

## Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections



Since the introduction of the revised CMS-1500 (08/05), we have received a significant number of claims with incorrect information entered in key fields.

The revised CMS-1500 (08/05) cannot be completed in the same manner as its predecessor, CMS-1500 (12/90), as many fields have been moved or changed. In addition, several new fields have been added to the CMS-1500 (08/05) to accommodate NPI.

**CMS-1500 (08/05) submissions populated with incorrect or incomplete information entered in key fields may be rejected or returned to the provider.**

**The following key fields must be entered correctly on the CMS-1500 (08/05) to ensure timely and accurate claims processing.**

Highlighted fields are NPI specific.

Box	Instructions
17a	Enter referring provider's two-character qualifier ID (1B) in the first segment, and referring provider's legacy provider ID in the second segment.
17b	Enter referring provider's NPI.
19	Enter ZZ qualifier ID and billing provider's primary taxonomy code.
24I (shaded)	Enter rendering provider's two-character qualifier ID (1B).
24J (shaded)	Enter rendering provider's legacy provider ID.
24J (unshaded)	Enter rendering provider's NPI.
32a	Enter service facility NPI.
32b	Enter service facility two-character qualifier ID (1B) and legacy provider ID.
33a	Enter billing provider NPI.
33b	Enter billing provider two-character qualifier ID (1B) and legacy provider ID.

Please contact your Network Coordinator if you have any questions about completing the CMS-1500 (08/05) form and refer to the illustration on the next page for additional information.

## Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections *(continued)*

**19** (Date of Current Illness)

**17a** (Referring Provider's two-character qualifier ID)

**17b** (Referring Provider's Current Provider ID)

**24I shaded** (Hospitalization Dates)

**24J shaded** (Outside Lab)

**24J unshaded** (Billing Provider's two-character qualifier ID)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
11	02	06	11	02	06	21	6	99205			1	\$50	00	1			1B	1234567000														
11	03	06	11	03	06	21	6	20600	25		2	\$250	00	1																		

**32a** (Service Facility NPI)

**32b** (Service Facility Location Information)

**33a** (Billing Provider NPI)

**33b** (Billing Provider's two-character qualifier ID)

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.

Indicates new field and/or requirement.