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Claims

To: Specific Providers

From: IEHP – Claims

Date: June 7, 2026

Subject: CMS 1500 Claims Must Include First, Last, and NPI to Avoid Rejection

Effective immediately, any CMS-1500 claim that lists the **Supervising Provider's first and last name in Box 31** without the **Rendering Provider NPI in Box 24J** will be rejected.

A new, clean claim must be submitted and must adhere to timely filing guidelines. Please **do not resubmit as a PDR or corrected claim.**

Incorrect: Missing NPI

24	A	DATE(S) OF SERVICE	B	C	D	E	F	G	H	I	J					
		From To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	SPICIT	ID	RENDERING PROVIDER ID #					
		MM DD YY MM DD YY			(Explain Unusual Circumstances)	POINTER			Family Plan	QUAL						
1		04/20/2026 04/20/2026	11		G9012 U2	ABCD	0.00	UN 1	N N	NPI						
2										NPI						
3										NPI						
4										NPI						
5										NPI						
6										NPI						
25	FEDERAL TAX I.D. NUMBER		SSN EIN	26	PATIENT'S ACCOUNT NO.	27	ACCEPT ASSIGNMENT?	28	TOTAL CHARGE	29	AMOUNT PAID	30	BALANCE DUE			
							YES NO		\$ 0.00		\$ 0.00		\$			
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32	SERVICE FACILITY LOCATION INFORMATION		33	BILLING PROVIDER INFO & PH #	
	Strange, Stephen											VICTORVILLE, CA 923957788			NEWPORT BEACH, CA 926602616	
	DATE											ID Type: ID:				

Correct: Both supervising Provider Name and Rendering NPI are included

24	A	DATE(S) OF SERVICE	B	C	D	E	F	G	H	I	J					
		From To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	SPICIT	ID	RENDERING PROVIDER ID #					
		MM DD YY MM DD YY			(Explain Unusual Circumstances)	POINTER			Family Plan	QUAL						
1		06/05/2026 06/05/2026	11		99214 25	ABCD	429.60	UN 1	N N	NPI	555555555					
2		06/05/2026 06/05/2026	11		00409379301 J1885	ABCD	40.00	UN 4	N N	NPI	555555555					
3		06/05/2026 06/05/2026	11		96372	ABC	49.20	UN 1	N N	NPI	555555555					
4										NPI						
5										NPI						
6										NPI						
25	FEDERAL TAX I.D. NUMBER		SSN EIN	26	PATIENT'S ACCOUNT NO.	27	ACCEPT ASSIGNMENT?	28	TOTAL CHARGE	29	AMOUNT PAID	30	BALANCE DUE			
							YES NO		\$ 518.60		\$ 0.00		\$			
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32	SERVICE FACILITY LOCATION INFORMATION		33	BILLING PROVIDER INFO & PH #	
	Strange, Stephen											VICTORVILLE, CA 923957788				
	DATE											ID Type: ID:				



If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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