

# CMS 1500 Submission Guidelines for Paper Claims

The following table provides a brief description of the key fields located on the CMS 1500 form. To ensure you are using the correct version of the form, please be sure that **OMB-0938-0999** appears on the document's footer.

Field #	Designation	Data Required	Source of Data
1a	Insured's ID Number	Member's ID Number	Member's ID Card
2	Patient's Name	Last Name, First Name, Middle Initial of Patient	Member
3	Patient's Birth Date/Sex	MMDDYY - M or F	Member
4	Insured's Name	Member's Last Name, First Name, Middle Initial	Member
5	Patient's Address	Number and Street, City, State, Zip Code	Member
7	Insured's Address	Number and Street, City, State, Zip Code	Member
10a	Employment	Selection	Member
10b	Auto Accident	Selection	Member
10c	Other Accident	Selection	Member
11a	Insured's Date of Birth	MMDDYY - M or F	Member
11d	Is there another health benefit plan?	Selection	Member
17	Name of Referring Provider or Other Source	Name of Referring Physician, if any	Provider
17a	ID Number of Referring Physician	Not reported as of May 23, 2008	n/a
17b	<b>NPI Number</b>	<b>Required if 17 is filled in – NPI Number of Referring Physician</b>	<b>Issued for CMS by the National Plan and Provider Enumeration System (NPPES)</b>
21	Diagnosis or Nature of Illness or Injury	Diagnosis Codes	ICD-9-CM 2006
23	Prior Authorization Number	Authorization Number	Plan Issued Authorization Number
24a	Date(s) of Service	MMDDYY	Physician Service Dates
24b	Place of Service	2 digit numeric e.g. 11	CMS website link
24d	Procedures, Services, or Supplies	Valid Codes Referenced in Source	CPT4/HCPCS 2006
24e	Diagnosis Pointer	Diagnosis Pointers to Field 21 e.g. 1, 2, 3, 4, 5, 6	Field 21
24f	Charges	000000.00	Service Performed
24g	Days or Units	Number of Days or Units for Line Item	Service Performed
24i Lines 1-6	ID Qual	Not to be reported as of May 23, 2008	n/a
24j Lines 1-6	<b>Rendering Provider NPI</b>	<b>Required – NPI only</b>	<b>Provider</b>
25	Federal Tax ID	Must include 9-digit Federal TAX ID	State Issued
26	Patient's Account Number	Provider Issued	Provider
28	Total Charge	000000.00	Verify Total of Line Charges
31	Signature of Physician	TYPED Last Name, First Name, Middle Initial, Credentials	Provider
32	Service Facility Location Information	Where Services Were Performed	Provider
32b	Service Facility Qual & ID	Not to be reported as of May 23, 2008	n/a
33	Billing Provider Info & PH #	Vendor Information for Billing Purposes	Physician
33a	<b>Billing Provider NPI</b>	<b>Required – NPI Number of Billing Provider or Group</b>	<b>Issued for CMS by the National Plan and Provider Enumeration System (NPPES)</b>
32b	Billing Provider Qual & ID	Not to be reported as of May 23, 2008.	n/a

