

Required Fields – Professional Claims - CMS1500 (08-05)

CMS1500 FL #	Description of Information Required
1a	Patient's ID Number
2	Patient's Name, <i>as it appears on identification card</i>
3	Patient's Date of Birth (mm/dd/ccyy) and Sex
4	Subscriber's Name—if same as patient, enter SAME.
5	Patient's address—if different from subscriber's, complete item 7
9-9d	Other insurance information—if applicable. DOB must be in mm/dd/ccyy format.
10a-c	If services are related to patient's employment, auto accident or other accident, please complete. <i>Otherwise leave blank.</i>
11a-c	Subscriber's Insurance Group Number, Subscriber's DOB (mm/dd/ccyy), Subscriber's Sex
11d	"Yes/No"—If "yes", complete Item 9.
14	Date of onset of current illness or injury. (Use LMP for pregnancy)
17	Name of referring physician— <i>required for lab and radiology claims only</i>
17a	Shaded area—Legacy qualifier / legacy number of referring physician (<i>legacy qualifiers—1G for UPIN; G2 for MHP ID; 1C for PIN</i>)
17b	NPI of referring physician
18	Admission and discharge date if services were rendered in a hospital
19	Use to communicate information for which there is no other field designated; e.g., name of provider for whom this provider is covering; multiple modifier information, etc., when applicable.
21	Diagnosis, ICD-9-CM to the highest level of specificity
23	Prior Authorization and/or Referral codes if applicable
24a	Date of service—if only one day, please enter same date in each field
24b	Place of service (as established by Medicare)
24d	Procedure code using CPT4 or HCPCS codes with modifiers if applicable
Please Note:	Shaded areas above Boxes 24a-d are for additional information related to the CPT/HCPC (e.g., NDC #, DME description when an unspecified HCPCS code is submitted).
24e	Enter 1, 2, 3, or 4 to indicate specific ICD-9-CM code treated as indicated in Box 21. Use only one reference number for each line item.
24f	Enter the charge for each listed service, as normally billed by your office. Do not enter \$0.00 for capitated claims.
24g	Number of days or units (unless included in the procedure description); report units of supplies, anesthesia minutes, oxygen volume, or multiple visits.
24i shaded	Legacy ID qualifier (<i>legacy qualifiers—1G for UPIN; G2 for MHP ID; 1C for PIN</i>)
24j shaded	Legacy ID number
24j	NPI number
25	Federal Tax ID Number— <i>Please indicate either SSN or EIN</i>
26	Patient Account Number— <i>For reference, if needed.</i>
28	Enter the sum of the line item charges.
31	Name/legible signature of the provider of service, with degree or credentials
32	Name and address of facility where services were rendered
33	Pay to information
33a	NPI of provider of services
33b	Legacy qualifier and identifier (<i>legacy qualifiers—G for UPIN; G2 for MHP ID; 1C for PIN</i>)