Tips for Completing the CMS-1500 Version 02/12 Claim Form

As a Carelon provider partner, we value the services you provide and it is important to us that you are reimbursed for the work you do. To assure your claim is not rejected or denied, we provide the tips below for accurately completing the CMS-1500 claim form.

Field Number	Field Description	Data Type	Instructions
Member Information (Fields 1-13)			
1	Coverage	Situational	Show the type of health insurance coverage applicable to this claim by checking the appropriate box (i.e., if a Medicare claim is being filed, check the Medicare box).
1a	Insured's ID number	Required	List the insured's identification number here. THIS MUST MATCH THE ID ON THE INSURED'S IDENTIFICATION CARD. Verify that the identification number corresponds to the insured listed in field 4. The member and the insured are not always the same person. Some payers assign unique identification numbers to each enrollee or dependent and require the ID number of the enrollee or dependent receiving services (the member) instead of the insured's ID number in this field.
2	Member's name	Required	Enter the member's last name, first name, and middle initial, if any. NOTE: If the member has a last name suffix (e.g., Jr, Sr) enter it after the last name, but before the first name. Do not include any professional titles. Do not use any punctuation in this field.
3	Member's birth date and gender	Required	Enter the member's birth date and sex. Use the eight-digit format (MM|DD|CCYY) format for date of birth. Enter an X in the correct box to indicate the sex of the member. Only one box can be marked. If the gender is unknown, leave blank.
4	Insured's name	Required	Enter the insured's full last name, first name and middle initial. If the insured has a last name suffix (e.g., Jr, Sr) enter it after the last name, but before the first name. THIS MUST MATCH THE NAME ON THE INSURED'S IDENTIFICATION CARD
5	Member's address, city, state, zip code, and telephone number	Required	Enter the member's mailing address and telephone number. On the first line, enter the street address (apartment number or Post Office Box number); the second line, the city and state; the third line, the ZIP code, and phone number. NOTE: Do not use commas, periods, or other punctuation in the address (i.e., 123 North Main Street 101 instead of 123 N. Main Street, #101). When entering a nine-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator within the telephone number.

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Field Number	Field Description	Data Type	Instructions
6	Member's relationship to the insured	Required	Check the appropriate box for the member's relationship to the insured when field 4 is completed. Remember that the member's relationship to the insured is not always "self."
7	Insured's address, city, state, zip code and telephone number	Required	Enter the insured's address (apartment/PO box number, street, city, state, zip code, and telephone number with area code). NOTE: Do not use commas, periods, or other punctuation in the address (i.e., 123 North Main Street 101 instead of 123 N. Main Street, #101). When entering a nine-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator within the telephone number.
8	Reserved for NUCC use	N/A	
9	Other insured's name	Situational	Required if field 11d is marked "yes" or if there is other insurance involved with the reimbursement of this claim. Enter the name (last name, first name, middle initial) of the person who is insured under other payer.
9a	Other insured's policy or group number	Situational	Required if field 11d is marked "yes" or if there is other insurance involved with the reimbursement of this claim. Enter the other insured's policy or group number or the insured's identification number.
9b	Reserved for NUCC use	N/A	
9c	Reserved for NUCC use	N/A	
9d	Other insured's insurance plan name or program name	Situational	Required if field 11d is marked "yes" or if there is other insurance involved with the reimbursement of this claim. Enter the other insured's insurance company or program name.
10a–c	Is the member's condition related to: Employment? Auto accident? Other accident?	Not Required	Place an "X" in the box indicating whether or not the condition for which the member is being treated is related to current or previous employment, an automobile accident, or any other accident. Enter an "X" in either the YES or NO box for each question. NOTE: The state postal code must be shown if "yes" is marked in 10b for "auto accident." Any field marked yes indicates there may be other applicable insurance coverage that would be primary such as automobile liability insurance. Primary insurance information must then be shown in field 11.
10d	Claim Codes (Designated by NUCC)	Not required	Not required by Carelon. Please leave blank.

