-92 means the health insurance claim form maintained by HCFA for use by the institutional care practitioners or its electronic counterpart. (7-1-95)

05. HCFA Form 1500. HCFA Form 1500 means the health insurance claim form maintained by HCFA for use by health care practitioners or its electronic counterpart. (7-1-95)

06. HCFA. HCFA means Health Care Financing Administration of the U.S. Department of Health and Human Services. (7-1-95)

07. HCPCS. HCPCS means HCFA's Common Procedure Coding System, a coding system which describes products, supplies, procedures and health professional services and includes, the American Medical Association's (AMA's), Physician Current Procedural Terminology codes (CPT), alphanumeric codes, and related modifiers. This includes: (7-1-95)

a. HCPCS Level 1 Codes which are the AMA's CPT codes and modifiers for professional services and procedures. (7-1-95)

b. HCPCS Level 2 Codes which are national alpha-numeric codes and modifiers for health care products and supplies, as well as some codes for professional services not included in the AMA's CPT. (7-1-95)

c. HCPCS Level 3 Codes which are local alpha-numeric codes and modifiers for items and services not included in HCPCS Level 1 or HCPCS Level 2. (7-1-95)

08. Health Care Practitioner. Health Care Practitioner means any person providing health care services that are paid directly or indirectly by issuers. (7-1-95)

09. ICD Codes. ICD Codes means the most recent edition of the diagnosis and procedure codes in the International Classification of Diseases clinical modifications published by the U.S. Department of Health and Human Services. (7-1-95)

10. Institutional Care Practitioner. Institutional Care Practitioner means any institution providing health care services that are paid directly or indirectly by insures. (7-1-95)

11. Issuer. Issuer means an insurance company, fraternal benefit society, health care service plan, health maintenance organization, Idaho State administrative agencies, third party administrator, and any other entity reimbursing the costs of health care expenses. (7-1-95)

12. J504, J510, J511, and J512 Forms. J504, J510, J511 and J512 Forms means the uniform dental claim form approved by the American Dental Association for use by dentists. (7-1-95)

13. Revenue Codes. Revenue Codes means the codes established for use by institutional care practitioners by the National Uniform Billing Committee or by the State Uniform Billing Committee. (7-1-95)

005. -- 010. (RESERVED).

011. APPLICABILITY.

01. Affected Parties. Except as otherwise specifically provided, the requirements of this rule apply to issuers, health care practitioners, and institutional care practitioners. (7-1-95)

02. Requests for Additional Information. Nothing in this rule shall prevent an issuer from requesting additional information that is not contained on the forms required under this rule to determine eligibility of the claim for payment if required under the terms of the policy or certificate issued to the claimant. (7-1-95)

012. -- 014. (RESERVED).

015. REQUIREMENTS FOR ACCEPTANCE AND USE OF HCFA FORM 1500.

01. Acceptance and Use of HCFA Form 1500. Issuers shall accept and health care practitioners, other than dentists, shall use the HCFA Form 1500 and instructions provided for the completion of the HCFA Form 1500 when filing claims with issuers for professional services, as applicable. Health care practitioners that provide patients with the billing information for the patient to submit to the issuer for reimbursement shall provide a properly completed HCFA Form 1500 (at a minimum portions 1-13, as applicable) in addition to any other explanatory information. (7-1-95)

02. Required Coding System. Issuers shall require health care practitioners to use the following coding system for the initial filing of claims for health care services: (7-1-95)

a. HCPCS Codes; and (7-1-95)

b. ICD Codes. (7-1-95)

03. Additional Requirements. Issuers may only require health care practitioners to use other explanations with a code or to furnish additional information with the initial submission of a HCFA Form 1500 under

the following circumstances: (7-1-95)

a. When the procedure code used describes a treatment or service that is not otherwise classified; or (7-1-95)

b. When the procedure code can only be substantiated with attachments such as an operating report. (7-1-95)

016. -- 027. (RESERVED).

028. REQUIREMENTS FOR ACCEPTANCE AND USE OF HCFA FORM UB-92.

01. Acceptance and Use of HCFA Form UB-92. Issuers shall accept and institutional care practitioner shall use the HCFA Form UB-92 and instructions provided by HCFA and the National Uniform Billing Committee for use of the HCFA Form UB-92 when filing claims with issuers for health care services. Institutional care providers that provide patients directly with information for the patient to submit to the issuer for reimbursement shall provide a properly completed HCFA Form UB-92 in addition to any other explanation information used to bill the patient when requested by the patient. (7-1-95)

02. Required Coding System. Issuers may only require institutional care practitioners to use the following coding system for the initial filing of claims for health care services: (7-1-95)

a. ICD Codes; (7-1-95)

b. Codes contained in the UB-92 National Uniform Billing Data Element specifications; (7-1-95)

c. HCPCS Codes; and (7-1-95)

d. The information outlined in Section 015 of this rule, if the charges include direct services furnished by a health care practitioner, and the direct services are not covered by the instructions for the HCFA Form UB-92. (7-1-95)

03. Hospital Use of HCFA Form 1500. Hospitals may use the HCFA Form 1500 to supplement a HCFA Form UB-92 or the most recent edition if necessary in billing patients or their representatives or filing claims with issuers for outpatient services. (7-1-95)

029. -- 035. (RESERVED).

036. REQUIREMENTS FOR USE OF J504, J510, J511, AND J512 FORMS.

01. Requirements for Dentists Filing Claims. Dentists shall use the J504, J510, J511 and J512 Forms and instructions provided by the American Dental Association CDT for use of the J504, J510, J511 and J512 Forms for filing claims with issuers for professional services. Dentists that bill patients directly shall provide a properly completed J504, J510, J511 and J512 Forms in addition to any other form used to bill the patient when requested by the patient. (7-1-95)

02. CDT Codes. Issuers may not require a dentist to use any code other than the CDT codes for the initial filing of claims for dental care services, unless the use of supplemental codes are defined and permitted in a written contract between the issuer and dentist. (7-1-95)

037. -- 045. (RESERVED).

046. GENERAL PROVISIONS.

01. Notification of Change. Health care practitioners, institutional care practitioners and issuers shall, within ninety (90) days of notification of a change: (7-1-95)

a. Use and accept the most current editions of the HCFA Form 1500, HCFA Form UB-92 or J504, J510, J511 and J512 Forms and most current instructions for these forms in the billing of patients or their representatives and filing claims with issuers. (7-1-95)

b. Modify their billing and claim processing practices to encompass the coding changes for all billing and claim filing. (7-1-95)

047. -- 059. (RESERVED).

060. SEVERABILITY.
If any provision of this rule or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the rule and the application of the provision to other persons or circumstances shall not be affected thereby. (7-1-95)

061. -- 999. (RESERVED).

Subject Index