



BlueCross BlueShield
of Oklahoma



National Provider Identifier (NPI) “NPI 201” – Claims Filing Instructions

Health Care Service Corporation (HCSC) and its operating divisions, Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), and Blue Cross and Blue Shield of Texas (BCBSTX), have taken strides to educate and update 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 highlight some of the new fields on the CMS-1500 (version 08/05) claim form used by professional providers, especially with regard to NPI. (For additional information on how to properly complete the CMS-1500, please visit our Provider Web site at www.bcbsil.com, www.bcbsnm.com, www.bcbsok.com, or www.bcbstx.com for a printable guide and online tutorial.)

Facility / institutional providers please note: HCSC is now accepting the new UB-04 billing form. A new UB-04 user guide is in development. You will see an announcement in our provider newsletter, *NPI Times* or on the provider Web site when this new resource is available. For additional information on the UB-04 billing form, visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.

This document also provides information on how to submit electronic claims to BCBSIL, BCBSNM, BCBSOK, and BCBSTX throughout the NPI transition period. (For additional information on electronic claims filing, please refer to the HCSC Companion Guides located http://www.thinedi.com/hipaa/comp_docs.htm.)

An overview of the revised CMS-1500 (version 08/05) claim form

Here is a snapshot of the revised CMS-1500 (version 08/05). As stated by the National Uniform Claim Committee (NUCC), “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.”

See below for some of the changes to be aware of when submitting the revised claim form to BCBSIL, BCBSNM, BCBSOK, BCBSTX, 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.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

Item Number 17 requires entry of the name of the referring provider or other source that referred or ordered the service(s) or supply/supplies 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 regarding referred/referring provider.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
	17b.	NPI

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 indicates a Blue Shield number, as illustrated in the example below. The complete list of the qualifiers is included as Appendix 1 of this document. These qualifiers are consistent with the qualifiers used in the 837 electronic claim transaction.

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	IB	12345678
	17b.	NPI	1234567890

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 is for existing numbers and related qualifiers, and the area with the preprinted qualifier of “NPI” is for the NPI of the rendering provider.

24. A.	DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT Family Plan.	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To	YY			MM	DD	YY						
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 BCBSIL, BCBSNM, BCBSOK, and/or BCBSTX is to **include both your NPI and your BCBS 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 provider number along with the “1B” qualifier to identify yourself as the billing provider.

33. BILLING PROVIDER INFO & PH # (312) 5552222	
Physician Practice Inc 1234 Healthcare Street Anytown IL 60610	
a. 1230987654	b. 1BZ5678901234

If you do not have your NPI and wish to use the revised claim form: please ensure your BCBS provider number is placed in field 33b preceded by the “1B” qualifier indicating a Blue Shield Identifier.

How to submit electronic claims

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 provide you with information as it relates to correctly submitting electronic claims to BCBSIL, BCBSNM, BCBSOK, and BCBSTX during our May 22, 2007 through November 15, 2007 transition period.

When using dual identifiers during this transition period, the sender must put their NPI in the Primary Identifier field along with the BCBS provider number in the Secondary Identifier field.

To correctly submit 837 Professional Health Care Claims to BCBSIL, BCBSNM, BCBSOK, and BCBSTX, 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 or billing provider information must be contained in loop 2010AB, the referring provider information must be contained in loop 2310A, and the rendering provider information must be contained in loop 2310B, as depicted in the tables 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	"EI"
2310A	REF02	Referring Provider Secondary Identifier	Tax ID
2310A	REF01	Reference Identification Qualifier	"1G"
2310A	REF02	Referring Provider Additional Identifier	UPIN 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	"EI"
2310B	REF02	Rendering Provider Secondary Identifier	Tax ID
2310B	REF01	Reference Identification Qualifier	"1B"
2310B	REF02	Rendering Provider Secondary Identifier	BS ID
2310B	REF01	Reference Identification Qualifier	"0B" (Blue Shield IL Only)
2310B	REF02	Rendering Provider Secondary Identifier	State License No. (Blue Shield IL Only)

To correctly submit 837 Institutional Health Care Claims to BCBSIL, BCBSNM, BCBSOK, and BCBSTX, 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, the attending physician name must be contained in loop 2310A, the operating physician name must be contained in loop 2310B, the other provider name must be contained in loop 2310C, and the service facility name must be contained 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	"E1"
2310A	REF02	Attending Physician Secondary Identifier	Tax ID
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	"E1"
2310B	REF02	Operating Physician Secondary Identifier	Tax ID
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	"E1"
2310E	REF02	Laboratory or Facility Secondary Identifier	Tax ID
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

ID Qualifiers

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 (EIN)
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 (may not be used for Medicare)
TJ – Taxpayer Identification Number (TIN)
U3 – Unique Supplier Identification Number (USIN)
XX – National Provider Identifier ("NPI" is already noted on CMS-1500)
X5 – State Industrial Accident Provider Number
ZZ – Provider Taxonomy