



Independence  
Blue Cross

[www.ibx.com](http://www.ibx.com)

February 2007

## *Provider Manual: How Can We Make It Better for You?*

We recently sent your office the November 2006 *Provider Manual* CD. In order to better serve your needs, we would like to know what you think about the content and the layout. Please send your comments or suggestions on how we can update the *Provider Manual* to us at [provider\\_communications@ibx.com](mailto:provider_communications@ibx.com).

In order to help you retrieve the information quickly, you may also log onto NaviNet<sup>SM</sup> and view the *Provider Manual* electronically.




Additional copies of *Partners In Health Update*, can be printed by going to our website [www.ibx.com/providers](http://www.ibx.com/providers).

# PARTNERS IN HEALTH UPDATE




*Working Together For Quality Health Care*

## INSIDE THIS ISSUE

### NPI ANNOUNCEMENTS

-  • Implementation of UB-04 Claim Form
-  • Get it, Share it, Use it Now with IBC
-  • IBC National Provider Identifier (NPI) Dual Use Claims Submission

### ANNOUNCEMENTS

-  • Statement of Remittance (SOR) Enhancements
-  • Professional Provider Auditing
-  • Revisions to Medical Policy and Professional Claim Submission Process for Home-Based, Real-Time Cardiac Surveillance System (CARDIONET)

### REMINDERS

-  • Transition to All-Electronic Authorization Inquiry and Submission

### PREVENTIVE HEALTH

-  • Supporting Our Members, Your Patients: Connections<sup>SM</sup> Health Management Programs

See the enclosed *NPI Toolkit* for complete claims submission instructions.

## Implementation of UB-04 Claim Form



The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form will accommodate the National Provider Identifier (NPI) and has incorporated other important changes. This form will replace the current UB-92 claim form and will be phased in over a transition period from **March 1, 2007 to May 22, 2007**. The UB-04 form will be used exclusively for institutional billing beginning May 23, 2007. **Effective on and after May 23, 2007, UB-92 will no longer be accepted.**

To assist you in converting from UB-92 to UB-04, we have enclosed the *UB-04 Claim Form and Instructions*, which includes samples of the UB-04 claim form and IBC UB-04 Data Field Requirements.

### The UB-04 Claim Form and NPI

The new UB-04 claim form includes several fields that accommodate the use of your NPI. Although the new form accommodates the NPI, you must continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the new UB-04 claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us please contact your Network Coordinator.

If you do not currently submit claims electronically, we encourage you to transition from paper claims to electronic billing. For information on converting to electronic billing, please contact the eBusiness Hotline at (215) 640-7410.

If you have any questions, please contact your Network Coordinator.

### How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

#### Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

#### Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or TTY (800) 692-2326
- ▶ **E-mail:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

# 10 digits. BIG IMPACT.

## The Power of NPI



**Get it, Share it, Use it Now with IBC**

**Get It.** Get it *NOW* from the National Plan and Provider Enumeration System (NPPES).

- Get your NPI(s): a unique 10-digit identification number. We recommend you enumerate with your current Corporate ID configuration.
- Get it now. Do not wait until the May 23, 2007 compliance date.
- Get it faster on the Web at <https://nppes.cms.hhs.gov>

**Share It.** Share it *NOW* with IBC, your colleagues, and your billing services.

- Share it with us now so we can test your NPI(s). Share your NPI with us before you file your next claim.
- Share it with your colleagues who rely on your NPI to submit their claims.
- Share it with your billing service, vendor, or clearinghouse.

**Use It.** Use it *NOW* to identify yourself.

- Use it now along with your existing legacy provider identifiers on your electronic and paper claims (if you have reported your NPI(s) to IBC).
- Use it now to facilitate accurate and streamlined processing of claims.
- Use it to be HIPAA-compliant by May 23, 2007.

All the information you need is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

For more information on using your NPI with IBC, please refer to the enclosed *NPI Toolkit*. The enclosure offers helpful tips on submitting your NPI and filling out the CMS 1500 (08/05) form.

