



FIRST COAST
SERVICE OPTIONS, INC.

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

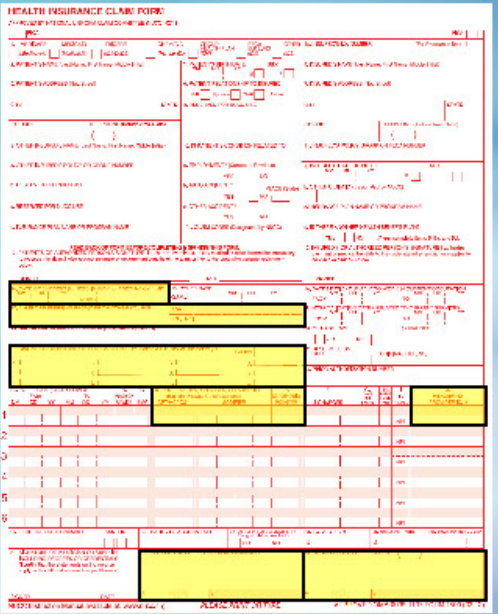
Start ▶

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

This training will concentrate on the physician or supplier information section and will cover the following items:

14
17, 17a, 17b
21
24D, 24E, 24J
32, 32a, 32b
33, 33a, 33b

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The image shows a screenshot of a Health Insurance Claim Form (HCFA-1500) with several sections highlighted in yellow. The highlighted sections include: Section 1 (Patient Information), Section 2 (Insurance Information), Section 3 (Physician/Supplier Information), Section 4 (Billing Information), Section 5 (Diagnosis Codes), Section 6 (Procedure Codes), and Section 7 (Other Information). The form is titled 'HEALTH INSURANCE CLAIM FORM' and includes various fields for patient name, address, insurance details, and medical codes.

Text Captions: This training will concentrate on the physician or supplier information section and will cover the following items:

- 14
- 17, 17a, 17b
- 21
- 24D, 24E, 24J
- 32, 32a, 32b
- 33, 33a, 33b

Item 14

Reminder: For all date fields other than date of birth (items 11b, 12, 14, 16, 18, 19, 24a, and 31), all dates shall be one or the other format, 6-digit: (MM | DD | YY) or 8-digit: (MM | DD | CCYY). Intermixing the two formats on the claim is not allowed.

Enter either an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of current illness, injury, or pregnancy.

For chiropractic services, enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of the initiation of the course of treatment here and the X-ray date (if applicable) in item 19.

Note: Although space for a qualifier is included, Medicare does not use this information; do not enter a qualifier in item 14.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

MM	DD	YY	QUAL
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Text Captions: Item 14

Reminder: For all date fields other than date of birth (items 11b, 12, 14, 16, 18, 19, 24a, and 31), all dates shall be one or the other format, 6-digit: (MM | DD | YY) or 8-digit: (MM | DD | CCYY). Intermixing the two formats on the claim is not allowed.

Enter either an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of current illness, injury, or pregnancy.

For chiropractic services, enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of the initiation of the course of treatment here and the X-ray date (if applicable) in item 19.

Note: Although space for a qualifier is included, Medicare does not use this information; do not enter a qualifier in item 14.

Item 17

Required if services are ordered, referred or supervised.

Enter the name and qualifier of the referring, ordering or supervising physician if the item or service was ordered, supervised or referred by a physician.

- The qualifiers appropriate for identifying an ordering, referring, or supervising role are as follows:
 - DN -- referring provider
 - DK -- ordering provider
 - DQ -- supervising provider
- Enter the qualifier to the left of the dotted vertical line on item 17.

Note: Claims submitted with a national provider identifier (NPI) and without one of the qualifiers notated above or an invalid qualifier will be returned as an unprocessable claim (RUC).

See [Claim completion FAQs](#) on the First Coast provider website for additional details for reporting referring/ordering providers. See also the [Ordering/referring provider FAQs](#) for additional guidance.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
	17b. NPI	

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Text Captions: Item 17

Required if services are ordered, referred or supervised.

