

<b>Air Ambulance</b> <b>Submit via 1500/837p</b>			
	<i>Carrier block</i>	Open space provided for payer name and address at the top of paper form. Report information in the center of the space.	<b>R</b>
<b>LOCATOR 1</b>	<i>Coverage selections</i>	For Highmark, select <b>OTHER</b> .	<b>R</b>
<b>LOCATOR 1 a.</b>	<b>INSURED'S I.D. NUMBER</b>	Enter the unique member identifier or "UMI" ( <b>Member ID</b> ) as shown on the member's ID card. Include alpha prefix.	<b>R</b>
<b>LOCATOR 2</b>	<b>PATIENT'S NAME</b>	Enter: Last Name, then First Name & Middle Initial	<b>R</b>
<b>LOCATOR 3</b>	<b>PATIENT'S BIRTH DATE/SEX</b>	Enter dates on NaviNet in <b>MMDDYYYY</b> format. Select appropriate gender.	<b>R</b>
<b>LOCATOR 4</b>	<b>INSURED'S NAME</b>	This is the policy holder. Enter name as it appears on the ID card.	<b>R</b>
<b>LOCATOR 5</b>	<b>PATIENT'S ADDRESS</b>	This is the patient's mailing address. May include post office box or street name and number, city, state, and ZIP code.	<b>R</b>
<b>LOCATOR 6</b>	<b>PATIENT'S RELATIONSHIP TO INSURED</b>	Relationship of the patient to the insured. Most commonly used relationship codes: 01 = Spouse    19 = Child 18 = Self      53 = Life Partner	<b>R</b>
<b>LOCATOR 7</b>	<b>INSURED'S ADDRESS</b>	This is the policy holder's. Address may include post office box or street name and number, city, state, and ZIP code.	<b>R</b>
<b>LOCATOR 8</b>	<b>PATIENT STATUS</b>	Field does not exist in electronic submission	<b>NR</b>
<b>LOCATOR 9</b>	<b>OTHER INSURED'S NAME</b>	Complete if patient has other coverage in addition to Highmark. <b>**Required if Locator 11d is YES**</b>	<b>IA</b>
	<b>a. OTHER INSURED'S POLICY OR GROUP NUMBER</b>	Enter policy or group number of other insurance.	<b>IA</b>
	<b>b. OTHER INSURED'S DATE OF BIRTH/SEX</b>	Enter dates on NaviNet in <b>MMDDYYYY</b> format. Select appropriate gender.	<b>IA</b>
	<b>c. EMPLOYER'S NAME OR SCHOOL NAME</b>	Highmark does not need this information to adjudicate the claim.	<b>NR</b>
	<b>d. INSURANCE PLAN NAME OR PROGRAM NAME</b>	Enter name of other insurance carrier.	<b>IA</b>
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<b>LOCATOR 10</b>	<b>IS PATIENT'S CONDITION RELATED TO...</b> <i>On NaviNet, check appropriate boxes under Related Causes at bottom of Header screen.</i>		
<b>a.</b>	<b>EMPLOYMENT?</b>	Check either YES or NO.	<b>R</b>
<b>b.</b>	<b>AUTO ACCIDENT?</b>	Check YES or NO. If YES, indicate 2-letter state code where accident occurred.	<b>R</b>
<b>c.</b>	<b>OTHER ACCIDENT?</b>	Check either YES or NO.	<b>R</b>
<b>d.</b>	<b>RESERVED FOR LOCAL USE</b>	When applicable, Highmark requires sub-set of Condition Codes approved by NUCC here. Those approved for use on the 1500 available at <a href="http://www.nucc.org">www.nucc.org</a> under Code Sets.	<b>IA</b>
<b>LOCATOR 11</b>	<b>INSURED'S POLICY, GROUP, OR FECA NUMBER</b>	Enter as shown on the member's ID card. <i>Federal Employees' Compensation Act (FECA) provides workers' compensation benefits to Federal employees.</i>	<b>R</b>
<b>a.</b>	<b>INSURED'S DATE OF BIRTH/SEX</b>	Enter dates on NaviNet in <b>MMDDYYYY</b> format. Select appropriate gender.	<b>R</b>
