QUICK POINTS

Blue Cross and Blue Shield of Minnesota
and Blue Plus

April 21, 2008

CMS-1450 submission errors identified

Blue Cross and Blue Shield of Minnesota and Blue Plus have been accepting the CMS-1450 (UB-04) paper claim forms since June 2007. We continue to find submission errors that cause these claims to reject. Claims accuracy helps everyone by saving time and reducing costs. It also allows Blue Cross to provide prompt payments.

Instructions for completing your claims can be found in the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual. The manual can be purchased through the NUBC website at **www.nubc.org.**

The Blue Cross guide for completing the CMS-1450 (Institutional claims) Form is available on our website at **bluecrossmn.com**. Click on For Health Care Providers in the Sign in to Self-Service area, and search the Forms & publications tab for how to guides: claims.

Common errors

Blue Cross has identified a list of form locators (FL) which, if completed incorrectly will cause claims to reject. Please note the following:

• FL 1 BILLING PROVIDER ADDRESS – First line must be the name of the facility. Second line must be the street address. Third line must be the city, state, and ZIP code. Fourth line must be the telephone number.

• FL 6 STATEMENT COVERS PERIOD – Enter the from and through dates in MMDDYY format

• FL 8B PATIENT NAME – Enter the patient's last name, first name and middle initial as it appears on the ID card; must not be left blank

• FL 13 ADMISSION HOUR – Required for inpatient claims. Enter the code that corresponds with the time the patient was admitted. Code 99 is invalid and will no longer be accepted.

• FL 14 ADMISSION TYPE and FL 15 ADMISSION SOURCE OF REFERRAL – Must not be left blank

• FL 45 SERVICE DATE – Must be in MMDDYY format and must be within the statement dates. The service date for 0022, 0023, or 0024 revenue codes may be outside the statement sates.

• FL 50 PAYER NAME – Enter the payer's name only, do not include the payer's address

• FL 51 HEALTH PLAN ID – Until it becomes mandated, enter the (legacy/proprietary) number as assigned by the corresponding payer in FL 50 A, B, C

Please route this information to other interested staff.

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P.O. Box 64560, St. Paul, MN 55164-0560
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• FL 54 PRIOR PAYMENTS – This field determines on which policy the claim is to pay. We will process using the subscriber ID that corresponds to the first blank line in the prior pay field. Enter the amount paid by any previous payer toward payment of the claim. If the claim was processed and paid nothing, list 0.00. If the claim has not been processed, leave blank. This is the line Blue Cross will process.

• FL 56 NPI – The National Provider Identifier is always 10 numeric digits

• FL 57 OTHER PROVIDER ID – Provider's legacy number if provider is a Minnesota provider. Do not include a qualifier.

• FL 60 INSURED'S UNIQUE ID – Enter the insured's identification number exactly as it appears on the ID card. Do not enter the member number.

• FL 66 DIAGNOSIS AND PROCEDURE CODE QUALIFIER – Must enter a "9" for ninth revision. A "9" is the only valid qualifier.

• FL 74 PRINCIPLE PROCEDURE –This code is required on inpatient claims when a procedure is performed. These are 4-digit procedure codes, not 5-digit HCPCS code.

• FL 76 ATTENDING PHYSICIAN INFORMATION – NPI must be 10 digits. Qualifier must be 0B, 1G, or G2. Last and first name must be present. NPI is required on or after the mandated HIPAA NPI implementation date.

Questions?

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