

<h2>Wheelchair Van Transport</h2> <p>Submit via 1500/837p</p>			
	Carrier block	Open space provided for payer name and address at the top of paper form. Report information in the center of the space.	R
LOCATOR 1	Coverage selections	For Highmark, select OTHER .	R
LOCATOR 1a.	INSURED'S I.D. NUMBER	Enter the unique member identifier or "UMI" (Member ID) as shown on the member's ID card. Include alpha prefix.	R
LOCATOR 2	PATIENT'S NAME	Enter: Last Name, then First Name & Middle Initial	R
LOCATOR 3	PATIENT'S BIRTH DATE/SEX	Enter dates on NaviNet in MMDDYYYY format. Select appropriate gender.	R
LOCATOR 4	INSURED'S NAME	This is the policy holder. Enter name as it appears on the ID card.	R
LOCATOR 5	PATIENT'S ADDRESS	This is the patient's mailing address. May include post office box or street name and number, city, state, and ZIP code.	R
LOCATOR 6	PATIENT'S RELATIONSHIP TO INSURED	Relationship of the patient to the insured. Most commonly used relationship codes: 01 = Spouse 19 = Child 18 = Self 53 = Life Partner	R
LOCATOR 7	INSURED'S ADDRESS	This is the policy holder's. Address may include post office box or street name and number, city, state, and ZIP code.	R
LOCATOR 8	PATIENT STATUS	Field does not exist in electronic submission	NR
LOCATOR 9	OTHER INSURED'S NAME	Complete if patient has other coverage in addition to Highmark. **Required if Locator 11d is YES**	IA
	a. OTHER INSURED'S POLICY OR GROUP NUMBER	Enter policy or group number of other insurance.	IA
	b. OTHER INSURED'S DATE OF BIRTH/SEX	Date of birth required on NaviNet. Enter in MMDDYYYY format.	IA
	c. EMPLOYER'S NAME OR SCHOOL NAME	Highmark does not need this information to adjudicate the claim.	NR
	d. INSURANCE PLAN NAME OR PROGRAM NAME	Enter name of other insurance carrier.	IA
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LOCATOR 10			
IS PATIENT'S CONDITION RELATED TO...		<i>On NaviNet, check appropriate boxes under <u>Related Causes</u> at bottom of Header screen.</i>	
a.	EMPLOYMENT?	Check either YES or NO.	R
b.	AUTO ACCIDENT?	Check YES or NO. If YES, indicate 2-letter state code where accident occurred.	R
c.	OTHER ACCIDENT?	Check either YES or NO.	R
d.	RESERVED FOR LOCAL USE	When applicable, Highmark requires sub-set of Condition Codes approved by NUCC here. Those approved for use on the 1500 available at www.nucc.org under Code Sets.	IA
LOCATOR 11			
INSURED'S POLICY, GROUP, OR FECA NUMBER		Enter as shown on the member's ID card. <i>Federal Employees' Compensation Act (FECA) provides workers' compensation benefits to Federal employees.</i>	R
a.	INSURED'S DATE OF BIRTH/SEX	Enter dates on NaviNet in MMDDYYYY format. Select appropriate gender.	R
b.	EMPLOYER'S NAME OR SCHOOL NAME	Highmark does not need this information to adjudicate the claim.	NR
c.	INSURANCE PLAN NAME OR PROGRAM NAME	On NaviNet, choose Highmark as the appropriate payer: Primary (A), Secondary (B), or Tertiary (C)	R
d.	IS THERE ANOTHER HEALTH BENEFIT PLAN?	If the patient has other insurance, fields 9, 9a, 9b, & 9d must be completed.	R
LOCATOR 12			
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		Highmark does not need this information to adjudicate the claim. May report "Signature On File."	NR
LOCATOR 13			
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		Highmark does not need this information to adjudicate the claim. May report "Signature On File."	NR
LOCATOR 14			
DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY		On NaviNet, if applicable, enter date in appropriate box at bottom of the Header page under Dates .	IA
LOCATOR 15			
IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE		On NaviNet, if applicable, enter date in appropriate box at bottom of the Header page under Dates .	IA
LOCATOR 16			
DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		Not required.	NR
LOCATOR 17			
NAME OF REFERRING PROVIDER OR OTHER SOURCE		Not applicable to ambulance.	NR
a.	[blank]	N/A	NR
b.	NPI	N/A	NR
LOCATOR 18			
HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		Not required.	NR

