Completing a Paper CMS-1500 (02-12) Form

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect℠. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com/.

Overview

This supplement describes how to complete a paper CMS-1500 claim form. It is important that providers submit Claims to Harvard Pilgrim on the red and white version of the CMS-1500 form. Failure to do so will result in the claim being returned to the provider or claim denial.

Harvard Pilgrim requires that CMS-1500 paper claim forms be submitted with a valid National Provider Identifier (NPI) as the provider identifier. Paper claims must be submitted with a valid NPI in the correct provider fields on the form. Paper claims submitted without an NPI or without an NPI in the correct field location, will be returned to providers for correction and resubmission. It is important that providers submit claims to Harvard Pilgrim with the appropriate group or individual National Provider Identifier (NPI) to ensure timely and accurate processing and avoid rejected, returned and/or denied claims.

The CMS-1500 form can be used by:

- Independent providers, nonphysician practitioners, and other suppliers (e.g., laboratories, physical therapists, chiropractors, behavioral health providers, and durable medical equipment (DME) suppliers)
- Hospital outpatient/emergency departments

For help with Harvard Pilgrim's claim submissions guidelines, please call the Provider Service Center at 800-708-4414.

The "Type" column indicates whether a particular block is: **M = Mandatory   O = Optional   N/A = Not Applicable**

Form Locator Number	Name	Type	Instructions
1	Type of insurance coverage	O	Check appropriate box to indicate health insurance type
1a	Insured's ID number	M	Enter the identification number, (member ID), as shown on the patient's ID card
2	Patient's name	M	• Enter the patient's full last name, first name, and middle initial as shown on the patient's ID card. • If the patient uses a last name suffix (e.g., Jr., Sr.), enter it after the last name and before the first name. Titles (e.g., Sister, Capt., Dr.) and professional suffixes (e.g., PhD, MD, Esq) should not be included with the name. • Use commas to separate the last name, first name, and middle initial. A hyphen can be used for hyphenated names.
3	Patient's birth date, sex	M	• Enter the patient's date of birth (MMDDCCYY) • Check appropriate box to indicate patient's sex (M or F). Leave this field blank if unknown.
4	Insured's name	M	• Enter the insured's full last name, first name, and middle initial. If the insured uses a last name suffix (e.g., Jr., Sr.), enter it after the last name and before

Form Locator Number	Name	Type	Instructions
			the first name. Titles (e.g., Sister, Capt., Dr.) and professional suffixes (e.g., PhD, MD, Esq) should not be included with the name. • Use commas to separate the last name, first name, and middle initial. A hyphen can be used for hyphenated names. • When the insured and the patient's name are the same, enter the word "SAME"
5	Patient's address	M	Enter the patient's permanent mailing address and telephone number • On the first line, enter the street address; the second, the city and state; the third, the zip code and telephone number
6	Patient's relationship to insured	M	Enter an X in the appropriate box for patient's relationship to the insured when item 4 is completed
7	Insured's address	M	Enter the insured's complete address and the telephone number, except when the address is the same as the patient's, then enter the word "SAME" • Complete this block only when blocks 4 or 11 are completed
8	Reserved for NUCC use	N/A	Not applicable to Harvard Pilgrim
9	Other insured's name	O	Enter the last name, first name, and middle initial of policyholder or subscriber if another health policy exists
9a	Other insured's policy or group number	O	Enter the policy or group number of the other health insurance policy
9b	Reserved for NUCC use	N/A	Not applicable to Harvard Pilgrim
9c	Reserved for NUCC use	N/A	Not applicable to Harvard Pilgrim
9d	Insurance plan name or program name	O	Enter the other insured's insurance plan name or program • Attach an EOB from primary insurer, if applicable
10a, 10b & 10c	Is patient's condition related to: • Employment? • Auto accident? • Other accident?	M	Check Yes or No to indicate whether employment, auto liability or other accident applies to one or more of the services described in block 24 • Enter the two-letter postal code in 10b, if applicable
10d	Claim codes (Designated by NUCC)	O	Use this block to report appropriate claim codes to identify additional information about the patient's condition or the claim.

