Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections

Since the introduction of the revised CMS-1500 (08/05), we have received a significant number of claims with incorrect information entered in key fields.

The revised CMS-1500 (08/05) cannot be completed in the same manner as its predecessor, CMS-1500 (12/90), as many fields have been moved or changed. In addition, several new fields have been added to the CMS-1500 (08/05) to accommodate NPI.

CMS-1500 (08/05) submissions with incorrect or incomplete information entered in key fields may be rejected or returned to the provider.

The following key fields must be entered correctly on the CMS-1500 (08/05) to ensure timely and accurate claims processing.

Highlighted fields are NPI specific.

Box	Instructions
17a	Enter referring provider's two-character qualifier ID (G2) in the first segment, and referring provider's legacy provider ID in the second segment.
17b	Enter referring provider's NPI.
19	Enter ZZ qualifier ID and billing provider's primary taxonomy code.
24I (shaded)	Enter rendering provider's two-character qualifier ID (G2).
24J (shaded)	Enter rendering provider's legacy provider ID.
24J (unshaded)	Enter rendering provider's NPI.
32a	Enter service facility NPI.
32b	Enter service facility two-character qualifier ID (G2) and legacy provider ID.
33a	Enter billing provider NPI.
33b	Enter billing provider two-character qualifier ID (G2) and legacy provider ID.

Please contact your Network Coordinator if you have any questions about completing the CMS-1500 (08/05) form and refer to the illustration on the next page for additional information.

Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections *(continued)*

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17a — Referring Provider's two-character qualifier ID

17b — Referring Provider's legacy Provider ID

24I shaded

24J shaded

24J unshaded

CMS-1500 form annotations:

- Box 14: 10 28 06
- Box 17: Josephine Smith, M.D.
- Box 17a: G2 0123456789
- Box 17b: NPI 999999999 — Referring Provider's NPI
- Box 18: FROM 11 01 06 TO 11 04 06
- Box 19: ZZ207LP2900X — ZZ qualifier ID and Billing Provider's Primary Taxonomy Code
- Box 21: 1. 401 2. 251 8
- Box 23 (Prior Authorization Number): 123456789

Box 24 service lines:

Line	DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	I. ID.	J. RENDERING PROVIDER ID #
1	11 02 06	11 02 06	21	6	99205		1	$50 00	1	G2	1234567000 / NPI 8888888888
2	11 03 06	11 03 06	21	6	20600	25	2	$250 00	1		

Two-character qualifier ID of the Rendering Provider

- Box 25 FEDERAL TAX I.D. NUMBER: 22-1234567 EIN [X]
- Box 28 TOTAL CHARGE: $ 100 00
- Box 31: Richard B. Smith, M.D. SIGNED DATE 11/5/06
- Box 32 SERVICE FACILITY LOCATION: ABC Hospital, 123 Street, Anytown, NJ 08999
  - 32a: 0000001234 — Service Facility NPI
  - 32b: G21234567002 — Service Facility two-character qualifier and legacy Provider ID number
- Box 33 BILLING PROVIDER INFO & PH #: (856) 555-5555 ABC Medical Group, 8 North American Street, Anytown, NJ 08999
  - 33a: 2222222222 — Billing Provider NPI
  - 33b: G21234567001 — Billing Provider two-character qualifier ID and legacy provider identification number

32a **32b** **33a** **33b**

Red items are required by AmeriHealth for payment.
Blue items are required for payment when applicable to the patient's condition/situation.
Black items are optional.

Indicates new field and/or requirement.

NUCC Instruction Manual available at: www.nucc.org

OMB APPROVAL PENDING