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Field Number	Field Description	Data Type	Instructions
11	Insured's Policy, Group or FECA number	Not required	Enter the insured's policy or group number as it appears on the insured's health care identification card.
11a	Insured's date of birth and sex	Not required	Required if the patient is not the insured. Enter the insured's eight-digit birth date in the MMDDCCYY format and sex if different from field 3.
11b	Other Claim ID (Designated by NUCC)	Not required	Not required by Carelon. Please leave blank.
11c	Insurance plan name or program name	Situational	Enter the insured's insurance company or program name.
11d	Is there another health benefit plan?	Required	Place an "X" in the box indicating whether there may be other insurance involved in the reimbursement of this claim. If "yes" complete fields 9, 9a, and 9b.
12	Member's or authorized person's signature (Medicaid/other information release)	Required	The member must sign and date the claim if authorizing the release of medical information. If "signature on file" is indicated, the provider must maintain a signed release form or CMS-1500 (formerly HCFA 1500). The member's signature authorizes release of medical information necessary to process the claim.
13	Insured's or authorized person's signature	Situational	The signature in this field authorizes payment of benefits to the physician or supplier. Signature on file, SOF, is acceptable.
Provider of Service or Supplier Information (Fields 14-33)			
14	Date of current illness, injury, or pregnancy	Not required	Not applicable.
15	Other Date	Not required	Not applicable.
16	Dates member unable to work in current occupation	Situational	Required if the member is eligible for disability or worker's compensation benefits due to this illness. Enter the "From" and "To" dates the member was unable to work in MMDDYY or MMDDCCYY format.
17	Name of referring physician or other source	Situational	Not required, but if present, qualifier in 17a is required. Enter the name of the referring physician or other source if applicable.
17a	ID number of referring physician	Situational	The Other ID number of the referring, ordering, or supervising provider is reported in 17a in the shaded area. The qualifier indicating what the

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Field Number	Field Description	Data Type	Instructions
			number represents is reported in the qualifier field to the immediate right of 17a.
			(This qualifier is used for Supervising Provider only.)
			5010A1 Instructions: The NUCC defines the following qualifiers used in 5010A1:
			0B State License Number
			1G Provider UPIN Number
			G2 Provider Commercial Number
			LU Location Number (This qualifier is used for Supervising Provider only.)
			The non-NPI ID number of the referring, ordering, or supervising provider refers to the unique identifier of the professional or to the provider designated taxonomy code.
			This field allows for the entry of 2 characters in the qualifier field and 17 characters in the Other ID# field.
17b	NPI	Situational	Enter the NPI of the referring or ordering physician listed in field 17.
18	Hospitalization dates related to current services	Situational	Required if this claim includes charges for services rendered during an inpatient admission. Enter dates in MMDDYY format.
19	Additional Claim Information (Designated by NUCC)	Not Required	Not required by Carelon.
20	Outside lab/charges	Not required	Enter if lab tests performed and billed on this claim were processed by a lab outside the provider's premises.
21.ICD Indicator	Diagnosis or nature of illness or injury	Required	Enter the applicable ICD indicator to identify which version of ICD codes is being reported.
			9 ICD-9-CM
			0 ICD-10-CM
			Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field. Enter the codes to identify the patient's diagnosis and/or condition. List no more than 12 ICD-9-CM or ICD-10-CM diagnosis codes. Relate lines A–L to the lines of service in 24E by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.
			DESCRIPTION: ICD-10 codes to be used for dates of service after October 1, 2015.
21. A-L	Diagnosis	Required	At least one diagnosis code is required

