

Special Bulletin



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To: All Providers Submitting the “New” CMS-1500 National Provider Identifier Paper Claim Forms and Attachments

Subject: Updated Information on New Policy Regarding Submission of the CMS 1500 Paper Claim Forms

Blue Cross and Blue Shield of Alabama published several *Special Bulletins* (2006-12, 2006-18, 2007-01 and 2007-05) notifying providers of a new policy regarding submission of paper claim forms. This new policy will require claims submitted on paper to pass the same editing standard as electronically submitted claims.

Blue Cross began by mailing samples of a new report entitled “Return to Provider Claims Report” in February 2007. Claims that did not pass the edits during the sampling phase were processed but a “Return to Provider Claims Report” was generated to inform you of potential changes required to accommodate the new editing process. **Click here for a sample “Return to Provider Claims Report.”**

In March 2007, any “Return to Provider Claims Reports” generated for paper claims that did not pass the new editing process required the provider to correct and resubmit the claim. In order to expedite processing, you should file these as new claims, not corrected bills. The target date for implementation of this process for the “**new**” CMS-1500 paper claims and attachments is **October 2007**. The new CMS-1500 National Provider Identifier (NPI) claim form and attachments must pass the same editing standard as electronically submitted claims. All required CMS-1500 claim form fields **must** be populated regardless of the attachment data submitted. **Click here for the “new” CMS-1500 Claim Form example with highlighted fields.**

Thank you for helping Blue Cross deliver the most effective services and products to our members. Please contact your Provider Network Services Representative if you have any questions.

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