

FIRST COAST
SERVICE OPTIONS, INC.

*How to avoid rejects and denials
on the CMS-1500 (02/12)
paper claim form (Item 11)*

Start ▶

Text Captions: How to avoid rejects and denials on the CMS-1500 (02/12) paper claim form (Item 11)

This training will concentrate on Item 11 of the Patient and Insured Information section of the CMS-1500 (02/12) Health Insurance Claim Form and will cover the following items:

- 11
- 11a
- 11b
- 11c
- 11d

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Text Captions: This training will concentrate on Item 11 of the Patient and Insured Information section of the CMS-1500 (02/12) Health Insurance Claim Form and will cover the following items:

- 11
- 11a
- 11b
- 11c
- 11d

Item 11

Item 11: IMPORTANT - This item must be completed. It is a required field. By completing this item, the physician/supplier acknowledges having made a good faith effort to determine whether Medicare is the primary or secondary payer. If there is insurance primary to Medicare, enter the insured's policy or group number and proceed to items 11a - 11c. Items 4, 6, and 7 must also be completed.

NOTE: Enter the appropriate information in item 11c if insurance primary to Medicare is indicated in item 11. If there is no insurance primary to Medicare, enter the word "NONE" and proceed to item 12. If the insured reports a terminating event with regard to insurance which had been primary to Medicare (e.g., insured retired), enter the word "NONE" and proceed to item 11b.

11. INSURED'S POLICY GROUP OR FECA NUMBER

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Text Captions: Item 11

Item 11: IMPORTANT - This item must be completed. It is a required field. By completing this item, the physician/supplier acknowledges having made a good faith effort to determine whether Medicare is the primary or secondary payer. If there is insurance primary to Medicare, enter the insured's policy or group number and proceed to items 11a - 11c. Items 4, 6, and 7 must also be completed.

NOTE: Enter the appropriate information in item 11c if insurance primary to Medicare is indicated in item 11. If there is no insurance primary to Medicare, enter the word "NONE" and proceed to item 12. If the insured reports a terminating event with regard to insurance which had been primary to Medicare (e.g., insured retired), enter the word "NONE" and proceed to item 11b.

The screenshot shows a digital form interface. At the top, a white box with a blue border contains the text "Item 11a" in red. Below this, a blue-bordered box contains the instruction: "Item 11a: Enter the insured's 8-digit birth date (MM | DD | CCYY) and sex if different from item 3." The main form area has a light blue background with a wavy pattern. A red-bordered box contains the label "a. INSURED'S DATE OF BIRTH" and "SEX". Under "INSURED'S DATE OF BIRTH", there are three input fields labeled "MM", "DD", and "YY" with vertical dashed lines between them. To the right, under "SEX", there are two radio button options: "M" and "F". At the bottom of the form, there are two blue buttons: "Back" with a left arrow and "Next" with a right arrow.

Text Captions: Item 11a

Item 11a: Enter the insured's 8-digit birth date (MM | DD | CCYY) and sex if different from item 3.

Item 11b

Item 11b: Other Claim ID

Enter employer's name, if applicable. If there is a change in the insured's insurance status (e.g., retired), enter either a 6-digit (MM | DD | YY) or 8-digit (MM | DD | CCYY) retirement date preceded by the word "RETIRED."

Note: Provide this information to the right of the vertical line. Do not enter information left of the vertical line.

b. OTHER CLAIM ID (Designated by NUCC)

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Text Captions: Item 11b

Item 11b: Other Claim ID

Enter employer's name, if applicable. If there is a change in the insured's insurance status (e.g., retired), enter either a 6-digit (MM | DD | YY) or 8-digit (MM | DD | CCYY) retirement date preceded by the word "RETIRED."

Note: Provide this information to the right of the vertical line. Do not enter information left of the vertical line.

Item 11c

Item 11c: Enter the 9-digit PAYERID number of the primary insurer. If no PAYERID number exists, then enter the complete primary payer's program or plan name. If the primary payer's EOB does not contain the claims processing address, record the primary payer's claims processing address directly on the EOB. This is required if there is insurance primary to Medicare that is indicated in item 11.

c. INSURANCE PLAN NAME OR PROGRAM NAME

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Text Captions: Item 11c

Item 11c: Enter the 9-digit PAYERID number of the primary insurer. If no PAYERID number exists, then enter the complete primary payer's program or plan name. If the primary payer's EOB does not contain the claims processing address, record the primary payer's claims processing address directly on the EOB. This is required if there is insurance primary to Medicare that is indicated in item 11.

