

Medicare Claims Processing Manual

Chapter 26 - Completing and Processing Form CMS-1500 Data Set

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10 - Health Insurance Claim Form CMS-1500

(Rev. 1058, Issued: 09-15-06; Effective: 01-01-07, Implementation: 01-02-07)

The Form CMS-1500 (Health Insurance Claim Form) is sometimes referred to as the AMA (American Medical Association) form. The Form CMS-1500 is the prescribed form for claims prepared and submitted by physicians or suppliers (except for ambulance suppliers), whether or not the claims are assigned. It can be purchased in any version required i.e., single sheet, snap-out, continuous, etc. To purchase them from the U.S. Government Printing Office, call (202) 512-1800.

There are currently two versions of the Form CMS-1500. The current approved version of the form as of 2005 is the Form CMS-1500 (12/90). The current version is approved under the Office of Management and Budget (OMB) collection 0938-0008. The revised version of the form is Form CMS-1500 (08/05) and is approved under the OMB collection 0938-0999. The current claim form was revised to accommodate the implementation of the National Provider Identifier (NPI), which is scheduled for completion of the implementation in May 2007.

Between January 1, 2007, and March 31, 2007, either version of the Form CMS-1500 will be accepted by Medicare contractors. Therefore, you will find information within this chapter that applies to both claim forms. The differences between the two forms will be noted within the body of the text that describes each of the items/boxes/fields of the Form CMS-1500. In addition to the text within the chapter, there are two exhibits at the end of this chapter that provide the print file specifications for each form. Exhibit 1 is the print file specification layout for the current Form CMS-1500 (12-90) and Exhibit 2 is the print file specification layout for the Form CMS-1500 (08-05).

The Form CMS-1500 answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims from physicians and suppliers. It has also been adopted by the TRICARE Program and has received the approval of the American Medical Association (AMA) Council on Medical Services.

There are a number of Part B services that have special limitations on payments or that require special methods of benefit computation. Carriers should monitor their processing systems to insure that they recognize the procedure codes that involve services with special payment limitations or calculation requirements. They should be able to identify separately billed procedure codes for physician services which are actually part of a global procedure code to prevent a greater payment than if the procedure were billed globally.

The following instructions must be completed or are required for a Medicare claim. Carriers should provide information on completing the Form CMS-1500 to all physicians and suppliers in their area at least once a year.

Providers may use these instructions to complete this form. The Form CMS-1500 has space for physicians and suppliers to provide information on other health insurance. This

information can be used by carriers to determine whether the Medicare patient has other coverage that must be billed prior to Medicare payment, or whether there is another insurer to which Medicare can forward billing and payment data following adjudication if the provider is a physician or supplier that participates in Medicare. (See Pub 100-05, Medicare Secondary Payer Manual, Chapter 3, and Chapter 28 of this manual).

Providers and suppliers must report 8-digit dates in all date of birth fields (items 3, 9b, and 11a), and either 6-digit or 8-digit dates in all other date fields (items 11b, 12, 14, 16, 18, 19, 24a, and 31).

Providers and suppliers have the option of entering either a 6 or 8-digit date in items 11b, 14, 16, 18, 19, or 24a. However, if a provider of service or supplier chooses to enter 8-digit dates for items 11b, 14, 16, 18, 19, or 24a, he or she must enter 8-digit dates for all these fields. For instance, a provider of service or supplier will not be permitted to enter 8-digit dates for items 11b, 14, 16, 18, 19 and a 6-digit date for item 24a. The same applies to providers of service and suppliers who choose to submit 6-digit dates too. Items 12 and 31 are exempt from this requirement.

| Legend | Description |
|------------------------------------|--|
| MM | Month (e.g., December = 12) |
| DD | Day (e.g., Dec15 = 15) |
| YY | 2 position Year (e.g., 1998 = 98) |
| CCYY | 4 position Year (e.g., 1998 = 1998) |
| (MM DD YY) or (MM DD CCYY) | A space must be reported between month, day, and year (e.g., 12 15 98 or 12 15 1998). This space is delineated by a dotted vertical line on the Form CMS-1500) |
| (MMDDYY) or (MMDDCCYY) | No space must be reported between month, day, and year (e.g., 121598 or 12151998). The date must be recorded as one continuous number. |

10.1 – Claims That are Incomplete or Contain Invalid Information (Rev. 145, 04-23-04)

If a claim is submitted with incomplete or invalid information, it may be returned to the submitter as unprocessable. See Chapter 1 for definitions and instructions concerning the handling of incomplete or invalid claims.

10.2 - Items 1-11 - Patient and Insured Information

(Rev. 317, Issued 10-22-04, Effective/Implementation: N/A)

Item 1 - Show the type of health insurance coverage applicable to this claim by checking the appropriate box, e.g., if a Medicare claim is being filed, check the Medicare box.

Item 1a - Enter the patient's Medicare Health Insurance Claim Number (HICN) whether Medicare is the primary or secondary payer. This is a required field.

Item 2 - Enter the patient's last name, first name, and middle initial, if any, as shown on the patient's Medicare card. This is a required field.

Item 3 - Enter the patient's 8-digit birth date (MM | DD | CCYY) and sex.

Item 4 - If there is insurance primary to Medicare, either through the patient's or spouse's employment or any other source, list the name of the insured here. When the insured and the patient are the same, enter the word SAME. If Medicare is primary, leave blank.

Item 5 - Enter the patient's mailing address and telephone number. On the first line enter the street address; the second line, the city and state; the third line, the ZIP code and phone number.

Item 6 - Check the appropriate box for patient's relationship to insured when item 4 is completed.

Item 7 - Enter the insured's address and telephone number. When the address is the same as the patient's, enter the word SAME. Complete this item only when items 4, 6, and 11 are completed.

Item 8 - Check the appropriate box for the patient's marital status and whether employed or a student.

Item 9 - Enter the last name, first name, and middle initial of the enrollee in a Medigap policy if it is different from that shown in item 2. Otherwise, enter the word SAME. If no Medigap benefits are assigned, leave blank. **This field may be used in the future for supplemental insurance plans.**

NOTE: Only Participating Physicians and Suppliers are to complete item 9 and its subdivisions and only when the Beneficiary wishes to assign his/her benefits under a MEDIGAP policy to the Participating Physician or Supplier.

Participating physicians and suppliers must enter information required in item 9 and its subdivisions if requested by the beneficiary. Participating physicians/suppliers sign an agreement with Medicare to accept assignment of Medicare benefits for **all** Medicare patients. A claim for which a beneficiary elects to assign his/her benefits under a Medigap policy to a participating physician/supplier is called a mandated Medigap transfer. (See chapter 28.)

Medigap - Medigap policy meets the statutory definition of a "Medicare supplemental policy" contained in §1882(g)(1) of title XVIII of the Social Security Act (the Act) and the definition contained in the NAIC Model Regulation that is incorporated by reference to the statute. It is a health insurance policy or other health benefit plan offered by a private entity to those persons entitled to Medicare benefits and is specifically designed to supplement Medicare benefits. It fills in some of the "gaps" in Medicare coverage by providing payment for some of the charges for which Medicare does not have responsibility due to the applicability of deductibles, coinsurance amounts, or other limitations imposed by Medicare. It does not include limited benefit coverage available to Medicare beneficiaries such as "specified disease" or "hospital indemnity" coverage. Also, it explicitly excludes a policy or plan offered by an employer to employees or former employees, as well as that offered by a labor organization to members or former members.

Do not list other supplemental coverage in item 9 and its subdivisions at the time a Medicare claim is filed. Other supplemental claims are forwarded automatically to the private insurer if the private insurer contracts with the carrier to send Medicare claim information electronically. If there is no such contract, the beneficiary must file his/her own supplemental claim.

