



Proper Medicare Part B Claim Submissions

9/27/2023

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.





Today's Presenters

Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Carleen Parker









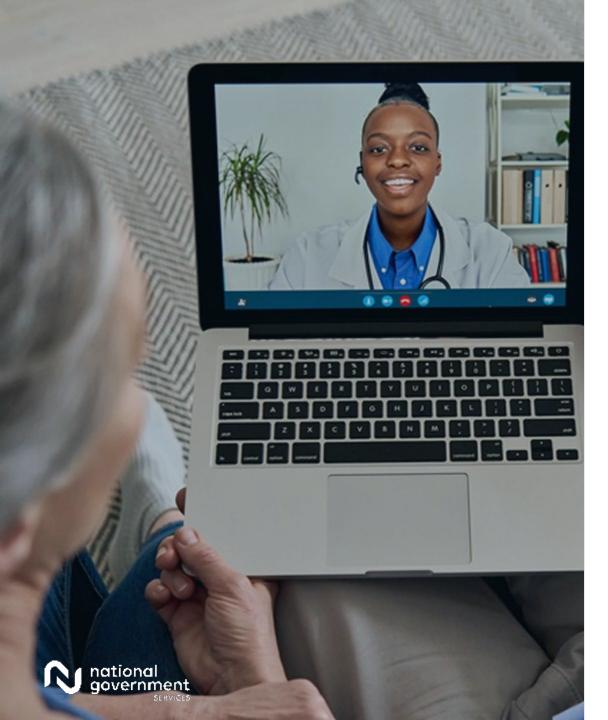


Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the <u>CMS website</u>.







Recording

 Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objectives

After completion attendees will be able to

- Familiarize yourself with claim submission requirements
- Avoid unnecessary claim denials and claim rejections
- Understand the benefits of electronic submissions





Agenda

Claim Form Requirements Claims Filing Time Limit Administrative Simplification Compliance Act Paper and Electronic Claim Overview Resources, References and Tools







Claim Form Requirements

Claim Submission Requirements

Paper

- Original CMS-1500 Claim Form
- Use an ink jet or laser printer
- Use Courier New font for computer-generated claims
- Ensure no lines from the printer cartridge are anywhere on the claim
- Use Pica 10 or 12-point typeface for claims typed
- Use upper case letters for all claim data
- Data should not be touching box edges or running outside of numbered boxes
- Cannot contain more than six service lines per claim
- No stickers, bold, italics, or underlining
- Electronic or paper
 - Do not use narrative or handwritten descriptions
 - ✓ Procedure, modifier or diagnosis
 - Do not use special characters
 - \checkmark hyphens, periods, parentheses, dollar signs or ditto marks





Time Limits for Filing Medicare Claims

Claim Filing Time Limits

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - \checkmark Beneficiary cannot be charged
- Exceptions
 - MLN Matters[®] <u>MM7270 Revised: Changes to the Time</u> <u>Limits for Filing Medicare Fee-For-Service Claims</u>
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization





ASCA Regulations



- Requires most providers to submit all claims electronically
- ASCA regulations exceptions include
 - Providers submitting less than ten claims per month
 - Physician/practitioner/supplier with ٠ less than ten full-time equivalent employees
 - Medicare tertiary (third) payer claims
 - Certain mass immunizers •
- ASCA Requirements for Paper Claim **Submissions**





Claim Form Overview

CMS-1500 Claim Form (02/12)

	HEALTH INSURANCE CLAIM FORM
Beneficiary	
data	
Provider data	
	Operating to gate on a strategies DB A. For gate of a strategies DB DB



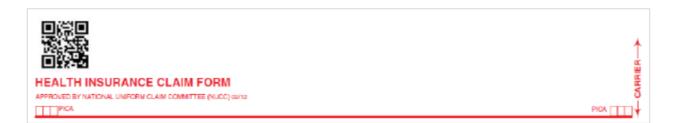


NUCC Approved OMB

Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	
A DECEMBER 1, MARK MARK 1, MARK MARK 1, MARK MARK 1, MARK MARK MARK MARK MARK MARK MARK MARK	·m
Product State Product	1
1 1	_
The importance of the imp	
DP 0004 ED PP 0005	_
PERSPECTION PART PART </td <td></td>	
NEERENGEND VOLVOOL INE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INEE IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET IL ALTO SERVET REERENGEND VOLVOOL INTERENT SERVET IL ALTO SERVET <td></td>	
Name Construction Construction Elements Later match of models and matches and match	_
No.2 Proc. 2014 0.1 10.441 (10.652) 0.1 10.441 (10.652) 0.1 0.44	
A Control of Automatic Control of Contr	
B Josephinistican Balan Balan Balan Balan Cogli C B Balan Andread Balan B	
BATE SATE BASE 2017 (F) (1994) (199	10
L (1) 1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
Interface Control Contro Control Control <	
2.0000000010000000000000000000000000000	-
0 0	
1 1 0	
20 200 11 11 12 12 12 12 12 12 12 12 12 12 12	
	22.0
a mana na ci anna an a	LICC LAW
In Inservice Information Information In Section 2016 (Section 2016) (Section 201	



- Office of Management and Budget
 - OMB-0938-1197 1500
- 1500 Health Insurance Claim Form
 - Header
- QR code





TAL THE INCLUDENCE OF ANY FOOTH		
EALTH INSURANCE CLAIM FORM		
111944		PEAT
	and the same the part	Is NEWED TO HAND? If a Region of the Fil
Print Print Latren for here Men wild	a Man Name and an	A DOUBLESSING CALINER FOR NEW MIDE
ACTIVATION IN CONTRACTOR	A PARAMENTAL CONDUCT CONDUCT	T HAPPETS COTTO IN . HAP
an fear	Ter Typestal 210 1910	Lan Intern
Allower and a second	a reason of the second	PERSONAL PROPERTY AND
SPICE PROFILE PROFILE		Dr stati
I DESCRIPTION AND DESCRIPTION OF THE OWNER AND A DESCRIPTION O	In an other to be not show to be	The manufacture and the second s
CONTRACTOR AND A CONTRACTOR OF CONTRACTOR	a 1991 (1980) The Garden as Transact	A DE REPORTE OF STATE
A MORENES FOR ANY OR		a cover covery every set in 1923
NUMPER TO WARTING	a on-an wooden't	a televisione de la mora annale
I HERRICE PLAN HAR OF SCHOOL HAR	10 - 11 - 1 - 0 - 0	A 10 YOF WATER AND AN ADDRESS TO ADDRESS TO ADD
		The The Avenue and the Line and
 Providence de la construir de la const esta construir de la const	a a model belowing the standard standard and a standard below of a standard s	In Instances in the second sec
NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	CHIR CALL	A rest Water News Dance and the Origination
G.M. 19		And the second s
	N 141	10,01 0.02 0.02 0.00 0.00 0.00 0.00 0.00 0.
a solution, committeer or pageauxy with		Tes No I
Distances of the process of the August	ALC: NO THE REPORT OF	AL DESCRIPTION OF THE OWNER, NOT THE
		The second se
Dir A Del Trip OF BETWEE B C D D Auge Trip Trip Trip D D D D MM Dir Trip Trip Trip D<	Allowing and the second	Committe data in Advicement
		I COMPANY IN THE REPORT OF
N HORN THE D MARKS MICH IN THE PARTY OF	ACCOUNT OF A STATE AND A STATE	A TOTA OWNER TO ADD AT THE REPORT OF
PERMIT PERMIT PERMIT	ALL	it many second and the set
control to the control of the second and application of the second and application of the second and applications of the second		
		and the second sec
	and the second se	 A second s

When submitting your claims to Medicare, the Medicare box shall be checked; otherwise, your claim(s) will be rejected and returned

1.	MEDICARE	MEDICAID	TRICARE		GROUP FEC	A OTHER
	(Medicare#)	(Medicaid#)	(ID#/DoD#)	(Member ID#)		LUNG (ID#)

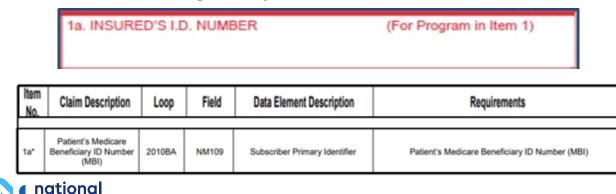
lte No	Claim Description	Loop	Field	Data Element Description	Requirements
			SBR09	Claim editing indicator code	Must = MB for Medicare Part B
1	Type of Health Insurance	2000B	SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)

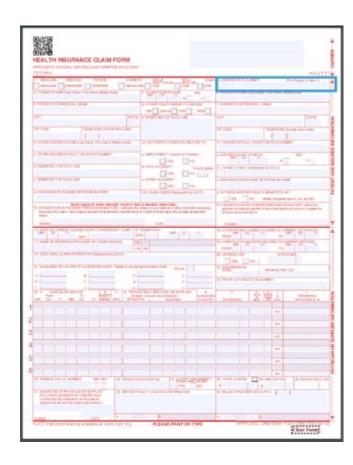




Line Item 1a

- Enter the patient's Medicare MBI as it appears on patient's red, white and blue Medicare card for all Medicare claim submissions (primary or secondary)
 - Term "Medicare number" and "Medicare ID"
- MBI is 11 characters in length and made up only of numbers and uppercase letters (no special characters)
- Lowercase letters will be converted to uppercase letters
- MBIs are assigned by SSA







EALTH INSURANCE CLAIM FORM		
HOUSE BY ANTICASE UNITORIE SUMMORPHETTER SEASON	240	
Decr		PC9 [T
andure manual restore		The RECORD STD HOMES
CONTRACTOR CONTRACTOR CONTRACTOR	To a final factor final and	a country want carriers from an other of a
	LE PRIME RELATIONARY TO YOUR REP.	2 YO REPORT ADDRESS OF STREET
re Ter	THE RESERVED FOR MICCI UNK	lana lanan
CORE TELEVICE INFORMATIC CORE		24 CEE
the survey was the set of the set	NUMERAL CONTRACTOR OF THE PARTY OF	TO PROPERTY PROPERTY OF THE PARTY OF
THE NUMBER POLY IN DOM: NAMED	+ EMPLOYMENTY Character Provided	a manufic score of second
CONTRACTOR NOTINE	144	
	RAUTO ADDEDITY PLATE (BAN)	a contraction pergraphy with
CERTER FOR HER CHE	< 01489-40088411	a INSURANCE FLORI NAME OF PRODUCTION OF WHILE
NUMBER OF STREET, STRE	FEE DEAL DOCUMENTS	A GUTHERE MUCTHER HEALTHINE BUILT HAVE
		100 TO Byon conunt fore is in and int
READ BACK OF FORUMETORIE DOUBLE PATENTE-OF AUTOROLOGY PERSONNEL SOLUTIONE FACING Concernent Society of a concernent solution	CTING & DEPART DEDITIONS. In the research any number is other intertraction researching when to mean the table party who accepts as represent	In Address & M. A.P. (Math. PERSON'S Science PE) where separate in metals benche inference open provide a sugger to entran-desired being.
and a		
And the second second second a second s	Late	a parately and hear to store a crafter. Of carefy
CEAL COMPANY OF COMPANY.	0.8 MI II II	100
	175, 149	and the strength of the streng
all the second second second on the parameters of the		D. GATERELART BUILDINGS
Distancial of sufficiently submitted in survey facal as a	CONTRACTOR DATA DATA	E. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO
	6	In these sufficients have been as
A DATE OF NATION AND ADDRESS OF NATIONAL DATE	Reduct Dates of Concession of	a and a spectrum
and the second s	Serve works Friede	10yout in IV an mouth to
TITTT		
DELLET DELLET		1 1 1 1 1 m
Del del del del del	the last starts	Lange 1 and 1 and 1 and
HERPA, PACIE HONER BIN BY DIS 28 FUTO	TRACTOR AND TRACTOR	20 TOTAL CHARGES 20 MARCINE FIELD
INCLUDED OF PARTICULAR OF BUPPLES	In the second se	as automotion reporter (
HIGLADING DECOMPLIE OF CHECKING (HUGH 2 GEPT, That the decimants on the least so upper to the sill and ecomous a per french (

 Patient's last name, first name and middle initial list exactly as it appears on the patient's red, white and blue Medicare card

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

	ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
Γ			2010BA	NM103 NM104	Last Name First Name	
	2	Patient's Name	or 2010CA	NM105	Middle initial	Enter the patient's name as shown on their Medicare card
L			London	NM107	Suffix (e.g., Jr. Sr.)	





 Patient's eight-digit date of birth (MMDDCCYY) and check the appropriate box for patient's sex

3. PATIEN MM	IT'S BIR DD	TH DATE YY	SEX	
		М	F	

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
3	Patient's Birth Date and gender	2010BA	DMG02 DMG03	Birth Date Gender	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8

EALTH INSURANCE CLAIM FORM					
PROVID BY INFORM, UNPORTOLAN COMMITTEE INFOS					PEA LT
MEDICARE MEDICAS TRICKIE D	NEW CE DE LA COM		In HEARDING SU	41.5 7	te Propiet in Met 11
PATIENT'S INVESTIGATION FOR THE PATIENT CONTRACTOR	NEW CAL WAT	104	A PERMITE NAME &	artropos, First Native, NAX	fw 1104)
FATERTS ADDREE IN . BAR	ANA 00 1 11	66 F	T DEPECT ACRES		
	ther happens (THUT'LE S GOTES	or other, spread	
	TATE & PERSONNEL FOR HUCC	1981	OFF.		SPATE .
FOOR TELEPHONE INCIDE AND ONE			24P (COM	10.07-016 (9)	charts Area Cooke
CPLED NOLHEETS SAME Cart Name. Rest Name. Master Parts	IN IN THIS PARTY SCHOOL	WHEN HE NO	H. MERIDIO POLICI	STOLF CREECANON	64
OTHER PROVIDER FOLLOW OR GROUP MANUEL	* EMPLO-MENTY JOANNE	a franken i	a minimutant of	Dettine .	80.0
HERITAL FORMUL UK		- mp.	· ND. MILLAL CA		1
NEW YOR YOR WALCE VIE	IS AUTO ACCOUNTS	PLACE class;	& OTHER CLAIM ID (D	COUNTRY IN THE PARTY IN	
RESERVED FOR NOTE UNK	C OTHER ACCOUNTS		a PROVINCE PLANT	INTER OF PERSON NAME	
INDUSTRIES PLATING OF PRODUCTING	NOR CLARN CLOCK CHARP	hand the		INSAUTH BOILD PLANT	
BLAD EACH OF FORM BETORE COMP	LETING & BRANN THEFTON.		IS INSPECTS OF AUT	HORESS PERSONS INC	ALC: UNIT & administra
BEAD EACH OF FORM ALL OF COMP AND EACH OF A COMPANY AND A COMPANY AND A COMPANY A COMPANY AND A COMP	On the minimum of any method or other cathor to myself at the party minimum	replic and provide	depresent of inectical to one water deport and to	81-070 E 7-1 4-08-101-10	b-local o in the o
scelo	pare		BURD		
DATE OF COMPANY ALL-REAL PROPERTY AND PRODUCED CT ALMON	Gene Here	10.j	HE DATED OF BALL	entra Theorem at Cold	Beu Gernen de
unte ca aparanto succeptor ca caran acorece	104		IS HORFTAN THINKS	CARE AN ARE TO DE	and generalized
ADDITIONAL CLAMITER COMPANY Designation by NUCC	47a 189		DI CATINGGLARY	TO BOHAN	CORTS.
Distriction OF CATCHER OF LIVERS OF ALLOWY PALAR IN	E OF STATISTICS (SEE STATISTICS)	10	1		
	e		- Statements	CERNE, NO	NG
		- C	20 HILDRAUTHORIZA	COLORI NO. NAME IN	
A A DAYLIN OF SIRVICE 0 C D I Prom Ta RECO AN DO Y MA DO Y ROUT THEN IT	Repair of the second of the second se	PLIES E DIAGNORM	P. BOIMEDER	응 물 :	epiceneo monore o a
	and a state	1 I	1		
				101	
				101	
		1.1.		101	
TTTTTTTT	LIL		L 5.1	1 100	******
S PEDERAL TAS ID IN AMERICA INFO DIA DATA	INT'S ACCOUNT NO 27 AC	115.485.485.77	IN TOTAL CHARGE	28 ADDATE Page	30. Parat La 10.000
		Circle B1			
INVESTIGATION OF OPERATION AND AND AND AND AND AND AND AND AND AN	KER FACILITY LOCATION APPORTA		II BLUE PROVORP	morner (,
appythene at any convicts a part flament)					