Form Locator Number	Name	Type	Instructions
11	Insured's policy group or FECA number	O	Enter the insured's policy or group number as it appears on the insured's health care identification card. If Item Number 4 is completed, then this field should be completed.
11a	Insured's date of birth, sex	O	Enter the insured's date of birth (MMDDCCYY) and sex, if different from block 3
11b	Other claim ID (Designated by NUCC)	N/A	Not applicable to Harvard Pilgrim
11c	Insurance plan name or program name	O	Enter the name of the insurance plan or program of the insured.
11d	Is there another health benefit plan?	M	Check Yes or No to indicate if there is, or is not, another primary health benefit plan: • For example, the patient may be covered under insurance held by a spouse, parent or other person
12	Patient's or authorized person's signature	O	Enter "Signature on File," "SOF," or legal signature. When legal signature, enter date signed in 6-digit (MM|DD|YY) or 8-digit format (MM|DD|YYYY) format. If there is no signature on file, leave blank or enter "No Signature on File." • If the patient's representative signs, the relationship to the patient must be indicated
13	Insured's or authorized person's signature	O	Enter "Signature on File," "SOF," or legal signature. If there is no signature on file, leave blank or enter "No Signature on File."
14	Date of current illness, injury or pregnancy	M	Enter the date of the current illness, injury or pregnancy (MMDDCCYY). Enter the applicable qualifier to the right of the vertical dotted line, to identify which date is being reported.
15	Other date	O	Enter another date related to the patient's condition or treatment (MMDDCCYY). Enter the applicable qualifier, to the left of the vertical dotted line, to identify which date is being reported.
16	Date patient's unable to work in current occupation	O	If the patient is unable to work, enter to and from dates that the patient is unable to work (MMDDCCYY)
17	Name of referring provider or other source	O	Enter the name (first, middle, last) followed by the credentials of the professional who referred or ordered the service(s) or supply(ies) on the claim. Enter the applicable qualifier, to the left of the vertical dotted line, to identify which provider is being reported.
17a	(Other ID#)	O	Enter the other ID number of the referring, ordering, or supervising provider. Enter the qualifier, to the immediate right of 17a, indicating what the number represents.

Form Locator Number	Name	Type	Instructions
17b	National Provider Identifier (NPI)	O	Enter the NPI number of the referring, ordering, or supervising provider.
18	Hospitalization dates related to current services	O	Complete this block when a medical service is furnished as a result of, or subsequent to, a related hospitalization (MMDDCCYY).
19	Additional claim information (Designated by NUCC)	N/A	Not applicable to Harvard Pilgrim
20	Outside lab?	N/A	Not applicable to Harvard Pilgrim
21	Diagnosis or nature of illness or injury	M	Enter the applicable ICD indicator, between the vertical dotted lines, in the upper right-hand area of the field to identify which version of ICD codes is being reported. Enter 0 for ICD-10 or 9 for ICD-9 based on date of service/discharge date. Enter the codes to identify the patient's diagnosis/condition. indicated by an industry standard ICD code number. Use the greatest level of specificity. • Enter up to twelve codes in priority order (primary, secondary condition)
22	Resubmission Code and/or Original Reference Number	O	Required for replacement claim. When submitting a replacement claim, enter the appropriate bill frequency code left justified in the left-hand side of the field. List the original reference number for resubmitted claims
23	Prior authorization number	O	Use this block to identify Harvard Pilgrim's pre-certification or authorization number, if/when applicable
24a	Date(s) of service	M	Enter the month, day and year for each procedure, service • Enter the date of service per claim line unless reporting a range of dates (MMDDCCYY) • If billing a range of dates on one claim line, the dates must be consecutive. Consecutive date ranging is acceptable for the following services only: Inpatient stay management - Hemodialysis management–use monthly CPT codes(s) only - Radiation therapy management–use weekly CPT code(s) only - Hospice care - VNA/home health care (includes therapies that are part of home care only)
24b	Place of service	M	Enter the appropriate two-digit CMS defined industry-standard place of service (POS) code
24c	EMG	N/A	Not applicable to Harvard Pilgrim
24d	Procedure, service or supplies	M	Industry standard CPT codes are required for all professional services