Item 9a - Enter the policy and/or group number of the Medigap insured preceded by MEDIGAP, MG, or MGAP.

NOTE: Item 9d must be completed if the provider enters a policy and/or group number in item 9a.

Item 9b - Enter the Medigap insured's 8-digit birth date (MM | DD | CCYY) and sex.

Item 9c - Leave blank if a Medigap PayerID is entered in item 9d. Otherwise, enter the claims processing address of the Medigap insurer. Use an abbreviated street address, two-letter postal code, and ZIP code copied from the Medigap insured's Medigap identification card. For example:

1257 Anywhere Street
Baltimore, MD 21204

is shown as "1257 Anywhere St. MD 21204."

Item 9d - Enter the 9-digit PAYERID number of the Medigap insurer. If no PAYERID number exists, then enter the Medigap insurance program or plan name.

If the beneficiary wants Medicare payment data forwarded to a Medigap insurer under a mandated Medigap transfer, the participating provider of service or supplier must accurately complete all of the information in items 9, 9a, 9b, and 9d. Otherwise, the Medicare carrier cannot forward the claim information to the Medigap insurer.

Items 10a through 10c - Check "YES" or "NO" to indicate whether employment, auto liability, or other accident involvement applies to one or more of the services described in item 24. Enter the State postal code. Any item checked "YES" indicates there may be other insurance primary to Medicare. Identify primary insurance information in item 11.

Item 10d - Use this item exclusively for Medicaid (MCD) information. If the patient is entitled to Medicaid, enter the patient's Medicaid number preceded by MCD.

Item 11 - THIS ITEM MUST BE COMPLETED, IT IS A REQUIRED FIELD. BY COMPLETING THIS ITEM, THE PHYSICIAN/SUPPLIER ACKNOWLEDGES HAVING MADE A GOOD FAITH EFFORT TO DETERMINE WHETHER MEDICARE IS THE PRIMARY OR SECONDARY PAYER.

If there is insurance primary to Medicare, enter the insured's policy or group number and proceed to items 11a - 11c. Items 4, 6, and 7 must also be completed.

NOTE: Enter the appropriate information in item 11c if insurance primary to Medicare is indicated in item 11.

If there is no insurance primary to Medicare, enter the word "NONE" and proceed to item 12.

If the insured reports a terminating event with regard to insurance which had been primary to Medicare (e.g., insured retired), enter the word "NONE" and proceed to item 11b.

If a lab has collected previously and retained MSP information for a beneficiary, the lab may use that information for billing purposes of the non-face-to-face lab service. If the lab has no MSP information for the beneficiary, the lab will enter the word "None" in Block 11 of Form CMS-1500, when submitting a claim for payment of a reference lab service. Where there has been no face-to-face encounter with the beneficiary, the claim will then follow the normal claims process. When a lab has a face-to-face encounter with a beneficiary, the lab is expected to collect the MSP information and bill accordingly.

Insurance Primary to Medicare - Circumstances under which Medicare payment may be secondary to other insurance include:

- Group Health Plan Coverage
 - Working Aged;
 - Disability (Large Group Health Plan); and
 - End Stage Renal Disease;
- No Fault and/or Other Liability; and

- Work-Related Illness/Injury:
 - Workers' Compensation;
 - Black Lung; and
 - Veterans Benefits.

NOTE: For a paper claim to be considered for Medicare secondary payer benefits, a copy of the primary payer's explanation of benefits (EOB) notice must be forwarded along with the claim form. (See Pub. 100-05, Medicare Secondary Payer Manual, chapter 3.)

10.3 - Items 11a - 13 - Patient and Insured Information (Rev. 317, Issued 10-22-04, Effective/Implementation: N/A)

Item 11a - Enter the insured's 8-digit birth date (MM | DD | CCYY) and sex if different from item 3.

Item 11b - Enter employer's name, if applicable. If there is a change in the insured's insurance status, e.g., retired, enter either a 6-digit (MM | DD | YY) or 8-digit (MM | DD | CCYY) retirement date preceded by the word "RETIRED."

Item 11c - Enter the 9-digit PAYERID number of the primary insurer. If no PAYERID number exists, then enter the **complete** primary payer's program or plan name. If the primary payer's EOB does not contain the claims processing address, record the primary payer's claims processing address directly on the EOB. This is required if there is insurance primary to Medicare that is indicated in item 11.

Item 11d - Leave blank. Not required by Medicare.

Item 12 - The patient or authorized representative must sign and enter either a 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or an alpha-numeric date (e.g., January 1, 1998) unless the signature is on file. In lieu of signing the claim, the patient may sign a statement to be retained in the provider, physician, or supplier file in accordance with Chapter 1, "General Billing Requirements." If the patient is physically or mentally unable to sign, a representative specified in Chapter 1, "General Billing Requirements" may sign on the patient's behalf. In this event, the statement's signature line must indicate the patient's name followed by "by" the representative's name, address, relationship to the patient, and the reason the patient cannot sign. The authorization is effective indefinitely unless patient or the patient's representative revokes this arrangement.

NOTE: This can be "Signature on File" and/or a computer generated signature.

The patient's signature authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service or supplier when the provider of service or supplier accepts assignment on the claim.

Signature by Mark (X) - When an illiterate or physically handicapped enrollee signs by mark, a witness must enter his/her name and address next to the mark.

Item 13 - The signature in this item authorizes payment of mandated Medigap benefits to the participating physician or supplier if required Medigap information is included in item 9 and its subdivisions. The patient or his/her authorized representative signs this item or the signature must be on file as a separate Medigap authorization. The Medigap assignment on file in the participating provider of service/supplier's office must be insurer specific. It may state that the authorization applies to all occasions of service until it is revoked.

NOTE: This can be "Signature on File" signature and/or a computer generated signature.

10.4 - Items 14-33 - Provider of Service or Supplier Information

(Rev. 1215, Issued: 03-30-07, Effective: 04-01-07, Implementation: 04-30-07)

Reminder: For date fields other than date of birth, all fields shall be one or the other format, 6-digit: (MM | DD | YY) or 8-digit: (MM | DD | CCYY). Intermixing the two formats on the claim is not allowed.

Item 14 - Enter either an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of current illness, injury, or pregnancy. For chiropractic services, enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of the initiation of the course of treatment and enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date in item 19.

Item 15 - Leave blank. Not required by Medicare.

Item 16 - If the patient is employed and is unable to work in his/her current occupation, enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date when patient is unable to work. An entry in this field may indicate employment related insurance coverage.

Item 17 - Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician.

The term "physician" when used within the meaning of [§1861\(r\)](#) of the Act and used in connection with performing any function or action refers to:

1. A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he/she performs such function or action;
2. A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State in which he/she performs such functions and who is acting within the scope of his/her license when performing such functions;

3. A doctor of podiatric medicine for purposes of §§(k), (m), (p)(1), and (s) and [§§1814\(a\)](#), [1832\(a\)\(2\)\(F\)\(ii\)](#), and [1835](#) of the Act, but only with respect to functions which he/she is legally authorized to perform as such by the State in which he/she performs them;
4. A doctor of optometry, but only with respect to the provision of items or services described in [§1861\(s\)](#) of the Act which he/she is legally authorized to perform as a doctor of optometry by the State in which he/she performs them; or
5. A chiropractor who is licensed as such by a State (or in a State which does not license chiropractors as such), and is legally authorized to perform the services of a chiropractor in the jurisdiction in which he/she performs such services, and who meets uniform minimum standards specified by the Secretary, but only for purposes of §§1861(s)(1) and 1861(s)(2)(A) of the Act, and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation). For the purposes of §1862(a)(4) of the Act and subject to the limitations and conditions provided above, chiropractor includes a doctor of one of the arts specified in the statute and legally authorized to practice such art in the country in which the inpatient hospital services (referred to in §1862(a)(4) of the Act) are furnished.

