

Health Care Service Corporation (HCSC) and its operating divisions, BCBS IL, NM, OK and TX, have taken deep strides to educate and update its providers on the impending changes related to the National Provider Identifier (NPI) and to each plan's implementation and readiness schedule as it implements its NPI solution.

The purpose of this document is to provide you with information as it relates to the new CMS 1500 and HCSC's readiness to accept the new professional claim form. In addition, it will highlight some of the new fields to assist you in accurately completing the form to prevent possible delay due to incorrectly completing the form (i.e., using the incorrect identifiers).

CMS 1500 Form

Below is a snapshot of the new CMS 1500 Form. As stated by the National Uniform Claim Committee, "The 1500 Claim form was revised to accommodate the reporting of the National Provider Identifier (NPI) number. With the release of the NPI Final Rule in January 2004, it became apparent to the health care industry that the 1500 Claim Form would need to accommodate both the NPI and other identifier numbers during the scheduled transition period. Therefore, the form required revisions."

The image shows a scan of the CMS 1500 Health Insurance Claim Form. The form is titled "1500 HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee. It is divided into several sections:

- Section 1: INSURANCE INFORMATION** (Fields 1-4): Includes insurance type (Medicare, Medicaid, etc.), patient's name, date of birth, sex, and insured's name.
- Section 2: PATIENT INFORMATION** (Fields 5-10): Includes patient's name, address, telephone, and insurance policy/group number.
- Section 3: EMPLOYER INFORMATION** (Fields 11-13): Includes employer name, address, and telephone.
- Section 4: SERVICE INFORMATION** (Fields 14-16): Includes date of service, patient's condition, and hospital dates.
- Section 5: SERVICE CODES** (Fields 17-18): Includes procedure, diagnosis, and service codes.
- Section 6: SIGNATURES AND AUTHORIZATION** (Fields 19-21): Includes provider signature, NPI, and authorization number.

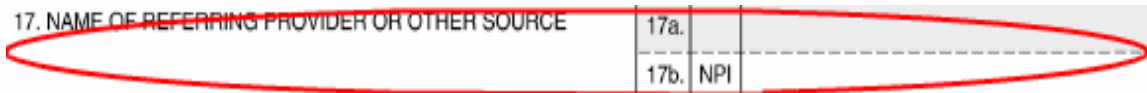
The form also includes a table for service codes (Fields 17-18) and a section for provider information (Fields 19-21). The form is labeled "1500" in the top left corner and "HEALTH INSURANCE CLAIM FORM" in the top center. The bottom of the form includes the text "NUGO Instruction Manual available at www.nugco.org" and "APPROVED C186-0098-0099 FORM C186-1500 (03-05)".

Below, please find some of the changes that you may want to be aware of as you commence using the new claim form with BCBS IL, NM, OK and TX and other payers.

A bar code that existed on some forms in the upper left margin has been eliminated. In order to distinguish this version from previous versions, the 1500 symbol and date approved by the NUCC (National Uniform Claim Committee) has been added to the top margin.

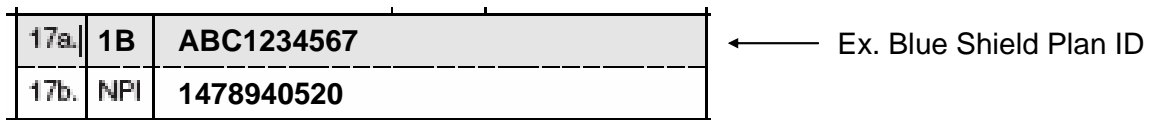


Item Number 17 refers to the name of the referring provider or other source that referred or ordered the service(s) or supply(s) on the claim. Please note: This field may not be required for all payers so please ensure that you refer back to your specific payer claim requirements as it relates to referred/referring provider.



Item Number 17a refers to the other ID number (or non NPI number) of the referring provider, ordering provider or other source. The other ID number is to be placed in the shaded area in field 17a. The other ID number is preceded by a qualifier that identifies what the other number is. 1B as illustrated below indicates a Blue Shield number. The complete list of the qualifiers is included as Appendix 1 of this document. These are consistent with the qualifiers used in the 837 electronic claim transaction.

Item Number 17b is for the HIPAA National Provider Identifier number of the referring provider, ordering provider or the other source in Item Number 17b. This field allows for the entry of a 10 digit NPI number.



Likewise Items 24I and 24J are used for identification of the rendering physician related to each line of service submitted. As you can see below 24I contains the Qualifier and 24J contains the Identifier. Two areas are provided for each line of service, the shaded area for existing numbers and related qualifiers and the area with the preprinted qualifier of NPI for the recording the NPI of the rendering provider.

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

One of the most significant changes as it relates to the form and your use of this form when submitting paper claims to BCBS IL, NM, OK and/or TX is to include your NPI and your BCBS IL, NM, OK and/or TX provider number in the appropriate area for billing purposes.

Field 33a is where you will record your NPI and field 33b will be used to record your BCBS ID and the “1B” qualifier to identify yourself as the billing provider.

25. FEDERAL TAX I.D. NUMBER	SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> 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.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED	DATE	a. NPI	b. NPI	c. BCBS ID		

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

If you do not have your NPI and wish to use the new claim form, please ensure your BCBS ID is placed in field 33b preceded by the “1B” qualifier indicating a Blue Shield Identifier. BCBS Illinois, Oklahoma, New Mexico and Texas will continue to accept the current 12/90 version of the CMS-1500 Claim form or the revised version of the CMS-1500 Claim form until March 31, 2007. Effective April 1, 2007 only the revised version of the CMS-1500 Claim Form will be accepted. Beginning April 1, 2007, all rebilling of claims must be submitted on the revised version of CMS-1500 Claim Form.

