

Provider Update

Avoid Denials of Diagnostic Claims by Completing Item 20 (CMS 1500) Correctly

The Centers for Medicare & Medicaid Services requires that providers billing for diagnostic tests subject to the anti-markup payment limitation complete Item 20 on the CMS-1500 form. A "YES" check indicates that an entity other than the entity billing for the service performed the diagnostic test. A "NO" check indicates "no anti-markup tests are included on the claim." When "YES" is annotated, Item 32 is required to be completed.

Claims for Amerigroup* Community Care Medicare Advantage members received with Item 20 checked as "YES" and incomplete or missing information in Item 32 will be denied with denial Z01 "Claim must be billed with Provider's NPI". To prevent unnecessary denial of claims, only complete Item 20 when you are billing diagnostic tests subject to the anti-markup payment limitation.

For more information on diagnostic tests subject to the anti-markup payment limitation refer to [Medicare Claims Processing Manual, Chapter 35, Section 30.](#)

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Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup, Texas, Inc. In Washington, Amerigroup Washington, Inc.