Referring physician - is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.

Ordering physician - is a physician or, when appropriate, a non-physician practitioner who orders non-physician services for the patient. See Pub 100-02, Medicare Benefit Policy Manual, chapter 15 for non-physician practitioner rules. Examples of services that might be ordered include diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, durable medical equipment, and services incident to that physician's or non-physician practitioner's service.

The ordering/referring requirement became effective January 1, 1992, and is required by §1833(q) of the Act. **All claims** for Medicare covered services and items that are the result of a physician's order or referral shall include the ordering/referring physician's name. See Items 17a and 17b below for further guidance on reporting the referring/ordering provider's UPIN and/or NPI. The following services/situations require the submission of the referring/ordering provider information:

- Medicare covered services and items that are the result of a physician's order or referral;
- Parenteral and enteral nutrition;
- Immunosuppressive drug claims;
- Hepatitis B claims;

- Diagnostic laboratory services;
- Diagnostic radiology services;
- Portable x-ray services;
- Consultative services;
- Durable medical equipment;
- When the ordering physician is also the performing physician (as often is the case with in-office clinical laboratory tests);
- When a service is incident to the service of a physician or non-physician practitioner, the name of the physician or non-physician practitioner who performs the initial service and orders the non-physician service must appear in item 17;
- When a physician extender or other limited licensed practitioner refers a patient for consultative service, submit the name of the physician who is supervising the limited licensed practitioner;

Item 17a – Enter the *ID qualifier 1G, followed by the* CMS assigned UPIN of the referring/ordering physician listed in item 17. The UPIN may be reported on the Form CMS-1500 until May 22, 2007, and **MUST** be reported if an NPI is not available.

NOTE: Field 17a and/or 17b is required when a service was ordered or referred by a physician. Effective May 23, 2007, and later, 17a is not to be reported but 17b **MUST** be reported when a service was ordered or referred by a physician.

When a claim involves multiple referring and/or ordering physicians, a separate Form CMS-1500 shall be used for each ordering/referring physician. All physicians who order or refer Medicare beneficiaries or services must report either an NPI or UPIN or both prior to May 23, 2007. After that date, an NPI (but not a UPIN) must be reported even though they may never bill Medicare directly. A physician who has not been assigned a UPIN shall contact the Medicare carrier. Refer to Pub. 100-08, chapter 14, section 14.6 for additional information regarding UPINs.

Item 17b Form CMS-1500 (08-05) – Enter the NPI of the referring/ordering physician listed in item 17 as soon as it is available. The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007.

NOTE: Field 17a and/or 17b is required when a service was ordered or referred by a physician. Effective May 23, 2007, and later, 17a is not to be reported but 17b **MUST** be reported when a service was ordered or referred by a physician.

Item 18 - Enter either an 8-digit (MM | DD | CCYY) or a 6-digit (MM | DD | YY) date when a medical service is furnished as a result of, or subsequent to, a related hospitalization.

Item 19 – Enter either a 6-digit (MM | DD | YY) or an 8-digit (MM | DD | CCYY) date patient was last seen and the UPIN (NPI when it becomes effective) of his/her attending physician when a physician providing routine foot care submits claims.

For physical therapy, occupational therapy or speech-language pathology services, effective for claims with dates of service on or after June 6, 2005, the date last seen and the UPIN/NPI of an ordering/referring/attending/certifying physician or non-physician practitioner are not required. If this information is submitted voluntarily, it must be correct or it will cause rejection or denial of the claim. However, when the therapy service is provided incident to the services of a physician or nonphysician practitioner, then incident to policies continue to apply. For example, for identification of the ordering physician who provided the initial service, see Item 17 and 17a, and for the identification of the supervisor, see item 24K of this section.

Enter either a 6-digit (MM | DD | YY) or an 8-digit (MM | DD | CCYY) x-ray date for chiropractor services (if an x-ray, rather than a physical examination was the method used to demonstrate the subluxation). By entering an x-ray date and the initiation date for course of chiropractic treatment in item 14, the chiropractor is certifying that all the relevant information requirements (including level of subluxation) of Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, are on file, along with the appropriate x-ray and all are available for carrier review.

Enter the drug's name and dosage when submitting a claim for Not Otherwise Classified (NOC) drugs.

Enter a concise description of an "unlisted procedure code" or an NOC code if one can be given within the confines of this box. Otherwise an attachment shall be submitted with the claim.

Enter all applicable modifiers when modifier -99 (multiple modifiers) is entered in item 24d. If modifier -99 is entered on multiple line items of a single claim form, all applicable modifiers for each line item containing a -99 modifier should be listed as follows: 1=(mod), where the number 1 represents the line item and "mod" represents all modifiers applicable to the referenced line item.

Enter the statement "Homebound" when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient. (See Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, "Covered Medical and Other Health Services," and Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, "Laboratory Services From Independent Labs, Physicians and Providers," and Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5,

"Definitions," respectively for the definition of "homebound" and a more complete definition of a medically necessary laboratory service to a homebound or an institutional patient.)

Enter the statement, "Patient refuses to assign benefits" when the beneficiary absolutely refuses to assign benefits to a non-participating physician/supplier who accepts assignment on a claim. In this case, payment can only be made directly to the beneficiary.

Enter the statement, "Testing for hearing aid" when billing services involving the testing of a hearing aid(s) is used to obtain intentional denials when other payers are involved.

When dental examinations are billed, enter the specific surgery for which the exam is being performed.

Enter the specific name and dosage amount when low osmolar contrast material is billed, but only if HCPCS codes do not cover them.

Enter a 6-digit (MM | DD | YY) or an 8-digit (MM | DD | CCYY) assumed and/or relinquished date for a global surgery claim when providers share post-operative care.

Enter demonstration ID number "30" for all national emphysema treatment trial claims.

Enter the PIN (or NPI when effective) of the physician who is performing a purchased interpretation of a diagnostic test. (See Pub. 100-04, chapter 1, section 30.2.9.1 for additional information.)

Method II suppliers shall enter the most current HCT value for the injection of Aranesp for ESRD beneficiaries on dialysis. (See Pub. 100-04, chapter 8, section 60.7.2.)

Item 20 - Complete this item when billing for diagnostic tests subject to purchase price limitations. Enter the purchase price under charges if the "yes" block is checked. A "yes" check indicates that an entity other than the entity billing for the service performed the diagnostic test. A "no" check indicates "no purchased tests are included on the claim." When "yes" is annotated, item 32 shall be completed. When billing for multiple purchased diagnostic tests, each test shall be submitted on a separate claim Form CMS-1500. Multiple purchased tests may be submitted on the ASC X12 837 electronic format as long as appropriate line level information is submitted when services are rendered at different service facility locations. See chapter 1.

NOTE: This is a required field when billing for diagnostic tests subject to purchase price limitations.

Item 21 - Enter the patient's diagnosis/condition. With the exception of claims submitted by ambulance suppliers (specialty type 59), all physician and nonphysician specialties (i.e., PA, NP, CNS, CRNA) use an ICD-9-CM code number and code to the highest level

of specificity for the date of service. Enter up to four diagnoses in priority order. All narrative diagnoses for nonphysician specialties shall be submitted on an attachment.

Item 22 - Leave blank. Not required by Medicare.

Item 23 - Enter the Quality Improvement Organization (QIO) prior authorization number for those procedures requiring QIO prior approval.

Enter the Investigational Device Exemption (IDE) number when an investigational device is used in an FDA-approved clinical trial. Post Market Approval number should also be placed here when applicable.

