

June 23, 2008

## Patient account number requirements on CMS-1500 Form

Blue Cross and Blue Shield of Minnesota and Blue Plus have recently completed making changes necessary for compliance to the Minnesota Standards for the use of the CMS-1500 Health Insurance Claim Form. The intent of the Minnesota rule was to align the data content and formatting with the electronic claim requirements. However, in developing this standard manual, patient account number (Box 26) was stated as recommended rather than required as it would be in the electronic transaction. Blue Cross' system changes included this box as a required element. As a result, paper claims submitted after the coding change was implemented were being returned to the providers if the patient account number was not entered.

### Requirement

Blue Cross has decided to continue to require the patient account number, box 26, on paper claims effective **September 23, 2008**. With the required move to electronic transactions by July 15, 2009, to comply with Minnesota Statute 62J.536, all providers will have to populate the patient account number on the electronic claims. This requirement prepares providers for this change and also provides a clearer tracking of your accounts.

### Interim solution

Blue Cross will accept paper CMS-1500 claims without the patient account number, box 26, until **September 22, 2008**. To adjudicate the claim, a value of 'NA' will be inserted into box 26 by Blue Cross and will appear on your remittance advice in the patient account number. Once you begin populating box 26 with your patient account number, you will see it as submitted on your remittances.

### Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

Please route this bulletin to other interested staff.