Enter the name and qualifier of the referring, ordering or supervising physician if the item or service was ordered, supervised or referred by a physician.

- The qualifiers appropriate for identifying an ordering, referring, or supervising role are as follows:
 - DN -- referring provider
 - DK -- ordering provider
 - DQ -- supervising provider
- Enter the qualifier to the left of the dotted vertical line on item 17.

Note: Claims submitted with a national provider identifier (NPI) and without one of the qualifiers notated above or an invalid qualifier will be returned as an unprocessable claim (RUC).

See Claim completion FAQs (<http://medicare.fcso.com/FAQs/138141.asp>) on the First Coast provider website for additional details for reporting referring/ordering providers. See also the Ordering/referring provider FAQs (<http://medicare.fcso.com/FAQs/178035.asp>) for additional guidance.

Item 17a & 17b

17a DO NOT complete.

17b Required if services are ordered, referred or supervised. If the service is referred or ordered, enter the national provider identifier (NPI) of the referring/ordering individual provider only.

[Click Here](#) to verify the provider's NPI is eligible to order or refer services.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
	17b.	NPI

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Text Captions: Item 17a & 17b

17a DO NOT complete.

17b Required if services are ordered, referred or supervised. If the service is referred or ordered, enter the national provider identifier (NPI) of the referring/ordering individual provider only.

Click here (<http://medicare.fcso.com/faqs/answers/178043.asp>) to verify the provider's NPI is eligible to order or refer services.

Item 21

Report up to twelve primary diagnosis codes

- For dates of service on and after October 1, 2015 -- report ICD-10-CM codes. Enter the ICD indicator 0 as a single digit between the vertical, dotted lines.
- For dates of service prior to October 1, 2015 -- report ICD-9-CM codes. Enter the ICD indicator 9 as a single digit between the vertical, dotted lines.
- If submitting a claim with a span of dates for a service, use the "from" date to determine which ICD code set to use.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				ICD Ind.
A. _____	B. _____	C. _____	D. _____	
E. _____	F. _____	G. _____	H. _____	
I. _____	J. _____	K. _____	L. _____	

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Text Captions: Item 21

Report up to twelve primary diagnosis codes

- For dates of service on and after October 1, 2015 -- report ICD-10-CM codes. Enter the ICD indicator 0 as a single digit between the vertical, dotted lines.
- For dates of service prior to October 1, 2015 -- report ICD-9-CM codes. Enter the ICD indicator 9 as a single digit between the vertical, dotted lines.
- If submitting a claim with a span of dates for a service, use the "from" date to determine which ICD code set to use.

Item 24D, 24E, 24J

24D Procedure code applicable modifiers

24E Diagnosis pointer

Note: the reference will be a letter from A-L. This information appears opposite the diagnosis codes in Item 21. Relate lines A-L to lines of service in 24E by the letter of the line.

24J Enter the NPI of the rendering provider in the lower non-shaded portion. Do not report anything in the upper shaded portion of item 24J.

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	J. RENDERING PROVIDER ID. #
CPT/HCPCS	MODIFIER				

Text Captions: Item 24D, 24E, 24J

24D Procedure code (<http://medicare.fcso.com/FAQs/Answers/267326.asp>)

24E Diagnosis pointer (<http://medicare.fcso.com/fags/answers/158896.asp>)

Note: the reference will be a letter from A-L. This information appears opposite the diagnosis codes in Item 21. Relate lines A-L to lines of service in 24E by the letter of the line.

24J Enter the NPI of the rendering provider in the lower non-shaded portion. Do not report anything in the upper shaded portion of item 24J.

Item 32

32 For services payable under the Medicare Physician Fee Schedule (MPFS) and anesthesia services:

Name, address and ZIP of location where services were rendered for all locations.
Note: As of January 1, 2011, all locations (including patient's home) must be reported.

32. SERVICE FACILITY LOCATION INFORMATION

a.	NPI	b.	
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Text Captions: Item 32

32 For services payable under the Medicare Physician Fee Schedule (MPFS) and anesthesia services:

Name, address and ZIP of location where services were rendered for all locations.