For physicians performing care plan oversight services, enter the 6-digit Medicare provider number (or NPI when effective) of the home health agency (HHA) or hospice when CPT code G0181 (HH) or G0182 (Hospice) is billed.

Enter the 10-digit Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures.

NOTE: Item 23 can contain only one condition. Any additional conditions should be reported on a separate Form CMS-1500.

Item 24 (Form CMS-1500 (08-05)) – The six service lines in section 24 have been divided horizontally to accommodate submission of both the NPI and legacy identifier during the NPI transition and to accommodate the submission of supplemental information to support the billed service. The top portion in each of the six service lines is shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 service lines. At this time, the shaded area in 24a through 24h is not used by Medicare. Future guidance will be provided on when and how to use this shaded area for the submission of Medicare claims.

Item 24A - Enter a 6-digit or 8-digit (MMDDCCYY) date for each procedure, service, or supply. When "from" and "to" dates are shown for a series of identical services, enter the number of days or units in column G. This is a required field. Return as unprocessable if a date of service extends more than 1 day and a valid "to" date is not present.

Item 24B - Enter the appropriate place of service code(s) from the list provided in Section 10.5. Identify the location, using a place of service code, for each item used or service performed. This is a required field.

NOTE: When a service is rendered to a hospital inpatient, use the "inpatient hospital" code.

Item 24C - Medicare providers are not required to complete this item.

Item 24D - Enter the procedures, services, or supplies using the CMS Healthcare Common Procedure Coding System (HCPCS) code. When applicable, show HCPCS code modifiers with the HCPCS code. The Form CMS-1500 (08-05) has the ability to capture up to four modifiers.

Enter the specific procedure code without a narrative description. However, when reporting an "unlisted procedure code" or a "not otherwise classified" (NOC) code, include a narrative description in item 19 if a coherent description can be given within the confines of that box. Otherwise, an attachment shall be submitted with the claim. This is a required field.

Return as unprocessable if an "unlisted procedure code" or an (NOC) code is indicated in item 24d, but an accompanying narrative is not present in item 19 or on an attachment.

Item 24E - Enter the diagnosis code reference number as shown in item 21 to relate the date of service and the procedures performed to the primary diagnosis. Enter only one reference number per line item. When multiple services are performed, enter the primary reference number for each service, either a 1, or a 2, or a 3, or a 4. This is a required field.

If a situation arises where two or more diagnoses are required for a procedure code (e.g., pap smears), the provider shall reference only one of the diagnoses in item 21.

Item 24F- Enter the charge for each listed service.

Item 24G - Enter the number of days or units. This field is most commonly used for multiple visits, units of supplies, anesthesia minutes, or oxygen volume. If only one service is performed, the numeral 1 must be entered.

Some services require that the actual number or quantity billed be clearly indicated on the claim form (e.g., multiple ostomy or urinary supplies, medication dosages, or allergy testing procedures). When multiple services are provided, enter the actual number provided.

For anesthesia, show the elapsed time (minutes) in item 24g. Convert hours into minutes and enter the total minutes required for this procedure.

For instructions on submitting units for oxygen claims, see chapter 20, section 130.6 of this manual.

NOTE: This field should contain at least 1 day or unit. The carrier should program their system to automatically default "1" unit when the information in this field is missing to avoid returning as unprocessable.

Item 24H - Leave blank. Not required by Medicare.

Item 24I Form CMS-1500 (12-90) - Leave blank. Not required by Medicare.

Item 24I Form CMS-1500 (08-05) – Enter the ID qualifier 1C in the shaded portion.

Item 24J Form CMS-1500 (12-90) - Leave blank. Not required by Medicare.

Item 24J Form CMS-1500 (08-05) – Prior to May 23, 2007, enter the rendering provider's PIN in the shaded portion. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the PIN of the supervisor in the shaded portion.

Effective May 23, 2007 and later, do not use the shaded portion. Beginning no earlier than January 1, 2007, enter the rendering provider's NPI number in the lower portion. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the NPI of the supervisor in the lower portion.

Item 24K Form CMS-1500 (12-90) - Enter the PIN of the performing provider of service/supplier if the provider is a member of a group practice. When several different providers of service or suppliers within a group are billing on the same Form CMS-1500, show the individual PIN in the corresponding line item. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the PIN of the supervisor in item 24k.

Item 24K Form CMS-1500 (08-05) – There is no Item 24K on this version.

Item 25 - Enter the provider of service or supplier Federal Tax ID (Employer Identification Number or Social Security Number) *and check the appropriate check box. Medicare providers are not required to complete this item for crossover purposes since the Medicare contractor will retrieve the tax identification information from their internal provider file for inclusion on the COB outbound claim. However, tax identification information is used in the determination of accurate National Provider Identifier reimbursement. Reimbursement of claims submitted without tax identification information will/may be delayed.*

Item 26 - Enter the patient's account number assigned by the provider's of service or supplier's accounting system. This field is optional to assist the provider in patient identification. As a service, any account numbers entered here will be returned to the provider.

Item 27 - Check the appropriate block to indicate whether the provider of service or supplier accepts assignment of Medicare benefits. If Medigap is indicated in item 9 and Medigap payment authorization is given in item 13, the provider of service or supplier shall also be a Medicare participating provider of service or supplier and accept assignment of Medicare benefits for all covered charges for all patients.

The following providers of service/suppliers and claims can only be paid on an assignment basis:

- Clinical diagnostic laboratory services;
- Physician services to individuals dually entitled to Medicare and Medicaid;
- Participating physician/supplier services;
- Services of physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, and clinical social workers;
- Ambulatory surgical center services for covered ASC procedures;
- Home dialysis supplies and equipment paid under Method II;
- Ambulance services;
- Drugs and biologicals; and
- Simplified Billing Roster for influenza virus vaccine and pneumococcal vaccine.

Item 28 - Enter total charges for the services (i.e., total of all charges in item 24f).

Item 29 - Enter the total amount the patient paid on the covered services only.

Item 30 - Leave blank. Not required by Medicare.

Item 31 - Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alpha-numeric date (e.g., January 1, 1998) the form was signed.

In the case of a service that is provided incident to the service of a physician or non-physician practitioner, when the ordering physician or non-physician practitioner is directly supervising the service as in 42 CFR 410.32, the signature of the ordering physician or non-physician practitioner shall be entered in item 31. When the ordering physician or non-physician practitioner is not supervising the service, then enter the signature of the physician or non-physician practitioner providing the direct supervision in item 31.

NOTE: This is a required field, however the claim can be processed if the following is true. If a physician, supplier, or authorized person's signature is missing, but the signature is on file; or if any authorization is attached to the claim or if the signature field has "Signature on File" and/or a computer generated signature.

Item 32 Form CMS-1500 (12-90) - Enter the name and address, and ZIP code of the facility if the services were furnished in a hospital, clinic, laboratory, or facility other than the patient's home or physician's office. Effective for claims received on or after April 1, 2004, enter the name, address, and zip code of the service location for all services other than those furnished in place of service home – 12.

Effective for claims received on or after April 1, 2004, on the Form CMS-1500, only one name, address and zip code may be entered in the block. If additional entries are needed, separate claim forms shall be submitted.

Providers of service (namely physicians) shall identify the supplier's name, address, ZIP code and PIN when billing for purchased diagnostic tests. When more than one supplier is used, a separate Form CMS-1500 shall be used to bill for each supplier.

