

CMS 1500 Quick Tips



HEALTH INSURANCE CLAIM FORM

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

CARRIER		PATIENT AND INSURED INFORMATION		PHYSICIAN OR INFORMATION	
1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/GROUP HEALTH PLAN/FECA SICK LEAVE/OTHER		1a. INSURED'S ID NUMBER (For Program in Item 1)		1. SIGNATURE OF PHYSICIAN OR SUPPLIER	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		2. SIGNATURE OF PHYSICIAN OR SUPPLIER	
3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F)		7. INSURED'S ADDRESS (No., Street)		3. SIGNATURE OF PHYSICIAN OR SUPPLIER	
5. PATIENT'S ADDRESS (No., Street)		8. PATIENT RELATIONSHIP TO INSURED (Sub/Spouse/Child/Other)		4. SIGNATURE OF PHYSICIAN OR SUPPLIER	
CITY STATE ZIP CODE		9. RESERVED FOR NUCC USE		5. SIGNATURE OF PHYSICIAN OR SUPPLIER	
6. OTHER INSURANCE		10. PATIENT'S CONDITION RELATED TO:		6. SIGNATURE OF PHYSICIAN OR SUPPLIER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES/NO		7. SIGNATURE OF PHYSICIAN OR SUPPLIER	
b. RESERVE		b. AUTO ACCIDENT? YES/NO PLACE (State)		8. SIGNATURE OF PHYSICIAN OR SUPPLIER	
c. RESERVE		c. OTHER ACCIDENT? YES/NO		9. SIGNATURE OF PHYSICIAN OR SUPPLIER	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		10. SIGNATURE OF PHYSICIAN OR SUPPLIER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		11. INSURED'S POLICY GROUP OR FECA NUMBER		11. SIGNATURE OF PHYSICIAN OR SUPPLIER	
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		12. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F)		12. SIGNATURE OF PHYSICIAN OR SUPPLIER	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY)		13. OTHER CLAIM ID (Designated by NUCC)		13. SIGNATURE OF PHYSICIAN OR SUPPLIER	
15. NAME OF PHYSICIAN OR SUPPLIER		14. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES/NO		14. SIGNATURE OF PHYSICIAN OR SUPPLIER	
16. ADDRESS OF PHYSICIAN OR SUPPLIER		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		15. SIGNATURE OF PHYSICIAN OR SUPPLIER	
17. DIAGNOSIS OR NATURE OF ILLNESS		16. DATES PATIENT FROM (MM/DD/YY) TO (MM/DD/YY)		16. SIGNATURE OF PHYSICIAN OR SUPPLIER	
A. ICD-9-CM		17. HOSPITAL RATE		17. SIGNATURE OF PHYSICIAN OR SUPPLIER	
B. ICD-9-CM		18. OUTSIDE LAB? YES/NO		18. SIGNATURE OF PHYSICIAN OR SUPPLIER	
C. ICD-9-CM		19. RESUBMISSION CODE		19. SIGNATURE OF PHYSICIAN OR SUPPLIER	
D. ICD-9-CM		20. ORIGINAL REF. NO.		20. SIGNATURE OF PHYSICIAN OR SUPPLIER	
E. ICD-9-CM		21. PRIOR AUTHORIZATION NUMBER		21. SIGNATURE OF PHYSICIAN OR SUPPLIER	
F. ICD-9-CM		22. CLIA #, when labs are billed		22. SIGNATURE OF PHYSICIAN OR SUPPLIER	
G. ICD-9-CM		23. Use 7 for corrected claim		23. SIGNATURE OF PHYSICIAN OR SUPPLIER	
H. ICD-9-CM		24. ICD indicator 9 (will change to 10 for ICD-10)		24. SIGNATURE OF PHYSICIAN OR SUPPLIER	
I. ICD-9-CM		25. Use A-L		25. SIGNATURE OF PHYSICIAN OR SUPPLIER	
J. ICD-9-CM		26. Billing provider service location same as reported to IHCP (same as 2010AA)		26. SIGNATURE OF PHYSICIAN OR SUPPLIER	
K. ICD-9-CM		27. Billing NPI/Group NPI		27. SIGNATURE OF PHYSICIAN OR SUPPLIER	
L. ICD-9-CM		28. Rendering Provider NPI (same as 2310B)		28. SIGNATURE OF PHYSICIAN OR SUPPLIER	
M. ICD-9-CM		29. Tax # reported to IHCP (remember, if changed need to notify IHCP and MCEs of TIN change)		29. SIGNATURE OF PHYSICIAN OR SUPPLIER	
N. ICD-9-CM		30. Billing Taxonomy (must match IHCP)		30. SIGNATURE OF PHYSICIAN OR SUPPLIER	
O. ICD-9-CM		31. Billing provider service location same as reported to IHCP (same as 2010AA)		31. SIGNATURE OF PHYSICIAN OR SUPPLIER	
P. ICD-9-CM		32. Billing NPI/Group NPI		32. SIGNATURE OF PHYSICIAN OR SUPPLIER	
Q. ICD-9-CM		33. Billing Taxonomy (must match IHCP)		33. SIGNATURE OF PHYSICIAN OR SUPPLIER	
R. ICD-9-CM		34. Billing provider service location same as reported to IHCP (same as 2010AA)		34. SIGNATURE OF PHYSICIAN OR SUPPLIER	
S. ICD-9-CM		35. Billing NPI/Group NPI		35. SIGNATURE OF PHYSICIAN OR SUPPLIER	
T. ICD-9-CM		36. Billing Taxonomy (must match IHCP)		36. SIGNATURE OF PHYSICIAN OR SUPPLIER	
U. ICD-9-CM		37. Billing provider service location same as reported to IHCP (same as 2010AA)		37. SIGNATURE OF PHYSICIAN OR SUPPLIER	
V. ICD-9-CM		38. Billing NPI/Group NPI		38. SIGNATURE OF PHYSICIAN OR SUPPLIER	
W. ICD-9-CM		39. Billing Taxonomy (must match IHCP)		39. SIGNATURE OF PHYSICIAN OR SUPPLIER	
X. ICD-9-CM		40. Billing provider service location same as reported to IHCP (same as 2010AA)		40. SIGNATURE OF PHYSICIAN OR SUPPLIER	
Y. ICD-9-CM		41. Billing NPI/Group NPI		41. SIGNATURE OF PHYSICIAN OR SUPPLIER	
Z. ICD-9-CM		42. Billing Taxonomy (must match IHCP)		42. SIGNATURE OF PHYSICIAN OR SUPPLIER	

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)