

Professional CMS-1500 Billing Guidance

The National Uniform Claims Committee* (NUCC) was developed to promote the development of national standards for the professional claims process. Using NUCC guidance, the below table details all required elements for submitting standardized and non-standardized professional claims.

Claim Form Field Location <i>(on the Standardized Claim Form)</i>	Description	Required Field? <i>(applies when using the Standardized Claim Form <u>OR</u> Non-Standardized Claim Form)</i>
1	Type of Insurance	Select only one Select 'Medicare' if a Medicare Advantage plan Select 'Other' if PACE or MLTC
1a	Insured's ID Number	Required, obtain from ID card
2	Patient's Name	Required <ul style="list-style-type: none"> ▪ If a suffix exists (Jr, Sr), enter after the last name but before the first name ▪ Titles (Sister, Dr., Father) and professional suffixes (PhD, MD, Esq) should NOT be included ▪ Do NOT use punctuation other than the comma's needed to separate each section
3	Patient's Birth Date and Sex	Required MM I DD I YYYY for birth date Enter "X" in the correct box to indicate M or F
4	Insured's Name	Not Required
5	Patient's Address and Telephone	Required <ul style="list-style-type: none"> ▪ Do NOT use punctuation or symbols in the address ▪ Electronic Claims Only: Telephone number is not required
6	Patient's Relationship to Insured	Required Always "Self"
7	Insured's Address	Not Required
8	Reserved for NUCC Use	Not Required
9a-d	Other Insured's Information	Not Required
10a-c	Is Patient's Condition Related to	Required
10d	Claim Codes	Not Required
11a-d	Insured's Information	Not Required

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12	Patient's or Authorized Person's Signature & Date	<ul style="list-style-type: none"> ▪ "Signature on File" or "SOF" ▪ Date is Not Required
13	Insured or Authorized Person's Signature	"Signature on File" or "SOF"
14	Date of Current Illness, Injury or Pregnancy (LMP) and Qualifier	<p>Required if -</p> <ul style="list-style-type: none"> ▪ Using for Date of Current Illness/Injury, use Qualifier 431 ▪ Using for LMP, use Qualifier 484
15	Other Date	<p>Required if -</p> <ul style="list-style-type: none"> ▪ "Yes" indicated for fields 10 a-c, the accident date must be entered here using qualifier 439 <p>Not Required if -</p> <ul style="list-style-type: none"> ▪ No selection in fields 10 a-c
16	Dates Patient Unable to Work in Current Occupation	Not Required
17	Name of Referring Provider or Other Source	<p>Situational</p> <ul style="list-style-type: none"> ▪ Do NOT use punctuation except "-" for a hyphenated name ▪ If Referring Provider, use Qualifier DN ▪ If Ordering Provider, use Qualifier DK ▪ If Supervising Provider, use Qualifier DQ ▪ Enter the qualifier to the left of the vertical, dotted line
17a	ID Number of Referring Provider or Other Source	<p>Situational</p> <ul style="list-style-type: none"> ▪ Required when information was entered in Field 17 and the Provider does NOT have an NPI ▪ Use qualifier OB in the field to the left, enter state license number in the field to the right
17b	Referring Provider's or Other Source NPI	Required if Information in Field 17 and Provider has an NPI
18	Hospitalization Dates Related to Current Services	<p>Situational</p> <p>Populate if Place of Service is 21, 31, 51, 52, 54, 55, or 61</p>
19	Additional Claim Information	<p>Situational</p> <ul style="list-style-type: none"> ▪ May require multiple qualifiers to explain information in this field ▪ Refer to NUCC guidelines

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20	Outside Lab? \$ Charges	Situational If "Yes" is marked, enter the purchase price under "\$ Charges" <u>and</u> complete field 32
21	Diagnosis or Nature of Illness or Injury ICD Ind	Diagnosis – Required ▪ Do NOT use decimal, use Capital Letters ICD Ind – Not Required
22	Resubmission Code Original Ref No	Required if submitting a Replacement claim (resubmission code 7) or a Void/Cancel claim (resubmission code 8)
23	Prior Authorization Number	Required If an authorization was obtained
24a	Date of Service	Required MM DD YY or MM DD YYYY format are both acceptable
24b	Place of Service**	Required
24c	EMG (Emergency Indicator)	Situational ▪ Y if the services were an emergency ▪ Leave blank if not an emergency (DO NOT USE N)
24d	Procedures, Services, or Supplies CPT/HCPCS Modifier (Explain Unusual Circumstances)	▪ CPT/HCPCS – Required, can accommodate up to 6 characters ▪ Modifier(s) – Required when applicable, 2 digits per modifier ▪ Do not use any dashes or hyphens ▪ Pricing modifier required on anesthesia services, do not include on the qualifying circumstances service code
24e	Diagnosis Pointer	Required ▪ Match to the appropriate diagnosis(es) in Field 21 (A B C D etc. for paper claims. Use 1 2 3 4 etc. for electronic claims) ▪ Do not use commas between letters or numbers ▪ Use alpha on paper claims
24f	Charges	Required ▪ Do NOT use punctuation ▪ Dollars are right justified on the left of the ▪ Cents are on the right of the ▪ Enter 00 in cents if whole number

