

# CMS 1500 Quick Tips



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12

**1a.** Member's Medicaid ID goes here

**3.** Verify member's DOB matches State file, otherwise member needs to correct with DFR

**10.** If box 10 marked YES, use box 15; if NO, do not use box 15

**15.** If box 10 marked NO, do not use box 15

**21.** ICD indicator 9 (will change to 10 for ICD-10)

**22.** Use 7 for corrected claim

**22 continued.** Original claim # of denied claim or claim with necessary correction can not be used if original claim was rejected

**23.** CLIA #, when labs are billed

**24E.** Use A-L

**24J.** Rendering Provider NPI (same as 2310B)

**25.** Tax # reported to IHCP (remember, if changed need to notify IHCP and MCEs of TIN change)

**33.** Billing provider service location same as reported to IHCP (same as 2010AA)

**33a.** Billing NPI/Group NPI

**33b.** Billing Taxonomy (must match IHCP)

1. MEDICARE		MEDICAID		TRICARE		CHAMPVA		GROUP HEALTH PLAN		FECA SICK LEAVE		OTHER		1a. INSURED'S ID NUMBER		(For Program in Item 1)																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)														3. PATIENT'S BIRTH DATE				SEX		4. INSURED'S NAME (Last Name, First Name, Middle Initial)															
5. PATIENT'S ADDRESS (No., Street)														MM		DD		YY		M		F		7. INSURED'S ADDRESS (No., Street)											
CITY														STATE		CITY		STATE		TELEPHONE (Include Area Code)															
ZIP CODE														STATE		ZIP CODE		TELEPHONE ( ) ( )																	
8. OTHER INSURANCE														10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER																	
a. OTHER INSURED'S POLICY OR GROUP NUMBER														a. EMPLOYMENT? (Current or Previous)				a. INSURED'S DATE OF BIRTH																	
b. RESERVE														b. AUTO ACCIDENT?				b. INSURED'S DATE OF BIRTH																	
c. RESERVE														c. OTHER ACCIDENT?				b. OTHER CLAIM ID (Designated by NUCC)																	
4. INSURANCE														10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN?																	
																		d. YES NO If yes, complete items 3, 9a, and 9d.																	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE																		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE																	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)																		16. DATES PATIENT																	
17. NAME OF																		17a. QUAL																	
18. ADDRESS																		17b. NPI																	
21. DIAGNOSIS OR NATURE OF ILLNESS																		22. RESUBMISSION CODE																	
24. DATE(S) OF SERVICE																		24. PRIOR AUTHORIZATION NUMBER																	
25. FEDERAL TAX ID NUMBER																		25. ORIGINAL REF. NO.																	
26. PATIENT'S ACCOUNT NO.																		26. PRIOR AUTHORIZATION NUMBER																	
27. ACCEPT ASSIGNMENT?																		27. ORIGINAL REF. NO.																	
28. TOTAL CHARGE																		28. ORIGINAL REF. NO.																	
29. AMOUNT PAID																		29. ORIGINAL REF. NO.																	
30. Billing Provider NPI																		30. ORIGINAL REF. NO.																	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER																		31. ORIGINAL REF. NO.																	
32. SERVICE FACILITY LOCATION INFORMATION																		32. ORIGINAL REF. NO.																	
33. BILLING PROVIDER INFO & PH #																		33. ORIGINAL REF. NO.																	
33a. Billing NPI/Group NPI																		33. ORIGINAL REF. NO.																	
33b. Billing Taxonomy (must match IHCP)																		33. ORIGINAL REF. NO.																	