Volunteer State Health Plan
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BlueCare
TennCare*Select*
a state of Tennessee program

**IMPORTANT INFORMATION**
**Regarding Changes to Provider Claims Formats and 5010 Implementation**

Effective January 1, 2012, all BlueCare/TennCare*Select* claims must meet the following requirements. These guidelines will impact electronic claims submitted in the 5010 format, as well as claims submitted on the CMS-1450 and CMS-1500 paper claim forms. All providers listed on all claims must be reported in a manner that is compliant with the guidelines provided in this document. **Claims will be rejected if not submitted exactly as indicated below:**

**General Requirements:**

1. Provider:
    a. A provider is either a person or organizational entity who has either provided or participated in some aspect of the service(s) described in a claim transaction.
    b. Providers must be identified as either health care or atypical providers.
    c. Atypical providers are service providers that do not meet the definition of health care provider. Atypical providers are not required to obtain a National Provider Identifier (NPI), but if one is obtained, it must be submitted on the claim.
    d. Provider name information must be appropriate for the provider being reported and must agree with the Provider ID being reported, e.g., it is not appropriate to use the Rendering Provider's name in conjunction with the Billing Provider's NPI.
    e. It is not appropriate to report a given Provider NPI more than once on a given claim except on an institutional claim in which the Operating or Other Operating Physician may be the same as the Attending Provider.

2. Standard Lengths for Provider Identifiers:
    a. Provider's NPI - Length: 10 digits assigned by the National Plan and Provider Enumeration System (NPPES). This is the primary identifier for all health care providers.
    b. Provider's Tax ID Number (TIN). This is either the Employer ID Number (EIN) or Social Security Number (SSN) - Length: 9 digits assigned by the government. The EIN or SSN should only be reported in the appropriate Billing Provider field.
    c. The Billing Provider's NPI and Tax ID must match BlueCross BlueShield of Tennessee's provider record or the claims will be rejected.

3. Provider Identification for Claim Reporting:
    a. All health care providers must be identified via their NPI on all claim formats.

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**Provider Definitions:**

1. Billing Provider: 837P, 837I, CMS-1500, CMS-1450
    a. The Billing Provider is the provider or provider organization to which payment is intended to be made. Payment is included in the provider's 1099 reporting.
    b. The Billing Provider must be a health care or atypical service provider. Billing services and health care clearinghouses are not Billing Providers.
    c. In cases in which the Billing and Rendering Provider are the same, the Rendering (Performing) Provider's information should not be reported.
    d. The TIN (EIN or SSN) used for IRS Form 1099 purposes must be reported in the 2010AA Billing Provider REF Segment for X12 transactions, and in the appropriate corresponding field on all other claim formats.
    e. When the Billing Provider is an organization health care provider, the NPI of the organization health care provider must be reported.
    f. When the Billing Provider is an organization that has enumerated its subparts, the NPI reported must represent the most detailed level of enumeration.
    g. When the Billing Provider is an atypical provider, the Billing Provider shall be the legal entity used for tax reporting.
    h. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity.
    i. The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address loop if necessary.
    j. A Taxonomy Code is required for Billing Provider reporting.
    k. All Billing Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

2. Pay-To Address: 837P, 837I, CMS-1450
    a. Required if the Pay-To Address is different than the Billing Provider Address.

3. Rendering Provider: 837P, CMS-1500
    a. Required when the Rendering Provider's information is different than the Billing Provider.
    b. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care.
    c. It is not permissible to report an organization health care provider's NPI as the Rendering Provider if the Rendering Provider is a subpart or employee of the Billing Provider.
    d. A Taxonomy Code is required for professional Rendering Provider Reporting.
    e. All Rendering Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

4. Rendering Provider: 837I, CMS-1450
    a. Required on institutional claims when the Rendering Provider is different than the Attending Provider, or when state or federal regulatory requirements call for a "combined claim" such as Medicaid clinic bills or Critical Access Hospital claims.

   b. The Rendering Provider is the health care professional who delivers or completes a particular medical service or non-surgical procedure.
   c. All Rendering Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

5. Service Location or Service Facility Location: 837P, 837I, CMS-1500, CMS-1450
   a. The Service Facility Location must be reported if the address where service(s) were rendered is different than the address of the Billing Provider.
   b. It is not permissible to report an organization health care provider’s NPI as the Service Location if the Service Location is a subpart of the Billing Provider.
   c. The purpose of this field/loop is to identify specifically where the service was rendered. If the Service Facility Location is in an area where there are no street addresses, enter a description of where the service was rendered.
   d. Do not report this loop for ambulance services which use Ambulance pick-up and drop-off location fields – 837P only.

6. Referring Provider: 837P, 837I, CMS-1500, CMS-1450
   a. The Referring Provider is the provider who sends the patient to another provider for services and is required when the claim involves a referral.
   b. The Referring Provider is required when the rendering of a service is contingent on or the direct result of a referral.
   c. The Referring Provider is required on an outpatient claim when the Referring Provider is different than the Attending Provider – 837I only.
   d. All Referring Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

7. Supervising Provider: 837P
   a. The Supervising Provider is required when the Rendering Provider is supervised by a physician.
   b. All Supervising Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

8. Attending Provider: 837I, CMS-1450
   a. The Attending Provider is the individual who has overall responsibility for the patient’s medical care and treatment reported in a given claim.
   b. Required when an institutional claim contains any services other than non-scheduled transportations services.
   c. A Taxonomy Code is required for Attending Provider reporting – 837I only.
   d. All Attending Provider information must be on file with BlueCross BlueShield of Tennessee or the claims will be rejected.

9. Operating Physician: 837I, CMS-1450
   a. Required when a surgical procedure code is listed on the claim.
   b. The Operating Physician is the individual with primary responsibility for performing the surgical procedure(s).

10. Other Operating Physician: 837I, CMS-1450
    a. Required when a second Operating Physician is involved on the claim.
    b. The Other Operating Physician is the individual performing a secondary surgical procedure or assisting the Operating Physician and may only be present on a claim that contains an Operating Physician.

If you have questions regarding paper CMS-1450/CMS-1500 claims, please call VSHP Provider Service, Monday through Friday from 8 a.m. to 6 p.m. ET, 1-800-468-9736 for BlueCare or 1-800-276-1978 for TennCare*Select*.

If you have questions about HIPAA 5010 or Electronic Claims, please contact the eBusiness Service Center at (423) 535-5717, or email ecomm_technicalsupport@bcbst.com.

Additional information may also be found on the company website at www.bcbst.com/providers/ecomm/hipaa-5010-upgrade.shtml.

**PLEASE NOTE: If you use a billing agency or clearing house for billing, please share this information with them as soon as possible.**