Form Locator Number	Name	Type	Instructions
			• Industry standard HCPCS Level II codes should be used to define pharmacy, DME, ambulance and other services specifically identified to utilize these codes • If provider contract specifies unique codes, provider must bill using them • When applicable, enter the appropriate CPT-4/HCPCS modifiers with the CPT-4/HCPCS codes • Use unlisted CPT codes only when necessary. If used, clinical supporting documentation must accompany claim *Note:* National Drug Codes (NDC) for drugs are to be reported as supplemental information in the shaded areas of Form Locator 24 beginning with the qualifier N4.
24e	Diagnosis pointer	M	Enter the diagnosis reference letter (i.e., up to twelve industry standard ICD codes) as shown in block 21, to relate the date of service and the procedures performed to the appropriate diagnosis • Enter a maximum of four diagnosis codes pointers if multiple services are being performed, enter the diagnosis codes pointers associated with each service • All medical and dental/oral surgery claims must indicate a diagnosis code for proper claims adjudication
24f	Charge	M	Enter the charge for each listed service. Negative dollar amounts are not allowed. Enter 00 in the right-hand area of the field if the amount is a whole number.
24g	Days or units or anesthesia minutes	M	Enter the days or units for multiple visits, units or supplies or anesthesia actual time (in minutes) Some services require that the actual number or quantity billed be clearly indicated on the claim form (e.g., multiple urinary supplies or allergy testing procedures). When multiple services are provided, enter the actual number
24h	EPSDT	N/A	Not applicable to Harvard Pilgrim
24i	ID Qualifier	O	Enter in the shaded area, the qualifier identifying the non-NPI number of the rendering provider.
24j	Rendering Provider ID number	O	Enter valid NPI of the rendering provider on every service line billed in the shaded area • Atypical providers should enter their Harvard Pilgrim provider ID in the upper, unshaded portion of this field locator • When applicable, enter the non-NPI number of the rendering provider in the shaded area
25	Federal tax ID number	M	Enter your physician/supplier federal tax ID (employer identification number—EIN) or Social Security Number (SSN)
26	Patient's account number	O	Enter the patient's account number assigned by the physician's/supplier's accounting system • Information entered in this block will appear on your Explanation of Payment

Form Locator Number	Name	Type	Instructions
27	Accept assignment?	M	Use this block to indicate whether or not the physician accepts assignment for the claim • By accepting assignment, the physician agrees to accept the amount paid by the third party as payment in full for the encounter
28	Total charge	M	Enter the total charges for the services (i.e., total of all charges in block 24f). Negative dollar amounts are not allowed. Enter 00 in the cents area if the amount is a whole number.
29	Amount paid	O	Record the amount paid by the other carrier in this block and attach the Explanation of Payment. Negative dollar amounts are not allowed. Enter 00 in the cents area if the amount is a whole number. • This block is applicable only when payment has been received from another insurance carrier prior to claim submission to Harvard Pilgrim • Do not use this block to indicate what the member has paid you for copayments, coinsurance, etc.
30	Reserved for NUCC use	N/A	Not applicable to Harvard Pilgrim
31	Signature of physician or supplier including degrees or credentials	M	Affix the signature and name of the supervising or directing physician/supplier and the date the form was signed.
32	Service Facility Location Information	O*	Enter the name, address, city, state, and ZIP code of the location where the services were rendered. *as applicable under federal and state law*
32a	Service facility NPI	O	Enter valid NPI of the servicing facility.
32b	Other ID	O	Enter the 2-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen, or other separator between the qualifier and number.
33	Billing provider information and phone number	M	Enter the payee's name, address and telephone number (i.e., the physician, hospital, medical/billing group) • This address is used by Harvard Pilgrim to return any rejected claims • Review box below for individual vs. group billing
33a	Billing provider NPI	M	Enter valid NPI of the billing provider
33b	Other ID	O	Enter the 2-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen, or other separator between the qualifier and number. • Atypical Providers should enter their Harvard Pilgrim provider ID

Special Considerations for Group and Individual Providers for Box 33

	Group Provider		Individual Provider	
Description	If you have historically submitted claims to Harvard Pilgrim using a single identifier for all providers within a group. Examples include: • Physical, occupational or speech therapy • Some ER, anesthesia, radiology or pathology groups • Independent lab • Ancillary facility (e.g., Home Care, DME, ART, Early Intervention)		If you have historically used a different identifier for each physician in the practice to bill for their rendering provider services. This individual provider identifier is also used by Primary Care Physicians as their referring identifier. Examples include: • Physicians within a group practice • Solo practitioners	
Paper Claim	**17b**	Referring provider NPI	**17b**	Referring provider NPI
	24J	Group NPI	**24J**	Individual provider NPI
	25	TIN1	**25**	TIN1
	31	Supplier signature	**31**	Physician Signature
	33	Billing provider name and address	**33**	Billing provider name and address
	33a	Group NPI	**33a**	Billing group NPI
	33b	Group NPI	**33b**	Individual provider NPI