**Getting an NPI is free – Not having one can be costly.**

# NPI ANNOUNCEMENTS

## IBC National Provider Identifier (NPI) Dual Use Claims Submission



The goal of IBC NPI Dual Use Claim Submission is to collect and validate your NPIs via claims submissions prior to the May 23, 2007 NPI compliance date. Therefore, we are asking all providers who have obtained their NPI(s) and reported them to us to **submit all electronic and paper claims with NPIs and legacy provider identifiers (identifiers you currently use to identify yourself as an IBC participating health care provider), until otherwise notified.** You must also report your Taxonomy Codes on all electronic and paper claims. Taxonomy codes identify your specialty or (specialties).

IBC NPI Dual Use Claims Submission is one of many preparatory measures that we will implement prior to the NPI compliance date in order to ensure the smoothest transition possible.

**Please note that we will not use NPIs to process your claims at this time. We will continue to process claims using your legacy identifiers. In addition, we will not include NPIs on SORs or any other outgoing transactions at this time.**

IBC NPI Dual Use Claims Submission will not complicate, delay, or halt your claims processing.

### NPI Dual Use Claims Submission

#### Instructions

You can find detailed IBC NPI Dual Use Claims Submission instructions in the following locations:

- **837P and 837I Companion Guides.** The 837P Companion Guide and 837I Companion Guide provide instructions for submitting dual use claims for electronic claims submissions. The companion guides are also available online at [www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html).
- **Current and Revised CMS 1500 Claim Forms and Instructions.** This reference tool was published as an enclosure with the October

2006 edition of *Partners in Health Update*. It provides instructions for submitting dual use claims for paper submissions. This reference tool is also available at [www.ibx.com/providers/npi/forms.html](http://www.ibx.com/providers/npi/forms.html).

### Questions Regarding NPI Dual Use Claims Submission

Please contact your Network Coordinator with any questions regarding IBC NPI Dual Use Claims Submission.

If you have not yet obtained your NPI(s) and reported them to us, please see How to Obtain an NPI on page 2 or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi). You may also visit the following websites for additional information:

#### IBC Provider NPI website

[www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

#### CMS Main NPI website

[www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand)

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

#### NPI Enumerator website

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

#### WEDI NPI White Papers

[www.wedi.org/snip/](http://www.wedi.org/snip/)

Industry NPI papers, including “NPI Impact on Providers,” “NPI Dual Use Strategy,” “NPI and Subparts,” etc.

#### WEDI NPI Outreach Initiative

[www.wedi.org/npioil/index.shtml](http://www.wedi.org/npioil/index.shtml)

NPI Resource Center with information resources, Industry readiness assessment survey, etc.

## Statement of Remittance (SOR) Enhancements



We are pleased to inform you that we have improved the paper Statement of Remittance (SOR) and have made it more user-friendly. We listened to your feedback and based the improvements on your suggestions — especially for adjusted claims, claims retraction, and credit balances. Some of these revisions will affect the Electronic Remittance Advice (ERA).

Our first enhancement to the SOR will link adjusted claims. When a claim is reversed and repaid, the adjusted claim number will appear on the statement below the claim number originally used to pay the claim. The adjusted claim number will also appear in the ERA.

**PRODUCT: H INPATIENT - HMO MEDICARE**

USI NO	PT ACCOUNT NO	SS: CLAIM NUMBER
MEMBER ID NO 1234567800 98765432100	2468	MH: 2612345678910 20245678911

The new *adjusted claim number* appears directly below the original claim number.

The ERA will show the original claim number in the CLP 07 and the adjusted claim number in the REF 02 within the 2100 Loop.

```
CLP*PATIENTCONTROL#*1*286.71*129.02*18.90*12*1B44455566677~
NM1*QC*1*PATIENTLAST*PATIENTFIRST****MI*MEMBERID#~
NM1*82*2*PROVIDERNAME****BD*PROVIDERNUMBER~
REF*CE*LOB~
REF*F8*9922233355522~
```

Adjusted claim number (points to 9922233355522)

Paid/original claim number (points to B44455566677)

We will continue to make additional improvements to the SOR. Please share this information with your billing staff and your software vendor. If you have any questions, please contact your Network Coordinator or Provider Services.

