

HCFA 1500	Implementation/Definition – Based on Minnesota HCFA Standards	837 Professional	HMO Information Services Standards (Western Reg.)	CALINX Agreement*	Comments
1a) Insurance Type	1. Medicare 2. Medicaid 4. CHAMPVA 3. CHAMPUS 5. Group Health Plan 6. FECA & Black Lung 7. Other Indicate type by marking box	Required	DAO 6.0	Discretionary	Provider Groups not always able to submit. Health Plans can extract this data from their internal databases if needed.
1b) Insured's ID Number	Refers to item marked in 1a. Enter insured's ID number as shown on insured's ID card (Medicare #, Medicaid #, Sponsor's SSN, VA File #, SSN or ID, SSN, ID)	Required	DAO 18.0	Essential	Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
2) Patient's Name	Last Name, First Name, Middle Initial	Required	CAO 4.0 CAO 5.0 CAO 6.0	Last Name & First Name Essential M.I. Discretionary	

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3) Patient's Birth Date	Includes Patient's Birth Date and Sex	Situational (Required when self)	CAO 8.0 CAO 9.0	Essential	Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
4) Insured's Name	Last Name, First Name, Middle Initial Identifies patient's source of insurance. Enter the insured's last name, first name, and middle initial	Required	DAO 19.0 DAO 20.0 DAO 21.0	Essential Discretionary Discretionary	Reportable to health plan with contractual responsibility for member. Insured Last Name required in ANSI 837. Insured First Name and Middle Initial not required. Plans have this information in their system. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
5) Patient's Address	Multiple Boxes: Enter the patient's house number, street, city, state and zip code.	Required	CAO 11.0 CAO 12.0 CAO 13.0 CAO 14.0 CAO 15.0	Essential Discretionary Essential Essential	Reportable to health plan with contractual responsibility for member. Patient Address 2 is discretionary. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.

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6) Patient's Relationship to Insured	Self means that the insured is the patient. Spouse means that the patient is the spouse of the insured. Other means that the patient is other than the self, spouse of child. Other may include employee, ward, or dependent Identifies patient's source of insurance, and distinguishes patient from insured..	Situational	DAO 17.0	Essential	Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
7) Insured's Address	Enter the insured's house number, street, city, state and zip code.	Required	N/A	Discretionary (Not Supported by HMOIS) Essential when converting to ANSI 837	Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
8) Patient Status	Employed means that the patient is employed. Full-time student means that the patient is registered for a full course load at a school or university. Part-time student means the patient is registered at a college or university but not full-time.	Required	CAO 18.0	Discretionary	Information not needed for encounters. Plans can obtain from their systems if desired.

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9) Other Insured's Name	Other Insured means the holder of another policy, which may cover the patient. Identifies additional insurance source. a. Other Insured's Policy or Group Number b. Other Insured's Date of Birth & Sex. c. Employer's Name or School Name d. Insurance Plan Name or Program Name	Situational loop (Required if there is an "other insured")	N/A	Discretionary (Not Supported in HMOIS) Essential when converting to ANSI 837	Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
10) Is Patient's Condition Related To:	a. Employment? Yes or No b. Auto Accident? Yes or No c. Other Accident? Yes or No – indicates primary liability for condition and may flag claims when sent to inappropriate payer.	Required	EAO 4.0 EAO 5.0	Conditional	Populate when true
10d) Reserved for Local Use	Required and used only by Medicaid or Medicare. Refer to Medicaid or Medicare Manual.				
11) Insured's Policy group or FECA Number	Enter the insured's group number as it appears on the insured's enrollee ID card. For workers' compensation, enter the workers' compensation payer "claim number" if available. a. Insured's Date of Birth & Sex b. Employer's Name or School Name c. Insurance Plan Name or Program Name d. Is There Another health Benefit Plan? Yes or No (if yes then 9 a-d must be completed)	Required	DAO 10.0 DAO 11.0	Discretionary	Provider groups cannot always provide this information. Plans have this information in their system if desired.

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12) Patient's or Authorized Person's Signature	Enter the patient's actual signature, "Signature on File", or "SOF" if release of information exists in the patient's chart. If actual signature, enter date signed. Date needed only if actual signature. Signature may be required by contract. Not required for Medicaid, see Medicaid manual.	Required	DAO 16.0	Discretionary	Patient signature source
13) Insured's or Authorized Person's Signature	Enter the insured's actual signature, "Signature on File" or "SOF" if insured has authorized payment of medical benefits to the provider (assignment of benefits)	Required	N/A (Not supported by HMOIS)	Discretionary	
14) Date of Current Illness, Injury, or Pregnancy	Enter the first date of the present illness, injury or pregnancy. If actual date is unknown, leave blank. Do not enter default date.	Situational	EAO 7.0	Conditional	Populate when true
15) If Patient has had same or Similar Illness – Give first date	Enter the date the patient had the same or a similar illness. Leave blank if no same or similar illness has occurred. Leave blank if unknown.	Situational	EAO 15.0 EAO 16.0	Discretionary	Often not known and of uncertain value
16) Dates Patient Unable to Work in Current Occupation	Enter dates if known. Leave blank if unknown.	Situational	EAO 18.0 EAO 19.0	Discretionary	Purchasers would like this information, but this data is difficult to predict, and release of this information would breach other confidential information. The provider members suggested that the current method of providing this advice to employers, the use of a "note from the doctor" might have to suffice.