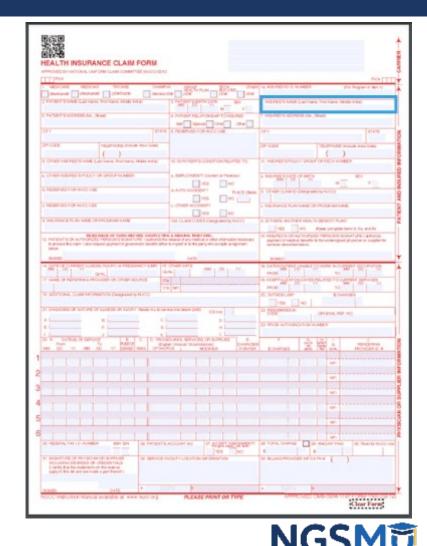




- Name of the insured, if there is insurance primary to Medicare, either through the patient or spouse's employment or any other source
- Enter the word, "same," when insured is same as patient
- When Medicare is secondary payer (MSP), items 4, 6, 7 and 11 are required items

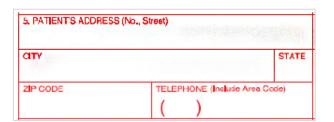
4. INSURED'S NAME (Last Name, First Name, Middle Initial)

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Insured's name (When there is insurance		NM103	Other insured last name	Enter the insured's name. Required if any other payers are
4*	primary to Medicare,	2330A	NM104	Other insured first name	known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information
	Items 4, 6, 7, and 11 are required items.)		NM105	Other insured middle name	reported in the 2010BA Loop does not repeat in the 2330A Loop.

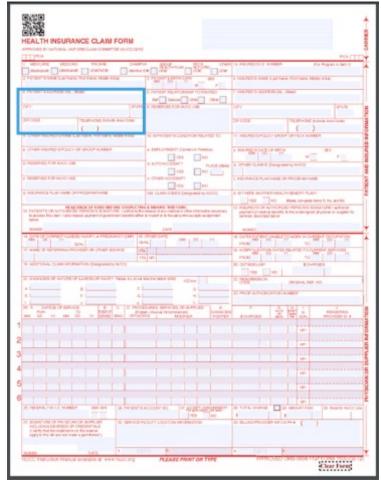




- Patient's street address on first line, city, state on second line and ZIP code and phone number on third line
- For home visits rendered in state other than patients home address, enter in Item 5 the patient's mailing address and line item 32, enter complete address, including ZIP code, where the service was actually rendered



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
			N301	Subscriber address line 1	
	Patient's address and		N302	Subscriber address line 2	
5	telephone number	2010BA	N401	Subscriber city name	Enter the patient's mailing address
	terepriorie number		N402	Subscriber state	
			N403	Subscriber ZIP code	







EALTH INSURANCE CLAIM							
TORES AND A LANCE CAR COMPT	IF WACO ID/D						HALTT
MOONE MOOD THONE	COVER 1	- Richard	R.C	CT-6P	IN REPORT OF RANK	19 Pe	Paper or Sec. 9.
Standingsondt 🔄 Standingsondt 📄 Standingsondt Einst Bland Standingson, Stradingson, Schooler ware		a contraction	100	100	A HOUSE OF SMALL AN	Form, Freiherm, Math	10.041
PATIENT'S COVERNMENT AND			-	- 11	HARD I KNOW	a. Test	
Di la constante de la constante	Inves	- Set 17 Space		ceu 🗌			
		A PERFORMANCE			0.00		414-10
PORE 15,0100 (-)	New Chillion				29-0000	10.0104.94	on even lines
CARDING REPORTED AND CARDINGS IN CONTRACT OF	Interview.	10 IS PARAMENTS O	NUMBER OF STREET	NE 95	IN NO. PERSONAL OF	ALLE DEPENDENCE	
Chief House SPOLCH OF SHOLF KARES		. BRUNNER			a mangated or	PID+	1811
HEREFALL FOR INCO. SHE		L AUTO ACCERNI	and the second second	ACT. (Base	A STHE GAVE DO	M	1
NUMBER OF STREET, STR.							
					s manufacti familan	ALCO PRODE AN ANAL	
NUMBER OF STREET, STRE	50 0.44 (000 Desp-renty 600)			a in traffic an internation of a line and the anti-			
NEED TAKES OF TORN BETT	er cover, inter	A DESCRIPTION TO BE PORT	o the stand	-	IN WRAPPED'S ON MUTH	INCOMPANY AND A DESCRIPTION OF THE PARTY OF	C.P.C. Lawrence
Express to day 144-report power's prevention	and invalle after	k mpallo k ha pr	Annual an	prost.	arway docided her		
Boot -		(orth			0.242		
AM 00 11 ((14)	-	a.1	121	n -	HICH HICKNEY	10	1 1 1
Frank of electronic encoder on other ac-	10	an internet			IN HOME AND	TO TO	BU BUNNERS
I ADDITIONS, CLAM INFORMATION DAMAGNEERS	9/00					E Donte	
Conduction of non-Performance of non-Per	Telah Au, Brann	an the later (HD)	100 848		II STRAMOCH	Children, Stat. 14	
		_		-	21 HUR ADVISOR	Do to Allen Pr	
A Define de same da la la la		CALL BALANS	60	1.6	100.00		_
AND IN MALE OF STREET	1 1 1 miles	et Unional Gertalination	CONCERNING AND	Construction of the local division of the lo	-	言樹品	NO-CENHO INCOMENT &
	1	LI	1			1011	
	1						1
	-					in in	
	_					101	
	1					1 100	
Ind Indiana India	1					1 100	
						-	
R PERSA THIS IS A MER. BIN DO	a MORT	CODANT NO.	7 NGT 4	2 CENT	SI TOTAL CHARGE	Distantion Party	10 Avenue ALCO IN
N BONITURE OF THIS SHALLON BUTTLES. NOU-SHALLON BUTTLES OF CREEDINGLES	D REPAILS IN	CLITY LOCATION O	POPMATCH	Leil.	21 BLAS POYCER 6	POLINIE ()	
I can'ty it at the statements on the reverse of significant of and all makes a part from the							

Complete this line item only when Items 4, 7 and 11 are completed



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
6*	Patients relationship to insured if (Complete this Item only when Items 4, 7, and 11 are completed)	2320	SBR02	Required when MSP is involved 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship	





- Insured's address and telephone number when Medicare is secondary payer
- Line 7 completed when Items 4, 6 and 11 are completed
- Leave blank when Medicare is primary

7. INSURED'S ADDRESS (No., S	itreet)	
СІТҮ		STATE
ZIP CODE	TELEPHONE (Include Area	Code)

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements							
	7* Insured's address and telephone number (Complete this MSP claims) 233		N301	Other subscriber address line 1	Enter the mailing address of the insured. Required if other							
		telephone number (Complete this MSP 2330A								N302	Other subscriber address line 2	payers are known to potentially be involved in paying this claim
7*			N401	Other subscriber city name	and the information is available. If the insured is the patient this							
			N402	Other subscriber state code	would be blank and information reported in the 2010BA Loop							
	onannoy		N403	Other subscriber ZIP code	does not repeat in the 2330A Loop.							

HEALTH INSURANCE CLAIM FOR					
AMOUNT INSTANCE CONTRACTOR					1
1 MERCARE MERCAGI TROOME	100 A 100	Bildue chain	Is NO.POLYD I. N.S.	463. 64	Price
T STANDARD CALIFORNIA	man cos Carton and	Not the local			
	and the state of	M F	a manere une co	al have feel have hidde	
a decision a content per la very	to Particle HELATION	Chell Chell		- Jul, colours	
at r	STATE & PERSONNEL POP INCO		atv		STATE.
prome Inservice active way for	84		9-100	TRAFFORD AND	on over lotte
()		en su a se	1.1.1	()	
 Open and address of the state o	10 10 10 10 10 10 10 10 10 10 10 10 10 1	NOVIEL PRE TO			
A CHER-MERSING OF WARP WARP	A BAPLOHADATT JUNE		A REPORT OF A	antes -	181
A RESERVED FOR MUSIC LINE	L AUTO ACCENT	PLACE (Base)	A CTHEF CLASS D (D)	R DOT WING	P.11
C RENAMINE FORMULE UNI					
- Hearing Portuge Unit	C CTHEN ACCOUNT		- Harrison - Anna	ast of Proof Asheet	
E INDORANCE ACTIVITIES OF LANCEMENT AND	THE OLAW COURSE (Inc.	graining 4000	10 10 THEFE AND THE I	HEALTH-BENEFIT PLAST	
BLAD GALLA OF FORM ANY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ON	PLOTES & DEVICE THE FORM	and the second second		 Pyers, complete territori, e., etc.; etc.; Popelac, Acti, income medite & the action operation photon. 	Construction of
to prove the claim is an impact puppert if graninal time taken.	the effective property of the persymptotic	stoph supremit	and an described in	tion	NUL IN SUGAR TO
31940	[147]		B-SHED		
The Date of Control of Control of Maline Accel	(Q.A.)	10.1	or transferring to	ARE TO HOR IN CAMPO	Di D
IT was to shreeve records to their scores	476	and and and a second	N. HOBER AND IT ON O	Safety recurse to curse	of spectrum.
18 REDTONE, CLAM RECENTION DAMAGEMENT, PLOT	175 60		20. CLF WORLARY	10-	19
2. Distriction of fair the of Long III of Long II	A los en la				
+	-	1 1 1	20 PROCEMENTON	CRONK RP 10	
e1		-	an error in the pain	The second re-	
DA A EARLING OF DEFINICE 0 C C	PRODUCES BONCES ON S South Provide Commission Provide Commission	arrived to the	-	& H !	non-famous -
NAME TOO YO MAN TOO YY DOTHER CAND	PTHONG AND	a allera	# Orweger	an 14 20.	TRONDER D 4
		11			
THE FUEL THE	1 1 1			-	
	111			1071	
	and the second				
				441	
DE PEDERAL FAZ I D. HAMBER DEP DE DE PE	NEWTR ADDORF ND	AND ADDRESS	IN TOTAL DWATER	an another the	di ferensi nucc
In source of an access of a second se	And then the second data and the			meterie ()	1
d cards, that the statements are the sense of the sense of any statements are the sense of the					
and the state of the second					
acado pero *	PLEASE PRO		 		





EALTH INSURANC								
NOVES IN NUTCHEL ONE ONE TO AND	ELCONDUCTION OF THE	NOCCHERE.					Pick Pitter	
MEXCAVE DECKCHE	11113446	Owners	_ 82%.n.		168 16 90.9021010	IL MEET	For magazine barris	
Adultational Adultation International Intern			C INCOMPANY			Latine follow.	the second second	
AT ALL DAY OF A LOCAL DAY, MAN			un 100	M +	T HARRY AND			
APRIL 1 CONTRACTOR		10000	ter term	deal (and	1	No. in the second		
TY		17.17	-		OR F		0.10	
500E	LPARE HAR &	ten Crister			29-2224	THE BRIDE	F Priling man Cont	
)	
THE REPORT OF LAT			o la renera co	NUTION RELATED TO	11 140,00215100	ICT GROUP ON FREID IS	141.0	
and waters and the	onour superior		Distance of the		a MULTIPLE CAT	io mile	- HA	
			\$704XC07	D.ACE (B	to cover class	Computer ty roving		
and a fight state and						essel (A more and		
CONTRACT FOR MARCHINE	Solver weather		OIL CLARK CODER #	Designation (NOCC)		a servered excerned reduction for an end of the server of		
Million Con Public Construction of Color History Construction Color Construction	CHI CO THINK BUT THE	COLUMN TWO I	SEARS BIR FOR	N.	IS AVEAUST DA	ALT-CRIME PRESCRIPT	erent der allerie nit during nager fo	
European Process I altorogen	press parent	DOMESTIC OF BE	mused at \$1% period	forces appoint	ar the deside	eratur.	on plana a refer to	
B5407			2415		anto.			
CALIFORNIA CONTRACTOR OF THE OWNER				- 10 1 V	THE TAXABLE PARTY OF	NAME AND INC	William Street Street	
and the gas		Q.6. 27 1%		- m - m	HI HOPY STAT	Di SATELAND TS	appen ground	
LAND OF REPORT OF REAL	IN ON COMPANY ROLLING	0.00		[^m] ^m	A HOM AND A	No. of the second se	appen ground	
Land or Hermitian House	ul an or there eaus On Desperan ly 40	07 09.6 (7) (7)	-	-1 m1 m	Host Host Host Host Host Host Host Host	10 24 54 74 14 10 340	and Break	
and an annual sector of the se	en or men conv Or Degrade is to		-		1000 UP	10 24 54 74 14 10 340	ages grant,	
	lan on contract source On Despected to the cellin of mouth the	07 09.6 (7) (7) (7)	-		Host Host Host Host Host Host Host Host	20 20 20 20 20 20 20 20 20 20 20 20 20 2	ages grant,	
						100 100 100 100 100 100 100 100 100 100		
	lan on contract source On Despected to the cellin of mouth the				Hose Hose Do Control Land Do C	20 20 20 20 20 20 20 20 20 20 20 20 20 2	ages grant,	
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					Hose Hose Do Control Land Do C			
					model model <td< td=""><td></td><td></td></td<>			
					mod mod Hold Fig.201 p.ormal (Line) P. Ormal (Line) p.ormal (Line) 21 State (Line) p.ormal (Line) 23 Hold Line) p.ormal (Line) 24 Hold Line) p.ormal (Line) 25 Hold Line) p.ormal (Line) 26 Hold Line) p.ormal (Line) 27 Hold Line) p.ormal (Line) 28 Hold Line) p.ormal (Line) 29 Hold Line) p.ormal (Line) 21 Hold Line) p.ormal (Line) 22 Hold Line) p.ormal (Line) 23 Hold Line) p.ormal (Line) 24 Hold Line) p.ormal (Line) 25 Hold Line) p.ormal (Line) 26 Hold Line) p.ormal (Line)			