## Professional Provider Auditing



We are committed to providing cost-effective and high-quality health care service coverage for our members. We also have a responsibility to our member and group payers to ensure claims are billed and paid accurately. Government mandates also require claims are paid only for services rendered and supported by the medical record documentation. One method of meeting commitments is to monitor and review medical claims submitted by all specialties of professional providers, in the form of an audit, performed by the Professional Provider Auditing Unit, a section of our Corporate and Financial Investigations Department (CFID).

Understandably, being the subject of an audit may provoke concerns. However, do not interpret these audits as an accusation of wrongdoing.

Reasons for an audit can include routine queries or be based on excessively high or unusual patterns

of utilization and generally require an in-depth claims review and analysis. The purpose of an audit is to verify claims are submitted with information accurately reflecting the services rendered. The goal is to identify billing inaccuracies, inappropriate or incorrect HCPCS and CPT® coding, and processing errors.

In order to ensure auditing outcomes are valid, we employ a specialized staff of registered nurses, certified professional coders, and business/claims analysts who use a variety of professional organizations as subject matter expert sources when performing an audit.

For more information, please refer to the Administrative Overview and Appeals sections of the November 2006 *Provider Manual*, which was mailed to your office in December and is also available on NaviNet<sup>SM</sup>.



## Revisions to Medical Policy and Professional Claim Submission Process for Home-Based, Real-Time Cardiac Surveillance System (CARDIONET)

The following revisions to the medical policy and professional claim submission process for Home-Based, Real-Time Cardiac Surveillance System (CARDIONET) will be in effect as of February 1, 2007:

- Use procedure code 93799\* with a 26 modifier (93799-26) to report the professional component.
- The professional component includes review and interpretation of each 24-hour cardiac surveillance period as well as 24-hour availability and response to monitoring events within a course of treatment that includes up to 21 consecutive days of cardiac monitoring, which is considered the “monitoring period.”
  - **For electronic billers:** Submit the not elsewhere classified (NOC) code in the HCPCS/CPT data element 2400/SV101-2 (837P). Report the text “ECG arrhythmia detection and alarm system” in 2400/NTE02 when NTE01 equals ADD. Text can also be reported at the claim level, 2300/NTE.
  - **For paper billers:** Include “ECG arrhythmia detection and alarm system” in the shaded area of field 24A of the CMS-1500 (08/05) form.
- **Reimbursement:** Reimbursement is \$125 per 21-day monitoring period, subject to the member’s benefits and the medical policy 07.02.07b Home-Based, Real-Time Cardiac Surveillance System.
- The date the patient is initially placed on the monitor must be reported as the date of service.
- A monitoring period (1 to 21 consecutive days of cardiac monitoring) is reported as a unit of one.
- Any additional claims for procedure code 93799-26 – “ECG arrhythmia detection and alarm system” within a monitoring period (1 to 21 consecutive days after an initial service) will be denied.
- The S code S0347 is available for daily billing. However, the maximum reimbursement for a 21-day period will not exceed the case rate.

The revised policy will be available in its entirety on February 1, 2007, at [www.ibx.com/providers/policies\\_guidelines\\_pubs/medical\\_policy.html](http://www.ibx.com/providers/policies_guidelines_pubs/medical_policy.html).

Please review the medical necessity criteria and diagnosis codes listed in the revised medical policy before scheduling this service.

*Current Procedural Terminology (CPT®) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in the CPT®. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the AMA.*

## Transition to All-Electronic Authorization Inquiry and Submission



To maintain accuracy and speed of processing for the millions of transactions we complete yearly, we will be transitioning to an all-electronic format for authorization inquiry and authorization submission, with the exception of behavioral health authorizations, which are still authorized by Magellan Behavioral Health, Inc.

Our electronic authorizations initiative is divided into two phases. The first phase is the NaviNet<sup>SM</sup> Portal. The second phase includes the addition of two enhancements to the Provider Interactive Voice Response (IVR) System — Authorization Status Inquiry and Authorization Submission.

