



Clean Claim Edits - CMS1500

Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Carrier Block	N/A	Required	Required				2010BB	NM103= Payer Name N301, N302= Payer Address Line N401= Payer City Name N402= Payer State N403= Payer Zip Code
Health Insurance Coverage	1	Required	Required				2000B	SBR09= Claim Filing Indicator Code
Subscriber's/patient's plan ID number	1a	Required	Required	Reject	Reject if blank	Invalid or Missing Subscriber/Patient ID	2010BA	NM109= Subscriber Primary Identifier
Patient's name	2	Required	Required	Reject	Reject if blank	Missing Patient Name	2010CA	NM101= IL (Subscriber or Insured) NM102= 1 Person or 2 Non-Person Entity NM103= Last Name NM104=First Name NM105=Middle Name or initial NM107= Name Suffix
Patient's date of birth and gender	3	Required	Required	Reject	Reject if blank	Missing DOB or Gender	2010CA	DMG01=D8 DMG02=Birthdate DMG03=Gender (F or M)
Subscriber's name	4	Situational	Required	Reject	Reject if blank	Missing Subscriber Name	2010CA	NM101= IL (Subscriber or Insured) NM102= 1 Person or 2 Non-Person Entity NM103= Last Name NM104=First Name NM105=Middle Name or initial NM107= Name Suffix
Patient's address	5	Required	Required	Reject	Reject if blank	Missing Patient Address	2010CA	N301, N302= Patient Address Line N401= Patient City Name N402= Patient State N403= Patient Zip Code
Patient's relationship to subscriber	6	Situational	Situational	Reject	Reject if blank	Missing Patient Relationship Code	2000B 2000C	SBR02= 18 Self, PAT01= Patients Relationship to person insured 01= Spouse 19= Child 20= Employee 21= Unknown 39= Organ Donor 40= Cadaver Donor 53= Life Partner G8= Other Relationship
Subscriber's address	7	Situational	Situational	Pass			2010CA	N301, N302= Patient Address Line N401= Patient City Name N402= Patient State N403= Patient Zip Code
Reserved for NUCC Use	8	Not used	Not used	Pass			N/A	N/A
Other insured's or enrollee's name	9	Situational	Situational	Pass/Reject	Required if box 11d is "Y"	Other Insurance Indicated; other insurance information missing	2330A	NM101= IL (Subscriber or Insured) NM102= 1 Person or 2 Non-Person Entity NM103= Last Name NM104=First Name NM105=Middle Name or initial NM107= Name Suffix
Other insured's or enrollee's policy	9a	Situational	Situational	Pass/Reject	Required if box 11d is "Y"	Other Insurance Indicated; other insurance information missing	2320	SBR03= Insured Group or Policy Number
Reserved for NUCC Use	9b	Not used	Not used	Pass			N/A	N/A
Reserved for NUCC Use	9c	Not used	Not used	Pass			N/A	N/A
Insurance Plan Name or Program Name	9d	Situational	Situational	Pass/Reject	Required if box 11d is "Y"	Other Insurance Indicated; other insurance information missing	2320	SBR04= Other Insured Group Name
Whether patient's condition is related to employment, auto accident, or other accident	10 a-c	Situational	Situational	Pass			2300	CLM11-1= Related Causes Codes AA= Auto Accident EM= Employment OA= Other Accident CLM11-4= Auto Accident State
Claim Codes	10d	Not used	Not used					
Subscriber's policy number	11	Situational	Situational	Pass			2000B	SBR03= Subscriber Group or Policy Number
Subscriber's birth date and gender	11a	Situational	Situational	Pass			2010BA	DMG02= Date of birth DMG03= Subscriber Gender (F, M or U)
Subscriber's plan name	11b	Situational	Situational	Pass			2010BA	REF01 REF02
HMO or preferred provider carrier name	11c	Situational	Situational	Pass			2000B	SBR04= Subscriber Group Name