- Reserved for future NUCC use
- Not mapped electronically

8. RESERVED FOR NUCC USE





Line Items 9, 9a-9d

- Medigap or supplemental data is appended when claims are **not** automatically crossed over to medigap or supplemental insurer
- If same as line Item 2, list same
- If different from line Item 2 complete, name of insured
- Policy and/or group number preceded by Medigap or MGAP or MG or payer ID
- Medicare Coordination of Benefits Agreement

9. OTHER	INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER	INSURED'S POLICY OR GROUP NUMBER
b. RESER	VED FOR NUCC USE
c. RESER	VED FOR NUCC USE
d. INSURA	NCE PLAN NAME OR PROGRAM NAME



3			
EALTH INSURANCE CLAIM FORM			
PROVED BY NATIONAL UNIFORM CLAN. COMMITTEE INVCD. (EX. TTTYNCA			PORTT
MEDICARE MEDICARE THOME DAMA		N IN THE PETTY O NUMBER OF	a Programme Barn Tr
Shotsynet Meterial (CARSold Contract FAT2017 Link Law Same Prot Varia, Mala Hita)	A PARTY DISTORT OF	A NUMBER AND CARTANA FOR SAME AND	
POTENT E REPORTE No. INCO	A FUTURE FORMATION	2 NEWSCOCKER IN THE	
	Day Day Day	A STREET OF A STREET OF A STREET	
41		1071	114.19
TELEVISE PROF. Non Color		THE THE PARTY OF	Date from Links
()	IS IS AN INFORTED INCOMING INLATED TO	H MARRIELEN SALLE SALLE CERTICALINE	
CTHER MILLING HEAD'S CHILDREN AND R	+ EMPLOYMENT'S Consent or Processos	* NEL REPORT OF BRIDE	- H.H.
RESERVED FOR HADDING	S AUTO ACCESSION PLACE (BASE	In OTHER D.A.M.D. Designation to MICO	
NUMPER POP NEW YORK	C. CTHER KOODENET	I HELEWICE FLAN NAME OF PROCESSION	
NUMBER OF STREET, STRE	158 (LANCOLEC Stamputer in MACO	a la trans anches escrit singlet incart	
		TED ID MORE LITURIN IN	
Particular Control of Particular Control of the Control of the Particular Particular Control of the Particular Control of	A DEAMS BUILDED	THE INSURATION OF ALL WORKED PERSONS INTO payment of reacting fearable in the underlighted services rescribed paints	physical at and particular physical at an and particular physical at a second s
and the second se	a sector of a sect		
Party of County Contract and Contract of State	Cristin Salte	as particularly foreign (foreign or com-	Pri Sciencity
COLUMN THE PARTY OF THE PARTY	24 00 10 10 10 10 10 10 10 10 10 10 10 10	FRGB TD	
	h an	10.30 TU-	
ADDITIONS, CLARENT OPHIC Designation of HUCCO		10 OUTSOELLEF \$2000	0.0
TARABLE DESCRIPTION CONTRACTOR AND A REAL AND A	and the first state of the stat	D BED MARKED . OF CALL AND .	10
		23 PECK ALTHORIZATION IN MILLION	
	ELAND MANAGE OF BARRIES A		
A LANDE OF BEINDER B C D PRO- Num To RATO BAS AU DO IV MM DE VI IDIAL DAS DETAIL	POR MODERATE PORTA		PERCENSION PROVIDER D #
Inductor instanting in the			
Constraint and the second second			
		49	
In talk to be be the law		I I I I I	
TTTTTTT			
CHERRINA, THE OF MARKING MARK HAR AND	NUMBER OF STREET	In 1074, General 20 and and Page	ill. Statute mail: the
	199 40	1	
Inspectation of the increasion of inspectation increases because on the operation of the second support the last are truth a per formation	NOLTY COLUMN PROMATOR	II BUNCHOUGH MOLINA	
200 C C C C C C C C C C C C C C C C C C			



EMC Equivalent Lines 9, 9a-9d

- Medigap or supplemental data is appended when claims are not automatically crossed over to medigap or supplemental insurer
- Name of insured for Medigap plan and ID
- Insured group and plan number
- Enter the city, state and ZIP code of the insurer

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements		
	Other insured's		NM103	Other insured last name			
9°	Name (Last, First,	2330A	NM104	Other insured first name	Name of insured for Medigop plan		
	Middle Initial)		NM105	Other insured middle name			
		2330A	NV108	Identification Code Qualifier (MI Member Identification Number)	Medigap policy ID		
	Other insured's policy		MM109	Other insured identifier	Wedgep		
9a*	or group number (Medigap only)	2320	or group number (Mediana orbó) 593005 Pauer representative	P Primary S Secondary T Tertiary			
			SBR03	insured group or policy number	Enter the insured's group or plan number		
964	Other insured's date of birth and sex						
	Employer's name or	Frankows's come or	Feedbach come or		N401	Other payer sity name	Enter the city, state and ZIP code of the insurer. Required if an
66	school name (Medigop	23338	N402	Other payer state code	other payers are known to patentially be involved in paying this claim.		
	Address)		N403	Other payer ZIP code			
98*	insurance plan name or program name	23305	NV168	Other payer identification Code Qualifier	Nedigap plan only		
			NM109	Payer last or organization name			
			NN103	Insured's group/policy no.	1		





Line Items 10a, 10b, and 10c

EALTH INSURANCE CLAIM FORM			
WIGHED BY NATIONAL UNITONAL CLASS COMPTTER PLACE OF	10		
REDCARS MEDICAL PROPERTY CARD	The second second second second	A HARDSTONIA	Pica TT Na Piogram in Iam ()
Telefranet Alexander (CARDADA)			
Perfebrir Scholl Law Same, Free Same, Media Actia	a personal personal and	a risk REPS NAME Last Name Frei Name, Me	the trained
Particle of a second part, bear,	S PATENT HEAT DRIVET TO REARD	Processors contains you, insur-	
TY Iste	Def Space Over One		in the second seco
	E REMEVED FOR FLOOD VIEW	011	01410
P CODE TRUBPACHE INCOM AND COME			Costs Area Costs
COMPANY NEWSFILM	TE REPARENT'S CONSTRUCT RELATED FO	IL REPORT SHOP OF REARING	
	and the second second		
CTHER INSURED IN TOUCH ON GROUP NUMBER	a BPLO38511 (Genetia Previac)	A DESIGNATION OF BRIDE	
REMARKED FOR HILDS CAR	B. AUTO ACCESSION PLACE (Des	H. OTHER CLARCO (Des presently RUCO)	
PROFESSION FOR MADE ON		- HELPWICE FLAVINGE OF PROCEMENTS	
Contraction of the second strength of the			
REPARE AN AND OF PROVIDE SAME		In the twenty and the first state of the sta	
NEW DACK OF TODA THE DR. CONFLET	NO & BOOMS THE FORM	11. FULARING DA AJTACACIED PRATCHT IN	Automatical automatical
HEAD DACK OF YORK HEY DOEL CONTLET PATIENTS OF AUTO TAXED TRANSPORTED AND ADDRESS OF A D process Process of Auto Address of Address	to bright a life privation and a sprint	permit of restaut breaths is the underspect services described taxs w	the second secon
100	2478	and and a second s	
and a contract of the second s	Grade LAVE MAL CO 177	IN DRIVEN CHARLEND TO MORE IN COM	deu decreeuter
		IN HOMMAN DUTING DUTING HE WIND TO CA	W. D. V.
	17g age	10	
a additional contraction despression to con-		25 OUTBOILLART BOAR	A DE LA CALCOLINA DE LA CALCOL
SARAGED IN THE OF LARDE OF REATING ALLEY	ar not find balling (SAE) and the second	TO DECEMBER OF COLUMN NOT	100.
		IS PERSONAL PROPERTY OF THE PARTY OF	
A DATES OF METHOD B D D THE From To RATE OF DE THE AU DO TH AND OR TT SAME PART OF D	ADDITIES, SEPARATE OF BUTTLESS	a preventa and the second	RECEIPTER P
		1 1 1	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I F I F I I I I I	1 1 1 1 1		
of the local and include a set of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D PERSONAL TAX 12: 14: MERI DIA DIA DA PATRIAN	RECORDED TO ACCUT AND RECEIPT	28 TOTRI, CHARGE 28 AMOUNT PAID	ID Post for MACC Con
L BONNTUNE OF INFECTION OF BOTTLEN 12, MERGED		E BLASPONDE PERMIT	
INCLUDING DECREER OF CREDERITINGS Is carrier that the statements on the rower sta	HALF CONTACTOR OF CHARTCH	an munitimetropy and there	
appying the set and not read a part from to			
	P	· NOT A DECISION	
UCC Instruction Menal analiable at level functions	PLEASE PRINT OR TYPE	APPROVED CARDONS 11	Clear Form

- Employment, auto liability, or other accident involvement
- If checked "YES," identify primary insurance and submit to the primary and enter the twoletter state postal code for auto liability

a. EMPLOYMENT? (Current	or Previous)
YES	NO
b. AUTO ACCIDENT?	PLACE (State
YES	NO
c. OTHER ACCIDENT?	
YES	NO

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Is patient's condition related to employment?		CLM11- 1	Employment related indicator (EM)	Enter the name of the Insured's other insurance
10a,	Auto Accident?		CLM11- 1	Auto accident indicator (AA)	
b, c	Place (State)	2300	CLM11- 4	Auto accident state	Required if Related cause code (CLM11-1,-2) = Auto Accident (AA) to identify the state in which the automobile accident occurred.
	Other Accident		CLM11- 1	Other accident indicator (OA)	Required if Date of Accident (DTP01 = 439) is used and the service is employment related or the result of an accident.





Line Item 10d

- Medicaid crossovers are automatic via eligibility file-based crossover process
- Medicaid number preceded by MCD, when eligibility files are not updated with State Medicaid crossovers
- Not mapped electronically

10d. CLAIM CODES (Designated by NUCC)

EALTH INSURANCE CLAIM FORM					
Autores ex processo and complete solutions and complete solution of LLLLACY	al .				PEA [TT
MEDICALE MEDICALE THOME COM	and the state of the state	NO DISO	In the Person D in	ALC: PA	Popular Benti
FAT201T'S total Fat fame, Fest fame, Made total	a sector financial	182.1	-	Lastrana, Photoson, Mak	1114
PATIENT'S ACCOUNTS IN	In Particul State of Street Vices	* 1	ALL PROPERTY ACCOUNTS	Of Par. Share	
	Auf Space Data	08.0			
213 - 201	TR TO RESERVED FOR VECCOR				14/19
97-0001 TELEPICE (1990) Ann (1980)			24 CODE	TRAPHONE INC.	tale free Links
CONSTRUCTION AND ADDREED AND ADDREED ADDRE	IS REPORTED OVER DOMESTICS	ATEL 10	-	- sear or recorded	
CTHER NEEDED ROLLY OF BROLE-MARKED	+ BRIGHER Constants	-	· NO. OF CASE	or carry	
HERE A MILLION		0			10
	D = D	PLACE (BAR)	N OF HER LEARN CO.		
PERFECTOR NOCCOR	C CITHER ACCOUNTS	_	I HIGH AND FLAN	NAME OF PROCESSION AND	
INSURANCE PLAN AND CRAMINAL AND	The CLARE CODER Stamputer of	COVIN-		R HEALTH BENEFIT PLANT	
MUND BACK OF LODIE OF MAR COMPLY	A DESCRIPTION OF A DESCRIPTION			10 Pyre Longin her	ATLET ARTICLE
HE NO DESCRIPTION OF LODIE OF COMPANY OF LODIES OF LODIE	the things of a first party who accepts a	a agental	payment of readout services described	manufic to the protections of	April in and particular sta-
and a	Date:		10.0400		
Be a final thread where a method of the	COLUMN DATE MALE DO 1		In Dania Parine	And a second second	an Bonney Marrie
T same of terrorises monoton on chart sounds	176 - 40		the success of the lot of	OWER PELOTE NO CAPE	and spinster,
I ROTTONS, CLARINFORMITON DAMPING IN MICO	ere pas		IN OUTBOOLLARY	E Charles	
TO A DATE OF THE THE OF LODGING WILLING MUCH.	a statistica fue		The second secon	10	
				Charles, Harris	9/1
			D PROFILE PORT	a real to realize	
	Overside and write of a strength	A and	F	* # :	renciones
uar do er and do er jopung daes deri	ACPUS ACEINES	- Children	a conversion	10 10 20	INCODER D. A
111111					
			1	1491	
In the local sectors in the local sectors in the				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
and the local sector in the local sector is the sector of				1 100	
		-		999	
R PREASURE THE DRIVE THE PROPERTY	Charles and Life accent a	and the second s	In Solida, Georgian	en la	II. Real to real to the
	YES	No.	 CONTRACT 		
 Second Second Sec	I NOT THE REPORT OF		RI Buster Provide	R NPOLINIA ()	
appylities to entrate spectament (
1225 C 12					





Line Items 11, 11a-11d

1695		
EALTH INSURANCE CLAIM FORM	N)	
MININE MININE DIA		PICA []]
Michael Michael (CACICA)	+ CO CON TRANSPORT	IN THE RECEIPTING ROMANNY IN PROPERTY IN
PARTY CARL CALLERS AND ARE MADE INC.	A SUPPORT DATE TO A	a moltiPED'S habit 5 and mark. Find marke fullatio milate
NAMES AND ADDRESS OF THE OWNER	A PARENT RELEVANCE TO MARKED	7 YOLAND S ADDRESS (K. 1998)
274 (d)	INT SALEN CHART	011 99/8
P CODE PERFECTION PRIME AND CARE		DP CODE TELEPHONE departs was consi
()		()
Chiefe Managers Will Carryana, NYI Nana, Malla Mala	RE RE PARAMENTS CONDITION RELATED TO	IT MEANER FOURT EXCLA DRIVER MANER
OTHER WEARD'S POLICY OF SHOLP WAREP.	a SMPLOMENTY (Careal is Promoti)	a source the training of series
NEWSFILM FOR MACCINE	& AUTO ADDREATT PLACE citize	D OTHER CLARIC CHARGE IN RECO.
PERMIT PERMIT	L OTHER ADDORNTY	E DELEVANCE FLAN NAME OF PRODUCTS AN INSIDE
NUMBER OF STREET, STRE	THE DAM CODE STATE presed to POTOS	a retrieve with the reactive appendix to appendix the ave
		TES INC Mysle complete dame is the and its
READ BACK OF HIGH USE THE COURT A PATENTS OF AUTO-PACTO PERSONS ADDRESS OF A LANSA BURGED BAL DATE 14 COURT AND AND A DREAD ADDRESS OF A LANSA	Here a betreve term roles, Hereinstein der gestellte die Hereinstein ministerier hat te report o. bei petywise accepte accepteration	particular to be the tension of the underspeed physical in sugging to particular to exclude barrollin to the underspeed physical in sugging to some advantation takes in
and a		8941
a parte de curreler alleren ellert la mechanica dam	GAR AND AN IN IN	is presented transferred toward sources
T WHE DY REPERTING PROVIDEN OF CRUEN SOURCE	ru l	IN HONY LEATER NEW TO LEAD IN HER HER LEAD
2 ADDITIONAL CLASS OF CRIMINAL DAMAGEMENTS NAMED	CT2 381	Photo To
Construints of sectors of some state of some south		100 Dec 100
	Cine	22 CARE CHICAGO CHICAG
· · · · · · · · · · · · · · · · · · ·		The second
Parts To RADIO 4	STRUCTURE REPORTED IN SUPPLIES	n new new new
en de la me de la junea per del	Cut nxee each	100000 m W as month 14
	I I I I I	
distants in the last	- the ball in parts	1 1 1 1 1
THE DEPARTMENT	I INTERN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		I I I I I
		100 m
S PEEDING THE OF HEADERS - SHIT DIS TATION	S ACCOUNTING IN A CONTAINING MAN	28 TOTAL DIRECT IN AND AND THE PARTY INCOME.
	The first of the set o	A A A A A A A A A A A A A A A A A A A
Internet the Internet of Street and		a anne a succession of the suc
 Securitized on the security of security of a security of the security of the security of the security of the security security from all and security of the security security from all and security of the security. 		