Providers are able to access the status of any authorizations associated with their IBC Corporate Provider ID via the IVR. The IVR can provide you with the most current authorization on file and allows you to search for your authorizations using a date range of 30 days or a specific service date. The IVR will provide status for all authorized services, including MRI and CT scans. We encourage you to call the IVR directly to access Authorization

Status Inquiry by calling (866) 681-7370 or (267) 299-2270, and saying “Authorization” or choosing option 7 on the main menu. You must enter your Corporate Provider ID and the last four digits of your tax ID in order to access the IVR Authorization Status Inquiry and satisfy HIPAA requirements.

We are currently developing the second enhancement — Authorization Submission. Look for more details regarding our electronic authorizations initiative in upcoming editions of *Partners in Health Update*.

To get connected to the NaviNet Portal, please call the eBusiness Provider Hotline at (215) 640-7410 or complete our Online Inquiry Form at [www.ibx.com/providers/navinet](http://www.ibx.com/providers/navinet).

Please note: Minimum requirements must be met to obtain access to the NaviNet Portal. Please contact the eBusiness Provider Hotline to determine eligibility.


## PREVENTIVE HEALTH

### Supporting Our Members, Your Patients: Connections<sup>SM</sup> Health Management Programs



Call the Provider Support Line at (866) 866-4694 to refer a patient to the **Connections<sup>SM</sup> Health Management Program** for Health Coaching. Health Coaches provide disease management for asthma, diabetes, COPD, CHF, and CAD, as well as decision-support for numerous issues.

Call (866) 398-8761 to refer patients with the following diseases to the **Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program**:

- Seizure Disorders
- Rheumatoid Arthritis
- Multiple Sclerosis
- Crohn's Disease 
- Parkinson's Disease

- Systemic Lupus Erythematosus (SLE)
- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

Call the **Connections<sup>SM</sup> Kidney Program** at (866) 303-4CKP [4257] to refer a member on chronic outpatient dialysis.



*Partners in Health* monthly Update is a publication of the Provider Communications department for the exchange of information and ideas among the IBC Provider community. Suggestions are welcome.

**CONTACT INFORMATION:**

Caroline Crispino  
*Managing Editor*

Charleen Baselice  
*Production Coordinator*

**Provider Communications**  
**Independence Blue Cross**  
**1901 Market Street**  
**35th Floor**  
**Philadelphia, PA 19103**  
*provider\_communications@ibx.com*

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.

The Blue Cross and Blue Shield words and symbols, and BlueExchange are registered trademarks of the Blue Cross and Blue Shield Association, and association of independent Blue Cross and Blue Shield Plans.

This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the number on the back of their identification card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party Web sites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

CPT® (Current Procedural Terminology) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

Investors in NaviMedix®, Inc. include an affiliate of IBC, which has a minority ownership interest in NaviMedix®, Inc.