For foreign claims, only the enrollee can file for Part B benefits rendered outside of the United States. These claims will not include a valid ZIP code. When a claim is received for these services on a beneficiary submitted Form CMS-1490S, before the claim is entered in the system, it should be determined if it is a foreign claim. If it is a foreign claim, follow instructions in chapter 1 for disposition of the claim. The carrier processing the foreign claim will have to make necessary accommodations to verify that the claim is not returned as unprocessable due to the lack of a ZIP code.

For durable medical, orthotic, and prosthetic claims, the name, address, or PIN of the location where the order was accepted must be entered (DMERC only).

This field is required. When more than one supplier is used, a separate Form CMS-1500 shall be used to bill for each supplier.

This item is completed whether the supplier's personnel performs the work at the physician's office or at another location.

If a modifier is billed, indicating the service was rendered in a Health Professional Shortage Area (HPSA) or Physician Scarcity Area (PSA), the physical location where the service was rendered shall be entered if other than home.

If the supplier is a certified mammography screening center, enter the 6-digit FDA approved certification number.

Complete this item for all laboratory work performed outside a physician's office. If an independent laboratory is billing, enter the place where the test was performed, and the PIN.

Item 32 Form CMS-1500 (08-05) - Enter the name and address, and ZIP code of the facility if the services were furnished in a hospital, clinic, laboratory, or facility other than the patient's home or physician's office. Effective for claims received on or after April 1, 2004, enter the name, address, and zip code of the service location for all

services other than those furnished in place of service home – 12. Effective for claims received on or after April 1, 2004, on the Form CMS-1500, only one name, address and zip code may be entered in the block. If additional entries are needed, separate claim forms shall be submitted.

Providers of service (namely physicians) shall identify the supplier's name, address, and ZIP code when billing for purchased diagnostic tests. When more than one supplier is used, a separate Form CMS-1500 shall be used to bill for each supplier.

For foreign claims, only the enrollee can file for Part B benefits rendered outside of the United States. These claims will not include a valid ZIP code. When a claim is received for these services on a beneficiary submitted Form CMS-1490S, before the claim is entered in the system, it should be determined if it is a foreign claim. If it is a foreign claim, follow instructions in chapter 1 for disposition of the claim. The carrier processing the foreign claim will have to make necessary accommodations to verify that the claim is not returned as unprocessable due to the lack of a ZIP code.

For durable medical, orthotic, and prosthetic claims, the name and address of the location where the order was accepted must be entered (DMERC only). This field is required. When more than one supplier is used, a separate Form CMS-1500 shall be used to bill for each supplier. This item is completed whether the supplier's personnel performs the work at the physician's office or at another location.

If a modifier is billed, indicating the service was rendered in a Health Professional Shortage Area (HPSA) or Physician Scarcity Area (PSA), the physical location where the service was rendered shall be entered if other than home.

If the supplier is a certified mammography screening center, enter the 6-digit FDA approved certification number.

Complete this item for all laboratory work performed outside a physician's office. If an independent laboratory is billing, enter the place where the test was performed.

Item 32a Form CMS-1500 (08-05) – Enter the NPI of the service facility as soon as it is available. The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007, and must be reported May 23, 2007 and later.

Item 32b Form CMS-1500 (08-05) - Enter the ID qualifier 1C followed by one blank space and then the PIN of the service facility. Effective May 23, 2007, and later, 32b is not to be reported.

Providers of service (namely physicians) shall identify the supplier's PIN when billing for purchased diagnostic tests.

For durable medical, orthotic, and prosthetic claims, enter the PIN (of the location where the order was accepted) if the name and address was not provided in item 32 (DMERC only).

Item 33 - Enter the provider of service/supplier's billing name, address, ZIP code, and telephone number. This is a required field.

Item 33a Form CMS-1500 (08-05) - Effective May 23, 2007, and later, you **MUST** enter the NPI of the billing provider or group. The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007. This is a required field.

Item 33b Form CMS-1500 (08-05) - Enter the ID qualifier 1C followed by one blank space and then the PIN of the billing provider or group. Effective May 23, 2007, and later, 33b is not to be reported. Suppliers billing the DMERC will use the National Supplier Clearinghouse (NSC) number in this item.

10.5 - Place of Service Codes (POS) and Definitions

(Rev. 1049, Issued: 09-01-06, Effective: 07-01-06, Implementation: 01-02-07)

- HIPAA
 - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became effective October 16, 2003, for all covered entities. Medicare is a covered entity under HIPAA.
 - The final rule, “Health Insurance Reform: Standards for Electronic Transactions,” published in the **Federal Register**, August 17, 2000, adopts the standards to be used under HIPAA and names the implementation guides to be used for these standards. The ASC X12N 837 professional is the standard to be used for transmitting health care claims electronically, and its implementation guide requires the use of POS codes from the National POS code set, currently maintained by CMS.
 - As a covered entity, Medicare must use the POS codes from the National POS code set for processing its electronically submitted claims. Medicare must also recognize as valid POS codes from the POS code set when these codes appear on such a claim.
 - Medicare must recognize and accept POS codes from the National POS code set in terms of HIPAA compliance. Note special considerations for Homeless Shelter (code 04) as well as Indian Health Service (codes 05, 06) and Tribal 638 (codes 07, 08) settings, described below. Where there is no national policy for a given POS code, carriers may work with their carrier medical directors to develop local policy regarding the services payable in a given setting, and this could include creating a crosswalk to an existing setting if desired. However, carriers must pay for the services at either the facility or the nonfacility rate as designated below. In addition, carriers, when developing policy, must ensure that they continue to pay appropriate rates for services rendered in the new setting; if they

choose to create a crosswalk from one setting to another, they must crosswalk a facility rate designated code to another facility rate designated code, and a nonfacility rate designated code to another nonfacility rate designated code. For previously issued POS codes for which a crosswalk was mandated, and for which no other national Medicare directive has been issued, carriers may elect to continue to use the crosswalk or develop local policy regarding the services payable in the setting, including another crosswalk, if appropriate. If a carrier develops local policy for these settings, but later receives specific national instructions for these codes, the carriers shall defer to and comply with the newer instructions. (**Note:** While, effective January 1, 2003, codes 03 School, 04 Homeless Shelter, and 20 Urgent Care became part of the National POS code set and were to be crosswalked to 11 Office, this mandate to crosswalk has since been lifted, as indicated above).

- The National POS Code Set and Instructions for Using It

The following is the current National POS code set, with facility and non-facility designations noted for Medicare payment for services on the Physician Fee Schedule, as of July 1, 2006. This code set has changed to include a new code, 09, for a prison/correctional facility setting, effective July 1, 2006.

NOTE: The addition of code 09 to the POS code set and Medicare claims processing reflects Medicare's compliance with HIPAA laws and regulations. Carriers must continue to comply with CMS current policy that does not allow payment for Medicare services in a penal institution in most cases. The addition of a POS code for a prison/correctional facility setting does not supersede this policy. (See Pub. 100-04, Medicare Claims Processing, Section 10.4, Chapter 1.)