Note: As of January 1, 2011, all locations (including patient's home) must be reported.

Item 32a, 32b

32a If reporting anti-markup services (formerly purchased diagnostic services), enter the NPI of the provider who performed the service.

- **Note:** Effective on or after April 1, 2015, for reference laboratory and anti-markup claims, billing physicians and suppliers are required to report the name, address, ZIP code, and NPI of the performing physician or supplier when the performing physician or supplier is enrolled in a different contractor's jurisdiction. Physicians and other suppliers will no longer be permitted to submit their own NPI in Item 32a (or its electronic equivalent) when the performing physician or supplier is located in another jurisdiction.

[Example 1](#) [Example 2](#)

32b DO NOT complete

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI	b.
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Text Captions: Item 32a, 32b

32a If reporting anti-markup services (formerly purchased diagnostic services), enter the NPI of the provider who performed the service.

- **Note:** Effective on or after April 1, 2015, for reference laboratory and anti-markup claims, billing physicians and suppliers are required to report the name, address, ZIP code, and NPI of the performing physician or supplier when the performing physician or supplier is enrolled in a different contractor's jurisdiction. Physicians and other suppliers will no longer be permitted to submit their own NPI in Item 32a (or its electronic equivalent) when the performing physician or supplier is located in another jurisdiction.

Example 1 (Puerto Rico): If a San Juan provider purchases a service performed by a provider in San Sebastian, the San Sebastian provider's address and NPI should be reported.

Example 2 (Florida): If a Jacksonville, Florida provider purchases a diagnostic service from a mobile provider located in Kingsland, Georgia, they would report the physical location and NPI of the provider where services were performed (Kingsland, GA).

32b DO NOT complete

Item 33, 33a, 33b

33 Billing provider's name, address, ZIP and telephone number

33a Enter the NPI of the billing provider or group.

33b DO NOT complete

33. BILLING PROVIDER INFO & PH # ()	
a. NPI	b.

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Text Captions: Item 33, 33a, 33b

33 Billing provider's name, address, ZIP and telephone number

33a Enter the NPI of the billing provider or group.

33b DO NOT complete

The image shows a presentation slide with a blue background. On the left, there is a white box titled "References:" containing a blue hyperlink <http://www.nucc.org>. Below the link, the text reads: "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 to view the NUCC presentation on the CMS-1500 (02/12) paper claim form." On the right, there is a screenshot of the NUCC website. The website header includes "National Uniform Claim Committee" and a navigation menu with items like "Home", "Announcements", "MIS Updates", "Education", "1500 Claim Form", "Code Sets", and "Resources". The main content area features a "New Update to 02/12 1500 Instruction Manual" dated March 20, 2024, and a section titled "Resources for Implementing the 02/12 1500 Claim Form" dated December 9, 2012. At the bottom of the slide, there are "Back" and "Next" navigation buttons.

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 to view the NUCC presentation on the CMS-1500 (02/12) paper claim form.

The screenshot shows a digital document viewer interface. On the left, a white box with a blue border contains the following text: "References:" followed by a blue hyperlink "http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf" with a small "Click Box" label above it. Below the link, it says "For more information, visit the CMS website to view:" and "Chapter 26 - Completing and Processing Form CMS-1500 Data Set" in red text. On the right, a white box with a blue border displays the title "Medicare Claims Processing Manual" and "Chapter 26 - Completing and Processing Form CMS-1500 Data Set". Below this is a "Table of Contents (Rev. 3/03, 11-03-14)" and a section titled "Transmittals for Chapter 26" listing various items from 10.1 to 10.8.3. At the bottom of the viewer 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 with a blue background. On the left, a white box contains the First Coast Service Options, Inc. logo (a sailboat) and the text: "This concludes training on: How to avoid rejects and denials on the CMS-1500 (02/12) paper claim form". Below this text are two buttons: "Back" with a left arrow and "Try Again" with a right arrow. On the right side of the screen is a 3D illustration of a red stethoscope with a golden caduceus symbol (a staff with two snakes and wings) superimposed over it.

Text Captions:

This concludes training on:

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