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NEW CMS-1500 (08/05) PAPER CLAIM FORM REVISIONS

EFFECTIVE JANUARY 2, 2007

January 2007

The Centers for Medicare & Medicaid Services (CMS) announced the approval of the new CMS-1500 (08/05) Health Insurance Claim form. The CMS-1500 (12/90) form was revised by the National Uniform Claim Committee (NUCC) to accommodate reporting of the National Provider Identifier (NPI).

The CMS-1500 Health Insurance Claim Form is the basic paper claim form used by practitioners and suppliers and in some cases, for ambulance services. BlueCross BlueShield of Tennessee's (BCBST) timeline for transitioning to the revised format follows:

On these dates	providers can:
Prior to 1/1/07	only submit CMS-1500 (12/90) version
1/2/07 – 4/1/07	submit either the CMS-1500 (12/90) or CMS-1500 (08/05); with appropriate print alignment on respective form
4/2/07	only use the CMS-1500 (08/05) version; CMS-1500 (12/90) version discontinued and will be returned unprocessed

Block descriptions 17A, 24I & J, 32 and 33 have been divided into two lines to allow for the reporting of both BCBST provider identification number (PIN) and National Provider Identifier (NPI).

IMPORTANT CRITICAL CHANGES

Block 33a is designated for the NPI number of the billing provider. Submission of the BCBST PIN or other non-NPI number in this field will result in claims being returned unprocessed.

Block 33b is designated for the BCBST PIN. Submission of the NPI or other non-PIN in this field (where submitted Block 33a is invalid) will result in claims being returned unprocessed. This field also

Critical Changes Continued

requires a two-digit qualifier identifying the non-NPI number (details are on next page). Do not enter a space hyphen, or other separator between the qualifier and number.

Block descriptions 24A – 24G have been divided into two lines to allow the reporting of supplemental information.

This communication provides general instructions as a guide only for completing the CMS-1500 (08/05) claim form fields identified above. Providers are encouraged to refer to the billing sections of the Commercial and BlueCare provider administration manuals for complete billing guidelines.

The following will help ensure claims are processed rapidly and accurately when submitting claims on the new CMS-1500 (08/05) claim form.

- ✓ Block 24a (Date of Service) should be a continuous 6-digit number (MMDDYY).
- ✓ Enter the NPI number of the service facility location in Block 32a.
- ✓ Enter the two-digit qualifier identifying the non-NPI number followed by the PIN in Block 32b. Do not enter a space, hyphen, or other separator between the qualifier and number.

REJECTED CLAIMS

In October 2006 BlueCross BlueShield of Tennessee began a phased transition period in order to process paper submitted professional claims through a different front-end system. The system change was required in order to be compliant with the new CMS-1500 (08/05) claim form.

During the transition, some rejected professional claims will be returned on the new CMS-1500 (08/05) claim format and some will be returned on the old CMS-1500 (12/90) claim format.

CMS-1500 (08/05) Field Changes

Effective **January 2, 2007**, BlueCross BlueShield of Tennessee began accepting the new CMS-1500 (08/05) claim form. Please refer to the following documentation for appropriate formatting when submitting data in these new or updated fields.

BLOCK 17A and 17B – REFERRING PROVIDER OTHER ID and REFERRING PROVIDER NPI

- **Block 17A - Referring Provider Other ID**

  The Other ID number of the referring provider, ordering provider, or other source is reported in 17a in the shaded area. The qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a. The non-NPI ID number of the referring provider, ordering provider, or other source refers to the payer assigned unique identifier of the professional. The NUCC defines the following qualifiers, since they are the same as those used in the electronic 837 Professional 4010A1:

1A BlueCross Provider Number	EI Employer's ID Number
0B State License Number	G2 Provider Commercial Number
1B BlueShield Provider Number	LU Location Number
1C Medicare Provider Number	N5 Provider Plan Network ID Number
1D Medicaid Provider Number	SY Social Security Number (may not be used for Medicare)
1G Provider UPIN Number	X5 State Industrial Accident Provider Number
1H CHAMPUS/TRICARE ID Number	ZZ Provider Taxonomy

- **Block 17B - Referring Provider NPI**

  Enter the NPI number of the referring provider, ordering provider, or other source in 17b.

- **Example:**

17a.	1B	ABC1234567890
17b.	NPI	0123456789

BLOCK 24 – SUPPLEMENTAL INFORMATION

To enter supplemental information, begin at 24A by entering the qualifier and then the information. Do not enter a space between the qualifier and the number/code/information. Do not enter hyphens or spaces within the number/code.

More than one supplemental item can be reported in the shaded lines of Block 24. Enter the first qualifier and number/code/information in Block 24A. After the first item, enter three blank spaces and then the next qualifier and number/code/information.