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Field Number	Field Description	Data Type	Instructions
22	Medicaid resubmission code/original reference number	Situational	Resubmission code should be present, if original claim number is present Original Claim number
23	Prior authorization number	Not required	Not applicable.
24a	From Dates of service	Required	Enter "From" and "To" dates of service in MMDDYY or MMDDCCYY format. Line fields can include no more than two dates of service for the same procedure code. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in 24g.
24a	To	Situational	Not required when the Days or Units (field 24g) is "1"
24b	Place of service	Required	Enter the appropriate place of service code from the list of HIPAA compliant codes.
24c	EMG	Not required	Emergency indicator not applicable.
24d	Procedures, services, or supplies CPT/HCPCS	Required	Enter a valid CPT or HCPCS code for each service rendered.
24d	Modifier	Situational	Modifiers are required where applicable for Medicaid plans. Enter a valid CPT or HCPCS code modifier for each service entered. * **HIPAA: Billing Code Modifiers** * When submitting a CPT or HCPC code with a modifier, it is critical that the modifier be placed in its appropriate order. HIPAA allows up to four (4) modifiers to be used. The order of the modifiers has a particular meaning. The order of the modifiers is found below: **Modifier ONE**: This field is dedicated for modifiers that affect or define the service (i.e., TG modifier to identify a 'complex high level of care') **Modifier TWO**: This field is dedicated for modifiers that identify pricing (i.e., HA modifier to identify 'child/adolescent' or HN modifier to identify 'bachelors level') **Modifier THREE & FOUR**: These fields are dedicated for modifiers that identify statistics (e.g., HV 'funded by State Addictions Agency').
24e	Diagnosis pointer	Required	Enter the diagnosis code reference number as shown in field 21 to relate the date of service and the procedures performed to the primary

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Field Number	Field Description	Data Type	Instructions
			diagnosis. Enter only one reference number per line. Do not enter the diagnosis code. (Electronic claims will allow up to four reference numbers per line.)
24f	Charges	Required	Enter the provider's billed charges for each service.
24g	Days or units	Required	Enter the appropriate number of units or days that correspond to the "From" and "To" dates indicated in Field 24a.
24h	EPSDT family plan	Situational	If service was rendered as part of or in response to an EPSDT panel, mark an "X" in this block.
24i	ID Qual.	Situational	If the provider does not have an NPI, enter the appropriate qualifier and identifying number in the shaded area. Providers who do not have an NPI must report non-NPI identifiers on their claim forms. The qualifiers indicate the non-NPI number being reported. The NUCC defines the following qualifiers used in 5010A1: 0B State License Number 1G Provider UPIN Number G2 Provider Commercial Number LU Location Number ZZ Provider Taxonomy (The qualifier in the 5010A1 for Provider Taxonomy is PXC, but ZZ will remain the qualifier for the 1500 Claim Form. Note: This identifier is not included in this data element in 5010A1.)
24j	Rendering Provider NPI	Required	Enter the rendering provider NPI ID number in the shaded area of the field. Enter the NPI number in the unshaded area of the field.
25	Federal Tax ID number and type: Social Security Number Employer Identification Number	Required	Enter the nine-digit Employee Identification Number (EIN) or Social Security Number under which payment for services is to be made for reporting earnings to the IRS. Enter an "X" in the appropriate box that identifies the type of ID number used for services rendered. Do not enter hyphens with numbers. Enter numbers left justified in the field.
26	Member's account number	Optional	Enter the unique number assigned by the provider for the member. If entered, the member account number will be returned to the provider on the Provider Summary Voucher.
27	Accept assignment?	Required	Enter an "X" in the appropriate box to indicate whether you will accept assignment.

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Field Number	Field Description	Data Type	Instructions
28	Total charge	Required	Enter the total charge for this claim. This is the total of all charges for each service noted in Field 24f.
29	Amount paid	Situational	Enter the total amount paid by the patient for services billed on this claim.
30	Reserved for NUCC Use	N/A	
31	Signature of physician or supplier including degrees or credentials	Required	Signature of physician or supplier including degree(s) or credentials and date of signature. NOTE: The person rendering care must sign and indicate licensure level.
32	Name and address of facility where services were rendered	Required	Enter name and address where services are rendered. This must be a street address not a P.O. Box.
32a	a. NPI#	Situational	Required if name and address of facility where services were rendered (field 32) is populated. Enter the NPI of the service facility.
32b	b. Other ID#	Not Required	Not Applicable. When present, a qualifier is required
33	Physician's/supplier's billing: name, address, zip code and phone number	Required	Enter the appropriate billing information.
33a	NPI#	Required	Enter the NPI of the billing provider or group.
33b	Billing Taxonomy	Required	Enter billing taxonomy of the billing provider or group with qualifier zz.