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LOCATOR 19	RESERVED FOR LOCAL USE	Not required for Wheelchair Van.	NR
LOCATOR 20	OUTSIDE LAB? \$CHARGES	Highmark does not need this information to adjudicate the claim.	NR
LOCATOR 21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	At least one diagnosis code required with up to four accepted. Principal diagnosis always entered in line 1. Relate diagnosis lines 1,2,3,4 to lines of service in Locator 24E	R
LOCATOR 22	MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO.	If a REPLACEMENT or VOID submission, the original Highmark claim number is required.	IA
LOCATOR 23	PRIOR AUTHORIZATION NUMBER	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 Servicing Facility on the Header page. **See also Locator 32**	R
LOCATOR 24 A.	DATE(S) OF SERVICE	Enter on NaviNet in MMDDYYYY format.	R
B.	PLACE OF SERVICE	41 = Ambulance land	R
C.	EMG	Emergency Indicator	NR
D.	PROCEDURES, SERVICES, OR SUPPLIES	Field accommodates one procedure code and up to four 2-digit modifiers. Applicable Procedure Codes: A0130 = Non-emergent transportation, wheelchair van S0209 = Wheelchair van, mileage, per mile T2005 = Non-emergency transportation, stretcher van T2049 = Stretcher van, mileage, per mile Applicable Modifiers: EH = From Residential/Domiciliary/Custodial Facility to Hospital HN = From Hospital to Skilled Nursing Facility JR = From Non-Hospital Based Dialysis Facility to Residence NE = From Skilled Nursing Facility to Residential/Domiciliary/Custodial Facility NH = From Skilled Nursing Facility to Hospital RJ = From Residence to Non-Hospital Based Dialysis Facility	R
E.	DIAGNOSIS POINTER	Indicate the diagnosis code reference number ("pointer") from Locator 21 that relates to the date/procedure.	R
F.	\$ CHARGES	Enter the charge for each listed service.	R
G.	DAYS OR UNITS	Enter number of units of service or miles.	R
H.	EPSDT Family Plan	Highmark does not need this information to adjudicate the claim.	NR
I.	ID. QUAL	[blank]	1B = Highmark Blue Shield Provider Number ZZ = Provider Taxonomy
		NPI	<i>This qualifier name is pre-populated.</i>

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J.	RENDERING PROVIDER ID. #	Enter provider number for type identified by qualifier in 24I (<i>top line</i>).	IA
		Enter the National Provider Identifier (NPI) for the rendering provider.	R
LOCATOR 25	FEDERAL TAX I.D. NUMBER	Federal tax ID number required.	R
LOCATOR 26	PATIENT'S ACCOUNT NO.	The unique patient account number assigned by the provider.	R
LOCATOR 27	ACCEPT ASSIGNMENT?	Indicate whether provider accepts Medicare assignment.	R
LOCATOR 28	TOTAL CHARGE	Sum of all charges included on this claim.	R
LOCATOR 29	AMOUNT PAID	If COB, amount paid by other payer(s).	IA
LOCATOR 30	BALANCE DUE	Field does not exist in electronic submission	NR
LOCATOR 31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	This box must be completed on all claims. The name may be computer printed or typed.	R
LOCATOR 32	SERVICE FACILITY LOCATION INFORMATION	Enter FROM (point of origin) and TO (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 must 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 Servicing Facility on Header page.	R
a.	[blank]	Enter POINT OF ORIGIN provider number.	IA
b.	[blank]	Enter DESTINATION provider ID number.	IA
LOCATOR 33	BILLING PROVIDER INFO & PH #	Minimum requirement is the provider's name, city, state, and 9-digit ZIP code. The full nine digits of the ZIP+4 code must 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.	R
a.	[blank]	Enter the National Provider Identifier (NPI) for the billing provider.	R
b.	[blank]	Enter the 2-digit qualifier followed by the provider identification number.	IA
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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).