PROPOSED REGULATION OF THE

COMMISSIONER OF INSURANCE

LCB File No. R175-01

December 5, 2001

EXPLANATION – Matter in ***italics*** is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-5, NRS 679B.130 and 686A.015; §§6-15, NRS 679B.130, 679B.138 and 686A.015.

Section 1. Chapter 686A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 15, inclusive, of this regulation.

Sec. 2. ***As used in sections 2 to 15, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this regulation have the meanings ascribed to them in those sections.***

Sec. 3. ***A "clean claim" means a claim:***

1. That contains the required information pursuant to sections 8, 9 and 10 of this regulation or sections 11, 12 and 13 of this regulation; and

2. For which any additional information that has been requested pursuant to subsection 2 of NRS 683A.0879, 689A.410, 689B.255, 689C.485, 695B.2505 or 695C.185 because of any particular or unusual circumstances that would have impeded the payer from paying the claim has been received.

Sec. 4. ***"Health care practitioner" means a person licensed to practice one of the health professions regulated by Title 54 of NRS.***

Sec. 5. ***"Payer" includes administrators, individual health insurers, group health insurers, nonprofit hospitals, medical and dental service corporations and health maintenance organizations who pay claims under any contract for health insurance.***

Sec. 6. ***1. The payer of a claim under a contract for health insurance:***

(a) Shall accept a claim submitted on a form that:

(1) Has been approved by the United States Department of Health and Human Services for the filing of a claim under a contract for health insurance; and

(2) Contains the information necessary to constitute a clean claim.

(b) Shall not require the completion of any other form for the purpose of processing the claim.

2. For the purposes of this section, a "form that has been approved by the United States Department of Health and Human Services" means:

(a) For claims submitted by a hospital or other institutional provider, Health Care Financing Administration (HCFA) Form 1450 which is commonly referred to as UB 92 (formerly UB 82), or its successor form; and

(b) For claims submitted by a health care practitioner or other person entitled to reimbursement, Health Care Financing Administration (HCFA) Form 1500, or its successor form.

3. Health Care Financing Administration (HCFA) Form 1450 and Health Care Financing Administration (HCFA) Form 1500 are hereby adopted by reference. A copy of HCFA Form 1450 or HCFA Form 1500 may be obtained on the Internet, free of charge, at <http://www.hcfa.gov/forms/>. Copies of HCFA Form 1500 may also be obtained from the Superintendent of Documents, United States Government Printing Office, P.O. Box 371954,

Pittsburgh, PA 15250-7954, or by telephone at (202) 512-1800, for the price of $16 for a package of 100.

Sec. 7. *The time for a payer to adjudicate and pay claims pursuant to NRS 683A.0879, 689A.410, 689B.255, 689C.485, 695B.2505 and 695C.185 begins when the payer receives a clean claim.*

Sec. 8. *A claim form submitted by a health care practitioner or other person entitled to reimbursement must be submitted on Health Care Financing Administration (HCFA) Form 1500 and must include the following data:*

1. Subscriber's plan ID number (HCFA Form 1500, field 1a);

2. Patient's name (HCFA Form 1500, field 2);

3. Patient's date of birth and gender (HCFA Form 1500, field 3);

4. Subscriber's name (HCFA Form 1500, field 4);

5. Patient's address, including the street or P.O. Box, city and zip code (HCFA Form 1500, field 5);

6. Patient's relationship to the subscriber (HCFA Form 1500, field 6);

7. Subscriber's address, including the street or P.O. box, city and zip code (HCFA Form 1500, field 7);

8. Whether the patient's condition is related to:

(a) Employment (HCFA Form 1500, field 10a);

(b) An auto accident (HCFA Form 1500, field 10b); or

(c) An accident other than an auto accident (HCFA Form 1500, field 10c);

9. Subscriber's policy number (HCFA Form 1500, field 11);

10. Except in the case of a laboratory that has been issued a license pursuant to chapter 652 of NRS:

(a) The patient's status (HCFA Form 1500, field 8);