# IMPORTANT RESOURCES

*View our online provider directories at [www.ibx.com](http://www.ibx.com)*

<b>CARE MANAGEMENT AND COORDINATION</b>	(215) 567-3570
Case Management	(800) 313-8628*
Baby BluePrints®	(215) 241-2198 (800) 598-BABY [2229]*
<b>CONNECTIONS<sup>SM</sup> HEALTH MANAGEMENT PROGRAMS</b>	
Connections Health Management Program Provider Support Line	(866) 866-4694
Connections <sup>SM</sup> Kidney Program	(866) 303-4CKP [4257]
Connections <sup>SM</sup> AccordantCare <sup>TM</sup> Program	(866) 398-8761
<b>CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT</b>	(866) 282-2707
Anti-Fraud and Corporate Compliance Hotline	<a href="http://www.ibx.com/anti-fraud">www.ibx.com/anti-fraud</a>
<b>CREDENTIALING VIOLATION HOTLINE</b>	(215) 988-6534 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<b>eBUSINESS</b>	
Help Desk	(215) 241-2305
eBusiness Provider Hotline	(215) 640-7410
<b>HEALTH RESOURCE CENTER</b>	(215) 241-3367
Healthy Lifestyles <sup>SM</sup>	(800) 275-2583*
Precertification	(215) 241-2100 (800) 227-3116*
<b>PHARMACY SERVICES</b>	
Prescription Drug Authorization	(888) 678-7012
Toll Free Fax	(888) 671-5285
Direct Ship Injectable	(267) 402-1711 (888) 678-7012
Fax	(215) 761-9165
Blood Glucose Meter Hotline	(888) 494-8213 (option 2)
<b>PROVIDER ELECTRONIC DATA INTERCHANGE SERVICES WEB PAGE</b>	<a href="http://www.ibx.com/edi">www.ibx.com/edi</a>
<b>PROVIDER INFORMATION and TOOLS WEB PAGE</b>	<a href="http://www.ibx.com/providers">www.ibx.com/providers</a>
<b>PROVIDER SERVICES</b> (Policies/Procedures/Claims)	(215) 567-3590
HMO	(800) 227-3119*
PPO	(215) 567-3694 (800) 332-2566*
<b>PROVIDER SUPPLY LINE</b>	(800) 858-4728

\* Outside 215 area code

Visit our website at [www.ibx.com/providers](http://www.ibx.com/providers)





**Independence  
Blue Cross**

## *ENCLOSURE*

Two enclosures (*The New UB-04 Form and Instructions* and *National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission*) mailed with this edition of *Partners in Health Update*. These have been combined into one PDF file for your convenience.

---

The Office of Management and Budget (OMB) and the National Uniform Billing Committee (NUBC) have approved the UB-04 claim form, also known as the CMS-1450 form. The UB-04 claim form will accommodate the National Provider Identifier (NPI) and has incorporated other important changes. This form will replace the current UB-92 claim form and will be phased in over a transition period beginning March 1, 2007 to May 22, 2007. The UB-04 form will be used exclusively for institutional billing beginning May 23, 2007. Effective on and after May 23, 2007, UB-92 will no longer be accepted. Sample UB-04 forms for inpatient and outpatient can be found on pages 3 and 4.

## The UB-04 Claim Form and NPI

The new UB-04 claim form includes several fields that accommodate the use of your NPI. Although the new form accommodates the NPI, you must continue to report your current provider identification numbers in the appropriate areas of the form until otherwise notified. If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the new UB-04 claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator.

### UB-04 Data Field Requirements

Field Location UB-04	Description	Inpatient	Outpatient
1	Provider Name and Address	Required	Required
2	Pay-To Name and Address	Situational	Situational
3a	Patient Control Number	Required	Required
3b	Medical Record Number	Situational	Situational
4	Type of Bill	Required	Required
5	Federal Tax Number	Required	Required
6	Statement Covers Period	Required	Required
7	Future Use	N/A	N/A
8a	Patient ID	Situational	Situational
8b	Patient Name	Required	Required
9	Patient Address	Required	Required
10	Patient Birthdate	Required	Required
11	Patient Sex	Required	Required
12	Admission Date	Required	N/A
13	Admission Hour	Required	Required
14	Type of Admission/Visit	Required	N/A
15	Source of Admission	Required	Required
16	Discharge Hour	Required	N/A
17	Patient Discharge Status	Required	Required
18-28	Condition Codes	Required if Applicable	Required if Applicable
29	Accident State	Situational	Situational
30	Future Use	N/A	N/A
31-34	Occurrence Code and Dates	Required if Applicable	Required if Applicable
35-36	Occurrence Span Codes and Dates	Required if Applicable	Required if Applicable
37	Future Use	N/A	N/A
38	Subscriber Name and Address	Required	Required

