

**CMS 1500 (et seq) – Physicians and Non-Institutional Providers  
Data Element Requirements for Non-electronic Clean Claims**

For any conflicts between the following reference materials and the rules, the rules prevail.

<b>Field #</b>	<b>Data Element</b>	<b>Clean Claims Rules effective October 2, 2001. Applicable to plans with contracts issued prior to August 16, 2003. (HB610) Required as indicated (unless otherwise agreed to by contract) CMS 1500 (12/90)</b>	<b>Clean Claims Rules effective July 11, 2007. Applicable to plans with contracts issued or renewed on or after August 16, 2003 for claims filed or re-filed prior to July 18, 2007. (SB418) Required as indicated (cannot be changed by contract) CMS 1500 (12/90)</b>	<b>Clean Claims Rules effective July 11, 2007. Applicable to plans with contracts issued or renewed on or after August 16, 2003 for claims filed or re-filed on or after July 18, 2007. (SB418) Required as indicated (cannot be changed by contract) CMS 1500 (08/05)</b>
1a	Subscriber's or patient's plan ID number	R	R	R
2	Patient's name	R	R	R
3	Patient's date of birth and gender	R	R	R
4	Subscriber's name	R	R - if shown on patient's ID card	R - if shown on patient's ID card
5	Patient's address (street or P.O. Box, city, state, ZIP)	R	R	R
6	Patient's relationship to subscriber	R	R	R
7	Subscriber's address (street or P.O. Box, city, state, ZIP)	R	R - May enter "same" if address same as patient's shown in Field 5	R - May enter "same" if address same as patient's shown in Field 5
9	Other insured's or enrollee's name	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*
9a	Other insured's or enrollee's policy/group number	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*
9b	Other insured's or	R - if Field 11d is answered	R - if Field 11d is answered	R - if Field 11d is answered

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	enrollee's date of birth	"yes"*	"yes"*	"yes"*
9c	Other insured's or enrollee's plan name (employer, school, etc.)	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*, Facility based radiologist, pathologist, anesthesiologist can enter NA if information is unknown	R - if Field 11d is answered "yes"*, Facility based radiologist, pathologist, anesthesiologist can enter NA if information is unknown
9d	Other insured's or enrollee's HMO or insurer name	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*	R - if Field 11d is answered "yes"*
10	Whether patient's condition is related to employment, auto accident, or other accident	R	R - but facility based radiologists, pathologists or anesthesiologists shall enter "N" if answer is "No" or the information is not available.	R - but facility based radiologists, pathologists or anesthesiologists shall enter "N" if answer is "No" or the information is not available.
10d	Corrected Claim	Not required	R - if duplicate claim, enter "D", or if corrected claim, enter "C"	R - if duplicate claim, enter "D", or if corrected claim, enter "C"
11	Subscriber's policy number	R	R	R
11a	Subscriber's birth date and gender	R	Not required	Not required
11b	Subscriber's plan name (employer, school, etc.)	R - if health plan is a group plan	Not required	Not required
11c	HMO or preferred provider carrier name	R	R	R

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11d	Disclosure of any other health benefit plans	R - If answer is "no" provider must have on file patient's statement signed within last 12 months that there is no other coverage.*	R - If answer is "no" provider must have on file patient's statement signed within last 12 months that there is no other coverage.*	R - If answer is "no" provider must have on file patient's statement signed within last 12 months that there is no other coverage.*
12	Patient's or authorized person's signature or a notation that the signature is on file with the physician or provider	R	R	R
13	Subscriber's or authorized person's signature or notation that the signature is on file with the physician or provider	R	R	R
14	Date of current, illness, injury, or pregnancy	R	R - if due to an accident	R - if due to an accident
15	First date of previous, same or similar illness	R	Not required	Not required
17	Name of referring primary care	Not required	R - If no referral, enter "self-referral or none."	R - If no referral, enter "self-referral or none."