- If Medicare primary, enter word "NONE" proceed to line Item 12
- If Medicare is secondary (MSP)
 - Insured's policy or group number and proceed to line items 11a through 11c
 - ✓ 11a-insured eight-digit DOB and sex code
 - ✓ 11b-leave blank
 - ✓ 11c-MSP plan name
 - ✓ 11d-Not required

11. INSURED'S POLICY GRO	OUP OR FECA NUMBER
a. INSURED'S DATE OF BI	RTH SEX
	M F
b. OTHER CLAIM ID (Designa	ated by NUCC)
c. INSURANCE PLAN NAME	OR PROGRAM NAME
d. IS THERE ANOTHER HEAI	TH BENEFIT PLAN?
YES NO	If yes, complete items 9, 9a and 9d.
.20 110	n yes, complete nome o, su una su.





EMC Equivalent Line 11

em Io.	Claim Description	Loop	Field	Data Element Description	Requirements			
		2320 or 2000B	SBR01	Payer responsibility P = Primary S = Secondary T = Tertiary *Note: If Medicare is Primary, use letter "P" and skip to item 12.				
1		2320	SBR03	Insured Group or Policy Number	1			
		2330A	NM108	Identification Code Qualifier (MI Member Identification Number)				
			NM109	Insured's identifier	1			
				Insurance Type Code	If there is an insurance primary to Medicare, enter the Insured's policy or group number. Required if other payers are known to			
11*	Insured policy group	2000B or 2320	SBR05	Indicator's must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if 2000B SBR01 = "T" or "S"				
	or FECA number	2300	CLM01	Claim submitter's identifier	potentially be involved in paying this claim.			
		2300	CLM02	Monetary amount				
			AMT01	Amount qualifier code = D	(Primary Paid vel) reason code			
		2320	AMT02	Monetary amount (Primary Paid Claim Level)				
		2320 or	CAS01	Claim adjustment reason code (CO, PR, OA)				
		2430	CAS02	Claim adjustment reason codes				
		2100	CAS03	Adjustment amount				
		L	CAS04	Adjustment quantity				
		2330B or	DTP01	Primary insurance adjudication date				
		2430	DTP02	Date time period qualifier				
			DTP03	Date paid				





EMC Equivalent Lines 11, 11a,-11c

Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P

tem No.	Claim Description	Loop	Field	Data Element Description	Requirements
ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2300 or 2400	CN102	OTAF amount	
			SVD01	Identification code]
			SVD02	Primary payer paid amount (line level)]
			SVD03	Medical procedure identifier]
		2430	SVD03- 1	Service ID qualifier]
			SVD03- 2	Service ID]
			SVD05	Quantity]
			NM101	Entity identifier code]
			NM102	Entity type code]
		2330B	NM103	Last name or organization	
			NM108	Identification code qualifier	_
			NM109	Identification code	
118*	Insured date of birth and sex-				
11b*	Employer's name or school				
		2320	SBR04	Other Insured Group Name	Enter the complete insurance plan or program name
11c	Insurance plan name or program name	2330B	NM103	Other payer organization name	Enter the complete insurance plan name
		2330B	NM109	Other payer primary identifier	Enter the payer ID of the other insurer







ALTH INSURANCE CLAIM FORM				
				POATT
Manual Januar Joanna I	Manual Store	COM COM STREET	a number	Hoper is then 15
ATENT DIAME Last Name, New York, Wester Brital	I PATISFY BREADING		will dued reason. First reason, 14435	10.04
VTD-754007881 PM. WHO	A PATIENT HELATIONSHIP		CREW IN. Head	
*				f in the
	and a reading romance of			0/478
CODE PERSONNER POLICE AND CO		294 0004	TREP-ONE INC	alle Avera COMI
()	e is shreet sound	NARLOTE TO IN ARLEND TO	COLOR DADAR CALIFORNIA	6
THEF HELPED'S FOLCY OF WORK MARKET	a MACOMON darant	no mo	Cit Cr maile	100 F
ENERAL FORMACE AND	IN AUTO NOCEBRITT		C Desparent NCC	
CHINES FOR ALCO AN	C Ches ACCOUNT	and the second s	ALL MARKE OF PROOF AN INVEST	
	() m	NO NO		
Science schemes of moderatives	101 CLAR CORE CARP	antiproco a sinere eco	THE R PARTY DESCRIPTION OF	and the section
NEWS DAMAGE BROTE BOAT	CE ORI E SECOND MELTING	damado-monetaria	Figure 10 Fyee, conplete terr	CONTAINS.
Context Residence in a company payment of generation failed	to the temperation is the party of case	an and an and an and an and	selosi queetta is ma ancernaginet p dectation	provide an alternation
49-61	04%	0.000		
Charles Complexity of the Comp	Conc. Las	10 17 Hore	er Severa Jowan P. Child	INT OCCUPATION
ARE OF THE THE REAL PROVIDES OF CHEM SCAPES	1041	NA HOAPTREES	Incardente anciette to bage	our persons
KOTICHE, CLAMINFORMATION Desprending WARD	C76 MP	FROM 20. DUTIENE LA	PD BCANN	
		and the second s		
Distancies of Notone of Elong in Oring Mr. Revel as	And we want to be a set of the se	and a second second	ON COLORADO IN	é.
		a 21 Million Autor	ONCOUNTY NAMED	
* 5410 0 MINOR 8 5 5	PROPERTY AND IN CASE			
DO TH MAY DO TH DENDE BAD	Bighe Unave Distributed Principal I Material	Contantino di Leorenza	10 m	PROVERED #
			A DECK STORE	
			-	
	in the local sector		1 1 1 1 1 1 1 1 1 1 1 1	
Debels In Debels In				
ALLENS, TAK IS MADELY DON DIN 10, For		TARA HER T	THE DI AND AND THE	the fraction of the
Basin Train (17 Anni Basin (17 Barring)) Marantina di Andreas (17 Charles) Traing Autor de Alderenia de Facement apply 11 fin de anti-antina e per famili (NOR THORF I LOCATION INFORMATION		ecentrosee ()	1

Signature and date

- Informed consent to release medical information for conditions or diagnoses regulated by Federal Statutes
- Statement permitting release of medical billing data related to claim



ltern No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Patient's or authorized person's signature (Release of Information)	2300	CLM09	Release of information code	This item authorized release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service when assignment is accepted on the claim.
12		2320	O106	Release of information code	I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes. Required when the provider has not collected a signature and state or federal laws do not require a signature to be collected. Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.



- Signature and date
 - This item authorizes payment of medigap medical benefits to physician

 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Insured's or	2300	CLM09	Benefits Assignments Certification Indicator	This item authorizes payment of medical benefits to the physician.
13	Authorized Person's Signature	2320	Q103	Assignment of Benefits Indicator	N No; W Not applicable. Use code "W" when the patient refuses to assign benefits; Y Yes

ALTH INSURANCE CLAIM FORM		
ROMED BY MICHAN, UNITO MICHAN COMMITTEE INVOC		Ro (
MENCARE MERCARE THOME OF	anna got an Ritan Or	an is warman a work of a hoper a set o
Madaanak () (Madaanak () (CARCHER ()) KARANT STANKE Caal Harva, Madahana (Madahani)		a with PETER Solid Coat hards, You have, Model (1984)
AND/TEXCOLOGIAN IN MILE	A Patight Pip, in children TO AD, PID	T ALL-PRETS OCCUPIED IN THEM
	ter taxes 0m tre	1
	STATE & REARING FOR NOCCHIE	and a second
0008 TELEPICER (1448 Ave 048	1. C	DF CODE TELEFOOR POLICE HALDING
THE OWNER COMMENTS AND AND AND		11 MARKED SPOLICY SAGAR CRIPTLY MARKED
THE MANUAL PLACE OF WOLF HOMES	a. EMPLOYMENTY channel of Pressue	A PREVAILABLE OF DREAM
COPACITY ACC OR		
ENDINE TO NOT ONE		a relative of the need of those ensure
INVESTIGATION AND DEPRESSION AND	VER CLAW CODER Designation by NOCCI	A STREET WORKS HEALTH BEAUTY NAME
INCASES OF FORE OF FORE OF FORE	COMPANIES STREET COM.	TO PROPERTY OF ALL PROPERTY PERSONS INVALUES ARRAYS
Sprana Rollan I are report popertral present to al	traiter to your to the pary we accept as operand	September of medical bandlis is the under-speed physicillar as supplier to services described balance
RVAD .	0478	BOHD
and and	Gam. 00 17	max at a set at a
read in advanced workeds on online source	17a	ALL HOLE ALL ALL ALL ALL ALL ALL ALL ALL ALL A
spurore createrous perhaps a erco		at series care strange
CONTRACTOR OF SUPERIOR OF SUPER-SPECIAL SUPER-SPECIAL SUPERIOR OF SUPER-SPECIAL SUPER-SP	to or warms and with the state of the second s	III PERMITTICH CHINAR AND NO
		D WORKSHOP DO NORE
* 10700 CE 10700 - 1 8 1 5 10	NOTIONAL AND IN ADDRESS OF ADDRESS OF	* 1 8 191 1 1 1
CO TY MH 20 YY DATE THEN C	PHOTO DOMESTIC	THE REPORTED AND ADDRESS OF THE PROPERTY OF TH
	I I I I I	
		1 1 1 4
	I I I I I	
		1 1 1
	I I I I I	
100	ENTE ACCOUNT NO IT ALOSS ADDRESS	4 4 A
PECLADINO DEGREESE OF OREORY THUS	HER FROM TY LOCATION OF DRIVING ON	a manufacture substance ()
5 or 65 the feat the regiments on the relations apply 10 the felt and something a part thread (
	HPT PLANT	• 9/0% • •
CO Instrumon Manual available at level hoot or	3 PLEASE PRINT OR TYPE	-Clear Farm



NA DAVE ALL PARTY	The set and a lower of the set	PEATT
104 104 104	Distance of the second second second	
a share the state of the	A HERE AND LANSING FOR SHERE HERE HERE	
A PATRIC MEAN OWNER TO AN ARD	T HERMEN'S ACCHEDIC No. UNKN	
	ob.	Tetate
		(tomo
IS REALIZED TO CONTRACT OF THE	THE PROPERTY POLICY AND ADDRESS STREET	
· DRUCHER Covers freed	a second state of a second	
140 ND		*
	is children and the present of the co	
a onen accoenti	A THERE AND A THERE OF PROCESSING	
	A DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY	
	THE R. Avenue and the	1010
IS & SEARCH THE FORM	participation interference in the anteriophet provides a	alteria ruggio in
e le report o la fro per précisionale a operant	to you approach only a	
Tell.	BOME .	
and the second s	HW31 10	Part of
	AL NORMAL WEIGHT CALIFORNIA THE ADDRESS OF THE ADDR	1 21
	an contacted accession	
ara-ina lagra Sali		
and an and a second sec		
	23 Mich. 4/14 (ROUTOLS, MARCH	
and any as a summer] a	- 2. 12 m	deea
POR MODER [POWTR	sounds an No an mo	1060 E.+
	and the second second	
I DI TI	I I I I I I I I I I I I I I I I I I I	
T I I I I	In the Internet Contractor	
ACCOUNT OF A DESCRIPTION OF A DESCRIPTIO		
100 100	E I I I I I I I I I I I I I I I I I I I	1
NOLT FLOCATION IN DIMETION	an museumouder enforment ()	
		Mill Biology County County County County County 1 State S

- Six-digit or eight-digit date of current illness, injury, or pregnancy (LMP)
- Do not enter qualifier (QUAL) in item 14

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

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Date if current illness.	2300	DTP03 (439)	Accident Date	Required if Related Cause code (CLM11-1, -2 or -3) = Auto Accident (AA) or Other (OA). Enter the date of current illness or injury.
14		2300	DTP03 (431)	Onset of current illness or injury date	Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service
14	injury, pregnancy	2300	DTP03 (454)	Initial treatment date	Required on all claims involving spinal manipulation.
		2400**	DTP03 (454)	Initial Treatment Date	Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level