Field Location UB-04	Description	Inpatient	Outpatient
39-41	Value Codes and Amounts	Required if Applicable	Required if Applicable
42	Revenue Code	Required	Required
43	Revenue Code Description	Required	Required
44	HCPCS/Rates	Required if Applicable	Required if Applicable
45	Service Date	N/A	Required
46	Units of Service	Required	Required
47	Total Charges (By Rev. Code)	Required	Required
48	Non-Covered Charges	Required if Applicable	Required if Applicable
49	Future Use	N/A	N/A
50	Payer Identification (Name)	Required	Required
51	Health Plan Identification Number	Situational	Situational
52	Release of Info Certification	Required	Required
53	Assignment of Benefit Certification	Required	Required
54	Prior Payments	Required if Applicable	Required if Applicable
55	Estimated Amount Due	Required	Required
56	NPI	Required	Required
57	Other Provider IDs	Required	Required
58	Insured's Name	Required	Required
59	Patient's Relation to the Insured	Required	Required
60	Insured's Unique ID	Required	Required
61	Insured Group Name	Situational	Situational
62	Insured Group Number	Situational	Situational
63	Treatment Authorization Codes	Required if Applicable	Required if Applicable
64	Document Control Number	Situational	Situational
65	Employer Name	Situational	Situational
66	Diagnosis/Procedure Code Qualifier	Required	Required
67	Principal Diagnosis Code/Other Diagnosis Codes	Required	Required
68	Future Use	N/A	N/A
69	Admitting Diagnosis Code	Required	Required if Applicable
70	Patient's Reason for Visit Code	Situational	Situational
71	PPS Code	Situational	Situational
72	External Cause of Injury Code	Situational	Situational
73	Future Use	N/A	N/A
74	Principal Procedure Code/Date	Required if Applicable	Required if Applicable
75	Future Use	N/A	N/A
76	Attending Name/ ID-Qualifier 1G	Required	Required
77	Operating ID	Situational	Situational
78-79	Other ID	Situational	Situational
80	Remarks	Situational	Situational
81	Code-Code Field/Qualifiers		
	*0-A0	N/A	N/A
	*A1-A4	Situational	Situational
	*A5-B0	N/A	N/A
	*B1-B2	Situational	Situational
	*B3	Required	Required



# OUTPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0131	
8 PATIENT NAME a Patient ID if different from Sub				9 PATIENT ADDRESS a 1234 Main Street			
b Doe, John				b Philadelphia c PA d 19111 County code if other than USA			
10 BIRTHDATE 03 20 1971		11 SEX M		12 DATE 11 03 06		13 HR 08	
14 TYPE 3		15 SRC 3		16 DHR 12		17 STAT 01	
18 CONDITION CODES 22-28							
19 Condition Codes Required Identifying Events PA RESERVED							
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing							
39 VALUE CODES AMOUNT a A1 952.00							
b Value Codes and amounts required when necessary to process claim							
40 VALUE CODES AMOUNT							
41 VALUE CODES AMOUNT							
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0310		Laboratory		88173		11 03 06 1 100.00 0.00	
2 0402		Ultrasound		76942		11 04 06 1 100.00 0.00	
3 0360		OR Services		3749		11 04 06 1 100.00 0.00	
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		PAGE 1 OF 1		CREATION DATE		TOTALS 300.00 0.00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASS BEN	
A Independence Blue Cross		Report HIPAA National Health Plan Identifier when mandatory		Y Y		54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider	
B Secondary Payer						55 EST. AMOUNT DUE Amount estimated to be due	
C Tertiary Payer						56 NPI 222222222	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A Doe, John		18		ABC1234567800		Watch Repair, Inc.	
B Secondary						62 INSURANCE GROUP NO. 1234	
C Tertiary							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
A 02468		491234		Watch Repair, Inc.			
B Secondary							
C Tertiary							
66 DX 3910 Use A through Q to report "Other Diagnosis" if applicable							
67 Reserved							
69 ADMIT DX 4280		70 PATIENT REASON DX		71 PPS CODE DRG		72 ECI	
73		May be used to report reason for visit		May be used to report external cause of injury		73 Reserved	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	
3749		11 04 06		Reserved		76 ATTENDING NPI 222222222 QUAL 1G 1234569822	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		LAST Smith FIRST David	
77 OPERATING NPI		QUAL		78 OTHER NPI			
LAST		FIRST		79 OTHER NPI			
LAST		FIRST		80 REMARKS			
81CC a B3 282N00000X		b Secondary		c Tertiary			
80 REMARKS		May be used to report additional information.		d			

