Sentara Health Plans

CMS1500 Field List and Rejection Reason - Reference Operations Update OPSFS070124

			Billing Standard Resource Guidelines:				
Claim Form Field #	Field Name	Field Submissions: Required (R) / Conditional (C) / Not Required (N)	CMS Required (C)	DMAS Required (D)	X12 Guidelines (X)	Reject Reason	Resources:
1	Type of Insurance	N					CMS Billing : https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c01.pdf
1a	Insured's ID number	R	C	D	X	Missing or Invalid insured ID	
2	Patient's Name	R	C	D	X	Missing patient name	
3	Patient's Birth Date/Gender	R	C		X	Missing or invalid DOB	DMAS : https://www.dmas.virginia.gov/for-providers/
4	Insured's Name	R	C			Missing insured's name	
5	Patient's Address	R			X	Missing patient address	X12: ASC X12N/0005010X222: 5010 837 EDI Professional Implemetation Guide - Access our website here for a copy.
6	Patient Relationship to Insured	R			X	Missing patient relationship to insured	
7	Insured's Address	C			X	Missing Insured Address	
8	Reserved for NUCC Use	N					
9	Other Insured Name (Last, First, MI)	C			X	Missing COB information	
9a	Other Insured's Policy or Group Number	C			X	Missing COB information	
9b	Other Insured's Date of Birth (Month) & Gender	N					
9c	Other Insured's Employer's Name or School	N					
9d	Other Insured's Plan Name or Payer	C			X	Missing COB information	
10	Is Patient Condition Related To	R		D		Missing or invalid patient condition related to information	
10a	Employment	R		D		Missing or invalid patient condition related to information	
10b	Auto Accident	R		D		Missing or invalid patient condition related to information	
10c	Other Accident	R		D		Missing or invalid patient condition related to information	
10d	Claim Codes (Designated by NUCC)	N					
11	Insured's Policy Group or FECA Number	C			X	Missing insured policy group or FECA number	
11a	Insured's Date of Birth/Sex	C			X	Missing insured's date of birth	
11b	Other Claim ID (Designated by NUCC)	N					
11c	Insurance Plan Name / Program Name	C			X	Missing COB information	
11d	Is there another health benefit plan?	C			X	Missing COB information	
12	Patient's / Authorized Person's Signature/Date	N					
13	Insured's / Authorized Person's Signature	N					
14	Date of Current Illness, Injury or Pregnancy	C		D	X	Missing date of current illness, injury or pregnancy	
15	Other Date	C			X	Missing date of current illness, injury or pregnancy	
16	Dates Patient Unable to Work in Current Job	N					
17	Name of Referring Provider	C	C	D	X	Missing or invalid Referring NPI	
17a	Referring Provider NPI Number	C		D	X	Missing or invalid Referring NPI	
17b	NPI	C			X	Missing or invalid Referring NPI	
18	Hospitalization Dates Related to Current Srvcs	N					
19	Additional Claim Information (NUCC)	N					
20	Outside Lab?/Charges	N					
21	Diagnosis / Nature of Illness or Injury (A-L)	R	C	D	X	Missing or invalid diagnosis code or nature of illness or injury	
22	Medicaid Resubmission Code/Original Ref No	C		D	X	Improper Submitted Corrected Claim Number Field 22	
23	Prior Authorization Number	C	C	D	X	N/A	
24	*Line Item(s)*	Header Line					
24	Dates of Service	Header Line			X	Service lines exceeds maximum allowance.	
24.1	From	R	C	D	X	Missing or invalid date of service	
24.2	To	R	C	D	X	Missing or invalid date of service	
24b	Place of Service	R	C	D	X	Missing/Invalid POS	
24c	EMG	N					
24d	Procedures/ Modifiers	Header Line					
24D.1	Proc code	R	C	D	X	Missing/Invalid CPT/HCPCS Code Date of Service is On or After Electronic Verifcation Visit Cutoff Date	
24d.2	Modifier	C	C	D	X	Invalid Modifier	
24d.3	Supplemental Lines / NDC	C			X	Missing/Invalid NDC/UOM/QTY	
24d.3	Anesthesia Minutes, start & stop	C			X	Missing/Invalid Anesthesia Info	
24e	Diagnosis Pointer	R	C	D	X	Missing or invalid diagnosis pointer	
24f	Charges	R	C	D	X	Missing or invalid charges	
24g	Days or Units	R	C	D	X	Missing days or units	
24h	EPSDT	N					
24I	ID Qualifier	N					
24I.1	Non Shaded: NPI (form is hardcoded with "NPI"	N					
24I.2	Shaded: ID Qualifier	R					
24J	Rendering Provider ID #	Header Line					
24J.1	Shaded Section:Provider ID (taxonomy code)	R	C	D	X	Missing/Invalid Taxonomy Code	
24J.2	Non Shaded Section: NPI (rendering NPI)	R	C	D	X	Missing or invalid rendering NPI	
25	Federal Tax ID Number	R			X	Missing / invalid Federal Tax Id or Federal Tax ID not on file	
26	Patient Account Number	R		D	X	Missing patient account number	
27	Accept Assignment?	R			X	Missing accept assignment	
28	Total Charge	R	C	D	X	Missing/Invalid Total Charge	
29	Amount Paid	N					
30	Reserved for NUCC Use	N					
31	Signature of Physician or Supplier/Date	N					
32	Service Facility Location Information	C	C	D	X	Invalid service facility location information	
32a	Service Facility Location NPI	C	C	D	X	Invalid service facility location information	
32b	Service Facility Other ID	N					
33	Billing Provider Info and Phone Number	R	C	D	X	Missing or invalid billing provider information	
33a	Billing Provider Info NPI	R	C	D	X	Missing or invalid billing provider information	
33b	Billing Provider Info Other ID	R				Missing/Invalid Taxonomy Code	