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Disclosure of any other health benefit plans	11d	Situational	Situational	Pass	Corollary to box 9, COB indicator that indicates that the member has COB			
Patient's or authorized person's signature or notation that the signature is on file with the physician or provider	12	Required	Required	Reject	Reject if blank	Missing Patient or Authorized Person's Signature	2300	CLM09= Release of information code Y= Yes Provider has signed statement I= Informed Consent to Release Medical Information
Subscriber's or authorized person's signature or notation that the signature is on file with the physician or provider	13	Required	Required	Reject	Reject if blank	Missing Subscriber or Authorized Person's Signature	2300	CLM08= Benefits assignment certification indicator Y- Yes W-Not applicable N- No
Date of current illness, injury, or pregnancy	14	Situational	Situational	Pass			2300	DTP01= Qualifier 431- Onset of Current Symptoms or Illness 439- Date of accident 484- Last Menstrual Period DTP03= Date
First date of previous, same or similar illness	15	Situational	Situational	Pass			2300	DTP01= Qualifier 454- Initial Treatment 304- Latest Visit or Consultation 453- Acute Manifestation of a Chronic Condition 439- Accident 455- Last X-ray 471- Prescription 090- Report Start (Assumed Care Date) 091- Report End (Relinquished Care Date) 444 -First Visit or Consultation DTP03= Date
Dates patient unable to work	16	Situational	Situational	Pass			2300	DTP01= 314, 360 or 361 DTP02= D8 or RD8 DTP03= Date
Name of Referring Provider or Other Source	17	Situational	Situational	Pass			2310A Referring- DN 2310D Supervising- DQ 2420E Ordering- DK	NM101= DN, DQ, or DK NM102= 1 Person NM103= Provider Last Name NM104= Provider First Name
Other ID #	17a	Situational	Situational				2310A Referring- DN 2310D Supervising- DQ 2420E Ordering- DK	REF01= Qualifier 0B, 1G, G2 REF02= Provider Secondary Identifier
Referring Provider NPI Number	17b	Situational	Situational	Pass			2310A Referring- DN 2310D Supervising- DQ 2420E Ordering- DK	NM109= Provider Identifier
Hospitalization dates	18	Situational	Situational	Pass	Date required when a medical service is furnished as a result of, subsequent to, a related hospitalization.		2300	DTP03= Admission and Discharge Date
Reserved for future use	19	Optional	Optional	Pass	Additional information		2300 2300 2310A Referring- DN 2310D Supervising- DQ 2420E Ordering- DK	NTE=ADD Notes PWK= Qualifiers REF01= Qualifier 0B, 1G, G2 REF02= Provider Secondary Identifier
Outside Lab	20	Situational	Situational	Pass			2400	PS102= Purchased Service Charge Amount
Diagnosis codes	21 a-l	Required	Required	Reject	At least one is populated, reject if blank or invalid	Missing Diagnosis Code(s) Invalid Diagnosis Code(s)	2300	HI01-2= Qualifier ABK (ICD-10) or BK (ICD-9) HI02-2= Diagnosis Code HI03-1= Qualifier ABF (ICD-10) or BF (ICD-9) HI03-2= Diagnosis Code HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2
Resubmission Code	22	Situational	Situational	Pass	Frequency Code 7 or 8		2300 2300	CLM05-03= Frequency Code REF02= Payer Claim Control Number
Prior authorization number	23	Situational	Situational	Pass			2300	REF01= Qualifier GI, 9F, X4, EW REF02= Number