The following lists types of supplemental information that can be entered in the **shaded lines** of Block 24:

- ✓ Anesthesia duration in hours and/or minutes with start and end times
- ✓ Narrative description of unspecified code
- ✓ National Drug Codes (NDC) for drugs

Use the following qualifiers when reporting above listed services:

- ✓ 7 Anesthesia Information
- ✓ ZZ Narrative description of unspecified code
- ✓ N4 National Drug Codes (NDC)

The following qualifiers are to be used when reporting NDC units:

- F2 - International Unit
- ML - Milliliter
- GR - Gram
- UN - Unit

Examples:

Anesthesia Services, when payment based on 15 minute units:

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
7Begin 1245 End 1415 Time 90 minutes										1B	12345678901
10 01 05	10 01 05	22		00770	P2	134	875 00	6	N	NPI	0123456789

Anesthesia Services, when payment based on minutes as units:

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
7Begin 1245 End 1415										1B	12345678901
10 01 05	10 01 05	22		00770	P2	134	875 00	90	N	NPI	0123456789

Unspecified Code:

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
ZZKaye Walker										1B	12345678901
10 01 05	10 01 05	12		E1399		12	165 00	1	N	NPI	0123456789

NDC Code:

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N400026064871 Immune Globulin Intravenous					UN2					1B	12345678901
10 01 05	10 01 05	11		J1563		13	500 00	20	N	NPI	0123456789

BLOCK 24A - 24G – DATE(S) OF SERVICE, PLACE OF SERVICE, EMG, PROCEDURES, SERVICES OR SUPPLIES, DIAGNOSIS POINTER, CHARGES, DAYS OR UNITS

- ✓ 24A indicates the beginning and ending dates of service for the entire period reflected by the procedure code, using six (6)- digit formats, excluding all punctuation. Do not use slashes between dates. If the date or month is a single-digit, precede it with a zero (0).
- ✓ Up to 6 services (line items) may be reported on any one document. If more than 6 services (line items) need to be reported, additional forms must be completed.
- ✓ The 6 service lines in BLOCK 24 have been divided horizontally to accommodate submission of both the NPI and another/proprietary identifier during the NPI transition and to accommodate the submission of supplemental information to support the billed service.
- ✓ The top area of the 6 service lines is shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 lines of service. Supplemental information can only be entered with a corresponding, completed line and is to be placed in the shaded section of 24A through 24G.

- **Block 24C – EMG (Emergency Indicator)**

  This field was originally titled “Type of Service”. “Type of Service” is no longer used and has been eliminated.

- **Block 24E – Diagnosis Pointer**

  Description: When multiple services are performed, the primary reference number for each service should be listed first, other applicable services should follow. (ICD-9CM diagnosis codes must be entered in Block 21 only. Do not enter them in 24E.) **NOTE**: Per NUCC guidelines, submit diagnosis pointer ONLY. Failure to follow instructions will result in claim being returned unprocessed.

- **Block 24I – ID Qualifier** (This field was originally titled "EMG". However, "EMG" is now located in Block 24C)

  Description: If the provider does not have an NPI number, enter the appropriate qualifier and identifying number in the shaded area. (See Block 17a instructions for listing of qualifiers.)

  - ✓ The rendering provider is the person or company (laboratory or other facility) who rendered or supervised the care.
  - ✓ In the case where substitute provider (Locum Tenens) was used, enter that provider's information here.
  - ✓ Report the identification number in Blocks 24I and 24J only when different from data recorded in Blocks 33a and 33b.

- **Block 24J – Rendering Provider ID# (This field was originally titled "COB")**

  Description: The individual rendering the service is reported in 24J. The original fields for 24J and 24K have been combined and re-numbered as 24J. Enter the non-NPI number in the shaded area of the field. Enter the NPI number in the unshaded area of the field.

  - ✓ The rendering provider is the person or company (laboratory or other facility) who rendered or supervised the care.
  - ✓ In the case where a substitute provider (Locum Tenens) was used, enter that provider's information here.
  - ✓ Report the identification number in Blocks 24I and 24J only when different from data recorded in Blocks 33a and 33b.

BLOCK 32 – SERVICE FACILITY LOCATION INFORMATION

- **Block 32A – NPI #**

  Description: Enter the NPI number of the service facility location.

- **Block 32B – Other ID #**

  Description: Enter the two-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen, or other separator between the qualifier and number. (See Block 17a instructions for listing of qualifiers.)

BLOCK 33 – BILLING PROVIDER INFORMATION & PHONE NUMBER

- **Block 33A – NPI #**

  Description: Enter the NPI number of the billing provider.

  Submission of the BCBST provider identification number (PIN) or other non-NPI number in this field will result in claims being returned unprocessed.

- **Block 33B – Other ID #**

  Description: Enter the two-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen, or other separator between the qualifier and number. Qualifier code 1B is the only acceptable code that should be filed with the BlueCrossBlueShield of Tennessee provider identification number in Block 33b. Any other qualifier code submitted in Block 33b may result in claims being returned unprocessed.

  Submission of the NPI or other non-PIN number in this field (where submitted Block 33a is invalid) will result in claims being returned unprocessed.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA | PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. PATIENT STATUS Single Married Other

Employed Full-Time Student Part-Time Student

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete Item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. _____ 3. _____

2. _____ 4. _____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

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