- Not required
- Not mapped electronically

15. OTHER DATE	MM C	٧Y

HEALTH INSURANCE CLAIM FORM		
TLACY NAME AND THE PARTY OF A DESCRIPTION OF A DESCRIPTION OF A	est.	ROAT
MEDICALE MEDICALE TROVIE CHI Shickaret MEDICALE TROVIE CHI		A TA MARKETS D MARKET PLA Pagarin An 1
2 PAPERT & sold 2, an issue, Post Same, Midda to Lat	A AND ALL DATA DATA DATA DATA	A THEFTER WHE CARTAGO, FOR MAN, MAN 1994
C PANELY E LODPERE No. Inc.	A FATENT RELATIONER TO NAMED	7 HELPETT ROPETCAL MAN
011	All Species Child	1079 (1774)
2P-000 TELEVICE SHORE AND DOOR		21º COLE
a crock resource to the carrier, for tare, many read	IS BRIDDES CORPORATE TO	н наинального экон осноскиман
CONTRACTOR NUMBER	a EMPLOYMENTY Conserve Prevenue	* HELERATE CONTRACT BEN
a Reserved Contract Viet	LANDAUERNIT RATER	· · · · · ·
 MeanPrice PCM NARCH AND 	C. CTHER ACCOUNT	 Helphanica Puer Hales OF PRODUCES AN Avea
A REPORT NUMBER OF STREET,	TON CLARE CODED Stampane in PACCO	a la triana vectoria iduazi alangini huani 110 mayo ang
Mill of them of them all real county.	THE & BEAMS BORTON	THE INSURED OF ALTHORIZED PERMITIVE INSAMPLES ARRIVE
Concess No care Lator open to presiding environments	after to repetit a fir the party who accepts as operand	investi a unique a propie pue nome dest la Arce e artilles pa Tenents provinsi a propie a
arouta .	048	MIMED
	Que.]	man Rand Sourt Longer a coller. Score, de
17 years of reference monoter on other source		Convertient and the second second second
IN ADDITIONS, CLASSIFICPANETCH, Damping by H.CC.	the last	In curace any Education
TO ADMINISTRATION OF LODING OF MARKING MARKING MARKING ALL	and a second sec	2 100 (Metal / M
		DODE CHICANAL REP. NO.
		as more according to a state of
Im A L+/V(2) (P 100% (C) B C D, P1 Num To PLAT (P 0	CODUMES INVALUES OF INVALUES IN DADACED	n the moderney
	adada adavata ladada	
		441
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I I I I I I I I I		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21 THE REAL TOP CO AL ADDRESS	The account of a full an analysis	20 1014, Delitik 0 20 400AF740 00 feeterset
	the set of	• CONTRACTOR • CONTRACTOR
Instructure (in the second in some (in the second in the second second second in the second second in the sec	B NOLTY SOLATION OF PRINTER	II BANGMOUSIN MOLINA ()
		a sea a





EALTH INSURANCE CLAIM FORM		
Dace	ALC: N	hosp
MEDICINE MEDICINO OTICANE CO Shielourue Impercanae Impercanae Impercanae	and a state of the	ALL TA PERSONNEL ALL DISCOULDED TO THE REPORT OF THE TELEVISION OF THE PERSONNEL ALL DISCOULDED TO THE PERSONNEL ALL DISCOULDE
Construct to Low Barrier, Print Harrier, Middle Hold all	The start and the start of the	4 INSPECTIVE Carl Name First Name, Million (1944)
ATM/ECONIDIA, Ball	The second second second second	7 WERE TROPIED IN THE
	TATE & PEREPUBLICAN MCC URL	arvia arvia
PODE TELEVISIE INSIS AIL COM		TELEPHONE INVESTIGATION
()	I REALTER STREET ON THE ATEL TO	
THER HER PERCY OF \$40.4 WAREN	A EMPLOYMENTI Christia Perideat	* HELE
REMARK FOR MACE UNIT		T Charles Charles Cherthage (2 and 2)
REAL POINT OF ALCO UNK		a RELEASE FLAI VARE OF HIGH MINAR
NUMBER OF PROPERTY AND	THE CLARK CODES CONJUNCT	A IN THESE AVOIDABLE HEALTH BENEFIT PLANT
NUMBER OF THE OWNER OWNE	LI TRIG & BREAKING BARE FORM	12 VER 10 Pyre, smarter terrs 1, 54, works 12 PVEREDIS OF AUTOCOME PERSONS SOURCE, A Busin
PATRIATS (IK w/THOPOTE) PERIODYS and a Turk, rautow Is provide the class. I also support prymerical generosed brooks (2004)	or the research and table is the restricted scores	Py payment of needox benefits to the second grad physical e- a suggest to converse descended below.
4040	CAM.	1010
CATE OF CONTROL LIBERT CATE OF	201 (There only 10) 10	en junite point i seale (10 miles in Director and 10 miles)
NAME OF REFERENCE OF COMPARISING AND ADDRESS OF ADDRESS	th an	max ⁶⁰ ⁰⁰ ¹⁷ ³⁰ ⁰⁰ ¹⁷
ADDROVE, CLAN ADDROVICH Despend to NCC		
Divances of whole of surgistion works have	Contraction of Colors	TO NOR PRODUCTY OF SAME AND NO
		IS WORKING CONTRACTOR
	A CONTRACTOR OF REAL IN THE REAL OF THE RE	5 1.8 181 1 1 A
A 10 YY MA 10 YY DWD (P	State Ones Origination (CADA	
		La mana da la mala de la concesso
F F I F I I I I		
	1 1 1 1 1	
		-
	1474 ACCOUNT NO. 17 41 187 4 19 19 19	TT DE FORM, CHARGE DE MACONTINUE DE Familie MACO
		E E
Exactly for the recovery services encloses to the services contry for the services of permanent signation the services of permanent signation the services of permanent signation the services of permanent signation of the services of		a desta de la consta ()

ational

Not required

- Six-digit date (MM/DD/YY) or eight-digit date (MM/DD/CCYY) when patient is employed and unable to work in current occupation
- An entry in this field may indicate employmentrelated insurance coverage (e.g., MSP workers' compensation)



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Dates patient unable to work in current		DTP03 (360)	Initial disability period start	Enter the date(s) when patient is employed and unable to we
16 occupation (from and to)	occupation (from and 2300 DTP03		Initial disability period end	in current occupation. An entry here may indicate employme related insurance coverage.	



Line Items 17 and 17b

- Type of specialty legally eligible to order and refer Part B clinical laboratory and imaging services
- First and last name of referring or ordering physician as it appears in PECOS
 - Qualifier DN, DK or DQ to left of vertical line
 - Do not use Item 17a
- List NPI of referring, ordering or supervising physician or NPP in Item 17b

17. NAN	E OF REF	ERRING PROVIDER OR OTHER SOURCE	
17a.		*	
17b.	NPI		

	104 ICH 104 ICH	options with PEDROID NUMBER (For Program as New 1)
2 PARTY 2 NAME AND PAPER POLYMAN, MICH.		A HIGHER SHARE CARTANE THE NAME HEAD THE
C FAMILY EXCERTED IN , 16 KB	A PATRIC PELATION AT TO AGUND	T HERE'S CORE IN , Invest
187		and and and
SPORE TELEVICE DOLLAR AND DE		24 COM TELEVISIE INSIDE
C Chiefe and MED Davide Cast lands. Histories, Make Kita		
A COMPANIANE SPACE OF BOOPSUMER	a ISAN DIVIDIOT Const a Pressol	A NOLVELLA DATE OF DECK
a Halaphite FOR NUCE VIE	IL AUTO ADDREATY PLACE HIS	
· relatives for work out		a manufactor than some on mouth an use
E NEURINE FUE WAR OF PRODUCTION	TER CLARM CODER Charge later to NOCCO	A STREET WOTHER HEALTH BEAUTY PLANT
		The second secon
Q. PROBATS OF AUTOORDED PRODUCE BOARTUPE radius IS protective for their radio sector and protection and the board of the radio sector and protection and the later.	(1) Not a blacker from rolle. (1) Not a place of any rolling in other interaction receives a state to report a to be party who so only in any other receives.	The resultations on automatical interviewed physical activate sequences in restaux bandlis to the underrighted physiciller in supplier for services described balance
8770	6478	BORED
or the California of the American Street, California of the	Give 1 June 1 Ju	and the stand of the second se
And a value of value of the source	179 MP	Hail to the second second second second
		The second
 Consideration of software of sub-relative design of the software of the software	CE	THE NO ORDER NO
et	*I *I	20 Weak edited and a second at
THE A DISTRICT PROPERTY IN THE CONTRACT OF THE CONTRACT.	MORELARE MANOR OF EAVER	
		IN EDWORD AND THE AND MONORED #
		un la
21. PETER-LE PAREN - BER EPA - BE PACE		
TO BORNELINE OF PAIR SOLAR OF REPRUSE	IN REALFYLOCATION OF COMMITTEE	E BURGHERMONDER MEDIE INCA ()
PROLACING DECEMBER OF CREDIENTS (CARDIENTS) 5 on thy that the matemants on the scalar se apply to the fait wat warmade a part thread (



35

EMC Equivalent Lines 17 and 17b

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
	3		8 - A			
	Name of Referring physician or other source	2310A	NM103 (DN)	Referring provider last name		
			NM104	Referring provider first name	Required if claim involved a referral or services were ordered	
			NM105	Referring provider middle name		
			NM103 (DN)	Referring provider last name	When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A)	
17		2420F**	NM104	Referring provider first name	loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity th the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separ	
			NM105	Referring provider middle name		
	Name of Ordering physician		NM103 (DK)	Ordering provider last name	claim must be billed for each ordering/referring physician.	
			NM104	Ordering provider first name]	
			NM105	Ordering provider middle name	1	
17a	Other ID number of Referring physician					
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID		
			REF02 (1C)		Enter *XX* in the NM108 to indicate an NPI is present in the NM109. Enter the NPI of the referring/ordering physician listed in	
			REF02 (1C)	Ordering provider primary ID	NM 109. Enter the NP1 of the retering/ordering physician list liem 17	







	SURANCE O					
TIPCA	Deal, UNIF OF MICLAR	N OCHRATTER (NAS	0.0042			PRA LTTT
MEDICAL		NOVE	Canadhan an a	costs is moneyers	evenue de	Paper a lien fi
	Lad Henne, First Name		a adding lange that - a		C.L.ad horse. First Yearse, Mich.	1916
A 1011 5 4008	Di ru, inut		A PATER NUMBER TO AND	P NUMBER AD	ACCES Day, Davent	
4			THE BANK CONTRACTOR			1.000
				21+		27-30
CODE	10,000)	001	DP CODE	TILIPHEME IN	tak bas line
100100.002		Section Address		TO 11 NO.462 SPG	CI MON CHILDRON	
	POLICY OF BROM		a DARLOYMENTY (Deverting Provided	· water and	or bright	101
eneral content	LOCUM		U.AUTO ACCERENT?		M	1
			mam			
100 C	LCC UNI		vis to	A REPARCE NA	IN VALUE OF PROOF AN IVAL	
ELPHICE PLA	NUMB OF PROOPA	I SAVE	His GLANE DOD'S Computer in His	a a neme even	INC Pyes services for	22.00
PACIENT'S OF A	NE 40 BACK OF	PORV DET CHE CO-	PLETING & BRANS BURLOW.	and the state of the	A/THORED PERSONS Sold a landle to the uniter good p	and a being
to present this real lighters.	n. I den hisperi pryfer	and grantmatt (pr	table the extension of any matches to other information the other to impair as to the party who accepts using	un u	d late.	Children of Street or
boost .			0/III	BOAD.		
Con de la	an	a management at	Gene. Met 20. 1	In CASES PARTING	Transition of the second se	BD W
THE OTHER	rais moyoor or	Chief BONNES	17a 17a 4m	incert Agent	Charlen and to other	CO VI
ADDITIONS, CO.	en organica p	ingrand in NCO	[Log [Log]		30]	
D-ADVINE DF		Character Parister	Little excercise per creati	12 MER INVESTOR		0
_			el el	IS ITTLE AUTOM		
	P 1	LAISD	NUCCEOURS BOARD OF BARRIES			
fam tr	TR LAN DER TV	1450 1940 045	(Cater Unana Grandaria) (Process Manuel Manuel)	CONTER BOARDER	言 對	PERSONAL PROVIDER D #
					1 1 1 1 1	
		I I I				
11	I I In	I I I			-	
1 1		1 1 1				
HEREA. THE	ALARDIN B	01 01 28 71	NEWT ACCOUNT NO IT ADORT AND	NAME OF TAXABLE PARTY	Carry Treatment and	OD Parents MARCE Like
	ALCOLANCE BUTT		NET NO. T LOCATOR APORTO	0 B	amortane ()	
PROLUCION DES CONTRACTOR DES REPORTS NO. 101	PERSON CHECKING Exercises of Exercises of anothering a part from	4.0 (a) (a)			1	

Not required

 Admission and discharge hospital care codes related to services

18. HOSPITALIZ	ATION DATES RELA	ATED TO CURRE	ENT SER	VICES	
FROM		то			

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Hospitalization dates		DTP03 (435)	Related hospitalization admission date	DTP01 Admission or Discharge qualifier 435 or 096
18	related to current service (From and To)	2300	DTP03 (096)	Related hospitalization discharge date	Enter the date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. DTP (435) is required when 2300. CLM05-1 = 21, 51 or 61





- Certain claim submissions do not always require an attachment
 - Enter certain dates, facts or information about service(s)
 - ✓ Routine foot care
 - ✓ Hematocrit/hemoglobin
 - ✓ Homebound
 - ✓ Not otherwise classified codes/drugs
 - \checkmark Shared post operative care
 - \checkmark Demonstration/clinical trails
 - ✓ Anti-markup/purchased tests
 - ✓ Claim notes

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

EALTH INSURANCE CLAIM FORM		
uchez el reuport nel par presidente lanco spis		TION
MERCARE MERCARE THOME CHAR		(14 WERREND D MARKED (For Program or New 1)
PERSONAL PROPERTY AND ADDRESS AND ADDRESS ADDRE	T AND THE REPORT OF THE REPORT	4 HILPETS WAR Last rank first have Media Hills
FAMILY EXCLUSION (N 19 KM)	a manager repurchaser to Adump	T HERE'S SCHOOL IN , MILET
ry Jacob	Ser Species Contract	any larves
FORM THE AVAILABLE AVAILABLE		DP CORE THE PROPERTY AND A PROPERTY AND
()		()
(Thigh coll (1) Trank Carlinese, Perhans, Make Inter-	is environmentally	H HERE BROCK BROCK DRIVEN
CENTRAL PROPERTY OF SPORE INVESTIGATION	a. EXPLOYMENT charact of Pressues	A NULARIZATION OF DRIVE STATE
NEEDP-421TOR NOTE THE	ILAUTE ADDRESSTY PLACE CRASH	
NEMPORT OF HERE AN		a memory run week on most accurate
NUMBER OF STREET, STRE	TER CLAWFOCODER ENErgeneet for NOCCE	a straine avoiner reach seacht part
		(E) (E) (C) dyes on particular to a date
BEAD MADE OF FORM OF THE OWNER OF THE COURT	a reason of any mainta or other information reconstants in the spatial to be the party who scrapes as reported	(c) induction of Automotive Process international product and a supplier for sequences of methods benefits to the undersigned physicillar as supplier for sendous described failure.
8.040	0.00	100400
THE CONTRACT PLANE PLANE PROPERTY AND A	TT 100 MILL TT	in the Point Point Toute a compart Rowards
and a strategy solution of their solution		THE POST AND ADDRESS OF THE TO CAMPACITY METHODS
ROTOR, CAR HOMETON Degrading BUCO	a real	HIGH SCHWART
Distances of software of scheduling software software	and the same gally claims	THE NO CHARMEN
		CON CHIRAGE NO NO
Pope Ty RAZIN Control Contro Contro Control <td>PCA MOUNT POINT POINT POINT</td> <td>TOWNER AN IN AN INCOME</td>	PCA MOUNT POINT POINT POINT	TOWNER AN IN AN INCOME
In the local sector is the	In the Local Sector	
	1 1 1 1 1	
	11111	
		1 1
	I FOLD	In the Local Designment of the
	ACCOUNT NO IT ALLOST STREAMENT	E TOTAL OVANIE D 20 ANGUNT PAGE DE TANE EN FALIDE E
despectively control (Control (Control (Control)) instruction of the control (Control (Control)) instruction of the control (Control) (Control) instruction of the control (Control) instruction of the control (Control)	neutry countrils of disarrow	III BARRAMONDA AFALMA ()
A REAL PROPERTY AND A REAL		





EMC Equivalent Line 19



- Loops 2300/2400/2310D/2320/2420D
 - Segment/fields may differ
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500 Crosswalk</u> for 5010 Electronic Claims





- Diagnostic tests subject to antimarkup price limitations
 - Item 32 is the NPI of the provider the test were purchased from
 - Item 33 is the billing provider



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2400	PS101	Purchased Service Provider ID	Required if there are diagnostic tests subject to the anti-markup
20	Outside Lab charges	2400	PS102	Purchased Service charge amount	payment price limits. 2420B is required when a 2400 PS1 is
	Cable Lab Unarges	2420B	NM1	Purchase service provider	present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.