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Date(s) of service	24a	Required Situational	Required Situational	Reject	Reject if blank or invalid date	Missing Date of Service N4- followed by the 11 digit National Drug Code (NDC). Report the quantity qualifier followed by the quantity beginning in position 14. UPN- Universal Product Code	2400 2410	DTP01=472 DTP02= D8 if single date of service DTP02=RD8 if range of dates LIN02= Qualifier N4= National Drug Code EN- EAN/ UCC EO= EAN, UCC HI= HIBC Supplier Labeling Standard Primary Data Message ON= Customer Order Number UK= GTIN-14 UP= UCC-12
Place of service codes	24b	Required	Required	Reject	Reject if blank or invalid code	Missing Place of Service Invalid Place of Service	2300 2400	CLM05-1= Place of Service Code SV105= Place of Service Code
EMG (Emergency)	24c	Situational	Not Required	Pass/Reject	Required if POS is 23	Missing EMG Indicator	2400	SV109= Emergency Indicator Y= Yes
Procedure/modifier code	24d	Required	Required	Reject	Reject if blank or invalid	Missing Procedure Code Invalid Procedure Code	2400	SV101-2= Procedure Code SV101-3- SV101-6= Procedure Modifier
Diagnosis code pointer	24e	Required	Required	Pass/Reject	If there is only one diagnosis code, pass and default a pointer to diagnosis 1. If there are 2 or more diagnosis codes and no pointer, reject.	Missing Diagnosis Pointer	2400	SV107= Diagnosis Code Pointer SV107-1 - SV107-4= Diagnosis Code Pointer
Charge for each listed service	24f	Required	Required	Reject	Reject if blank	Missing Line or Total Charges	2400	SV102= Line Item Charge Amount
Number of days or units	24g	Required	Required	Reject	Reject if blank	Missing Days or Units of Service	2400	SV104= Service Unit Count
EPSDT/Family Plan	24h	Required	Not Required	Pass			2400	SV111= EPSDT Indicator Y= Yes SV112= Family Planning Indicator Y= Yes
ID Qualifier	24i	Situational	Situational	Pass			2310B 2420A	PRV02= PXC REF01= Qualifier 0B, 1G, G2
Rendering provider (Shaded Line)	24j	Situational	Situational	Pass			2310B 2420A	PRV03= Provider Taxonomy Code REF02= Provider Secondary Identifier PRV03= Provider Taxonomy Code REF02= Provider Secondary Identifier
Rendering provider NPI	24j	Situational	Situational	Pass			2310B 2420A	NM109= Referring Provider ID
Physician's or provider's federal taxpayer ID number	25	Required	Required	Reject	Reject if blank or invalid (9 digits)	Missing Provider Tax ID Number	2010AA	REF01= EI or SY REF02= Billing Provider Tax ID
Patient account number	26	Required	Required	Pass			2300	CLM01= Patient Control Number
Assignment	27	Required	Required	Reject	Reject if blank	Missing Assignment Code	2300	CLM07= Assignment or Plan Participation Code A- Assigned B- Assignment accepted on clinical lab services only C- Not Assigned
Total charge	28	Required	Required	Reject	Reject if blank	Missing Line or Total Charges	2300	CLM02= Total Claim Charge
Amount paid	29	Situational	Situational	Pass			2300 2320	AMT01= F5 (Patient Paid Amount) AMT02= Patient Amount Paid AMT01= D (Payer Amount Paid) AMT02= Payer Paid Amount
Reserved for NUCC Use	30	Not used	Not used	Pass				
Signature or SOF of physician or provider	31	Required	Required	Reject	Reject if blank	Missing Physician/Provider Signature	2300	CLM06= Provider or Supplies Signature Indicator N= No Y= Yes
Name and address of facility where services rendered	32	Required	Required	Reject	Required for all POS including home and office. 9 Digit service facility zip code is required	Missing Rendering facility name and/or Missing or invalid Service Facility 9 digit Zip Code	2310C	NM101= 77 (Service Location) NM102= 2 Non-Person Entity NM103= Facility Name N301= Address N401= City N402= State N403= Zip
The service facility NPI	32a	Situational	Situational	Pass/Reject	Required for all POS except POS 41 and 42. Reject if invalid NPI (10 digits and checkdigit logic)	Missing service facility NPI Invalid service facility NPI	2310C	NM108= XX NM109= Identification Number

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Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Physician's or provider's billing name and address	33	Required	Required	Reject	Reject if blank or if address is not a physical address (PO BOX, Lock BOX, etc is not valid). 9 Digit billing provider zip code is required.	Missing physician/Provider Billing name and physical address and/or Missing or invalid Service Billing Provider 9 digit Zip Code	2010AA	NM103= Billing Provider Last or Organizational Name NM104= Billing Provider First Name NM105= Billing Provider Middle or Initial NM107= Billing Provider Suffix N301= Address N401= City N402= State N403= Zip PER04
Main or billing Type 1 NPI number	33a	Required	Required	Reject	Reject if blank or invalid NPI (10 digits and checkdigit logic)	Missing billing provider NPI Invalid billing provider NPI	2010AA	NM108= XX NM109= Identification Number
Other ID #	33b	Situational	Situational	Pass			2000A 2010AA	PRV03 REF01 REF02