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24g	Days or Units	<p>Required</p> <ul style="list-style-type: none"> ▪ Follow CMS and/or state guidance for the type of service being billed to know the appropriate format to use for days or units billed. ▪ Depending on the service rendered (anesthesia, home care, transportation, etc.), you must bill units in accordance with the CMS or state guidance for time or mileage ▪ Anesthesia must be billed in minutes ▪ If billing for drugs, use qualifier UN (unit) or MG (milligram)
24h	EPSDT Family Plan	<p>Situational Refer to NUCC guidelines</p>
24i	ID Qualifier	<p>Situational</p> <ul style="list-style-type: none"> ▪ If listing a rendering provider in field 24j and they do NOT have an NPI number, you must fill in this field (24i) with qualifier OB and their state license number ▪ Do not use if the Provider has an NPI
24j	Rendering Provider ID Number NPI	<p>Situational</p> <ul style="list-style-type: none"> ▪ Only use this field if different than what is reported in Field 33a/33b ▪ If Provider has an NPI, list the NPI in the non-shaded area of the claim form ▪ If an atypical provider, use state license number
24	Shaded Area	<p>Situational</p> <p>The following are types of supplemental information that can be entered in the shaded area of field 24:</p> <ul style="list-style-type: none"> ▪ Narrative description of unspecified codes (use qualifier ZZ) ▪ National Drug Codes (NDC) for drugs (use qualifier N4) ▪ Device Identifier for supplies (use qualifier DI) ▪ Do not enter a space between the qualifier and the number/code/information
25	Federal Tax ID EIN	<p>Required</p> <p>Must correspond to Billing Provider in Field 33</p>

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26	Patient's Account Number	Not Required
27	Accepts Assignment?	Not Required
28	Total Charges	Required <ul style="list-style-type: none"> ▪ Do NOT use punctuation ▪ Dollars are right justified on the left of the ▪ Cents are on the right of the ▪ Enter 00 in cents if whole number
29	Amount Paid	Situational <ul style="list-style-type: none"> ▪ Use if received any payment from another source ▪ Use same formatting as Field 28
30	Rsvd for NUCC Use	Not Required
31	Signature of Physician or Supplier Including Degrees or Credentials Date	Required <ul style="list-style-type: none"> ▪ Use "Signature on File" or "SOF" or insert the signature of the Rendering Provider ▪ Insert Date using MMDDYY or MMDDYYYY
32	Service Facility Location Information	Situational <p>Location where services were rendered:</p> <ul style="list-style-type: none"> ▪ If the service location is the same as the Billing Provider in Field 33, leave blank ▪ If billing for transportation – list both the pick-up and drop-off addresses (do not include name) must fit in this box ▪ For transportation, format is Street Address (not a PO Box) line 1 and City, State & Zip code line 2 ▪ For non-transportation, format is Name line 1, Street Address (not a PO Box) line 2 and City, State & Zip code line 3 ▪ If diagnostic tests were purchased by the Billing Provider, list the name and location of the diagnostic center ▪ Do NOT use punctuation
32a	Service Facility NPI Number	Situational <ul style="list-style-type: none"> ▪ Must match Service Facility listed in Field 32 ▪ Not needed if same as Billing Provider in Field 33 ▪ Do not use if transportation is listed in Field 32

Claim Form Field Location (on the Standardized Claim Form)	Description	Required Field? (applies when using the Standardized Claim Form <u>OR</u> Non-Standardized Claim Form)
32b	Service Facility	<p style="text-align: center;">Situational</p> <ul style="list-style-type: none"> ▪ Must match Service Facility listed in Field 32 ▪ Not needed if same as Billing Provider in Field 33 ▪ Only use if the Service Facility listed in Field 32 does not have an NPI ▪ Must use an approved Qualifier to explain what the number listed is i.e., 0B=State License Number
33	Billing Provider Info & Phone Number (Pay – To)	<p style="text-align: center;">Required</p> <ul style="list-style-type: none"> ▪ Format is Name line 1, Street Address (not a PO Box) line 2 and City, State & Zip code line 3 ▪ Do NOT use punctuation ▪ Phone number must be listed in the top right of the box
33a	NPI Number	<p style="text-align: center;">Required – if issued</p> <p style="text-align: center;">If atypical provider, use 1234567893</p>
33b	Other ID#	<p style="text-align: center;">Situational</p> <ul style="list-style-type: none"> ▪ Only use if the Billing Provider listed in Field 33 does not have an NPI ▪ Must use an approved Qualifier to explain what the number listed is i.e., 0B=State License Number

Additional Information

*Find the most recent version of these instructions at <https://www.nucc.org/index.php/1500-claim-form-mainmenu-35/1500-instructions-mainmenu-42>

**FL 24b Place of Service Codes – can be found at https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

Additional Instructions for Paper Billers:

- Do not make copies of claim forms as they are copywrited
- Do not alter the size of the claim form in any way
- When additional service lines are required, a multiple page claim may be used
- If more than 12 diagnoses are required to report the line services, the claim must be split, and services related to the additional diagnoses must be billed as a separate claim
- Typed claims are preferred over handwritten if handwritten claims are submitted, data elements MUST fit within the required spaces and are not be overlap into other fields or outside the lines
- Font used must be clear so that scanning equipment can read all letters/numbers, Arial, Calibri, or Times New Roman are the preferred fonts.
- All fields have a limited space/character count