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Place of Service Codes (Field 24b)

Be sure to complete field X with the accurate place of service code as described below.

Note: Not all Place of Service codes are used by Carelon

Place of Service Code(s)	Place of Service Name	Place of Service Description
01 Not Covered by Carelon	Pharmacy	A facility or location where drugs and other medically related fields and services are sold, dispensed, or otherwise provided directly to members.
02	Telehealth	The location where health services and health related services are provided or received, through telecommunication technology.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual, or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison–Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
10	Unassigned	N/A

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Place of Service Code(s)	Place of Service Name	Place of Service Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, seven days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship, or resort where the member receives care, and which is not identified by any other POS code.
17 Not Covered by Carelon	Walk in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (Effective May 1, 2010)
18 Not Covered by Carelon	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
19	Outpatient Hospital-Off-campus	A portion of a hospital off-campus which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory members seeking immediate medical attention. (Effective January 1, 2003)

Place of Service Code(s)	Place of Service Name	Place of Service Description
21	Inpatient Hospital	A facility, other than a psychiatric facility, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to members admitted for a variety of medical conditions.
22	On Campus-Outpatient Hospital	A portion of a hospital on campus which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room–Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25 Not Covered by Carelon	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.
26 Not Covered by Carelon	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to members who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a member's home, in which palliative and supportive care for terminally ill patients and their families are provided.

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Place of Service Code(s)	Place of Service Name	Place of Service Description
35-40	Unassigned	N/A
41	Ambulance–Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance–Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (Effective October 1, 2003)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for members who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour-a-day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for members being considered for admission to state mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) use to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs, and supplies, psychological testing, and room and board.

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Place of Service Code(s)	Place of Service Name	Place of Service Description
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) use on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (Effective October 1, 2003)
58-59	Unassigned	N/A
60 Not Covered by Carelon	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, or orthotic and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65 Not Covered by Carelon	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to members or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	State or Local Public Health Clinic	A facility maintained by either state or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A

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Place of Service Code(s)	Place of Service Name	Place of Service Description
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

- All data elements noted as required must be provided, but they must also be current and match what the subscriber's employer/health plan has on file. If the member's ID on the claim is illegible, or does not match what the subscriber's employer/health plan has provided, we may not be able to determine the claimant. We strongly recommend that you obtain a copy of the member's ID card, and validate that it is current at the time of each visit.

- There are times when supporting information is required to approve payment. If supporting documentation is not included, the claim may not be considered clean and may reject or deny.

- Claims that are not submitted on a CMS 1500 2012-02 or a UB04 often do not contain the information required to consider the claim clean and may cause the claim to take a longer processing time. Claims submitted on outdated claim forms may be returned.

- Electronically submitted claims must also be in a HIPAA 5010 compliant format and conform to the Carelon companion guide to be considered clean. For more information on submitting electronic claims, please contact the EDI Helpdesk team at: 888-247-9311 or e-supportservices@beaconhealthoptions.com

Additional helpful tips:

- **DIAGNOSIS CODE:** Place the diagnosis code as far left as possible within the box.

- **REFERRING PROVIDER:** If referring provider is an individual, use last name, first name, and middle initial. Middle initial is optional. If referring provider is a facility, provide the facility's full name.

- **PATIENT RELATIONSHIP TO INSURED:** When insured is different from patient and "Self" has been selected as the relationship, the system will change the insured's name to the patient's name.

- **INSURED'S ID:** This field should contain insured's ID and no additional information.

- **RED & WHITE FORMS:** Submitting claims in red and white forms, instead of black and white forms, ensures better scanning quality.

If you have questions about a specific claim rejection, contact the customer service department based on the member's benefit plan.

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