The code set is annotated with the effective dates for this and all other codes added on and after January 1, 2003. Codes without effective dates annotated are long-standing and in effect on and before January 1, 2003.

| POS Code and Name (effective date) Description | Payment Rate Facility=F Nonfacility=NF |
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| *= New or revised code, or code not previously implemented by Medicare | |
| 01 Pharmacy (October 1, 2005) A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. | NF |
| 02 Unassigned | |
| 03 School (January 1, 2003) | NF |

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| A facility whose primary purpose is education. | |
| <p>04 Homeless Shelter (January 1, 2003)</p> <p>A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (See note below.)</p> | NF |
| <p>05 Indian Health Service Free-standing Facility (January 1, 2003)</p> <p>A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (See instructions below.)</p> | Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA |
| <p>06 Indian Health Service Provider-based Facility (January 1, 2003)</p> <p>A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. (See instructions below.)</p> | Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA |
| <p>07 Tribal 638 Free-Standing Facility (January 1, 2003)</p> <p>A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization. (See instructions below.)</p> | Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA |
| <p>08 Tribal 638 Provider-Based Facility (January 1, 2003)</p> <p>A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (See instructions below.)</p> | Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA |
| <p>*09 Prison/Correctional Facility (July 1, 2006)</p> <p>A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.</p> | NF |
| 10 Unassigned | |

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| <p>11 Office</p> <p>Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.</p> | NF |
| <p>12 Home</p> <p>Location, other than a hospital or other facility, where the patient receives care in a private residence.</p> | NF |
| <p>13 Assisted Living Facility (October 1, 2003)</p> <p>Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.</p> | NF |
| <p>14 Group Home (Code effective, October 1, 2003; description revised, effective April 1, 2004)</p> <p>A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).</p> | NF |
| <p>15 Mobile Unit (January 1, 2003)</p> <p>A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.</p> | NF |
| <p>16-19 Unassigned</p> | -- |
| <p>20 Urgent Care Facility (January 1, 2003)</p> <p>Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.</p> | NF |
| <p>21 Inpatient Hospital</p> <p>A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.</p> | F |
| <p>22 Outpatient Hospital</p> | F |

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| <p>A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.</p> | |
| <p>23 Emergency Room-Hospital</p> <p>A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.</p> | F |
| <p>24 Ambulatory Surgical Center</p> <p>A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.</p> | F (Note: pay at the nonfacility rate for payable procedures not on the ASC list) |
| <p>25 Birthing Center</p> <p>A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.</p> | NF |
| <p>26 Military Treatment Facility</p> <p>A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).</p> | F |
| <p>27-30 Unassigned</p> | -- |
| <p>31 Skilled Nursing Facility</p> <p>A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p> | F |
| <p>32 Nursing Facility</p> <p>A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.</p> | NF |
| <p>33 Custodial Care Facility</p> <p>A facility which provides room, board and other personal assistance services, generally on a longterm basis, and which does not include a</p> | NF |

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| medical component. | |
| 34 Hospice A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided. | F |
| 35-40 Unassigned | -- |
| 41 Ambulance—Land A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured. | F |
| 42 Ambulance—Air or Water An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured. | F |
| 43-48/Unassigned | -- |
| 49 Independent Clinic (October 1, 2003) A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. | NF |
| 50 Federally Qualified Health Center A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician. | NF |
| 51 Inpatient Psychiatric Facility A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician. | F |
| 52 Psychiatric Facility-Partial Hospitalization A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility. | F |
| 53 Community Mental Health Center | F |

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| <p>A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.</p> | |
| <p>54 Intermediate Care Facility/Mentally Retarded</p> <p>A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.</p> | NF |
| <p>55 Residential Substance Abuse Treatment Facility</p> <p>A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.</p> | NF |
| <p>56 Psychiatric Residential Treatment Center</p> <p>A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.</p> | F |
| <p>57 Non-residential Substance Abuse Treatment Facility (October 1, 2003)</p> <p>A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.</p> | NF |
| <p>58-59 Unassigned</p> | -- |
| <p>60 Mass Immunization Center</p> <p>A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.</p> | NF |

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| <p>61 Comprehensive Inpatient Rehabilitation Facility</p> <p>A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.</p> | F |
| <p>62 Comprehensive Outpatient Rehabilitation Facility</p> <p>A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.</p> | NF |
| <p>63-64 Unassigned</p> | -- |
| <p>65 End-Stage Renal Disease Treatment Facility</p> <p>A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.</p> | NF |
| <p>66-70 Unassigned</p> | -- |
| <p>71 State or Local Public Health Clinic</p> <p>A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.</p> | NF |
| <p>72 Rural Health Clinic</p> <p>A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.</p> | NF |
| <p>73-80 Unassigned</p> | |
| <p>81 Independent Laboratory</p> <p>A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.</p> | NF |
| <p>82-98 Unassigned</p> | |
| <p>99 Other Place of Service</p> <p>Other place of service not identified above.</p> | NF |

- **Special Considerations for Homeless Shelter (Code 04)**

Note that for the purposes of receiving durable medical equipment (DME), a homeless shelter is considered the beneficiary's home. Because DME is payable in the beneficiary's home, the crosswalk for Homeless Shelter (code 04) to Office (code 11) that was mandated effective January 1, 2003, may need to be adjusted or local policy developed so that HCPCS codes for DME are covered when other conditions are met and the beneficiary is in a homeless shelter. If desired, carriers are permitted to work with their carrier medical directors to determine a new crosswalk such as from Homeless Shelter (code 04) to Home (code 12) or Custodial Care Facility (code 33) for DME provided in a homeless shelter setting. If a carrier is currently paying claims correctly, however, it is not necessary to change the current crosswalk.

- **Special Considerations for Indian Health Service (Codes 05, 06) and Tribal 638 Settings (Codes 07, 08)**

Medicare does not currently use the POS codes designated for these settings. Follow the instructions you have received regarding how to process claims for services rendered in IHS and Tribal 638 settings. If you receive claims with these codes, you must initially accept them in terms of HIPAA compliance. However, follow your "return as unprocessable" procedures after this initial compliance check. Follow your "return as unprocessable" procedures when you receive paper claims with these codes. (Note that while these codes became part of the National POS code set effective January 1, 2003, Medicare contractors received instructions regarding how to process claims with these codes effective October 1, 2003, so that Medicare could be HIPAA compliant by October 16, 2003).

- **Special Considerations for Mobile Unit Settings (Code 15)**

When services are furnished in a mobile unit, they are often provided to serve an entity for which another POS code exists. For example, a mobile unit may be sent to a physician's office or a skilled nursing facility. If the mobile unit is serving an entity for which another POS code already exists, providers should use the POS code for that entity. However, if the mobile unit is not serving an entity, which could be described by an existing POS code, the providers are to use the Mobile Unit POS code 15. Apply the nonfacility rate to payments for services designated as being furnished in POS code 15; apply the appropriate facility or nonfacility rate for the POS code designated when a code other than the mobile unit code is indicated.

- **Paper Claims**

Adjudicate paper claims with codes from the National POS code set as you would for electronic claims. (Prior to HIPAA implementation, Medicare contractors were instructed to also apply these requirements to non-standard formats,

effective January 1, 2003. However, it is not the purpose of instructions for this code set to determine how non-standard formats are to be handled in a HIPAA environment, and this information should be expected from other instructions.)

10.6 - Carrier Instructions for Place of Service (POS) Codes

(Rev. 1, 10-01-03)

B3-4020.3

If the physician bills for lab services performed in his/her office, the code for "Office" is shown. If the physician bills for a lab test furnished by another physician, who maintains a lab in his/her office, the code for "Other" is shown. If the physician bills for a lab service furnished by an independent lab, the code for "Independent Laboratory" is used. Items 21 and 22 on the Form CMS-1500 must be completed for all laboratory work performed outside a physician's office. If an independent lab bills, the place where the sample was taken is shown. An independent laboratory taking a sample in its laboratory shows "81" as place of service. If an independent laboratory bills for a test on a sample drawn on a hospital inpatient, it uses the code for "Hospital Inpatient".

For hospital visits by physicians, presume, in the absence of evidence to the contrary, that visits billed for were made. However, review a sample of physician's records when there are questionable patterns of utilization. Confirm these visits where the medical facts do not support the frequency of the physician's visits or in cases of beneficiary complaints.

