
Forms: Legibility and Completion Standards

Page updated: August 2020

This section explains the basic standards required for processing of the following paper billing forms: claims, *Treatment Authorization Requests* (TARs), *Claims Inquiry Forms* (CIFs) and *Appeal Forms* (90-1). For instructions about completing a specific paper billing form, refer to the appropriate form completion instructions in this manual.

Optical Character Recognition (OCR) equipment is used by the California MMIS Fiscal Intermediary to scan all submitted paper billing forms. Accuracy, completeness and clarity are important. Forms cannot be processed if applicable information is not supplied or is illegible. To ensure that forms will be scanned and processed efficiently, adhere to the following instructions.

Submitting Forms

Submit the top copy of the form to the FI and retain the second copy for your records. The top copy contains the important Quick Response (QR) code (if applicable) and clarity necessary for proper scanning.

Since each form is processed separately, it is important not to batch or staple original forms together.

Unacceptable Forms

Carbon copies, photocopies, computer-generated form facsimiles or forms created on laser printers are not acceptable for the forms mentioned in this section.

Pin-Fed Forms

Remove all perforated sides and separate each individual form. For accurate scanning, leave a ¼-inch border on the left and right side of the form after removing the perforated sides.

Do Not Fold or Crease

To expedite the sorting and preparation of claims for scanning, do not fold or crease forms to fit into small-sized envelopes. Enclose forms in full-sized, color-coded envelopes supplied at no charge by the FI.

Typed and Handwritten Forms

Type all information (using capital letters) on forms whenever possible for clarity and accuracy using 10-point font or larger (not to exceed the size of the field). Do not use script or italic font. Only typed or computer-printed forms can be scanned by OCR equipment.

Handwritten forms should be printed neatly and accurately using black ballpoint pen only. Do not use red pencils or red ink ballpoint pens. All requirements pertaining to typed forms, such as entering data within the text space, apply to handwritten forms.

Printer and Typewriter Ribbons

Use black film-type or high-quality ribbons. Ribbons should be changed regularly to ensure that a clear, distinct character is printed. Frequently change the ink cartridges in the printer to avoid light ink. Blurred or light printing may be misread by OCR equipment. Uneven or dirty typewriter or printer keys also cause misreads. Avoid printing claim forms using a dot matrix printer. Laser printers are strongly recommended.

Type in Designated Areas Only

Type only in areas of the form designated as fields (for example, the *Indicator* field). Be sure the data falls completely within the text space and is properly aligned. Many of the forms have *Elite* and *Pica* alignment boxes and typewriter alignment dots to adjust the font and tabs.

Do not type in undesignated white space, shaded areas or areas labeled "FOR F.I. USE ONLY." These areas are reserved for use by the Fiscal Intermediary only. Avoid entering data in the margin, header or footer portion of the form. Overlapping data may be misread.

Alpha or Numeric Characters

Use only alphabetical letters or numbers in data entry fields. Do not type zeros with a dot in the center. The scanning equipment may misread dotted zeros.

No Highlighting Pens

Never highlight information. When the form and attachments are scanned on arrival by the FI, the highlighted area will show up only as a black mark, obscuring the highlighted information.

Date Format

Enter dates in the six-digit format (MMDDYY) without slashes. Refer to the appropriate billing form instructions for additional date format information.

Provider Signature

Medi-Cal requires providers or their designees to sign and date all claim forms, TARs, CIFs or appeals. An original signature is required on all forms. The signature must be written, not printed. Stamps, initials or facsimiles are not acceptable. When signing, use a black ballpoint pen.

Note: Be sure that the signature is within the boundaries of the designated field. OCR equipment scans markings outside the boundaries of the field as data, resulting in the need for manual review by claim examiners, extending the processing time of the claim.

Corrections

Do not strike over errors or use correction tapes or fluids.

Deletion Box

A line data delete box appears on CIFs, Appeals and on Pharmacy and Long Term Care claim forms. To correct an error, place an "X" in the *Delete* field and enter the correct information on the next available line. When the *Delete* field is checked, the system ignores that line and continues to process the other claim lines.

CMS-1500 and UB-04 Claim Forms

The *CMS-1500* and *UB-04* claim forms do not contain *Delete* fields. To correct line data information, providers are required to draw a line through the entire detail line in blue or black ballpoint ink as follows:

- On the *CMS-1500*, draw the line from the left border of *Date(s) of Service* (Box 24A) to the right border of *Rendering Provider ID Number* (Box 24J). Enter the correct information on the next available claim line.
- On the *UB-04* claim form, draw the line from the left border of *Revenue Code* (Box 42) to the right border of the unlabeled field (Box 49). Enter the correct information on the next available claim line.

Attachments

Attached documentation for claims, CIFs or appeals should clearly reference the claim field number or procedure that requires additional documentation. The claim field number on the attachment should be legible, underlined or circled in black ballpoint pen. Allow adequate line space between each claim field number description.

Attachments must be single-sided because only one side of the document is scanned. Carbon copies of documents are not acceptable. Instead, make a photocopy of the original.

Attach undersized documentation to an 8½ x 11-inch sheet of 20-lb. white bond paper with non-glare tape. Cut oversized attachments (such as *Explanation of Medicare Benefits* [EOMB]/*Medicare Remittance Notice* [MRN]/*Remittance Advice* [RA]) in half, and tape each half to a separate 8½ x 11-inch white sheet of paper.

Note: Do not highlight or use tape to fasten attachments to the claim form. Do not use original claims as attachments since they may be interpreted as original claims.

POS and Internet

Point of Service (POS) printouts and Internet eligibility responses, with Eligibility Verification Confirmation (EVC) numbers, are not required as attachments unless the claim is over one year old.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.