числеральновы, ниговы сым сожитее внослена ПО ^{мсь}			POLITI
MEDICARE MEDICALE TREAME COMPA		 A MACHER STREET, MARKED 	Par Progradium Barc ()
Truffeld States Lar Same, For Same, Martin Land	a support later for any		and, Perlinand, Mallo Inital
NUMBER & ADDRESS FOR, BOARD	IS PARENT PELATONENT TO HER PED	T HE AD'S KOASE H	i, ilteri
es later	ter taxes the char	1	Laters.
PODE TRAFFICER MAN AND DER		19-110	TELEF-CAR protects water (code)
()			()
Children (1995) - Storie Lad varia, Rechara, Male Intal	IS IS APPENDING CONSIDER ALL AND TO	THE REPORT OF LEVEL	OF DIVECTION MED
CHER HELPER'S FOLCH ON SHOUP MAKER	4 EMILO MENTI (Canadia Pressa)	+ NO. PROFESSION OF THE	· · · · ·
Provide and the second state	A MUTO ACCESSITY PLACE (B)	at a crief Galler Darry	M P
NUMBER OF THE SAME AND		L HE PAYS PLANAM	
	m		
NEWSROLD PLANNER OF PRODUCED AND	NR GANOXELONG IN NY YOO	100 100 100	Alter desection inclusion Alterna, constante menore III, Rus, and Ro ESIED PREFACTORS (Science-Currel) autorocom
In all backs of close the cost of the cost	a a payolog della fontatione del anterestore sectores		COD PERSONS INCOMES advances to in the semicorport physical or sugging for
taka.		infecto microscipation	
A THE OTHER COMPACT MADE IN THE OWNER OF THE OWNER	CTHER DATE:	IN DATES OF THE LANS.	TO NON IN CREEKE OCTUPATION
177 C 1 ak		HON IS HORN AND IN CALL	TO THE PERSON NUMBER OF
1	-	and the second se	
EXCITION, CARDING ON DRIVING BOLD		IN ONTROBLART	LOWAGE
Declarized Directory of Latence Directory Reads AL In cer	the second se	an and the second second	CREATING, MEP. 142
		IS MORE ADDRESS	IN MER
A		- 13	
from the to ty proof out of the	Ro I Monten Porte	a sources	The set more a
In the Instant of the			
de la la la la la la la la	I I I I I		
			-
		1 1/	141
and the state of t	seed to be been been	I see a la	
E MERINA, THE IS NAMED IN THE DOL OF PERSONS	ACCOUNT NO IN ACCOUNT ADDRESS	B TOTAL CHARTER	25 MAD INT PAGE 18 Paral IN MACCUM
manufacture and an	NOLTY LOCATION PROPAGATION	IS BUING PROVIDER NO	
c so My Hull No cluberants on the reverse apply to No. 58, and are really a part flamont (
-	P	·	1. T
UCC metruition Manual available of www.nucc.org	PLEASE PRINT OR TYPE	APPROVED	Clear Form



HEALTH INSURANCE CLAIM FORM			
Principal enternance, uniform currentowermal accounted			
NEDOVE MOCKO TNOVE OWNE	A BOAT HESA DININ	A PROPERTY AND A MARK	Pica T
and a second and a second a second	Call Content of Call Content of Call Content		
PAYONT STOLE Last name that Name Walds to be	T ANTIN THAT THE ME	A INCOMENTS NAME CLAST NAME, POSTTAGIN, 184	R 1 1 0
PATRIAT EXCOREM (M., RINK)	a subject and of camer 10-sports	V HEAVE'S ADDRESS AN, Steel	
ana ana	Set Spine Die Over	011	(1+1)
Process Programming status Associate		27 034 TELEVISE	
()		(1)	
Chief with Repaired Lar name, first name, Made and a	SERVICES CONSTONED TO	IN MILINGTOPOLICY SHOP OF FRICK WAR	
Check Hall RED S POLICY OF SHOLP HUMBER	+ EMPLOYMENTY (Canael is Province)	· summitty of the Desite	10.0
NERONAL FORMACI OR	S AUTO ACCOUNTY PLACE TIME	In OTHER CLARKE Designated in MUCO	· · · ·
	+0		
NEWSPIRE FOR MICE UNK	COMERACCERATI	A REPORT FOR SHEET FOR STREET	
HERE AND A MARK OF PROPERTY OF	The Court Could designed by W/CO	IN INTERPORT AND THE ADDRESS OF THE	
READ BACK OF YORK BELOW COURSETING C PATERITY OF ALTHOUGH TURNED TO THE CARDING THE		12 INSURED IS OF ALT HONOR DI PERSONS SAL DAMAN DI PERSONA DELLA D	and the second
to process this care. I accompany payment of generative speads when	torignal in to the party who accepts as operand	an war decided and a second pro-	tolation a softward:
anado	141	2142	
	and man in the	A SHIEL WERE DANEL TO HOR H DAY	
T NAME OF PERSONNAL PROPERTY OF COMP ADDRESS.	4	IN ROMANDAL CARDINAL TO UN	the survey
A REPTONS, DURITHFORMOUT Despelating NUCC	5 4P	FROM NO.	100
Contraction of survey of Longin Contractor Name of Long	en instance (M)	ina lio	1
	PLE WE	2 STATES	NG .
et et et		E PROVACE OF CONCEPTION NAMED	
A CONTRACTOR OF A CONTRACTOR O	Printed Providence Distance	·	NO DETADO
an 20 w an 10 w going an orbits	Ka uganga ngenga	towner win 14 are	INCOME D .
ality of a little day little	and the local sectors in	Local Division of the	
		100 I I I I I I I I I I I I I I I I I I	
en hit en best met ten hit som	and have been highly and have a	and the family of the	
istate interaction		Conceptions and in the local Div	
n récensitive conserve and en las herecura	AND THE OF ADDRESS OF TAXABLE PARTY	SE TITIL CHARGE IS ADDATING	No Parenter Maloca
IL BOMPUNE OF THURSDAN OF BUTPUNE	KOLITY LIXATION NEOREMON	IS BLUE POUR POUR (1
I setty the the indexemble of statistical as a gap of the desired and the set of against the set of set of set of the set of the set of the set of set of the set			

- Enter up to 12 diagnoses in priority order
 - primary, secondary condition
- Code to highest level of specificity for service
- ICD-10-CM indicator should be "0" for paper submitters

21. DIAGNOSIS OR	NATURE OF ILLNESS OR INJURY	Relate A-L to service line below (24E)	ICD Ind.	\leftarrow
A	B	c	D	
E	E	G	н. [
I. [J. [К. [LL	





EMC Equivalent Line 21

- Loops 2300
 - Segment/fields HI01-02-HI12-02
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500 Crosswalk</u> for 5010 Electronic Claims







EALTH INSURANCE CLAIM FORM		
мона із чилони, ниготи сьях комиттяї вукос з Прок		F24 [7]
MERCARE MERCARE PROVIDE DES		Par Noglan a ten ti
THE DAY SHARE CATTORN SHITTARE WHEN FIRST	I water have been and	A PERPETATION Latrice Forthase, Make Links
Partners" in additional part , Manage	S PATIENT NEL PTURGAT TO MUNICI	7 HILFHEIM KERPER AN, New T
ir la		Lott Later
		Million and a supervised of the
CODE TRADING POLISH BILL CODE		2P 228 18.0
CORPORATED IN STREET, STRE	IL GAVERS CORPOREND TO	- management and statements
CHEN HARRING SPOLICS OF WOLF HUNDER	A TMUCHADE'S Guerra Presso	A DECOMPOSITION OF THE PARTY
NUMPERS FOR FACE UNIT	LAADACCERT ALACE Char	Mar Part
MARKING FOR MUCH ARE		a processing dynamical of the contrast contra
RECEIPTION OF STREET, STRE	GL C. M CONCEPTION AND INCO	a in there with excite Average and the state of the sector
NUMBER OF STREET, STRE	This a second hold came. An ensue of any value of contracts, where the value of the second se	Its required to be to really with the subscreet double is achieved and the subscreet of the subscreet in the subscreet double is a subscreet in the subscreet double in the subscreet sector.
te protein fils claim. I also regaral payment of gradenic and baseline ration		areas decreation
NAME OF THE PARTY OF THE PARTY.	145	a teater that from these ecologie discounts
AND DE TO GAR.	Gene Mar DE FT	FP(3) 10
	The last	HE WORK LEAKED STEE SELECTE TO CARE AND THE SECOND
dimone contraction (separate \$4.03		The Charles
DARAGE OF STORE OF LARSE OF ADAVITARIA AT I	10 10	Constanting of the state of the
9		21 PROLATEORD FOR WHEE
* simb or simular	COROLARS BOLIDS OF REPORTS	A 1.0.101 - 1
a 10 vy wa 10 vy 1000 000 00	POLO T PACING NORTH	toutet in the states
tete inte to public	LITI	1 1 1 1 1
		1 1 1 1
characterizationer territore i sur lans	served last services and service	
	AR NOONULED IN WITH A REPART	S 10% DAMOR D M ANDA/TELD 38 (Bealls Hold)
Instantional of Hermitican Instantial websitework instantial on One One of the America Franklin Market Instantian Control (1999)	(nour conquiration	a management (_) _



- Not required
- Not mapped electronically





- Ambulance ZIP code point of pick up
- CLIA ten-digit certification number

23, PRIOR AUTHORIZATION NUMBER

- NPI of the home health or hospice facility
 - Billing for CPO, HCPCS G0181 (HH) or G0182 (hospice) Prior Authorization
- Seven-digit IDE number when investigational device is used in an FDA-approved clinical trial

HEALTH INSURANCE CLAIM							
NAMEONED BA PRIVILLE REAL ORDER OF VARIANCE OF VARIANCE AND	RE INVOLUENCE						PACA
L MEDICAE MEDICAE TYCHE Matanie Medicale (CHOCH	Contraction of the local division of the loc	a Bern	- Mine	CONTRACT OF	IN DEPENDENCE IN MER		o Popular Bent
2 For 2517 2 widd 2 ar have Pro Kara, Male In		a subject lines	1/N 182	-	A NUMBER OF LAST	and, Frid Harry, Made	No. Bollowski
CHORE FOR BUT AND		a parent square		-	T NUMBER OF A	(Intell	
084	1 Minutes	And Species		•	cat a		aters.
24/004 TELEVICE Brind	A Manu Cooke				29 CLEE	Contraction of the	Date free Lines
a cristin results a none particular for same	date to tax	10.07470/7510	NOTION NELATED	10		or OF PECKADAR	
· CENTRAL PROPERTY IN LCC OF GROUP & AREA		BROADT			· NO. OF CO. LANS. OF CO.		10.1
a residue of productions		LA TONCERN					1
				5	A CTHER CLARK C Design	AND A MOUTH	
a reality (EDF) in succession			E7		- HOLPHRY FLANNER	OF PRODUCTION AND	1
a manager that were conversion and			Chep-ann is N.C.	9	A DITHONG ANOTHER HEA		
No. of Concession, or Linear and	and country of the	A DECKS NUMBER			188 NO	Free Longing in	ets 9, 74, and 90
N. AD BACK OF ADDRESS OF ADDRE	PE call provide	NAMES OF STREET STREET, ST.	Population and a super-	Caller,	payment of reacting terraits	to the writer spreet.	place a refier
and a second							
THE DAY OF THE PARTY OF THE PAR	ANCY EMPLOY	Criste Date	M - 00 - 11	_	NUMED IN TAXABLE	Constant of	P. Street
Content of Revenues Proceedings on Charge an	a		en 1 00 1 11				
La rende de altalization concluides de Cardin RC		40			NA HOUSE AND	TO	A DO NOT
18 ADDITIONS, CLARING ONDITION Designated in	H.03				10 0.790649	E DAAR	08.9
TO TRADUCED OF REPORT OF REAL OF ALL OF	Terrar P. D. Law of	a in the state of the	1214	-	D GHE AMPRILIAN	ORIGINAL DESIGN	-
+			0 <u>.</u>	- 1	I BUCK IN THE REAL PROPERTY.	a salar i	
In A Lawleye of administra B hum To RADIO Mat DO IN ANA DO IN HERAC		CARE INVALUE.	res (10	ACCORD NO.	almenter 2	19 A	Pancaphenia Perception
						411	
						401	
		11	TIL		E I	1 1 101	
						1	
						and the second second	
	1						
	i I					1 10	
	I					-	
	I I a rearra						St. Spector real
IN MERICAR OF THE BOAR OF BUTTLEF			1990		Bi Totha, Coartal Bi Biarra Providence	20 ARCAT PLC	10. Altain to read
			1990		 Control (1999) 	20 ARCAT PLC	N. Spector So
 Separate de las accesors de acetados escalas de las estas de las estas de las de las estas de las estas de las estas en estas de las estas de las estas de las estas de las estas de las estas estas de las estas de las estas de las estas de las estas de las estas estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las estas de las est			1990		 Control (1999) 	20 ARCAT PLC	ill frante no



EMC Equivalent Line 23



- Loops 2300/2300B/2310E/2310F
 - Segment/fields REF02 with appropriate qualifier
- For loops and fields, refer to guide for electronic claims crosswalk
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims





