

Following industry standards for paper claims submission allows for improved turnaround times. Paper claims are held to the same standards as electronic claims, so incomplete or incorrect claims will be rejected. Below is a reference list of required fields for CMS-1500 to help providers avoid the inconvenience of rejections.

CMS-1500 Required Fields		
Field number	Field name in table/file	FIS Rejection Message
1a	Insured's I.D Number	Missing insured's ID number
2	Patient's Name (LName, FName, MInitial)	Missing patient name
3	Patient's Birth Date (MM, DD, YY)	Missing patient date of birth
4	Insured's Name (LName, FName, MInitial)	Missing member name
11a	Insured's Date of Birth (MM, DD, YY)	Missing member date of birth
21a	Diagnosis 1	Missing diagnosis code
24a	Service From	Missing service start date
24a	Service To	Missing service end date
24b	Place of Service (POS)	Missing place of service
24d	CPT/HCPCS	Missing procedure code
24e	Diag Point	Missing diagnosis pointer
24f	Charges	Missing line charged amount
24g	Days or Units	Missing units or days
25	SSN or E/N	Missing federal tax ID number
28	Total Charge	Missing total charges
33	Billing Address	Missing provider billing address
33a	Billing NPI	Missing billing provider NPI