<b>b.</b>	<b>EMPLOYER'S NAME OR SCHOOL NAME</b>	Highmark does not need this information to adjudicate the claim.	<b>NR</b>
<b>c.</b>	<b>INSURANCE PLAN NAME OR PROGRAM NAME</b>	On NaviNet, choose <b>Highmark</b> as the appropriate payer: Primary (A), Secondary (B), or Tertiary (C)	<b>R</b>
<b>d.</b>	<b>IS THERE ANOTHER HEALTH BENEFIT PLAN?</b>	If the patient has other insurance, fields 9, 9a, 9b, & 9d <b>must</b> be completed.	<b>R</b>
<b>LOCATOR 12</b>	<b>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE</b>	Highmark does not need this information to adjudicate the claim. May report "Signature On File."	<b>NR</b>
<b>LOCATOR 13</b>	<b>INSURED'S OR AUTHORIZED PERSON'S SIGNATURE</b>	Highmark does not need this information to adjudicate the claim. May report "Signature On File."	<b>NR</b>
<b>LOCATOR 14</b>	<b>DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY</b>	On NaviNet, if applicable, enter date in appropriate box at bottom of the Header page under <b>Dates</b> .	<b>IA</b>
<b>LOCATOR 15</b>	<b>IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE</b>	On NaviNet, if applicable, enter date in appropriate box at bottom of the Header page under <b>Dates</b> .	<b>IA</b>
<b>LOCATOR 16</b>	<b>DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION</b>	Not required.	<b>NR</b>
<b>LOCATOR 17</b>	<b>NAME OF REFERRING PROVIDER OR OTHER SOURCE</b>	Not applicable to ambulance.	<b>NR</b>
<b>a.</b>	[blank]	N/A	<b>NR</b>
<b>b.</b>	<b>NPI</b>	N/A	<b>NR</b>
<b>LOCATOR 18</b>	<b>HOSPITALIZATION DATES RELATED TO CURRENT SERVICES</b>	Not required.	<b>NR</b>
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<b>LOCATOR 19</b>	<b>RESERVED FOR LOCAL USE</b>	Not required for emergent services.	<b>NR</b>
<b>LOCATOR 20</b>	<b>OUTSIDE LAB? \$CHARGES</b>	Highmark does not need this information to adjudicate the claim.	<b>NR</b>
<b>LOCATOR 21</b>	<b>DIAGNOSIS OR NATURE OF ILLNESS OR INJURY</b>	At least one diagnosis code required with up to four accepted. Principal diagnosis always entered in line 1. <b>Relate diagnosis lines 1,2,3,4 to lines of service in Locator 24E</b>	<b>R</b>
<b>LOCATOR 22</b>	<b>MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO.</b>	If a REPLACEMENT or VOID submission, the original Highmark claim number is required.	<b>IA</b>
<b>LOCATOR 23</b>	<b>PRIOR AUTHORIZATION NUMBER</b>	Highmark requests that the POINT OF ORIGIN ZIP code be reported here. The 9-digit ZIP+4 code is not required for the Point of Origin but will be accepted if reported. To enter on NaviNet, open <b>Servicing Facility</b> on Header page. <b>**See also Locator 32**</b>	<b>R</b>
<b>LOCATOR 24 A.</b>	<b>DATE(S) OF SERVICE</b>	Enter on NaviNet in <b>MMDDYYYY</b> format.	<b>R</b>
<b>B.</b>	<b>PLACE OF SERVICE</b>	42 = Ambulance air/water	<b>R</b>
<b>C.</b>	<b>EMG</b>	Emergency Indicator	<b>NR</b>
<b>D.</b>	<b>PROCEDURES, SERVICES, OR SUPPLIES</b>	Field accommodates one procedure code and up to four 2-digit modifiers. <b>Applicable Procedure Codes:</b> A0431 = Conventional air services, one way transport (rotary wing) A0434 = Specialty Care Transport (SCT) A0436 = Rotary wing air mileage, per statute mile <b>Applicable Modifiers:</b> SH = Scene of accident or acute event to hospital HH = From hospital to hospital	<b>R</b>