(b) The subscriber's birth date and gender (HCFA Form 1500, field 11a);

(c) The name of the payer (HCFA Form 1500, field 11c);

(d) Whether the patient has had the same or a similar illness (HCFA Form 1500, field 15); and

(e) The date of the current illness, injury or pregnancy (HCFA Form 1500, field 14);

11. Disclosure of any other health benefit plans (HCFA Form 1500, field 11d);

12. Patient's or authorized person's signature or notation that the signature is on file with the health care practitioner (HCFA Form 1500, field 12);

13. Subscriber's or authorized person's signature or notation that the signature is on file with the health care practitioner or other person entitled to reimbursement, if applicable (HCFA Form 1500, field 13);

14. Except in the case of a health care practitioner for emergency services:

(a) Whether the patient has had the same or a similar illness (HCFA Form 1500, field 15); and

(b) The name of the referring physician or health maintenance organization (HCFA Form 1500, field 17);

15. Hospitalization dates related to current services, if applicable (HCFA Form 1500, field 18);

16. Diagnosis codes or nature of the illness or injury (HCFA Form 1500, field 21);

17. Date of service (HCFA Form 1500, field 24A);

18. Place of service codes for all claims, as designated by the Health Care Financing Administration for Medicare (HCFA Form 1500, field 24B);

19. Procedure code (HCFA Form 1500, field 24D);

20. Diagnosis code by specific service (HCFA Form 1500, field 24E);

21. Charge for each listed service (HCFA Form 1500, field 24F);

22. Number of days, time, in minutes, and start to stop time or units (HCFA Form 1500, field 24G);

23. The carrier-assigned provider number until the National Provider Identifier is developed and assigned, if applicable (HCFA Form 1500, field 24K);

24. Federal tax ID number of the health care practitioner or other person entitled to reimbursement (HCFA Form 1500, field 25);

25. Patient's account number (HCFA Form 1500, field 26);

26. Total charge (HCFA Form 1500, field 28);

27. For claims submitted electronically, a computer-printed name as the signature of the health care practitioner or other person entitled to reimbursement (HCFA Form 1500, field 31);

28. For claims not submitted electronically, the signature of the health care practitioner who provided the service or the other person entitled to reimbursement who provided the service, or a notation that the signature is on file with the health maintenance organization or preferred provider (HCFA Form 1500, field 31);

29. Name and address of the facility where the services were rendered, if other than a home or an office (HCFA Form 1500, field 32);

30. The billing name, address, zip code, phone number and, if applicable, carrier-assigned provider number until the National Provider Identifier (NPI) is developed and assigned to the health care practitioner or other person entitled to reimbursement (HCFA Form 1500, field 33); and

31. Any other field or essential data necessary to comply with the applicable standard code set.

Sec. 9. *In addition to the data required by section 8 of this regulation, a claim submitted by a health care practitioner or other person entitled to reimbursement must include the following data if circumstances exist that render the data applicable to the specific claim being filed:*

1. If the patient is covered by more than one contract for health insurance, the following information that is applicable to the other insured or enrollee:

(a) Name (HCFA Form 1500, field 9);

(b) Policy or group number (HCFA Form 1500, field 9a);

(c) Date of birth (HCFA Form 1500, field 9b);

(d) Plan name, such as employer, school or other organization (HCFA Form 1500, field 9c); and

(e) Name of the health maintenance organization or insurer (HCFA Form 1500, field 9d);

2. Except in the case of a laboratory that was issued a license pursuant to chapter 652 of NRS, if the contract for health insurance is a group plan, the subscriber's plan name, including, without limitation, the employer, school or other organization (HCFA Form 1500, field 11b);

3. When prior authorization is required, the prior authorization number (HCFA Form 1500, field 23);

4. If the claim is between parties to a global contract, the code pursuant to the global contract (HCFA Form 1500, field 24D);

5. If the claim is for services rendered pursuant to the Medicaid Program, the code established by the Medicaid Program (HCFA Form 1500, field 24D);

6. When a modifier code is used to explain unusual circumstances, the modifier code (HCFA Form 1500, field 24D);

7. When an assignment has been proposed, whether the assignment was accepted (HCFA Form 1500, field 27); and

8. If an amount has been paid to the health care practitioner or other person entitled to reimbursement submitting the claim, by the patient or subscriber, or on behalf of the patient or subscriber:

(a) The amount paid (HCFA Form 1500, field 29); and

(b) The balance due (HCFA Form 1500, field 30).