Line Items 24A-24J

HEALTH INSURANCE CLAIM FORM		
APPROVED BY NATIONAL UNIT OF BUILD, ANY COMMITTEE INCO. ODD. ETTERNAL		RAFTTY
A MOORE MOORE THOME ONLY		IL NUMBER OF THE REAL
Thickopid (Minhadd) (Calculat Association)	TO PATIENT & BALLY CHEEK . MAX	a mising to made cast name, for many, Motor India
a Participation of the second second	a surger again year to solve	7 INTERED & ICONDITION, Ideal
001	Ter Agene Con Char	January Lating
SP 0008 Paulorecoup (novels area trias)		29 0324 [1337+04 0-044 etc. 1040
* Children Child Latinane for have black what	e pretera cocinoveceto to	H HEREEVEN AND AND AND HEREEVEN
· CHEROLOGICS POLICY CROWNERS	+ DPLIMENT Service Protocol	a ware ware and a second se
IN HEREFULLY FORMACE LIKE	IN ALTO ACCEPTION PLACE (Base	a cherolane pergentia N.CO
A NUMBER OF BRIDE AND	100 100 100 100 100 100 100 100 100 100	a conductive designed in account
	44 040	
A HILMHEIPUN WIEDPHOLANISME	Har Currencipelity Designated by WCCD	A REPORT AND R
IN ACCOUNT OF PARTY OF A COMPANY OF A DATA OF	No. 4 SEAMO SABATIMO. In Minor of any matrix of the offertuition meaning of the seamont of the s	10 PADREDS OF ALTHORIZED PRESENT SOME SPECTARE automatic paperty of institue landers in the oversigned physical an august for extransis describes action.
1010	140	
	CONTRACTOR AND A DOLLARS	in paurolicant freem to make a public defraction
100 100 000 000 000 000 000 000 000 000	34	a real to the second se
	10 100	ID CUTATION TO
		These I Chen I
TO DESCRIPTION AND THE OF LOCAL DESCRIPTION AND ALL DOG	PEDPH MED DED INTERN	22 Millionardacin DODR ONOISIN, RDF.340
84	H	20 PHON ACT-ORDITION CARES
TA A SAVES OF BITWOIL A C S. MOS	CONTER BANKERS OF BURNESS E	1 A 141 1 A
1	aca wonda jadada	streetings with TNP gas, including a
2		891
³ is to be to be to be	1 1 1 1 1	and the second s
4 1 1 1 1 1 1 1 1 1		
5		
		len
18 TELEVIS, THE IS NUMBER AND DO A PARENTY	ACCOUNT ON A ACCOUNT AND ADDRESS	IN TOTAL CHARGE DI DI MACCHETTALO DI PLANTS NAUC' LAN
Beguntung of the lacks of gamping Beguntung of the lacks of gamping Beguntung Begun	NUT LIGHT PROVIDE	managementer ()
1000 A	Part Part	
NUCC Instruction Manual analyticke all were not ong	PLEASE PRINT ON TYPE	Clear Form;

tiona

ment

- Paper claim contains six line items
 - 24A: Date of service
 - 24B: Place of service
 - 24C: Not used
 - 24D: CPT/HCPCS, modifier(s)
 - 24E Diagnosis code pointer
 - 24F: Charge/fee for service
 - 24G: Units
 - 24H: Not used
 - 24I: Not used
 - 24J: Rendering/performing physician or NPP





46

EMC Equivalent Lines 24A-24J



Loops

- 2010AA/2300/2310B/2400/2420A
- Segment/fields
 - DTP/CLM/SV101-107/REF/NM109/AMT
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500 Crosswalk</u> for 5010 Electronic Claims





 Enter provider of service Federal Tax ID, EIN or SSN of billing provider/group

25. FEDERAL TAX LD. NUMBER	SSN EIN
and the second second second second	

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Federal Tax ID number		REF02	Billing Provider Tax ID	
25	SSN Indicator	2010AA	REF01	Social Security number	Enter the provider of service Federal Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
	EIN Indicator		REF01	Employer's ID number	

така Пист	9	Pick T
ACCOUNT OF A COUNT OF		REP. 14. HOLDED IN MORE PARAMETER () Par Programmer Sam 1)
PUTENT STANK 2 at Name, For Name, Martin Police	AND THE REPORT OF THE PARTY OF	a mill/RETS MAR Lad trans, Pertmane, Mole Inflat
AND/FACTORIES IN. BOAT	E PARENT HELATCHENET TO HER FROM	7 INDIARCE INCOMENT INC. SHARE
19	Bar Space Charles	larve.
CODE TELEPICES INTOIR AND COM		24 COM TRUE HARD IN AND A COMPANY
()		()
(The Direct Apple 1996) Carl Instal, Statistical Made 2014)	HE IS MARKING CONDICIONAL ARE TO	
Preprint Party of Story House	A DRUDMDIT Carena Press)	A NOLAND CAT OF MEN H
NEW YORKS OF	B AUPO ACCESSION PLACE ON	IN OTHER CLANCE DRAWING TO THE PARTY
wando kokazo da		I REPART FOR THE DIFFERENCE
IS A REAL PLAN HAVE OF PRODUCTION	State CLAN D X CE Designation of the CO	a 10 halfs with the state halfs to be state to be within
NO AD BACK OF FURN MET ON COMMAND		13 INSURED'S OF ALTHORSE PERSONS INDUCTION I advance.
uin .	e Empeñ a Ethe pely elonogia angener	services described (sec.e.
NAMES OF TAXABLE PARTY & PRESSOR (* AMR. 1)	1479	NAMES OF THE OWNER OF THE PARTY
	244 100 17	100 100 100 100 100 100 100 100 100 100
	(b) (b) (40)	HON 00 10 10 10 10
аблона ссилионилов радована иссо		ao Onuaceitreas an I an I
Enderthis Stratight Of Logist Stream I have as a re-	and the same gives	III MIN COMBINIS
		25 WORKSHOLDTON NUMBER
	ARCHER REPORTED OF REPORT	
a 20 ve and 20 ve prove men of the	Real (Annual (Distantinguese) (Disk)(Real (Print Maccolinguese) (Print)	
I I I I I I I I		1 1 m
I I I I I I I I		1 1 1 1
		I I I I
	and the local section of the	
		1 1 1
REDUCTION OF BUILDING OF BUILDING	ACCOUNT NO. IT ACCOUNT ADDRESS	TT 20 TOTAL CHARGE 23 AREAST PAD B PARTY MACCO
ACCURATE OF THE REPORT OF THE	PEOLY FLOCATION INFORMATION	In Bulliomorphicson and a mark (
1 and/y that the observations that make a pertition of the		
Lucos		
CC Instruction Manual prestable at +++ rules org	PLEASE PRINT OR TYPE	* * **********************************
		Clear Forng



建立					
EALTH INSURANCE CLAIM FORM					
They .					PEATT
NEDICARE MEDICARE TRICARE (International Tribunation (Internation)	Anton Del 110	num and state	TA MOUTHER AND	ALL N	For Mogran is rain to
PATERY DAMA and Party IVE Name Made and a	T AND	Chiparta and	· ·······	anthers, Feel Same, Ma	
Participant of According on the United		HI F	T NUMBER ALCON	and the second	
	ther type				
rv .	STATE & PROPERTY.		OFY.		814.00
F CODE TOUP HONE DIGHE AND COD	R1		24 0004	TILIPHONE I	Code
()				()	
CONTRACTOR LATING, THE NAME WATER OF	el el envelors	CONDITION/REA/120 YO	IT. INDURED SPOUL	I SHOLF OF FEILANDE	874 C
OTHER HEURED'S FOUCH OF SHOUP HUMBER		Trabanentia Preventi	a source and	a maile	100.0
NEMENAL POINT OF	A AUTO ACCER	VE9 190	1001.00	10 10 10 10 10 10 10 10 10 10 10 10 10 1	• 11
		103 0 100 100 100	Contraction of the second	- A MARINA MARINA	
residence from succidar	* 07HEP 4000	HAT?	L POWERUCE PLANT	LANE OF PROOP AN INFO	
NEWTONICE PLAN WHEN ON PROGRAM WHEN		TES NO		N-DALTH OD-CRIT PLAN	
			i in i	NO Ryes complete in THEREAD PERSONS OF	are 0, 5a, and 64
READ DACK OF FORE DEFINE COM PATIENTS OF AUTOOPCID TOTOCITS SCRAFULE THAN IS proved for the table of a yrent of government and	PLETERS & DEVENUE THE DOUBLE MEMORY CONTRACTORS	NORMAL STREET,	payment of medical and what desired at	tanonito in the workersigned	pyscie a sygle to
COOM .					
and the second s	Inter Series		No. Daritis Carland, S	CONTRACTOR OF THE OWNER	and constants
	GANE.	100 p. 76	P 81 24	10	
week or heremaks movieth on chien sounce	101		FICH ALL ALL	Contra Marine Local	Services Stateston
F XCOTTONIC COMBINETONIC Compression (RCCC)	Tealect		20 CAPTRON LAD	8 CAN	Nacial Sector
Distancial of Network of London of House In	From any line latter first		20 MEN MARTING		
	e [1 2000		OR GALL, REP.	80
		n L	21 PRIOR A/THORE	A TON NOMED	
A DATE OF CARACE A C +	WOODALS MAACE	C. CR. D. PPR. ET.		-9. La. 1	-
AN DO TO MAN OD TO DESCE AND O		ACCORD POWER	LOWGER	are the aim	HICKESS O #
	I.I.			1	
				600	
				1441	
T. F. L. L. L. L. L. L.	I I			1.	
				191	
disality (a) and a state of the	1.1	JI		COLUMN SALES	
A REAL PROPERTY AND A REAL TO AND	BHAR PCCOOR NO	** AGGRE ADD DEBUT	B TOTAL GAMPOR	20 4853.85° FMD	31.76-610-100000
BOARD AND OF THE DESIGN OF BUTTLESS		IER IND	10 BLAS PROVED	And Carrier	1
INCLUDING DECOMBES OF OREDITINGS In Gerby Build Real Addemants on Building and an apply to the felt and an make a part Renal ()				28	0
	NPL B		•		

tiona

- Enter patient's account number assigned by provider
- An account number will be returned up to 20 characters

26. PATIENT'S ACCOUNT NO.

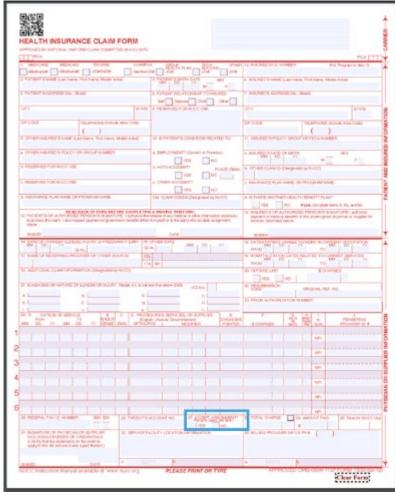
Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	1				Enter the nation to secount number second by the provider of
26	Patient's Account number	2300	CLM01	Provider Assigned Account number	Enter the patient's account number assigned by the provider of service's accounting system. As a service, any account number will be returned to you up to 20 characters.



- Assignment: check yes or no
- Mandatory assignment for certain services
 - Clinical diagnostic laboratory services and physician lab services
 - Physician services to individuals dually entitled to Medicare and Medicaid
- Mandatory assignment for certain practitioners and providers
 - Physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians/nutritionists, anesthesiologist assistants, and mass immunization roster billers

27. ACCEPT.	ASSIGNMENT? ams_see back)
YES	NO

ltern No.	Claim Description	Loop	Field	Data Element Description	Requirements
27	Accept Assignment?	2300	CUN07	Assignment or Plan Participation code	A=Assigned B=Assignment accepted on Clinical Lab services only C=Niot assigned





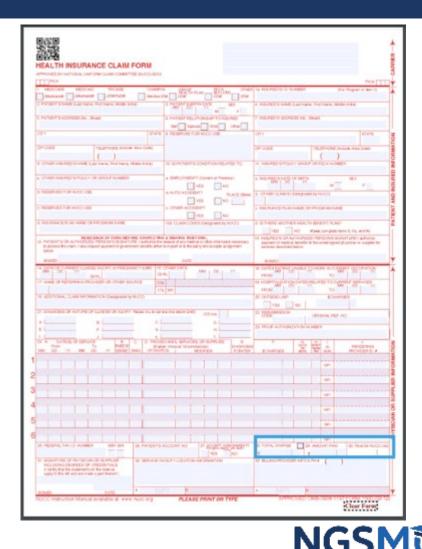


Line Items 28, 29 and 30

- Item 28 is total charges on claim
- Item 29 leave blank
 - Often misunderstood
 - Allocates payment to beneficiary
- Item 30 is not used



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
28	Total Charges	2300	CLM02	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02	Total patient amount paid	AMT01 Amount qualifier code=F5 Required if the patient has paid any amount towards the claim for covered services only.





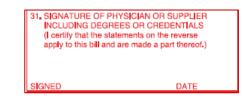


EALTH INSURANCE CLAIM FORM				
новременных ингонеские симетике всос Тумся				PEATT
NEDICARE VEDICACI INCOME C	Anterna Contraction Contraction Contraction		184 P	e Propan in Tarri 11
Professional Lass name, Profession, Mode without	a retaining posts have say	A WOLFER SHEET &	Thank Fridmans, Mill	0.0040
FACULAR DE CONTRACTOR DE LA DESE	A FATIBLE BLAD PORT (COMPANY)	T HILPHE & COMPANY	(w. Board	
Di contra c	THE BANK CHE CHE	01+		aren -
West Contraction				
CODE TELEVISION AND AND CON		39-00M	10.07-CHE #4	turbe Arma Coress
Contract and the state of the state of the state and	 In the state of th	TE PROPERTY POLICY	NO. TO TRANSPORT	
OTHER HELPED'S FOLLY OF STOLEY HOME?	a (MILOTADITY stands or Pressed)	· ARANDOD CO	urity.	1812
REMARKS OF BACK OF	IL AUTO KOLDENTTY PLACE (BAM	Lines I		1
ACTION AND FOR ALLOC UNK			ALC OF PROCEEDING	
INTERPORT OF AN ADDRESS OF A DESCRIPTION OF AN	THE CAME OF COLOR OF A DESCRIPTION OF THE OTHER	a to there another to		No. of Concession, No. of Concession, Name
NUMBER OF A DESCRIPTION	NATING & REARCH BUB / CHU, address and any realize in their memory receivery	IN MARCHINE OF MITH	ONCES PERSONS NOR NOTE 1 The anderspect of	and and in a desired of
to prove Ricclary, I decreased payments' generated lands (prov	is other is require to be party who accepts and present	deliveral depondent ter		
ADVID	(w/8) (15.07140/0476	No. of Concession, Name	and to prove a child	DI OCCRACON
	1214.] HHL 177. 177.	HE DATES AND THE CAR		
	The set		THE HELPTER TO COM	
Fallmose, (Centrelowitos despensos 4005		TER CATRONIA	\$ DW0	N 1
Destrolist of setting of surgery demonstrations	portraining Kowa	THE PARTY NAMES OF TAXABLE PARTY.	OR DAAL FUP I	0
	6 pl	IN THE R. A. P. CHICK.	Ch. ALABERT	
	HORD FEE BOARD OF ROMAN T		A CRITI	
AN DO VE NAM DO VE DENDE BAD O	PDeCPCS (MCONERS) PORTO		2 7 in	PROVEEPING A
			101	
T. L. L. L. L. L. L. L.	the the test of the		101	
		1		
			-	
			-	
ITITI		11	141	
	1 1 1 1 1		1 100	
C PECHNAL TAK IC MANAGER DIA AND AN AND	ENTE ACCOME NO 27 ACCEL 410 20 ME	IR TOTAL CHARGE	an ann a' faigh	do Para da NOCC-IN
	VIOLENCE TO LOCATION INFORMATION	IS BLUES MOUSER		

ional ernment

Paper submitters

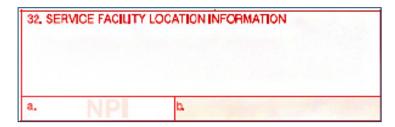
- Signature of provider or representative and six-digit or eight-digit date form was signed
- Electronic submitters
 - Y=Provider signature on file
 - N=Provider signature not on file