<b>E.</b>	<b>DIAGNOSIS POINTER</b>	Indicate the diagnosis code reference number ("pointer") from Locator 21 that relates to the date/procedure.	<b>R</b>
<b>F.</b>	<b>\$ CHARGES</b>	Enter the charge for each listed service.	<b>R</b>
<b>G.</b>	<b>DAYS OR UNITS</b>	Enter number of units of service or miles.	<b>R</b>
<b>H.</b>	<b>EPSDT Family Plan</b>	Highmark does not need this information to adjudicate the claim.	<b>NR</b>
<b>I.</b>	<b>ID. QUAL</b>	[blank] NPI	1B = Highmark Blue Shield Provider Number ZZ = Provider Taxonomy <b>This qualifier name is pre-populated.</b>
<b>J.</b>	<b>RENDERING PROVIDER ID. #</b>	Enter provider number for type identified by qualifier in 24I ( <i>top line</i> ). Enter the National Provider Identifier (NPI) for the rendering provider.	<b>IA</b> <b>R</b>
<b>LOCATOR 25</b>	<b>FEDERAL TAX I.D. NUMBER</b>	Federal tax ID number required.	<b>R</b>

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<b>LOCATOR 26</b>	<b>PATIENT'S ACCOUNT NO.</b>	The unique patient account number assigned by the provider.	<b>R</b>
<b>LOCATOR 27</b>	<b>ACCEPT ASSIGNMENT?</b>	Indicate whether provider accepts Medicare assignment.	<b>R</b>
<b>LOCATOR 28</b>	<b>TOTAL CHARGE</b>	Sum of all charges included on this claim.	<b>R</b>
<b>LOCATOR 29</b>	<b>AMOUNT PAID</b>	If COB, amount paid by other payer(s).	<b>IA</b>
<b>LOCATOR 30</b>	<b>BALANCE DUE</b>	Field does not exist in electronic submission	<b>NR</b>
<b>LOCATOR 31</b>	<b>SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS</b>	This box must be completed on all claims. The name may be computer printed or typed.	<b>R</b>
<b>LOCATOR 32</b>	<b>SERVICE FACILITY LOCATION INFORMATION</b>	Enter <b>FROM</b> (point of origin) and <b>TO</b> (destination) information.  The 9-digit ZIP+4 code is not required for the Point of Origin but will be accepted if reported.  The full nine digits of the ZIP+4 code <b>must</b> be reported for Service Facility Location. The use of zeros (0000) or spaces for the last four digits of the ZIP+4 code is not valid.  To enter on NaviNet, open <b>Servicing Facility</b> on Header page.	<b>R</b>
<b>a.</b>	[blank]	Enter POINT OF ORIGIN provider number.	<b>IA</b>
<b>b.</b>	[blank]	Enter DESTINATION provider ID number.	<b>IA</b>
<b>LOCATOR 33</b>	<b>BILLING PROVIDER INFO &amp; PH #</b>	Minimum requirement is the provider's name, city, state, and 9-digit ZIP code.  The full nine digits of the ZIP+4 code <b>must</b> be reported for Billing Provider. The use of zeros (0000) or spaces for the last four digits of the ZIP+4 code is not valid.	<b>R</b>
<b>a.</b>	[blank]	Enter the National Provider Identifier ( <b>NPI</b> ) for the billing provider.	<b>R</b>
<b>b.</b>	[blank]	Enter the 2-digit qualifier followed by the provider identification number.	<b>IA</b>
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**Note:** These "Billing Highlights" are a tip sheet for some locator information needed on a version 5010 CMS-1500/837P claim submission. The official CMS-1500 data specifications are available through the National Uniform Claim Committee ([www.NUCC.org](http://www.NUCC.org)).