Sec. 10. *1. A payer shall not use or require a health care practitioner or other person entitled to reimbursement to use any field for purposes that are inconsistent with the essential data required pursuant to sections 8 and 9 of this regulation, or in addition to the applicable standard code set.*

2. A health care practitioner or other person entitled to reimbursement may elect to include data in addition to the data required pursuant to sections 8 and 9 of this regulation.

Sec. 11. ***A claim form submitted by a hospital or other institutional provider must be submitted on Health Care Financing Administration (HCFA) Form 1450 and must include the following data:***

1. Name, address and telephone number of the hospital or other institutional provider (HCFA 1450, field 1);

2. Patient's control number (HCFA 1450, field 3);

3. Type of bill code (HCFA 1450, field 4);

4. Federal tax ID number of the hospital or other institutional provider (HCFA 1450, field 5);

5. Beginning and ending date of claim period (HCFA 1450, field 6);

6. Patient's name (HCFA 1450, field 12);

7. Patient's address (HCFA 1450, field 13);

8. Patient's date of birth (HCFA 1450, field 14);

9. Patient's gender (HCFA 1450, field 15);

10. Patient's marital status (HCFA 1450, field 16);

11. Date of admission (HCFA 1450, field 17);

12. Admission hour (HCFA 1450, field 18);

13. Type of admission, including, without limitation, emergent, urgent, elective or newborn (HCFA 1450, field 19);

14. Source of admission code (HCFA 1450, field 20);

15. Patient-status-at-discharge code (HCFA 1450, field 22);

16. Medical record number (HCFA 1450, field 23);

17. Responsible party's name and address (HCFA 1450, field 38);

18. Value codes and amounts (HCFA 1450, fields 39-41);

19. Applicable revenue code (HCFA 1450, field 42);

20. Revenue description (HCFA 1450, field 43);

21. Service date (HCFA 1450, field 45);

22. Units of service (HCFA 1450, field 46);

23. Total charges (HCFA 1450, field 47);

24. Noncovered charges (HCFA 1450, field 48);

25. Name of the payer (HCFA 1450, field 50);

26. Provider number (HCFA 1450, field 51);

27. Release of information (HCFA 1450, field 52);

28. Assignment of benefits (HCFA 1450, field 53);

29. Estimated amount due (HCFA 1450, field 55);

30. Subscriber's name (HCFA 1450, field 58);

31. Patient's relationship to the subscriber (HCFA 1450, field 59);

32. Patient's or subscriber's certificate number, health claim number and ID number (HCFA 1450, field 60);

33. Treatment authorization code (HCFA 1450, field 63);

34. Principal diagnosis code (HCFA 1450, field 67);

35. Admitting diagnosis (HCFA 1450, field 76);

36. Attending physician's ID (HCFA 1450, field 82);

37. Other physician's ID (HCFA 1450, field 83);

38. Signature of the provider representative or notation that the signature is on file with the payer (HCFA 1450, field 85);

39. Date the bill was submitted (HCFA 1450, field 86); and

40. Any other field or essential data necessary to comply with the applicable standard code set.

Sec. 12. *In addition to the data required pursuant to section 11 of this regulation, a claim submitted to a payer by a hospital or other institutional provider must include the following data if circumstances exist that render the data applicable to the specific claim being filed:*

1. If Medicare is a primary or secondary payer:

(a) The covered days (HCFA 1450, field 7);

(b) The noncovered days (HCFA 1450, field 8); and

(c) The coinsurance days (HCFA 1450, field 9);

2. If Medicare is a primary or secondary payer and the patient was an inpatient, the lifetime reserve days (HCFA 1450, field 10);