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17) Name of Referring Physician or Other Source	Enter the name of the physician or other source who referred the patient to the billing provider or ordered the test or supply, if appropriate.	(Situational - required if claim involved a referral and need to identify primary care provider)	EAO 22.0 EAO 23.0	Conditional	Of value to organizations paying claims, perhaps, but not necessarily to others Populate when true
17a) I.D. Number of Referring Physician	Enter the identifier number of the referring or ordering physician or other source.	Loop 2310A - Referring Provider Name (Situational)	EAO 20.0 FAO 24.0	Conditional	Populate when true
18) Hospitalization Dates Related to Current Services	Enter the inpatient hospital admission date followed by the discharge date (if discharge has occurred). If not discharged, leave discharge date blank.	(Situational - Loop 2400 overrides it)	EAO 26.0 EAO 27.0	Discretionary	Often not known by anyone other than attending physician
19) Reserved for Local Use	May be used to list multiple modifiers; see box 24d. May be used to list pickup and delivery addresses for transportation claims. Used for Medicare and Medicaid, refer to Medicare or Medicaid manual.				
20) Outside Lab	For Medicare, enter an X in Yes if the current services are from an outside laboratory. Yes or No Also, include \$ charges	(Required if laboratory or facility service are billed/ reported on the claim/ encounter)	EAO 28.0 EAO 29.0	Discretionary	It appears that this is only used if the lab is the submitter of the claim, but, if this is not the intent, it is burdensome and often unknown by the ordering clinician. Regarding charges: Such charges should only be reported to the entity responsible for direct payment of the fee or, if a capitated service, the organization that is directly responsible for paying the contractor laboratory. Costs or charges should not be reported to upstream organizations, even if those organizations pay capitation to the provider or payor.

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21) Diagnosis or Nature of Illness or Injury	List up to four ICD9-9-CM diagnosis codes in order of priority. Pointers: Relate lines 1,2,3,4 to lines of service in 24e by line number. Use the highest level of specificity. Used to inform payer of diagnosis. Pointers relate the diagnosis to the service performed for that diagnosis.	Required (except claims for which there are no diagnosis)	EAO 30.0 EAO 31.0 EAO 32.0 EAO 33.0	Essential Conditional Conditional Conditional	HMOIS supports four (4) diagnosis codes. When converting to ANSI 837, allow up to EIGHT ICD-9 diagnosis codes Reportable to health plan with contractual responsibility for member. Only aggregated data that prevent identification of individuals may be provided to employers by either plans or providers with the exception that individually identifiable data may be provided to a third party as long as they meet confidentiality standards.
22) Medicaid Resubmission Code	For Medicaid replacement claims only, refer to code list in Medicaid manual.				
23) Prior Authorization Number	Enter the prior authorization number as required by the payer for the current service. For Medicaid, PA or Home Care Service Agreement or Certification / Second Surgical Opinion, refer to Medicaid manual. Used to determine eligibility of the current service.	Situational – (Required when services on a claim were pre-authorized)	DAO 14.0	Discretionary	Not used by health plans

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24a) Date(s) of Service	Used to inform payers of the dates or date span of the current services. (If one date of service only, enter that date under “From.” Leave “To” blank. If grouping services, enter the first and last dates of the current services in the “From” and “To” spaces. If grouping services, the place of service, type of service, procedure code, charges and individual provider for each line must be identical for that service line. Grouping is allowed ONLY for services on CONSECUTIVE days.)	Required Loop 2400 – Date – Service Date	FAO 5.0 FAO 6.0	Essential	
24b) Place of Service	Used to inform the payer where the service was rendered; place of service may affect whether benefit is covered under the insured’s contract.	Required	FAO 7.0	Essential	
24c) Type of Service	(Not used by Minnesota payers.)	Required	FAO 8.0	Discretionary	Not used by Health Plans
24d) Procedure, Services, or Supplies	Used to inform payer of what services were performed. Incorrect usage of codes and modifiers may affect payment for the service. CPT/HCPCS: enter the CPT or HCPCS code from the code book. Enter the two-character modifier, if applicable. Up to two modifiers may be entered per line. (If more modifiers are needed, enter “99” and list all modifiers in box 19.)	Required	FAO 9.0 FAO 10.0 FAO 11.0 FAO 12.0	Essential Conditional Discretionary	HCPCS Modifier 2 & 3 not necessary. HCPCS modifier 1 has code to identify multiple procedures.