If questioning whether the visit had been made, ascertain whether the physician's own entry is in the patient's record at the provider. Accept an entry where the nurses' notes indicate that the physician saw the patient on a given day. A statement by the beneficiary is also acceptable documentation if it was made close to the alleged date of the visit. Entries in the physician's records represent possible secondary evidence. However, these are of less value since they are self-serving statements. Exercise judgment regarding their authenticity. The policy requiring daily physician visits is not conclusive if, in the individual case, the facts did not support a finding that daily visits were made.

If a claim lacks a valid place of service (POS) code in item 24b, or contains an invalid POS in item 24b, return the claim as unprocessable to the provider or supplier, using RA remark code M77. Effective for claims received on or after April 1, 2004, on the Form CMS-1500, if a claim contains more than one POS (other than Home – 12), for services paid under the MPFS and anesthesia services.

If the place of service is missing and the carrier cannot infer the place of service from the procedure code billed (e.g., a procedure code for which the definition is not site specific or which can be performed in more than one setting), then return assigned services as unprocessable and develop for the place of service on nonassigned claims.

If place of service is inconsistent with procedure code billed, then edit for consistency or compatibility between the place of service and site-specific procedure codes. If the place of service is valid but inconsistent or incompatible with the procedure billed (e.g., the

place of service is inpatient hospital and the procedure code billed is office visit), then return assigned services as unprocessable and develop nonassigned services since the carrier typically will not know whether the procedure code or the place of service is incorrect in such instances.

If place of service is invalid, then edit for the validity of the place of service coding. If the place of service code is not valid (e.g., the number designation has not been assigned or defined by CMS), then return assigned services as unprocessable and develop for a valid place of service on nonassigned line items.

10.7 - Type of Service (TOS)

(Rev. 1191, Issued: 03-02-07; Effective: 01-01-07; Implementation: 04-02-07)

Medicare carriers must use the following table to assign the proper TOS. Some procedures may have more than one applicable TOS. For claims received on or after April 3, 1995, CWF will produce alerts on codes with incorrect TOS designations. Effective July 3, 1995, CWF is rejecting codes with incorrect TOS designations.

The only exceptions to this table are:

- Surgical services billed with the ASC facility service modifier SG must be reported as TOS F. The indicator F does not appear on the TOS table because its use is dependent upon the use of the SG modifier.
- Surgical services billed with an assistant-at-surgery modifier (80-82, AS,) must be reported with TOS 8. The 8 indicator does not appear on the TOS table because its use is dependent upon the use of the appropriate modifier. (See Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, "Physician/Practitioner Billing," for instructions on when assistant-at-surgery is allowable.)
- Psychiatric treatment services that are subject to the outpatient mental health treatment limitation should be reported with TOS T.
- TOS H appears in the list of descriptors. However, it does not appear in the table. In CWF, "H" is used only as an indicator for hospice. The carrier should not submit TOS H to CWF at this time.
- For outpatient services, when transfusion medicine code appears on a claim that also contains a blood product, the service is paid under reasonable charge at 80%, coinsurance and deductible apply. When transfusion medicine codes are paid under the clinical laboratory fee schedule pay at 100%, coinsurance and deductible do not apply.

NOTE: For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS:

When the choice is L or 1,

- Use TOS L when the drug is used related to ESRD; or
- Use TOS 1 when the drug is not related to ESRD and is administered in the office.

When the choice is G or 1:

- Use TOS G when the drug is an immunosuppressive drug; or
- Use TOS 1 when the drug is used for other than immunosuppression.

When the choice is P or 1,

- Use TOS P if the drug is administered through durable medical equipment (DME); or
- Use TOS 1 if the drug is administered in the office.

The place of service or diagnosis may be considered when determining the appropriate TOS. The descriptors for each of the TOS codes listed in the following table are:

Type of Service Indicators

| | |
|---|---------------------------------|
| 0 | Whole Blood |
| 1 | Medical Care |
| 2 | Surgery |
| 3 | Consultation |
| 4 | Diagnostic Radiology |
| 5 | Diagnostic Laboratory |
| 6 | Therapeutic Radiology |
| 7 | Anesthesia |
| 8 | Assistant at Surgery |
| 9 | Other Medical Items or Services |
| A | Used DME |

- B High Risk Screening Mammography
- C Low Risk Screening Mammography
- D Ambulance
- E Enteral/Parenteral Nutrients/Supplies
- F Ambulatory Surgical Center (Facility Usage for Surgical Services)
- G Immunosuppressive Drugs
- H Hospice
- J Diabetic Shoes
- K Hearing Items and Services
- L ESRD Supplies
- M Monthly Capitation Payment for Dialysis
- N Kidney Donor
- P Lump Sum Purchase of DME, Prosthetics, Orthotics
- Q Vision Items or Services
- R Rental of DME
- S Surgical Dressings or Other Medical Supplies
- T Outpatient Mental Health Treatment Limitation
- U Occupational Therapy
- V Pneumococcal/Flu Vaccine
- W Physical Therapy

HCPCS RANGE and Applicable Type of Service (TOS) Code

| First Code | Last Code | TOS |
|------------|-----------|-----|
| A0021 | A0999 | D |
| A4206 | A4213 | S |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| A4214 | A4214 | P |
| A4215 | A4215 | L, S |
| A4216 | A4218 | 1, P, L |
| A4220 | A4236 | P |
| A4244 | A4247 | S, L |
| A4248 | A4248 | L |
| A4250 | A4250 | 9 |
| A4253 | A4253 | P |
| A4254 | A4254 | A, P, R |
| A4255 | A4259 | P |
| A4260 | A4270 | 9 |
| A4280 | A4280 | P |
| A4281 | A4290 | 9 |
| A4300 | A4301 | S |
| A4305 | A4306 | 9 |
| A4310 | A4359 | P |
| A4360 | A4360 | 9 |
| A4361 | A4434 | P |
| A4450 | A4452 | P, L, S |
| A4454 | A4455 | P |
| A4458 | A4458 | 9 |
| A4460 | A4463 | S |
| A4464 | A4464 | P |
| A4465 | A4465 | 9 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| A4470 | A4510 | P |
| A4520 | A4554 | 9 |
| A4556 | A4572 | P |
| A4575 | A4590 | 9 |
| A4595 | A4605 | P |
| A4606 | A4606 | 9 |
| A4608 | A4613 | P |
| A4614 | A4614 | 9 |
| A4615 | A4617 | P |
| A4618 | A4618 | A, P, R |
| A4619 | A4626 | P |
| A4627 | A4627 | 9 |
| A4628 | A4628 | A, P, R |
| A4629 | A4629 | P |
| A4630 | A4633 | A, P, R |
| A4634 | A4634 | 9 |
| A4635 | A4637 | A, P, R |
| A4638 | A4638 | P |
| A4639 | A4640 | A, P, R |
| A4641 | A4647 | 4 |
| A4649 | A4649 | 9 |
| A4650 | A4931 | L |
| A4932 | A4932 | 9 |
| A5051 | A5200 | P |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| A5500 | A5513 | J |
| A6000 | A6000 | P |
| A6010 | A6024 | S |
| A6025 | A6025 | 9 |
| A6154 | A6215 | S |
| A6216 | A6216 | S, L |
| A6217 | A6248 | S |
| A6250 | A6250 | S, L |
| A6251 | A6259 | S |
| A6260 | A6260 | S, L |
| A6261 | A6266 | S |
| A6402 | A6402 | S, L |
| A6403 | A6512 | S |
| A6513 | A6530 | P |
| A6531 | A6532 | P, S |
| A6533 | A6551 | P |
| A7000 | A7002 | A, P, R |
| A7003 | A7004 | P |
| A7005 | A7006 | A, P, R |
| A7007 | A7008 | P |
| A7009 | A7009 | A, P, R |
| A7010 | A7011 | P |
| A7012 | A7012 | A, P, R |
| A7013 | A7013 | P |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| A7014 | A7017 | A, P, R |
| A7018 | A7020 | P |
| A7025 | A7039 | A, P, R |
| A7040 | A7043 | P |
| A7044 | A7045 | A, P, R |
| A7046 | A7527 | P |
| A8000 | A8004 | A, P, R |
| A9150 | A9280 | 9 |
| A9281 | A9281 | A, P, R |
| A9282 | A9300 | 9 |
| A9500 | A9516 | 4 |
| A9517 | A9517 | 6 |
| A9518 | A9522 | 4 |
| A9523 | A9523 | 6 |
| A9524 | A9529 | 4 |
| A9530 | A9530 | 6 |
| A9531 | A9531 | 4 |
| A9532 | A9532 | 6 |
| A9533 | A9533 | 4 |
| A9534 | A9534 | 6 |
| A9535 | A9542 | 4 |
| A9543 | A9543 | 6 |
| A9544 | A9544 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| A9545 | A9545 | 6 |
| A9546 | A9562 | 4 |
| A9563 | A9564 | 6 |
| A9565 | A9568 | 4 |
| A9600 | A9605 | 6 |
| A9698 | A9698 | 4 |
| A9699 | A9699 | 6 |
| A9700 | A9999 | 9 |
| B4034 | B5200 | E |
| B9000 | B9006 | A, P, R |
| B9998 | B9999 | E |
| C1000 | C1008 | 9, S |
| C1009 | C1009 | 9 |
| C1010 | C1011 | 0 |
| C1012 | C1014 | 9 |
| C1015 | C1018 | 0 |
| C1019 | C1019 | 9 |
| C1020 | C1021 | 0 |
| C1022 | C1022 | 9 |
| C1024 | C1043 | 9, S |
| C1045 | C1045 | 4 |
| C1047 | C1048 | 9, S |
| C1050 | C1050 | 9 |
| C1051 | C1057 | 9, S |

