CMS-1500 claims submission toolkit

01/2024

Inside this toolkit you will find tips for submitting electronic and paper claims for professional providers. This toolkit also contains loop and data elements, information on electronic and paper claims submissions, key fields, resources for finding additional information, and a sample CMS-1500 claim form.

For proper claims processing, you must submit your registered National Provider Identifier (NPI).

Electronic professional claims submission

The Independence Blue Cross (IBX) systems accept 837P (professional) version 5010A1 electronic claims with an NPI. IBX will reject any electronic claim that does not have an NPI as the provider's primary identifier, or if the affiliation to your Trading Partner on the Business Center is not completed. If you do not currently have an NPI registered with IBX, go to *www.ibx.com/npi* for more information.

The professional loop and data elements information below will assist you in entering your NPI when submitting electronic claims.

Professional loop and data elements

Loop	Data element	Industry name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Billing Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
2310A		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
2310B		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy
2310C		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
2420A		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy

Paper professional claims submission

Since April 1, 2014, IBX only receives and processes paper claims submitted on the CMS-1500 (02/12) claim form. Any paper claims submitted using the old version of the form (08/05) will be rejected. A sample of the CMS-1500 (02/12) claim form is provided on page 4 for your reference.

You may continue to report current provider identification numbers in the appropriate shaded areas of the form (17a, 24I, 24J, 32b, and 33b) until otherwise notified.

Tips for proper paper claims submission

- Tax ID number is required.
- The following identifiers are not valid in the NPI fields: tax ID number, Social Security number, corporate ID number.
- The NPI is a unique 10-digit identification number. There are no dashes in the NPI. There is no prefix with the NPI.
- The NPI for a physician may not be used as a billing NPI unless the physician is an individual/sole proprietor.
- PIN and GROUP numbers have been eliminated from the CMS-1500 claim form.
- Box 19 requires a ZZ prefix with the Billing Provider Taxonomy Code.
- Box 24G requires a unit of at least "1."
- Box 24I (shaded) = ZZ qualifier
- Box 24J (shaded) = Rendering Provider taxonomy code

Key fields for proper paper claims submission

The following key fields must be entered correctly on the CMS-1500 (02/12) claim form to ensure timely and accurate claims processing.

Box	Requirement	Instructions
17a	Optional	Referring provider is required on Specialty Pharmacy and Independent Clinical Laboratory claims.
17b	Optional	Enter referring provider's NPI. Referring provider is required on Specialty Pharmacy and Independent Clinical Laboratory claims.
19	Required	Enter ZZ qualifier ID and billing provider's primary Taxonomy Code.
21	Required	Enter up to 12 diagnosis codes, starting in field A and continuing across through field L. Use the appropriate ICD Diagnosis Code Indicator: 9 = ICD-9; 0 = ICD-10.
24E	Required	Diagnosis Code Pointer is alpha (not numeric).
24G	Required	Must report a unit of at least "1" in this field. Fractional Mileage is also acceptable.
24I (shaded)	Required	ZZ qualifier
24J (shaded)	Required	Rendering Provider taxonomy code
24J (unshaded)	Required	Enter rendering provider's NPI.
32a	Optional	Enter service facility NPI. This box applies to lab or radiology providers in Pennsylvania who perform outpatient services in a facility with a place of service code 22, 23, and/or 24.
33a	Required	Enter billing provider's NPI.

Note: CMS-1500 (02/12) claim form submissions with incorrect or incomplete information entered in key fields may be rejected or returned to the provider. Refer to the illustration on page 4 for additional information.

Readability requirements

To ensure that all claims are processed against the same requirements, paper claims are converted to an electronic format. However, system limitations can cause data elements to be misinterpreted during the conversion process.

Follow these guidelines to ensure your claims are successfully converted:

Do	Don't
• Use red drop on HCFA paper forms only. • Replacement/corrected claims require an indicator "7" and claim number in the Original Ref. No. (box 22). • Enter all required data. • All patient details are required (ID number with prefix, last name, first name, and date of birth). • Separate the subscriber/patient last name and first name with a comma. • Enter all provider details for Group (box 33 – name, address, ZIP, phone number, and taxonomy). • Enter NPI for Practitioner (box 24J). • Ensure the use of proper coding (ICD-10 HIPAA codes, dates of service, and correcting a prior claim). • Use standard fonts and sizes.	• Do not include handwriting anywhere on the claim form. • Do not use stamped data in any field (NPI, provider names, signatures, corrections, etc.). • Do not print claim data out of the designated field; it may not be captured. • Do not print from an older DOT matrix printer; it may not be captured.

Important resources

If you have any questions about completing the CMS-1500 (02/12) claim form or reporting your NPI to us, please call Provider Services at 1-800-ASK-BLUE (1-800-275-2583).

The National Uniform Claim Committee (NUCC) offers an instruction manual for the CMS-1500 (02/12) claim form, *1500 Claim Form Reference Instruction Manual*, which is available at *www.nucc.org* under the 1500 Claim Form tab.

For claims submission addresses by product, refer to the payer ID grids available at *https://www.ibx.com/resources/for-providers/claims-and-billing/claims-resources-and-guides*.

CMS-1500 (02/12)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) [X]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): ABC1234567800

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

3. PATIENT'S BIRTH DATE MM DD YY: SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

5. PATIENT'S ADDRESS (No., Street): 1234 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 1234 Main Street

CITY: Philadelphia STATE: PA

8. RESERVED FOR NUCC USE

CITY: Philadelphia STATE: PA

ZIP CODE: 19111 TELEPHONE (Include Area Code): (610) 555-5555

ZIP CODE: 19111 TELEPHONE (Include Area Code): (610) 555-5555

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: 15974

a. OTHER INSURED'S POLICY OR GROUP NUMBER: 72431

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: 03 20 71 SEX M [X] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: Personal Choice

d. INSURANCE PLAN NAME OR PROGRAM NAME: Personal Choice

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO [ ] *If yes*, complete items 9, 9a, and 9d.

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 _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 01 13 14 QUAL.

15. OTHER DATE QUAL. MM DD YY

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Josephine Smith, M.D.

17a.

17b. NPI 999999999

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM 01 09 14 TO 01 11 14

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ207LP2900X

Enter the appropriate ICD Diagnosis Code Indicator

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
J. K. L.

Enter appropriate ICD diagnosis codes horizontally in alpha order, starting with field A.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: 123456789

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. PSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	11	14	01	11	14	21	6	99205		A	$50 00	1		ZZ	207LP2900X
															NPI	8888888888
2	01	12	14	01	12	14	21	6	20600	25	B	$250 00	1		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

Diagnosis Pointer must be an alpha character

A unit of at least "1" is required in this field

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [X]: 22-1234567

26. PATIENT'S ACCOUNT NO.

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

28. TOTAL CHARGE: $ $100 00

29. AMOUNT PAID: $

30. Rsvd for NUCC Use

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
ABC Hospital
123 Street
Anytown, PA 19003
a. 0000001234 b.

33. BILLING PROVIDER INFO & PH # (215) 555-5555
ABC Medical Group
8 North American Street
Anytown, PA 19003
a. 2222222222 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** **APPROVED OMB-0938-1197 FORM 1500 (02-12)**

Green items are required by Independence Blue Cross and its affiliates for payment.
Blue items are required for payment when applicable to the patient's condition/situation.
Black items are optional.

Highlighted items are new or have changed since 08/05 version.

Indicates specific instructions to be followed.