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24e) Diagnosis Code Pointers	Used to inform payers which procedure was done for which diagnosis. Enter the pointer number(s) 1, 2, 3, and/or 4 from box 21, which relate the diagnosis to the applicable service. Up to four diagnosis pointer numbers may be used to refer to each line of service. If more than one pointer number applies to a line of service, the first number listed should refer to the primary diagnosis. (Diagnosis codes must be entered in box 21 only. Do not enter them in 24E)	Required	FAO 14.0 FAO 15.0 FAO 16.0 FAO 17.0	Essential Conditional Conditional	HMOIS supports four (4) diagnosis codes. When converting to ANSI 837, allow up to EIGHT ICD-9 diagnosis codes
24f) \$ Charges	Used to inform the payer of the total dollars charged for this line of the current services. Enter the dollar amount listed for each service. If more than one date or unit is shown in 24G, the dollars shown should reflect the TOTAL of the services. If grouping services, the charges for each item within a group must be identical (24F must be evenly divisible by 24G).	(Required)	FAO 13.0	Conditional	Regarding charges: Such charges should only be reported to the entity responsible for direct payment of the fee or, if a capitated service, the organization that is directly responsible for paying the contractor laboratory. Costs or charges should not be reported to upstream organizations, even if those organizations pay capitation to the provider or payor.
24g) Days or Units	Used to inform payer of how many of each service were provided. (Enter the number of days or units being charged on this line of the current services. If only one service was performed, enter a 1. If multiple identical services are provided on consecutive days, enter the actual number, which must correspond with the number of days in box 24a.)	Required	FAO 18.0	Essential	

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24h) EPSDT Family Plan	Used only for Child and Teen checkup (formerly EPSDT) for Medicaid and Medicaid managed care. Otherwise, leave blank.	Required	FBO 22.0	Discretionary	Not used by health plans
24i) EMG	Not required.	Required	FAO 20.0	Discretionary	Not used by health plans
24j) COB	Not required.	Situational	FAO 21.0	Discretionary	Not used by health plans
24k) Reserved for Local Use	Used to inform the payer which provider actually performed this line of service.(Enter the rendering provider's NPI, UPIN, MHCP or other identifier for each line of service 1-6.)	Required (NM108 & NM109 Rendering Provider ID)	TBD		
25) Federal Tax I.D. Number	Used to direct payment to the proper corporate entity, and to issue a 1099 form if tax law requires it. Enter the federal tax identification, social security number or employer identification number of the entity to whom the payment will be made. (Social security numbers of individual providers are to be used ONLY when the provider is an unincorporated business and payment is to be made to the individual provider. Specify type by checking appropriate box.)	Required	BAO 6.0	Essential	Provider ID number
26) Patient's Account Number	Used to post payments to the correct patient account. Enter the patient's account number assigned by the rendering provider's organization.	Required	CAO 3.0	Essential	Are there restrictions

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27) Accept Assignment	Used to indicate that the provider, whether participating or not in Medicare, accepts assignment of benefits for this claim. For Medicare claims, enter an X in the appropriate box to indicate acceptance of assigned benefits for this claim. See Medicare manual.	Required	EAO 34.0	Discretionary	Not used by health plans
28) Total Charge	Used to inform the payer of the total dollars charged for the current PAGE of services. Enter the sum of the charges in column F for ALL lines on the page.	Required	XAO 12.0	Conditional	Regarding charges: Such charges should only be reported to the entity responsible for direct payment of the fee or, if a capitated service, the organization that is directly responsible for paying the contractor laboratory. Costs or charges should not be reported to upstream organizations, even if those organizations pay capitation to the provider or payor.
29) Amount Paid	Used to report payments from a third party payer to Medicare/Medicaid. For Medicare & Medicaid, see the Medicare & Medicaid Manual. For Medicaid, enter amount paid by a third party payer other than Medicare.	Situational (Required if the patient has paid any amount towards the claim)	DA1 14.0	Conditional	Regarding charges: Such charges should only be reported to the entity responsible for direct payment of the fee or, if a capitated service, the organization that is directly responsible for paying the contractor laboratory. Costs or charges should not be reported to upstream organizations, even if those organizations pay capitation to the provider or payor.
30) Balance Due	Balance due is generally the same as box 28.		DA1 24.0	Discretionary	Not used by health plans. Regarding charges: Such charges should only be reported to the entity responsible for direct payment of the fee or, if a capitated service, the organization that is directly responsible for paying the contractor laboratory. Costs or charges should not be reported to upstream organizations, even if those organizations pay capitation to the provider or payor.

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31) Signature of Physician or Supplier including Degrees or Credentials	Enter the signature of the provider, supplier or representative, and the date signed. Personal signature, computer generated signature, facsimile signature, signature stamp and /or authorized signature is acceptable. This signature certifies statements on the reverse of the HCFA 1500 form.	Required	EAO 35.0 EAO 36.0	Discretionary	Old requirement. Most groups do not collect. Plans do not use.
32) Name and Address of Facility where Services were Rendered	Used to show where services were rendered, especially for purchased services. Enter the name and actual address of the organization or facility. Abbreviate name as needed. For supplies, enter location where supplies were accepted.		EAO 37.0	Discretionary	Restrictions?
33) Physician's Supplier Billing Name, Address, Zip Code & Phone #	Enter the name and address of the provider's organization. Phone number is recommended. For Medicaid, enter the 9-digit PIN only if the payment is being made to an individual provider. Enter group ID number if required by payer contract.	Required	BAO 18.0 FAO 23.0	Essential	Required by 837

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