UB-04 CMS-1450 APPROVED OMB NO. NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



Red = Required  
Black = Situational/Required if Applicable/Reserved



## Tips for Proper Electronic and Paper Claims Submission



Inside this “toolkit” you will find tips for submitting your National Provider Identifier (NPI) when submitting electronic and paper claims. Enclosed you will get the latest news on electronic and paper claim submissions, the CMS 1500 form, and loop and data elements, plus resources for where you can find additional information.

### Electronic Claim Submission

**Beginning January 1, 2007**, IBC systems will accept 837P (professional) and 837I (institutional) version 4010A1 electronic claims with an NPI, but only when an existing IBC legacy provider number is also reported for each provider identified with an NPI. IBC will reject any electronic claim that includes *only* an NPI as a provider’s identifier prior to the May 23, 2007 compliance date.

### IBC Dual Use Requirements

Please see the information on the following pages regarding loop and data elements, which will assist you in entering in your NPI and legacy number when submitting electronic claims. This information was effective January 1, 2007.

### How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

#### Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

#### Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or TTY (800) 692-2326
- ▶ **E-mail:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

# Professional Loop and Data Elements

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

# Institutional Loop and Data Elements

Loop	Data Element	Industry Name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
	REF02	Billing Provider Secondary Identification Number	Legacy
2310A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2310B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy
2310C		OTHER PROVIDER NAME	
	NM109	Other Provider Primary Identifier	NPI
	PRV03	Other Provider Taxonomy Code	Taxonomy
	REF02	Other Provider Secondary Identifier	Tax ID
	REF02	Other Provider Secondary Identifier	Legacy
2310D		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
	PRV03	Referring Provider Taxonomy Code	Taxonomy
	REF02	Referring Provider Secondary Identifier	Tax ID
	REF02	Referring Provider Secondary Identifier	Legacy
2310E		SERVICE FACILITY NAME	
	NM109	Facility Primary Identifier	NPI
	PRV03	Facility Provider Taxonomy Code	Taxonomy
	REF02	Facility Secondary Identifier	Tax ID
	REF02	Facility Secondary Identifier	Legacy
2420A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2420B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy

# Paper Claim Submission

## CMS 1500 (12/90) Form

This form does not accommodate use of the NPI, therefore, we suggest you use the revised CMS 1500 (08/05) Form to support IBC's Dual Use Claim Submission strategy.

## CMS 1500 (08/05) Form

IBC has accepted the revised CMS-1500 (08/05) form effective October 1, 2006. NPIs may be submitted when a revised CMS-1500 (08/05) is submitted, but NPIs are not yet required on these claims. If one NPI or more is reported on a revised CMS-1500 (08/05), the submitter is required to also include the IBC legacy provider number that corresponds to each NPI reported on the claim. Failure to report a legacy identifier with an NPI could result in a delay in the processing of the claim.

## The CMS 1500 (08/05) Claim Form and NPI

Revisions to the 1500 Claim Form include several fields that accommodate the use of your NPI. A sample CMS 1500 (08/05) claim form can be found on the next page.

Though the revised form accommodates NPI, you must continue to report **current** provider identification numbers in the appropriate shaded areas of the form (**17a, 24J, 32b, and 33b**) until otherwise notified. Current provider identification numbers must be preceded by a two-character qualifier ID. This qualifier ID is the same as the qualifier ID used when billing electronically. If you do not currently bill electronically, please use the following ID: 1B.

Please note the NPI-specific areas circled in "pink" on the CMS 1500 form.

**If you have obtained your NPI(s) and submitted them to us, you may begin to report them in addition to your current provider identification numbers on the revised 1500 Claim Form.**

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator or Provider Services.

Instructions for filling out the CMS 1500 (08/05) claim form can be found in the October *Partners in Health Update* or online at [www.ibx.com/providers](http://www.ibx.com/providers).

