10A NCAC 27A .0303   CLEAN CLAIM FORMAT REQUIREMENTS
(a) A provider of a service that is payable from funds administered by an LME shall submit a claim for payment to the authorizing LME. The provider shall submit the claim in one of the formats listed as follows:

       (1)   HIPAA compliant 837;
       (2)   CMS-1500;
       (3)   the standardized billing format provided by the DMH/DD/SAS; or
       (4)   a single web based direct data entry system.

The provider shall complete each element contained in the selected format.
(b) The billing format provided by the DMH/DD/SAS shall contain standardized elements including:

       (1)   date of claim;
       (2)   provider information including:
               (A)   name; and
               (B)   number.
       (3)   client information including:
               (A)   name;
               (B)   identification number;
               (C)   target population code; and
               (D)   ICD-9 diagnosis code.
       (4)   service information including:
               (A)   name;
               (B)   date;
               (C)   units delivered;
               (D)   billing code; and
               (E)   authorization number.

History Note: *Authority G.S. 122C-112.1(a)(32); S.L. 2006-142;*
                     Eff. May 1, 2008;
                     Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016.