



# CMS-1500 (08/05) Form—New and Revised Fields

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

CMS-1500 Form Field	Description	Guidelines
17	Name of Referring Provider or Other Source	Enter the referring, ordering or supervising provider's first name, middle initial, last name and credentials.
17a	Other ID#	Enter the BCBSIL provider number of the referring, ordering or supervising provider, and include the appropriate qualifier in the field to the immediate right of 17a.
17b	NPI number of ordering provider	Enter the 10-digit NPI number of referring, ordering or supervising provider.
24c	EMG - Emergency Indicator	Enter Y (Yes) if emergency visit.
24i	ID Qualifier	Enter the performing provider's State License Number qualifier in the shaded area. For BCBSIL the State License Number qualifier is OB.
24j (Shaded Area)	Rendering Provider ID Number	Enter the performing provider's State License Number, without the dash, in the shaded area.
24j (Non-Shaded Area)	Rendering Provider ID Number	Enter the performing provider's 10-digit NPI number in the non-shaded area.
25	Federal Tax I.D. Number	Enter the Federal Tax I.D. Number for the provider of service. Select the appropriate box for SSN or EIN.
32a	NPI number of service facility location	Enter the 10-digit NPI number of the service facility location
32b	BCBSIL provider number of service facility location	Enter two-digit qualifier, immediately followed by the service facility location's BCBSIL provider number. Do not use any type of separator between the qualifier and the provider number.
33a	NPI number of billing provider	Enter the 10-digit NPI number of the billing provider.
33b	BCBSIL provider number of billing provider	Enter two-digit qualifier, immediately followed by the billing provider's BCBSIL provider number. Do not use any type of separator between the qualifier and the provider number.

# 17. Enter the referring, ordering or supervising provider's first name, middle initial, last name and credentials.

Note: This field is required only if there is a referring, ordering or supervising provider.

17a – Enter the BCBSIL provider number of the referring, ordering or supervising provider.

Qualifier that identifies the BCBSIL provider number is placed here. A complete list of qualifiers is located in the NPI 201 located at:  
[www.bcbsil.com/provider/npi\\_education.htm](http://www.bcbsil.com/provider/npi_education.htm)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>John M Smith MD</b>	17a. 1B	BCBSIL Provider Number
	17b. NPI	10-digit NPI number

17b - Enter the 10-digit NPI number of referring, ordering or supervising provider.

Qualifier

Identifier

	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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	K. PROVIDER INFORMATION
	From			To					CPT/HCPCS	MODIFIER								
	MM	DD	YY	MM	DD	YY												
1																		
2																		

### 24i - ID Qualifier - Shaded Field

Enter the performing provider's State License Number qualifier in the shaded area. For BCBSIL the State License Number qualifier is OB.

### 24j - Rendering Provider ID. # - Shaded Field

Enter the performing provider's State License Number, without the dash, in the shaded area.

### 24j - Rendering Provider ID. # - Non-Shaded Field

Enter the performing provider's 10-digit NPI number in the non-shaded area.

25. Federal Tax I.D. Number –

Enter the Federal Tax I.D. Number for the provider of service. Select the appropriate box for SSN or EIN.

**Example:**

25. FEDERAL TAX I.D. NUMBER	SSN	EIN
361234567	<input type="checkbox"/>	<input checked="" type="checkbox"/>

32a. NPI - Enter 10-digit NPI number of service facility location

32b. Other ID#

**Enter two-digit qualifier, immediately followed by the service facility location's BCBSIL provider number.** Do not use any type of separator between the qualifier and the provider number.

**Example:**

32. SERVICE FACILITY LOCATION INFORMATION	
Physician Practice Inc 1234 Healthcare Street Anytown IL 60610-1234	
a. 9876543210	b. 1BZ5678901234

33a. NPI - Enter 10-digit NPI number of Billing Provider

33b. Other ID#

Enter two-digit qualifier, immediately followed by the billing provider's **BCBSIL provider number**. Do not use any type of separator between the qualifier and the provider number.

**Example:**

33. BILLING PROVIDER INFO & PH # ( 312 ) 5552222	
Physician Practice Inc 1234 Healthcare Street Anytown IL 60610-1234	
a. 9876543210	b. 1BZ5678901234