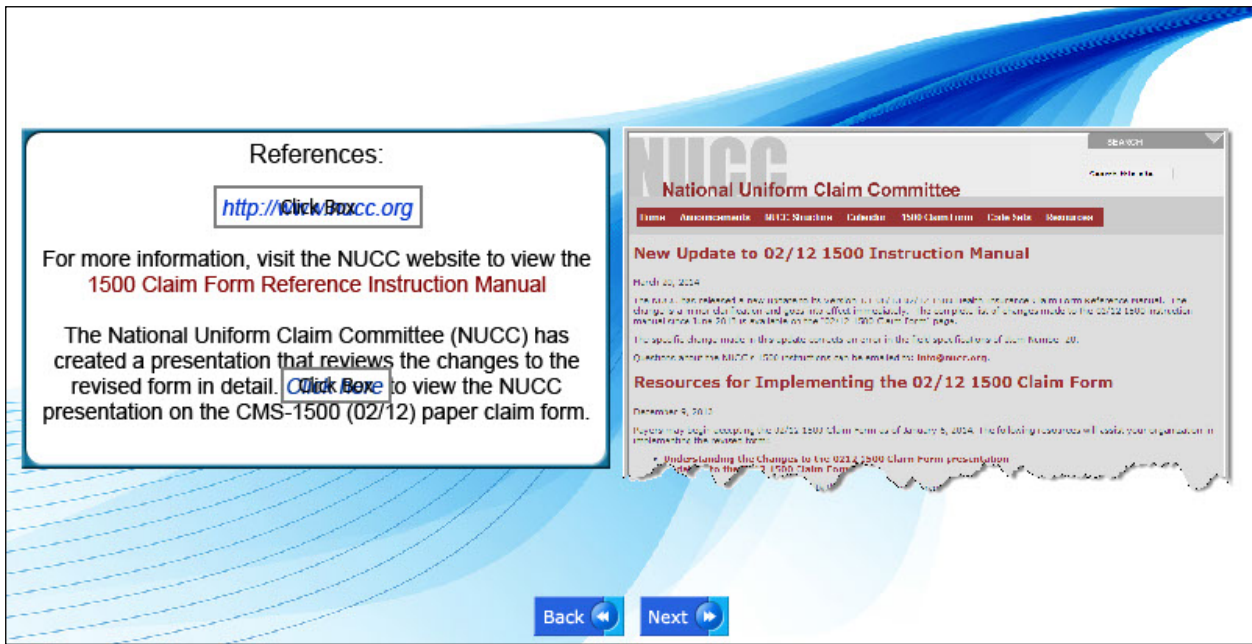
Item 11d
Item 11d: Leave blank. Not required by Medicare.

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO *If yes, complete items 9, 9a, and 9d.*

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Text Captions: Item 11d

Item 11d: Leave blank. Not required by Medicare.



Text Captions: References:

<http://www.nucc.org>

For more information, visit the NUCC website to view the 1500 Claim Form Reference Instruction Manual

The National Uniform Claim Committee (NUCC) has created a presentation that reviews the changes to the revised form in detail. Click here (http://www.nucc.org/images/stories/PDF/understanding_the_changes_to_the_0212_1500_claim_form.pdf) to view the NUCC presentation on the CMS-1500 (02/12) paper claim form.

The screenshot shows a presentation slide with a blue background. On the left, there is a white box with a blue border titled "References:". Inside this box, a URL is provided: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>. Below the URL, it says "For more information, visit the CMS website to view:" followed by "Chapter 26 - Completing and Processing Form CMS-1500 Data Set". A small "Click Box" label is positioned over the URL. On the right, a larger white box with a blue border contains the title "Medicare Claims Processing Manual" and "Chapter 26 - Completing and Processing Form CMS-1500 Data Set". Below this, it lists a "Table of Contents" with a red note "(Rev. 01/03/11-01-14)". Underneath is a section titled "Transmittals for Chapter 26" with a list of items including "10 Health Insurance Claim Form CMS 1500" and various sub-sections like "10.1 - Claims That Are Incomplete or Contain Invalid Information" and "10.8.1 - Assigning Specialty Codes by Carriers and DMERCs". At the bottom of the slide, there are "Back" and "Next" navigation buttons.

Text Captions: References:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>

For more information, visit the CMS website to view:

Chapter 26 - Completing and Processing Form CMS-1500 Data Set



The image shows a training completion screen. At the top left is the First Coast Service Options, Inc. logo, which features a sailboat on a wave. Below the logo, the text reads "FIRST COAST SERVICE OPTIONS, INC.". The main text in the center says "This concludes training on:" followed by "How to avoid rejects and denials on the CMS-1500 (02/12) paper claim form (Item 11)". At the bottom left, there are two buttons: "Back" with a left arrow and "Try Again" with a right arrow. On the right side of the screen, there is a red stethoscope. The background is a blue gradient with a wavy pattern.

Text Captions: This concludes training on:

How to avoid rejects and denials on the CMS-1500 (02/12) paper claim form (Item 11)