Iten No.	Claim Description	Loop	Field	Data Element Description	Requirements
- 30	Balance due	N301			
31	Signature of physician or supplier including degrees or credentials	2300	CLM06	Provider or supplier signature indicator	Y=Provider signature is on file N=Provider signature is not on file



- Place of service required on all claims
 - Name, address and ZIP code



			NM103 (77)	Laboratory or Service Facility Name	NM404 Estimated and 77 October Location Deriving
		2310C	N301	Laboratory or Service Facility address 1	NM101 Entity Identifier code=77 - Service Location Required when the location of the service is different than that carried in 2010AA-Billing Provider (Item 32). Enter the name, address city,
			N302	Laboratory or Service Facility address 2	state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify
			N401	Laboratory or Service Facility city	the supplier's name, address, and zip code. Required when the
			N402	Laboratory or Service Facility state	location of health care service is different than that carried in the
	Name and address of		N403	Laboratory or Service Facility ZIP code	Billing Provider Name (2010AB) loops.
	facility where services were rendered (if other	ner	NM103 (77)	Laboratory or Service Facility Name	Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of
	than home or office).		N301	Laboratory or Service Facility address 1	service is different than the HPSA billing address. If an independent laboratory is billing enter the place where the test
	32		N302	Laboratory or Service Facility address 2	were performed. Complete this information for all laboratory work performed outside a physician's office. If the service was
			N401	Laboratory or Service Facility city	referred to an outside lab, enter the reference labs name and
32			N402	Laboratory or Service Facility state	address. Providers of service must identify the supplier's name,
02			N403	Laboratory or Service Facility ZIP code	address and NPI when billing for anti-markup tests. If the acquisition provider is out of jurisdiction, you should use the billing provider's NPI. Only bill one unique facility number per claim.





53

Line Items 32 and 32a

- All claims require place of service line item 32
 - Ambulance claims
 - Laboratory or service facility
 - Mammography certification
- Purchased test require both 32 and 32a



		23100	NM109 (77)	Laboratory/Facility Primary	
		24200**	NM109 (77)	Identifier	
		2400	PS101	Purchased service provider identifier	
		2420B	NM101	Identification code qualifier =OB	
32a	NPI	NM108 NM109 NM101	NM108	Identification code=XX	Enter the NPI of the Service Facility. Enter "XX" in the NM108 t indicate the NPI is assessed in the NM102
			NM109 Identification code Indi	indicate the NPI is present in the NM109.	
			NM101	Identification code qualifier =QB	
		2300	NM108	Identification code	
		2300	NM109	Identification code	
			REF01	Reference Identification qualifier =EW	
			REF02	Mammogram FDA number]

EALTH INSURANCE CLAIM FOR		
WENDER HISTORIE, UNFORMISAN COMMITTEE BAG		PO+LT
MERCARE MERCAD TROVE		(for Program is Non 1)
THE REPORT OF THE LAST NAME AND ADDRESS OF THE OWNER ADDRESS OF THE PARTY OF THE PA	T THE REPORT OF A DESCRIPTION OF A DESCR	e for have block mile
FAMILY EXCEPTER IN , IN HE	A PARTINE PROFESSION TO ADDRESS OF ADDRESS	Itali
21 ·	100 100 000 000 000 000 000 000 000 000	01+10
POXE TELEVISE DOLL AND		TRUPPON Print Perchan
()		()
Chiefe mixing relevance on processioners	EMPLOYMENT Covers of Passaci	M _ P
READING TO NOT USE	NATURO CONT PLACE (Sale) TO CONT (Sale C) (Sale	and and a second
relatives for here cas		CHOOL AND
NUMBER OF STREET, STRE	THE CLAIM CODE (Designated by NOCC) 4.15 THEME AND THE R HEALT	
READ DATUS OF FORMULARY ONE CON-	PLOTE & BRANS BERION. IS PREPERTING ANTICAS	Para congramment, ing and he to retraction between the subsection
B protect Routan Laurongent payments greenwest the later.	the after the year's the party who should be appreciate to the back dependence of the back	is the undersigned physicilar in supplier for
PURD	0406 0040	
an 11 11 2m.	In the Contract Name of the Co	TO BUILDER TO THE
and a strategy worker or order source		30
Eighuore crainsomance performing acco.		a Country of
CONDICIENT OF SUPERIOR OF SUPERIOR OF FUCHER Assess	Lit of the first part of the second s	ORIGINAL REP. NO
	C D D D D D D D D D D D D D D D D D D D	CAGE P
A Sufficient OF ADDRESS B RADEON	THEORET. AREA DATAGONES ON REPAIRING STATISTICS TO THE STATISTICS OF THE STATISTICS	and a maine
AN CO TY MAY 20 YY PROTE THAT	PROTA CONTRA POWER LOWER AN	The second a
	The Fold of the Local Designation	
TITITI		44h
TTTTTT		141
1. TELEVIS, THE LO. P. LEWIS CO., LANSING, MICH. 494 (19. P. 19.		A ANALYST FIND
PERSONAL OF THE FORCE OF CREDITING A	INTER PAGE NO. 1 BULKER PROVIDE NET	
5 or 6) that the indemants in the local or apply to the list well are made a pert twend (
UCC Instruction Manual provide all www.nucc.il	DEASE PRINT OR TYPE	Clear Farm





Line Items 33 and 33a

	RANCE CLAIM							
PROVED BY MATCHAL	UNIFORM OLAW COMMIT	THE PROCESSING						PCA I'T
MERCARE ME	ALMO THOMAS	CHART	A BEER	Wine	CNER 16 IVE.	ETHOR REMARK		y Rogan e fan ty
(the based) (the	Navalli (CAD-CA)	1844	hand .	land has	/0e			
Perger p case cas	trans from tarie. Unlike to		and a fair	1 H	1	(ristant) Larra	res. First Hans, 1848	
PARTY ACCHANGE	at , Head		A PATRIC PRINT	HORF CONTROL	T IN BOARD	E E ACCREME (M.	dane1	
		Lenare	Bart Spore					199475
			I PERSONAL POPULATION					and a
P CODE	http://www.index	a has loss	1		19-1004		TRUPPONE (N	fucto reas Codes
	()						CE PERAMINE	
	BL Let Have, Frd Hate		RE BIRANEW DOC	C. CITELAD		a securi dea		C.D.U.S.
Chekkalakusko	LCY OF GROUP IS ABLE?		& EMPLOYMENTY (+ 110.00	panalit or here		16.7
HERE PORT AND	1 March 199		ALPO NOTES				*	1
					class a price	CLANC Deeps	and the second	
PERFORM FOR HIGH	088		E CTHEN ADDRESS		C BELEA	CEPCALMENT	PROPERTIES.	
	A DEPENDENT STORE		TON CLAN CLOSE			a martine and	THE REPT PLANT	
						a 🗍 +0	Farm, company to	real to the weather
ALE FRANCISCO ALT-	NAMES AND ADDRESS OF PERSON ADDRES PERSON ADDRESS OF PERSON ADDR EXPERSION ADDRESS ADDRESS OF PERSON A	ORE COMPLETE	La GEARG REETO	the standard in the	11115.0	CONTRACTOR AND INCOME.	TO PERSONAL INC.	AT ME Lamon
to prove the own, i a taking	to require an ansatz of the	ment toutto alta	to part of \$1.54 period	stoament a spec	-	described between		
and a			DATE .		0.00			
SALE OF CLAMER C	OWNERS ADDRESS PRODUCTS		CTHER DATE .	N 1 50 1 19	H DATES	Constant and	10-076 to 0.00	pr governo-
AND PROPERTY.	CENE.		-1 1	11	1100		MILANE TO CAR	and Maryons
		11	2 90		FIVOR 1		10	1 2 1 2
RECEIPTIONNE CLARVEN	d Gran Cost Composited of	14.00			(D. 0178		1 Course	CHE OF THE OWNER OF
Suppose of rate	NO OF LUNCTION OF NELLY	· Perate doi, brow	the line (where (247)	NO. NO.	- 30			
				The second second			CRIMINAL PURP I	6D.
	P. C.			-	25 179.25	ALCO PROVIDE	NUMBER OF	
A	Divice U	C 15 MGG	COPPLETE ADVICES OF	E BARRET		a	LSI 4 L	
M 10 HY M	To the second	an min	POR L MO	ani la	CONTRACT NON	time into	The are	PERCENSIO PECYCEPUD #
				1 1 1			1	
							-	
	1 100 100 100 100 100 100 100 100 100 1						1 100	
							1 140	
		200					-	
							1410	
							1	
					-			
1 1 1			a los los		1000	1.1	I I I I I	
		THE PARTY IN	ACCOUNT NO	Inter and		contract []	N ARAM THD	E Reb MACC
	48.01 IN 11-						1911 A 1	
Transformer, Tarrielle Marine Marine State of Marine Marine State of Marine Marine State of Marine State of Marine State State of Marine State of Marine State of Marine State of Marine State of Marine State of Marine State of Marine State of Marine State of Marine State of Marine State	ICAN OF BURN UN		arritan.	Canadi Con	10 Dua	erroucht und	ama (
Scaut, Ar (P Ho) with deal of with Larth But to cale	ICAN OF BURN UN		er or on the	(pastros	15 Dua	Lancinge rate		

ona

- Required on all claims
 - Provider's billing name, telephone number, address and ZIP code
- Item 33a contains NPI of billing practice



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
Physician's supplier	Physician's supplier's	e, address, 2010AA or & phone 2010AB	NM103 (85)	Provider last or organizational name	NM101 Entity Identifier code=85- Billing Provider	
33	hilling name address		NM104 NM105	Provider first name Provider middle initial	NM101 Entity Identifier=87-Pay-to-provider	
			N301 N401	provider address 1 Provider city	NM102 Entity Type code 1 Person 2 Non-Person Entity	
			N402 N403	Provider state Provider ZIP code	Enter the provider or service/supplier's billing name, address, zip code and telephone number. Must be a physical address with nine-digit ZIP code.	
33a	NPI	2010AA	NM109 (85)	Provider phone number Provider ID	NM101 Entity Identifier code=85-Billing Provider NM101 Entity Identifier code=87-Pay-to-provider Enter the NPI for the Group Number of for the performing provider of service/supplier who is a member of a group practice. Enter "XX" in the NM108 to indicate an NPI is present in the NM109	
336			PRV02 PRV03	Taxonomy number	Qualifier PXC	



Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

The information contained in this crosswalk is for reference purposes only.

* = If Medicare Secondary Payer or Medigap is involved, refer to the 5010 TR3.

** = Use if different than information given at the claim level. 7/6/2012 - KJT 1

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
	Type of Health Insurance	2000B	SBR09	Claim editing indicator code	Must = MB for Medicare Part B	
1			SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary	
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)	
1a*	Patient's Medicare Beneficiary ID Number (MBI)	2010BA	NM109	Subscriber Primary Identifier	Patient's Medicare Beneficiary ID Number (MBI)	
			NM103	Last Name		
2	Patient's Name	or	NM104	First Name	Enter the patient's name as shown on their Medicare card	
2	Fatient's Name		NM105	Middle initial		
		201004	NM107	Suffix (e.g., Jr. Sr.)		
3	Patient's Birth Date	2010BA	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMD	
3	and gender	2010BA	DMG03	Gender	Date qualifier (DMG01) = D8	
4* pri Ite	Insured's name (When there is insurance primary to Medicare, Items 4, 6, 7, and 11 are required items.)	2330A	NM103	Other insured last name	Enter the insured's name. Required if any other payers a known to potentially be involved in paying this claim. If th insured is the patient this would be blank and informatio reported in the 2010BA Loop does not repeat in the 2330A L	
			NM104	Other insured first name		
			NM105	Other insured middle name		





Claim Rejection Reminders

- Claim rejections CO16, MA130
 - Claims received that contain incomplete or invalid information will be "rejected" and returned as unprocessable
- Unprocessable claims have
 - No appeal rights
 - No reopening rights
- Resubmit a new claim with corrected information
- Unprocessable Claim Rejections and Corrections





Resources and References

- NGS website
 - <u>CMS-1500 Claim Form Completion Instructions</u>
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
 - <u>Top Claim Errors</u>
- CMS website
- Place of Service Code Sets
- CMS IOM Publication 100-04, Medicare Claims Processing Manual
 - <u>Chapter 1, General Billing Requirements</u>
 - <u>Chapter 26, Completing and Processing Form CMS-1500</u>





Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course

Code.

.

Connect with us on Social Media





Text NEWS to 37702; Text GAMES to 37702



www.MedicareUniversity.com Self-paced online learning

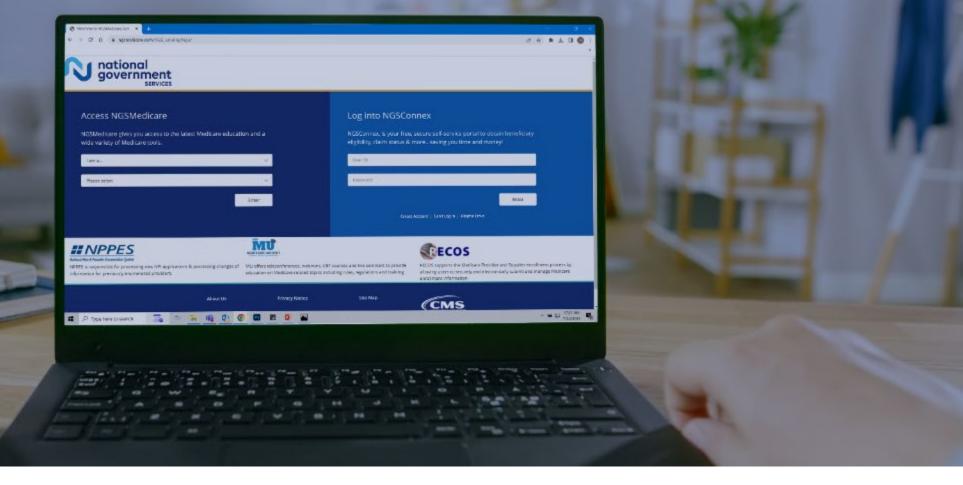


LinkedIn Educational Content





Find us online





www.NGSMedicare.com Online resources, event calendar, LCD/NCD, and tools



national aovernment

IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



NGSConnex Web portal for claim information



Sign up for Email Updates

Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news

