

# CMS-1500 Form (08/05) —Frequently Omitted Information That Delays Claim Payment

*Developed by the Provider Affairs Operations/Education/Communications Department*

Claims that are missing the following information will be rejected and returned for additional information. The following fields are required:		
<ul style="list-style-type: none"> <li>■ Alpha Prefix/identification number</li> <li>■ Insured's policy group number</li> <li>■ Onset date</li> <li>■ Physician's and/or supplier's name, address, telephone number, BCBSIL Provider number <i>and</i> National Provider Identifier (NPI) number</li> </ul>		
CMS-1500 Form Field:	Description:	Guidelines:
1a	Insured's Alpha Prefix and Identification number	The alpha prefix identifies the member's Plan or national Account. The number following the alpha prefix identifies the member. The 3 letter alpha prefix and member identification number are key to identifying and correctly routing BlueCard claims.
11	Insured's Policy Group Number	All Illinois insurance ID cards have group numbers which are needed for all Illinois claims. Illinois claim adjudication is driven by the Group Number.  <b>Note:</b> Some out-of-state BCBS identification cards do not have group numbers. In such cases you may eliminate the group number, but it is essential to include the alpha prefix in field 1a.
14	Date of current: Illness (first symptom) or injury (accident) or pregnancy (LMP)	Enter the onset date of illness, injury or pregnancy. If you do not know the onset date, enter the first treatment date. BCBSIL will adjudicate pre-existing conditions based on the information submitted on the claim form. When this information is missing, the claim will be denied and a letter will be sent requesting the information.*
33a	Enter the 10-digit <b>NPI number</b> of the billing provider.	This information is needed for reimbursement. If this information is omitted, payment may go to an incorrect provider or to the member.
33b	Enter two-digit qualifier, immediately followed by the billing provider's <b>BCBSIL provider number</b> . Do not use any type of separator between the qualifier and the provider number.	This information is needed for reimbursement. If this information is omitted, payment may go to an incorrect provider or to the member.

\*This does not apply to HMOI and BlueAdvantage HMO. Neither benefit plans have a pre-existing waiting period.

**Note:** Electronic submitters should refer to the ANSI 837P Implementation Guide for the appropriate Loops and Segments. Direct Data Entry (DDE) and Provider Terminal System (PTS) submitters should refer to the appropriate screen format.