For additional information on the revised claim form, please visit the National Uniform Claim Committee website at www.nucc.org or www.bcbsil.com.

837 Health Care Claims (Professional and Institutional)

In support of our continued goal of sharing with the BCBS provider community the most up to date and relevant information as it relates to our NPI implementation plans, we wanted to use this document (in addition to the HCSC Companion Guides located http://www.thinedi.com/hipaa/comp_docs.htm.) to also provide you with information as it relates to correctly submitting electronic claims to BCBS IL, NM, OK and TX during our transition period – November 15, 2006 through May 22, 2007.

During the BCBS IL, NM, OK and TX transition period, the sender must put their NPI in the Primary Identifier field and it's BCBS ID in the Secondary Identifier field.

To correctly submit 837 Professional Health Care Claims to BCBS IL, NM, OK or TX, the sender's billing and pay to provider information must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay to provider information must be contained in loop 2010AB, the referring provider must be contained in loop 2310A and rendering provider must be contained in loop 2310B as depicted below:

Correctly Reporting Billing Provider

Loop	Data Element	Name	Content
2010AA	NM108	Identification Code Qualifier	"XX"
2010AA	NM109	Billing Provider Identifier	NPI
2010AA	REF01	Reference Identification Qualifier	EI
2010AA	REF02	Billing Provider Additional Identifier	Tax ID
2010AA	REF01	Reference Identification Qualifier	"1B"
2010AA	REF02	Billing Provider Additional Identifier	BS ID

Correctly Reporting Pay to Provider

Loop	Data Element	Name	Content
2010AB	NM108	Identification Code Qualifier	"XX"
2010AB	NM109	Pay to Provider Identifier	NPI
2010AB	REF01	Reference Identification Qualifier	EI
2010AB	REF02	Pay to Provider Additional Identifier	Tax ID
2010AB	REF01	Reference Identification Qualifier	"1B"
2010AB	REF02	Pay to Provider Additional Identifier	BS ID

Correctly Reporting Referring Provider

Loop	Data Element	Name	Content
2310A	NM108	Identification Code Qualifier	"XX"
2310A	NM109	Referring Provider Identifier	NPI
2310A	REF01	Reference Identification Qualifier	"1B"
2310A	REF02	Referring Provider Additional Identifier	BS ID

Correctly Reporting Rendering Provider

Loop	Data Element	Name	Content
2310B	NM108	Identification Code Qualifier	"XX"
2310B	NM109	Rendering Provider Identifier	NPI
2310B	REF01	Reference Identification Qualifier	"0B"
2310B	REF02	Rendering Provider Secondary Identifier	State License No.

To correctly submit 837 Institutional Health Care Claims to BCBS IL, NM, OK or TX, the billing, pay to provider, attending physician name, operating physician name, service facility name and other provider name must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay to provider information must be contained in loop 2010AB, attending physician name must be contained in loop 2310A, operating physician name in loop 2310B, other provider name in loop 2310C and the service facility name in loop 2310E as depicted below:

Correctly Reporting Billing Provider

Loop	Data Element	Name	Content
2010AA	NM108	Identification Code Qualifier	"XX"
2010AA	NM109	Billing Provider Identifier	NPI
2010AA	REF01	Reference Identification Qualifier	EI
2010AA	REF02	Billing Provider Additional Identifier	Tax ID
2010AA	REF01	Reference Identification Qualifier	"1A"
2010AA	REF02	Billing Provider Additional Identifier	BC ID

Correctly Reporting Pay to Provider

Loop	Data Element	Name	Content
2010AB	NM108	Identification Code Qualifier	"XX"
2010AB	NM109	Pay to Provider Identifier	NPI
2010AB	REF01	Reference Identification Qualifier	EI
2010AB	REF02	Pay to Provider Additional Identifier	Tax ID
2010AB	REF01	Reference Identification Qualifier	"1A"
2010AB	REF02	Pay to Provider Additional Identifier	BC ID

Correctly Reporting Attending Physician Name

Loop	Data Element	Name	Content
2310A	NM108	Identification Code Qualifier	"XX"
2310A	NM109	Attending Physician Primary Identifier	NPI
2310A	REF01	Reference Identification Qualifier	"1B"
2310A	REF02	Attending Physician Secondary Identifier	BS ID

Correctly Reporting Operating Physician Name

Loop	Data Element	Name	Content
2310B	NM108	Identification Code Qualifier	"XX"
2310B	NM109	Operating Physician Primary Identifier	NPI
2310B	REF01	Reference Identification Qualifier	"1B"
2310B	REF02	Operating Physician Secondary Identifier	BS ID

Correctly Reporting Service Facility Name

Loop	Data Element	Name	Content
2310E	NM108	Identification Code Qualifier	"XX"
2310E	NM109	Service Facility Primary Identifier	NPI
2310E	REF01	Reference Identification Qualifier	"1A"
2310E	REF02	Service Facility Secondary Identifier	BC ID

For detailed information relating to correctly populating the respective loops associated with professional and institutional electronic claims, please refer to the HCSC Companion Guides located http://www.thinedi.com/hipaa/comp_docs.htm

Appendix 1

Other ID Qualifiers

Qual	Qualifier Description
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
EI	Employer's Identification Number
1J	Facility ID Number
B3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number
FH	Clinic Number
G2	Provider Commercial Number
G5	Provider Site Number
LU	Location Number
N5	Provider Plan Network Identification Number
SY	Social Security Number (The social security number may not be used for Medicare.)
U3	Unique Supplier Identification Number (USIN)
X5	State Industrial Accident Provider Number
ZZ	Provider Taxonomy