



DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

DELAWARE MEDICAL ASSISTANCE PROGRAM

CMS BILLING MANUAL

 <p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>DIVISION OF MEDICAID & MEDICAL ASSISTANCE</p> <p><i>Delaware Medical Assistance Program</i></p>	<h2 style="text-align: center;">CMS Billing Instructions</h2> <h3 style="text-align: center;">Revision Table</h3>	
Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
3/14/05	2.7	Added instructions for billing office visit co-pays.
3/10/07	2.3, 2.9	Complete revision to reflect changes made to the CMS -1500 (revision 08/05) Claim Form on Instructions for Completion. Section 2.9 added for the billing of HCPCS Drug Codes.
8/30/07	2.2, 2.3, 2.5, 2.6, 2.7	Clarification has been made to the billing instructions.
10/16/07	2.3	Diagnosis code directives simplified.
3/26/10	2.5	Removed obsolete wording.
3/26/14	2.3	Effective 4/1/2014 revised the billing instructions to reflect changes made to the CMS 1500 (02-12) Claim Form.
1/1/2015	2.9	Updated the procedures for billing HCPCS Drug Codes.
1/1/2017	All	Updated manual in compliance with the Delaware Medicaid Enterprise System (DMES)
10/28/2022	All	Updated Hewlett Packard Enterprise (HPE) to Gainwell Technologies.
07/01/2023	All	Universal updates to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

 <p>DELAWARE HEALTH AND SOCIAL SERVICES DIVISION OF MEDICAID & MEDICAL ASSISTANCE <i>Delaware Medical Assistance Program</i></p>	CMS Billing Manual
--	---------------------------

Table of Contents

1.0 Introduction

2.0 Billing Instructions

- 2.1 Introduction
- 2.2 General Procedures
- 2.3 CMS-1500 Claim Form
- 2.4 Completion of Medicare/Medicaid Related Claims for CMS-1500
- 2.5 Claim Submission

1.0 Introduction

The Division of Medicaid & Medical Assistance (DMMA) establishes all policies and procedures governing the Delaware Medical Assistance Program (DMAP). The General Policy and Provider Specific Policy manuals must be referenced for all program guidelines.

Gainwell Technologies (Gainwell) is the Fiscal Agent for the Delaware Medical Assistance Program. Providers are to bill Gainwell for the care and services rendered to medical members.

This billing manual has been designed as a reference tool to be utilized by DMAP providers when submitting claims for payment. This manual must be used in conjunction with the General Policy and Provider Specific Manuals. The submission of proper and complete billing documents by providers is essential for timely and accurate claims processing and payment.

Initially, providers should carefully read this manual to become familiar with the contents. The manual should then be referenced when completing billing documents or forms. Gainwell will periodically update the Billing Manual on the [Delaware Medical Assistance Portal for Providers](#).

2.0 Billing Instructions

2.1 Introduction

The provider should carefully read and adhere to the following instructions so that claims can be processed efficiently. Accuracy, completeness, and clarity are vital components to support proper claims submission.

Effective January 1, 2023, Institutional claims must be submitted electronically through an approved software vendor, clearinghouse, or the [Delaware Medical Assistance Portal for Providers \(Provider Portal\)](#). Institutional Providers can refer to the [Approved Trading Partners for DMES X12 Transactions](#).

2.2 General Procedures

All Providers must adhere to the following:

- Verify the member's eligibility through the Delaware Medical Assistance Portal - <https://medicaid.dhss.delaware.gov/> or by using the Voice Response System (VRS).
- File claims within time limits specified in the General Policy Section of this manual.
- File electronically.
- Ensure that a signed Trading Partner Agreement is on file at Gainwell for providers that bill electronically.
- Ensure that all required inclusions are submitted, e.g., Explanation of Medical Benefits (EOMB) with paid or denied EOBs from third-party insurance coverage.

2.3 CMS-1500 Claim Form

The Centers for Medicare & Medicaid Services (CMS) is responsible for the CMS-1500 form.

2.4 Completion of Medicare/Medicaid Related Claims for CMS-1500

The Social Security Act requires providers to file initial claims with Medicare for persons that are beneficiaries of both Medicare and Medicaid. After you receive payment from Medicare, you are required to file your claim electronically to Medicaid for reimbursement consideration. When a member has third party insurance coverage, a copy of the remittance advice may be requested at the discretion of DMMA.

Any charges denied by Medicare will not be paid by Medicaid with the exception of:

- Those services not covered by Medicare but covered by Medicaid, or
- Services covered by both Medicare and Medicaid but with different limits or criteria. In these instances Medicaid will determine coverage on the basis of its own policy.

2.5 Claim Submission

Refer to [How to Submit a Professional Claim with TPL on the Portal](#) when providing services to members with third-party insurance.

Refer to [How to Submit a Professional Claim without TPL on the Portal](#) when providing services to members without third-party insurance.

Refer to [How to Submit a Professional Crossover Claim on the Portal](#) when providing services to members with Medicare insurance coverage.