## Tips for Proper Paper Submission

In reference to the CMS 1500 (08/05) form and instructions enclosure we sent with October 2006 *Partners in Health Update*, we wanted to provide you with additional information when filling out the CMS 1500 (08/05) form.

- Tax ID is REQUIRED
- Legacy ID is REQUIRED - Legacy ID is prefixed with 1B
- The following identifiers are not valid in the NPI fields: Tax ID number, Social Security Number, Corporate ID number.
- NPI is a unique 10-digit identification number. There are no dashes in the NPI. There is **NO PREFIX** on the NPI.
  - Boxes 17b, 32a, 33a are for the NPI only
  - Box 24J (shaded) is the rendering provider ID number
  - Box 24J (unshaded) is the rendering provider NPI
    - NPI for a physician cannot be used for a billing NPI unless physician is a solo practitioner
- PIN and GROUP numbers have been eliminated from the new form
- Boxes 17a, 32b, 33b require the prefix: 1B
- Box 19 requires a ZZ prefix for the Taxonomy Code

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE  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) **ABC1234567800**

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

3. PATIENT'S BIRTH DATE MM DD YY **03 20 71** SEX  M  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  Spouse  Child  Other

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

CITY **Philadelphia** STATE **PA**

8. PATIENT STATUS Single  Married  Other

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

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous)  YES  NO b. AUTO ACCIDENT?  YES  NO c. OTHER ACCIDENT?  YES  NO

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

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.

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

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (M.P.) **10 28 06**

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 **Josephine Smith, M.D.**

17a. **1B 0123456789**

17b. NPI **999999999**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY **11 01 06 TO 11 04 06**

19. RESERVED FOR LOCAL USE **ZZ207LP2900X**

20. OUTSIDE LAB?  YES  NO

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

1. **401**

2. **251 8**

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. **123456789**

23. PRIOR AUTHORIZATION NUMBER **123456789**

	A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSTI Family Plan	I. ID. QUANTITY	J. RENDERING PROVIDER ID#
	From MM DD YY	To MM DD YY	YY									
1	11	02	06	11 02 06 21	6	99205	1	\$50 00	1			<b>1B 1234567000</b> NPI <b>8888888888</b>
2	11	03	06	11 03 06 21	6	20600 25	2	\$250 00	1			NPI <b>Two-character qualifier ID of the Rendering Provider</b>
3												NPI
4												NPI
5												NPI
6												NPI

24. FEDERAL TAX I.D. NUMBER **22-1234567** SSN EIN   SERVICE FACILITY NPI

25. PATIENT'S ACCOUNT NO.

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

27. TOTAL CHARGE **\$ 100 00**

28. AMOUNT PAID

29. BALANCE DUE

30. 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.) **Richard B. Smith, M.D.**

31. SERVICE FACILITY LOCATION INFO **ABC Hospital 123 Street Anytown, PA 19003**

32. BILLING PROVIDER INFO & PH # **ABC Medical Group 8 North American Street Anytown, PA 19003**

33. SIGNATURE DATE **11/5/06**

34. **0000001234** **1B1234567002** **2222222222** **1B1234567001**

NUCC Instruction Manual available at: www.nucc.org OMB APPROVAL PENDING

Green items are required by Independence Blue Cross and its affiliates for payment. Indicates new field and/or requirement.

Blue items are required for payment when applicable to the patient's condition/situation. Circled items are NPI-specific.

Black items are optional.

## Important NPI Resources

Please visit the following websites for additional information:

**IBC Provider NPI website:** [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

**CMS Main NPI website:** [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand)

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

**NPI Enumerator website:** <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

**WEDI NPI White Papers:** [www.wedi.org/snip/](http://www.wedi.org/snip/)

Industry NPI papers, including “NPI Impact on Providers,” “NPI Dual Use Strategy,” “NPI and Subparts,” etc.

**WEDI NPI Outreach Initiative:** [www.wedi.org/npioi/index.shtml](http://www.wedi.org/npioi/index.shtml)

NPI Resource Center with information resources, Industry readiness assessment survey, etc.