

General HPSM Billing Tips

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- Use only CMS-1500 and UB04 claim forms.
- Use only the member's HPSM Identification #, not Social Security or other numbers. Do not add other information to this area.
- Use the "Remarks" field when appropriate. Do not put comments (anesthesia time, etc) in Box 24 of the CMS-1500.
- Claims must be clear and legible originals, copies and faxed information may not be recognized. Align printers so that information does not touch the lines on the claim form. Handwritten forms are not acceptable.

Provider Identification

- Please use the appropriate NPI in box 33a of the CMS-1500 form or Box 56 on the UB04.
- If you do not have an NPI, use your 9-digit alphanumeric Medi-Cal number in box 33b. Providers who do not have a Medi-Cal number can use their Medicare ID.
- If this is your first time billing HPSM, please include a copy of your W-9 and a Medicare EOMB (for CareAdvantage).
- The provider identification number on the bill should match the one used on the TAR. If not, please contact Health Services at (650) 616-2070.

Modifiers

- When billing with modifier -25, diagnosis codes must reflect separate and distinct procedures in order to be considered for payment.
- Use appropriate modifiers for the line of business you are billing. For instance, Medi-Cal modifiers on a CareAdvantage claim may cause delays or denials.
- Vision claims require modifiers.
- DME "crossover" claims require modifiers.
- When billing with modifier -59 for all lines of business, documentation is required.

Billing Information

- When billing more than one of the same lab or radiology procedures, enter on one line with the appropriate count. Remember to use modifiers.
- Remember to include RAF and TAR numbers when needed.
- ICD9 codes should reflect the highest level of specificity; remember to include 4th or 5th digit when required.
- Service dates cannot be in the future, even when part of a date span.
- Transportation services should be billed as round-trip on one line rather than split into two lines.
- Do not add extra zeros to the number of units, such as "10" instead of "1". This can delay the processing of your claims.