

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     |