



Filing a Hardcopy Professional Claim

For billing purposes, the CMS-1500 (08/05) Claim Form is used for claim submission of professional services and supplies to Blue Cross and Blue Shield of Alabama. [Click here](#) to view a sample CMS-1500 (08/05) Claim Form.

Certain items that need clarification are indicated below if you are filing hard copy because the claim cannot be filed electronically:

1a.	List the identification number as shown on the patient’s identification card making sure to include the alpha prefix.
5.	Be sure to list the complete address, including zip code. List the telephone number.
10.	Check the Yes or No block when applicable.
17b.	If you are billing for a service as a result of a referral, enter the referring provider’s National Provider Identifier (NPI).
21.	List each ICD-9 diagnosis code for which services were rendered.
24A.	Enter month, day, and year for each service rendered. If like services are rendered over consecutive dates of service, enter the beginning and ending dates of treatment in the appropriate “From” and “To” spaces. If the dates of service are not consecutive, each date should be filed separately.
24B.	Insert a two-digit place of service code to indicate where the physician treated the patient.
24C.	Insert a one-digit type of service code.
24D.	Use the applicable five-digit CPT or HCPCS procedure code to describe the service rendered. Any modifiers applicable should be noted here.
24G.	Insert the correct number of days or units.
24J.	Enter the rendering provider’s NPI for each line item on the claim.
25.	Enter the Tax Identification Number.
27.	Payment for an assigned claim is made directly to the physician. Payment for non-assigned claims goes to the patient and the physician can receive only limited information on the status of the claim.
29.	Amount paid should always be left blank. Any amounts listed in this field are deducted from payments that may be made to the provider.
30.	Balance should always be left blank. Amounts due will be determined from the charges and application of copayments and/or deductibles.
31.	The physician must sign and date the claim (actual or stamped) or the claim must be signed by an authorized representative as prearranged with Blue Cross and Blue Shield of Alabama.
32.	Complete when services are performed outside the physician’s office or services are rendered in an institution. If services are performed outside the physician’s office, list the name and address of location where services were rendered.
32a.	For services rendered outside of the physician’s office or services rendered in an institution, enter that location’s organizational or individual NPI.
33.	Enter the provider’s or supplier’s billing name, address, zip code and telephone number. This may be for an organization or individual provider.
33a.	Enter the billing organization or individual NPI. The NPI will need to be correlated with a valid tax identification number for the organization or individual provider. The tax identification number is entered in item 25.

Visit the National Uniform Claim Committee's (NUCC) 1500 Health Insurance Claim Form Reference Manual at www.nucc.org/images/stories/PDF/claim_form_manual_v3-0_7-07.pdf for additional claim form information and assistance.

Professional claims may be submitted to the following address:

Blue Cross and Blue Shield of Alabama
Post Office Box 2294
Birmingham, AL 35201-2294

If the necessary information is not submitted or is inaccurate, you will receive a Return to Provider Claims Report from Blue Cross. Make the requested corrections and submit a new CMS-1500 claim form for consideration. In order to expedite processing, you should file these as new claims, not corrected bills.

Although we allow paper claims, we encourage all providers to submit claims electronically. Electronic Data Interchange (EDI) is a secure means for you to send and receive information about your new, secondary and corrected claims as well as patient eligibility and benefits. It is a timely and efficient way to perform the daily business functions of healthcare. For additional information, contact EDI at 205-220-6899 or visit the EDI web site at www.bcbsal.org/providers/edi/index.cfm.