3. If the patient was an inpatient or was admitted for outpatient observation, the discharge hour (HCFA 1450, field 21);

4. If the HCFA Form 1450 manual contains condition codes appropriate to the patient's condition, the condition codes (HCFA 1450, fields 24-30);

5. If the HCFA Form 1450 manual contains occurrence codes appropriate to the patient's condition, the occurrence codes and dates (HCFA 1450, fields 32-35);

6. If the HCFA Form 1450 manual contains an occurrence span code appropriate to the patient's condition, the occurrence span code and date (HCFA 1450, field 36);

7. If there is a primary or secondary payer, the HFCA Common Procedure Coding System/Rates (HCFA 1450, field 44);

8. If the claim is between parties to a global contract, the code pursuant to the global contract (HCFA 1450, field 44);

9. If payments have been made to the hospital by the patient or another payer, the prior payments (HCFA 1450, field 54);

10. If there are payers of higher priority than the payer, including, without limitation, workers' compensation:

(a) The employment status code (HCFA 1450, field 64); and

(b) The employer name (HCFA 1450, field 65);

11. If there is workers' compensation involved, the employer location (HCFA 1450, field 66);

12. If there are diagnoses other than the principal diagnosis, the diagnoses codes other than the principal diagnosis code (HCFA 1450, fields 68-75);

13. For services provided in an emergency department of a hospital, the diagnoses codes describing the patient's signs or presenting symptoms (HCFA 1450, fields 68-75);

14. If the HCFA Form 1450 manual indicates a procedural coding method appropriate to the patient's condition, the procedural coding methods used (HCFA 1450, field 79);

15. If the patient has undergone an inpatient or outpatient surgical procedure, the principal procedure code (HCFA 1450, field 80); and

16. If additional surgical procedures were performed, and the HCFA Form 1450 manual indicates a procedural coding method, the procedure codes (HCFA 1450, field 81).

Sec. 13. *1. A payer shall not use or require a hospital or other institutional provider to use any field for purposes that are inconsistent with the data required pursuant to sections 11 and 12 of this regulation, or in addition to the applicable standard code set.*

2. A hospital or other institutional provider may elect to include data in addition to the data required pursuant to sections 11 and 12 of this regulation.

Sec. 14. *1. Each payer shall establish a tracking system to monitor the timeliness of his processing of a claim.*

2. Each payer shall:

(a) Maintain a written or electronic record of the date of receipt of a claim;

(b) For receipt of a written claim, date-stamp the claim with the date received; and

(c) For receipt of an electronic claim, assign the document a batch number that includes the date received.

3. Except as otherwise provided in subsection 5, a claim is deemed to have been received by a payer on the date of receipt of the claim stated in the written or electronic record required pursuant to subsection 2.

4. A payer shall provide, within 20 working days after a request by a health care practitioner, hospital, institutional provider or person entitled to reimbursement, verification of the date of receipt of a claim as stated in the written or electronic record pursuant to subsection 2, in:

(a) Electronic form, if the request was for electronic verification; or

(b) Written form, including microfilm, if the request was for written verification.

5. A claim shall be deemed received by a payer:

(a) Three working days after the date the health care practitioner, hospital, institutional provider or person entitled to reimbursement placed the claim in the United States mail, if the health care practitioner, hospital, institutional provider or person entitled to reimbursement possesses the receipt of mailing the claim; or

(b) On the date the receipt of the claim is recorded by a courier, if the claim was delivered by a courier.

Sec. 15. ***The division may require a payer to show substantial compliance with the provisions of sections 2 to 15, inclusive, of this regulation. Proof that claims are being paid by a payer within the specified limits includes, without limitation, records demonstrating that a tracking system required by section 14 of this regulation has been developed and implemented. The division may request a report from a payer that demonstrates compliance with section 14 of this regulation if:***

1. A violation is identified during an examination by the division;

2. A violation is found as a result of a complaint filed with the division; or

3. The division determines that a pattern of violations extending over a period of 3 months exists.