

MDwise to Reject Claims without a Patient Account Number

Effective February 1, 2012, the Office of Medicaid Policy and Planning (OMPP) is requiring MDwise to require providers to submit the provider's patient account number on all claims (CMS-1500 and UB-04). All claims received on or after February 1, 2012 without the provider's patient account number will be rejected by MDwise payers. Claims rejected by MDwise payers are claims that are rejected for front line editing prior to those claims entering the payer's system for processing and adjudication. Providers should monitor their claim rejection report to determine if claims submitted are rejected because the patient account number is missing, make any necessary corrections, and resubmit the claim. As part of its efforts to achieve compliance with the new rule, MDwise is notifying all of its contracted and non-contracted providers of this new rule and recommending that you contact your software vendor as soon as possible to initiate this change for all paper and electronic claim submissions. In general, MDwise payers would accept a patient account number of up to 20 characters in length. Below is a table which outlines the fields on the UB-04 and CMS-1500 claim forms where the provider's patient account number must be entered:

UB-04 Claim Form

Form Field	Field Description and Narrative
3a	Patient Control Number – Enter the internal patient control number. Required as of February 1, 2012.

CMS-1500 Claim Form

Form Field	Field Description and Narrative
26	Patient Account Number – Enter the internal patient account number. Required as of February 1, 2012.

