Tips for Completing the CMS-1500 Form

This tip book is designed to help you complete the CMS-1500 (02/12).

iCircle Care will accept both 1500 claim forms — version 08/05 and version 02/12 until March 31, 2014. **If the version 08/05 form is submitted on or after April 1, 2014, it will be returned, advising to submit on the CMS-1500 (02/12) claim form.**

The NUCC has released an updated *1500 Health Insurance Claim Form Reference Instruction Manual*, which is available under the “1500 Claim Form” tab via their website at www.nucc.org.

Please reference the manual, along with this tip book, to help ensure that claims are submitted accurately.

**Ordering Forms & Submitting**

**Ordering Claim Forms:** You may order CMS-1500 forms at: [http://bookstore.gpo.gov](http://bookstore.gpo.gov), or by calling 202-512-1800.

**Submitting Claims:** All paper claims should be submitted to:
iCircle MLTC
P.O. Box 1320
Webster, NY 14580

**Form Completion:** Details on how to complete the form are outlined on the following pages. If you have questions, please contact your Provider Relations Representative.

**Key (use for information presented on the following pages)**

- **R** Required in filing a claim
- **NR** Not required, not used
- **S** Situational, only use if appropriate specific to claim
### HEALTH INSURANCE CLAIM FORM

**Key:**
- "R" - Required in filing a claim
- "NR" - Not required, not used
- "S" - Situational, only used if appropriate specific to claim

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#### 1. MEDICARE
- [ ] (Medicare#)
- [R] (Medical ID)

#### 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
- [R]

#### 3. PATIENT'S DATE OF BIRTH
- [R]

#### 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
- [R]

#### 5. PATIENT'S ADDRESS (No., Street)
- [R]

#### 6. PATIENT RELATIONSHIP TO INSURED
- [S]
- [NR]
- [NR]

#### 7. INSURED'S ADDRESS (No., Street)
- [R]

#### 8. RESERVED FOR NUCC USE
- [R]

#### 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
- [R]

#### 10. IS PATIENT'S CONDITION RELATED TO:
- [R]

#### 11. INSURED'S POLICY GROUP OR FECA NUMBER
- [R]

#### 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim; I also request payment of government benefits either to myself or to the party who accepts assignment below)

#### 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below)

#### 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY
- [R]

#### 15. OTHER DATE
- [R]

#### 16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
- [S]

#### 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
- [R]

#### 18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
- [R]

#### 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
- [R]

#### 20. OUTSIDE LAB
- [R]

#### 21. REIMBURSEMENT CODE
- [R]

#### 22. PRIOR AUTHORIZATION NUMBER
- [R]

#### 23. BILLING PROVIDER INFO & PH. #
- [R]

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### NUCC Instruction Manual available at: www.nucc.org
Complete all required fields. Make certain to enter the following identifying information:

- Put the insured’s alpha prefix and identification number in Field 1a.
- Put the insured’s policy group number in Field 11.
- Put the physician or supplier’s billing name, address, zip code, telephone number and NPI number in Field 33.

The information required to file electronic claims is the same as for paper claims but there are major advantages to submitting electronic claims versus paper claims:

- You will reduce your overhead, electronically submitted claims can save hours of clerical time.
- You have better control and accuracy.
- You know when your claims are received because your office receives special reports detailing which claims were accepted. If there is a problem with your claim, you can correct it before the claim is processed.

Instructions and Examples of Supplemental Information in Item Number 24

The following are types of supplemental information that can be entered in the shaded lines of Item Number 24:

- Anesthesia duration in hours and/or minutes with start and end times
- Narrative description of unspecified codes
- National Drug Codes (NDC) for drugs
- Vendor Product Number – Health Industry Business Communications Council (HIBCC)
- Product Number Health Care Uniform Code Council – Global Trade Item Number (GTIN), formerly Universal Product Code (UPC) for products
- Contract rate

The following qualifiers are to be used when reporting these services.

7  Anesthesia information
ZZ Narrative description of unspecified code
N4 National Drug Codes (NDC)
VP Vendor Product Number Health Industry Business Communications Council (HIBCC) Labeling Standard
OZ Product Number Health Care Uniform Code Council – Global Trade Item Number (GTIN)
CTR Contract rate

For additional information for reporting NDC units, see the National Uniform Claim Committee’s website at www.nucc.org.

Reminders

Complete all required fields. Make certain to enter the following identifying information:

- Put the insured’s alpha prefix and identification number in Field 1a.
- Put the insured’s policy group number in Field 11.
- Put the physician or supplier’s billing name, address, zip code, telephone number and NPI number in Field 33.

Note - When applicable, not all ID cards contain a group number.

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For additional information on Place of Service Codes visit:
http://www.cms.gov/Medicare/Coding/place-of-service-codes/