

CMS 1500 Paper Claim Billing Instructions

Please refer to the National Uniform Claim Committee official 1500 Health Insurance Claim Reference Instruction for definition, field attributes and notes. The manual can be located on the web at http://www.nucc.org/images/stories/PDF/claim_form_manual_v2-1_3-07.pdf

Below are the BCBSVT/TVHP requirements for the CMS-1500 form.

R = Required, must be submitted

O = Optional, field does not require population but if submitted will be accepted

NR = Not Required, can not be submitted

Item Number	Optional Required Not Required	Special BCBSVT Instructions
1	R	Check "OTHER" for Blue Cross and Blue Shield of Vermont, The Vermont Health Plan, Federal Employee Program or BlueCard
1a	R	Enter the member's identification number exactly as it appears on the identification card, including the 3-character alpha prefix and if applicable the 1 or 2 digit suffix. Do not enter the two digit patient code that appears after the member's identification number. Federal Employee Members will have a "R" alpha prefix
2	R	
3	R	
4	R	
5	R	
6	R	
7	R	
8	R	
9	R	Only required if applicable
9a	R	Only required if applicable
9b	R	Only required if applicable
9c	R	Only required if applicable. Not required for FEP claims, but if submitted will be accepted
9d	R	Only required if applicable
10 a – c	R	
10d	NR	
11	R	Only required if applicable. Not required for FEP claims, but if submitted will be accepted
11 a – c	O	
11d	R	If Medicare or Medicaid is the primary insurer X the "NO"
12	O	
13	O	
14	R	
15	R	Not required for FEP claims, but if submitted will be accepted
16	O	

17	O	
17 a – b	O	
18	O	
19	NR	
20	O	
21	R	If the ICD-9-CM code being used has a fifth-digit sub-classification, it must be taken out to the fifth digit, even if the fifth digit is a zero.
22	O	
23	O	
24a	R	Indicate the complete numeric date of service for each service performed. Example: 08/01/07. Inclusive dates may be used for identical hospital visits (same as procedure code), for consecutive dates of service only, and must be billed on the same billing line. Example: From 08/01/07 to 08/10/07. DME rentals require From and To dates and the dates can not exceed the date of billing.
24b	R	BCBSVT requires the use of the two digit codes assigned by Medicare.
24c	O	
24d	R	
24e	R	
24f	R	
24g	R	At a minimum the unit value needs to be populated with a 1. Anesthesia units: BCBSVT, BlueCard and FEP: 1 unit = 15 minutes
24 h – i	NR	
24j	R	Shaded area of 24j: If you are a provider who has multiple licensures or provide specialty services, you must submit a taxonomy code in this field. Examples are, but not limited to: Chiropractor who is also a Physical Therapist; Psychiatrist who also does Neuropsych. Non shaded area of 24j: This field must contain the complete rendering provider NPI number. Please note: if the services rendered do not require a performing provider, populate this field with the billing provider number. Examples of these types of providers would include but not limited to: durable medical equipment suppliers, laboratories, infusion therapy and ambulance. Only one provider (performing a service) per claim can be submitted
25	R	

26	R	If your practice does not utilize patient account numbers the field must still be populated using a zero (0).
27	R	This field is only required if the claim is being submitted for a member with a supplemental policy.
28	R	
29	R	Only required if applicable
30	R	Only required if applicable
31	O	
32	O	Only required if different than billing provider located in Item Number 33.
32 a-b	O	
33	R	
33a	R	
33b	O	BCBSVT is not requiring taxonomy codes in this field, but they will be accepted if reported.