EALTH INSURANCE CLAIM FORM							
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12	2						
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NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-1197 FORM 1500 (02-12)

ITEMS 14-33: PHYSICIAN OR SUPPLIER INFORMATION

ITEM NUMBER 14

14. DATE	OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP
MM !	133.00()
	QUAL.

TITLE: Date of Current Illness, Injury, or Pregnancy (LMP)

INSTRUCTIONS: Enter the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) date of the first date of the present illness, injury, or pregnancy. For pregnancy, use the date of the last menstrual period (LMP) as the first date.

Enter the applicable qualifier to identify which date is being reported.

- 431 Onset of Current Symptoms or Illness
- 484 Last Menstrual Period

Enter the qualifier to the right of the vertical, dotted line.

DESCRIPTION: The "Date of Current Illness, Injury, or Pregnancy" identifies the first date of onset of illness, the actual date of injury, or the LMP for pregnancy.

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YY, and 3 characters to the right of the vertical, dotted line.

14. DATE OF CURR	EŅŢ ILLNES	S, INJURY, or PREGNANCY (LMP)
09 30 2	005 0	S, INJURY, OF PREGNANCY (LMP) UAL 431

ITEM NUMBER 17a AND 17b (Split Field)

17a.	Min.	
17b.	NPI	

TITLE 17a: Other ID#

INSTRUCTIONS 17a: The Other ID number of the referring, ordering, or supervising provider is reported in 17a in the shaded area. The qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a.

The NUCC defines the following qualifiers used in 5010A1:

- OB State License Number
- 1G Provider UPIN Number
- G2 Provider Commercial Number
- LU Location Number (This qualifier is used for Supervising Provider only.)

DESCRIPTION: The non-NPI ID number of the referring, ordering, or supervising provider is the unique identifier of the professional or provider designated taxonomy code.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the qualifier field and 17 characters in the Other ID# field.

TITLE 17b: NPI #

INSTRUCTIONS 17b: Enter the NPI number of the referring, ordering, or supervising provider in Item Number 17b.

DESCRIPTION: The NPI number refers to the HIPAA National Provider Identifier number.

FIELD SPECIFICATION: This field allows for the entry of a 10-digit NPI number.

17a.	G2	ABC1234567890
17b.	NPI	0123456789

ITEM NUMBER 21

21. DIAGNOSIS OR NATUR	E OF ILLNESS OR INJURY Relate	A-L to service line below (24E)	ICD Ind.
A. L	В	C	D
E	F. L	G. L	н
1	J	к	L. L

TITLE: Diagnosis or Nature of Illness or Injury

INSTRUCTIONS: Enter the applicable ICD indicator to identify which version of ICD codes is being reported.

- 9 ICD-9-CM
- 0 ICD-10-CM

Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.

Enter the codes to identify the patient's diagnosis and/or condition. List no more than 12 ICD-9-CM or ICD-10-CM diagnosis codes. Relate lines A - L to the lines of service in 24E by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.

DESCRIPTION: The "ICD Indicator" identifies the version of the ICD code set being reported. The "Diagnosis or Nature of Illness or Injury" is the sign, symptom, complaint, or condition of the patient relating to the service(s) on the claim.

FIELD SPECIFICATION: This field allows for the entry a 1 character indicator and 12 diagnosis codes at a maximum of 7 characters in length.

21. DIAGNOSIS OR NATURE	OF ILLNESS OR INJURY Relate	A-L to service line below (24E)	ICD Ind. 9
A 1998.59	в. [780.6	c. tV18.0	E878.8
E. I	F. L	G. L	н. L
1	J. L	K. L	L. L

ITEM NUMBER 22

22. BESUBMISSION	ORIGINAL REF. NO.

TITLE: Resubmission and/or Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code).

When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.

- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

This Item Number is not intended for use for original claim submissions.

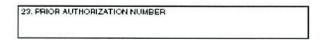
DESCRIPTION: "Resubmission" means the code and original reference number assigned by the destination payer or receiver to indicate a previously submitted claim or encounter.

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area.

EXAMPLE:

22 DESLIBMISSION		
CODE	, CRIGINAL REF. NO.	
7	ADO4004567000	
1	ABC1234567890	

ITEM NUMBER 23



TITLE: Prior Authorization Number

INSTRUCTIONS: Enter any of the following: prior authorization number, referral number, mammography pre-certification number, or Clinical Laboratory Improvement Amendments (CLIA) number, as assigned by the payer for the current service.

Do not enter hyphens or spaces within the number.

DESCRIPTION: The "Prior Authorization Number" is the payer assigned number authorizing the service(s).

FIELD SPECIFICATION: This field allows for the entry of 29 characters.



ITEM NUMBER 24E

DIAG POII	E. NOSIS NTER
L	
<u> </u>	
1	

TITLE: Diagnosis Pointer [lines 1-6]

INSTRUCTIONS: In 24E, enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. The reference letter(s) should be A – L or multiple letters as applicable. ICD-9-CM (or ICD-10-CM, once mandated) diagnosis codes must be entered in Item Number 21 only. Do not enter them in 24E.

Enter letters left justified in the field. Do not use commas between the letters.

DESCRIPTION: The "Diagnosis Pointer" is the line letter from Item Number 21 that relates to the reason the service(s) was performed.

FIELD SPECIFICATION: This field allows for the entry of 4 characters in the unshaded area.

EXAMPLE:

E. DIAGNOSIS POINTER

ABCD