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	physician, specialty physician, hospital, or other source			
17a	ID number of referring physician	Not required	R - If no referral, enter "self-referral or none."	R - If there is a referring physician noted in Field 17.
17b	Referring primary care physician, specialty physician, or hospital's NPI number	Not required	Not required	R - If there is a referring physician noted in Field 17. ** OR If there is a referring physician noted in Field 17. After May 23, 2008, insert the referring physician's NPI number, if the referring physician is eligible for an NPI number.
19	Narrative description of procedure	Not required	R - if physician or provider uses an unlisted or not classified procedure code or NDC code for drugs.	R - if physician or provider uses an unlisted or not classified procedure code or NDC code for drugs.
21	Diagnosis codes or nature of illness or injury	R	R - up to 4 diagnosis codes may be entered but at least one is required (primary diagnosis must be entered first.)	R - up to 4 diagnosis codes may be entered but at least one is required (primary diagnosis must be entered first.)
23	Prior authorization number / verification number	R - prior authorization number, when prior authorization is required	R - if services have been verified per §19.1724. Otherwise, a prior authorization number is required when prior authorization is required and granted.	R - if services have been verified per §19.1724. Otherwise, a prior authorization number is required when prior authorization is required and granted.

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24A	Date(s) of Service	R	R	R
24B	Place of service codes	R	R	R
24C	Type of service code	R	Not required	Not required
24D	Procedure/Modifier code	R	R	R
24E	Diagnosis code by specific service	R	R - with first code linked to the applicable diagnosis code for that service in Field 21	R - with first code linked to the applicable diagnosis code for that service in Field 21
24F	Charge for each listed service	R	R	R
24G	Number of days or units	R	R	R
24J	NPI number of the rendering physician or provider	Not required	Not required	R - if the rendering provider is not the billing provider listed in Field 33 for claims files or re-filed on or after May 23, 2008 and the rendering physician or provider is eligible for an NPI number.
25	Physician's or provider's federal tax ID number	R	R	R

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27	Whether assignment was accepted	R - when assignment under Medicare has been accepted.	R - if assignment under Medicare has been accepted	R - if assignment under Medicare has been accepted
28	Total Charge	R	R	R
29	Amount paid	R - if an amount has been paid by or on behalf of the patient or subscriber or by a primary plan.	R - if an amount has been paid by or on behalf of the patient or subscriber or by a primary plan.	R - if an amount has been paid by or on behalf of the patient or subscriber or by a primary plan.
30	Balance due	R - if an amount has been paid by or on behalf of patient or subscriber.	Not required	Not required
31	Signature of physician or provider or notation that signature is on file with the carrier	R	R	R
32	Name and address of facility where services were rendered (if other than home or office)	R	R	R
32a	NPI number of facility where services are rendered (other than home)	Not required	Not required	R - for claims filed or re-filed on or after May 23, 2008, if the facility is eligible for an NPI number.

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33	Physician or provider's billing name, address, and telephone number	R - only the physician or provider's billing name and address.	R - in addition to the physician or provider's billing name, address, and telephone number, must provide the provider number if the carrier required provider numbers and gave notice of that requirement to physicians and providers prior to June 17, 2003.	R
33a	NPI number of billing provider	Not required	Not required	R - for claims filed or re-filed on or after May 23, 2008, if the billing provider is eligible for an NPI number.
33b	Provider number	Not required.	Not required	R - if carrier required provider numbers and gave notice of the requirement to physician/provider prior to June 17, 2003.

\* If answer in field 11d is "Yes", then data elements in fields 9, 9a, 9b, 9c, 9d, and 11d must be completed, unless the physician or provider submits with the claim documented proof that a good faith but unsuccessful attempt was made to obtain from the enrollee or insured any of the information needed to complete this data element.. If answer is "No", then fields 9, 9a, 9b, 9c, 9d, and 11d are not essential data elements if the physician or provider has on file a statement signed by the patient/insured within the last 12 months that there is no other coverage. Such statement may be in the form of initial or annual office visit questionnaires, patient sign-in sheets, a routine record update, etc.