| First Code | Last Code | TOS |
|------------|-----------|------|
| C1058 | C1058 | 4 |
| C1059 | C1059 | 9 |
| C1060 | C1063 | 9, S |
| C1064 | C1066 | 4 |
| C1067 | C1078 | 9, S |
| C1079 | C1080 | 4 |
| C1081 | C1081 | 6 |
| C1082 | C1082 | 4 |
| C1083 | C1083 | 6 |
| C1084 | C1086 | 1, P |
| C1087 | C1087 | 4 |
| C1088 | C1088 | 9 |
| C1089 | C1099 | 4 |
| C1100 | C1121 | 9, S |
| C1122 | C1122 | 4 |
| C1123 | C1154 | 9, S |
| C1155 | C1155 | 9 |
| C1156 | C1163 | 9, S |
| C1164 | C1164 | 9 |
| C1166 | C1167 | 1, P |
| C1170 | C1177 | 9, S |
| C1178 | C1178 | 1, P |
| C1179 | C1184 | 9, S |
| C1188 | C1202 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|------|
| C1203 | C1203 | 9 |
| C1205 | C1205 | 4 |
| C1207 | C1300 | 9 |
| C1302 | C1304 | 9, S |
| C1305 | C1305 | 9 |
| C1306 | C1324 | 9, S |
| C1325 | C1325 | 4 |
| C1326 | C1337 | 9, S |
| C1348 | C1350 | 4 |
| C1351 | C1359 | 9, S |
| C1360 | C1360 | 9 |
| C1361 | C1773 | 9, S |
| C1774 | C1774 | 9 |
| C1775 | C1775 | 4 |
| C1776 | C1799 | 9, S |
| C1800 | C1806 | 4 |
| C1810 | C2631 | 9, S |
| C2632 | C2632 | 9 |
| C2633 | C2633 | 9, S |
| C2634 | C2636 | 9 |
| C2637 | C2637 | 4 |
| C2676 | C8891 | 9, S |
| C8900 | C8920 | 4 |
| C9000 | C9010 | 1 |

| First Code | Last Code | TOS |
|------------|-----------|------|
| C9011 | C9011 | 9, S |
| C9012 | C9020 | 1 |
| C9100 | C9103 | 4 |
| C9104 | C9106 | 1 |
| C9107 | C9107 | 9, S |
| C9108 | C9109 | 9 |
| C9110 | C9110 | 9, S |
| C9111 | C9119 | 9 |
| C9120 | C9121 | 1, P |
| C9123 | C9123 | 9, S |
| C9126 | C9126 | 9 |
| C9127 | C9127 | 1 |
| C9128 | C9211 | 9 |
| C9212 | C9212 | 9, G |
| C9213 | C9215 | 1 |
| C9218 | C9218 | 9 |
| C9219 | C9219 | 9, G |
| C9220 | C9222 | 9 |
| C9223 | C9223 | 1, P |
| C9224 | C9226 | 9 |
| C9400 | C9400 | 4 |
| C9401 | C9401 | 6 |
| C9402 | C9405 | 4 |
| C9410 | C9411 | 1, P |

| First Code | Last Code | TOS |
|------------|--------------|------|
| C9413 | C9434 | 1 |
| C9435 | C9437 | 9 |
| C9438 | C9438 | 1, G |
| C9439 | C9503 | 9 |
| C9701 | C9701 | 9, S |
| C9703 | C9703 | 9 |
| C9704 | C9704 | 2 |
| C9708 | C9708 | 4 |
| C9711 | C9711 | 9 |
| C9713 | C9713 | 2 |
| C9714 | C9715 | 6 |
| C9716 | C9717 | 2 |
| C9718 | C9721 | 1 |
| C9722 | C9723 | 4 |
| C9724 | C9724 | 2 |
| C9725 | C9725 | 6 |
| D0120 | D0180 | 1 |
| D0210 | D0363 | 4 |
| D0415 | D0999 | 5 |
| D1110 | D1351 | 1 |
| D1510 | D1525 | 9 |
| D1550 | D2710 | 1 |
| D2712 | D2712 | 9 |
| D2720 | D2792 | 1 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| D2794 | D2794 | 9 |
| D2799 | D2910 | 1 |
| D2915 | D2915 | 9 |
| D2920 | D2933 | 1 |
| D2934 | D2934 | 9 |
| D2940 | D2970 | 1 |
| D2971 | D2975 | 9 |
| D2980 | D3120 | 1 |
| D3220 | D3221 | 2 |
| D3230 | D3348 | 1 |
| D3351 | D3920 | 2 |
| D3950 | D3999 | 1 |
| D4210 | D4276 | 2 |
| D4320 | D4999 | 1 |
| D5110 | D5281 | 9 |
| D5410 | D5761 | 1 |
| D5810 | D5999 | 9 |
| D6010 | D6050 | 2 |
| D6053 | D6079 | 9 |
| D6080 | D6080 | 2 |
| D6090 | D6999 | 9 |
| D7110 | D7282 | 2 |
| D7283 | D7283 | 9 |
| D7285 | D7999 | 2 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| D8010 | D9110 | 1 |
| D9120 | D9120 | 2 |
| D9210 | D9248 | 7 |
| D9310 | D9310 | 3 |
| D9410 | D9450 | 1 |
| D9610 | D9630 | 9 |
| D9910 | D9999 | 1 |
| E0100 | E0144 | A, P, R |
| E0145 | E0146 | R |
| E0147 | E0164 | A, P, R |
| E0165 | E0166 | R |
| E0167 | E0168 | A, P, R |
| E0169 | E0169 | R |
| E0170 | E0179 | A, P, R |
| E0180 | E0182 | R |
| E0184 | E0185 | A, P, R |
| E0186 | E0187 | R |
| E0188 | E0189 | A, P, R |
| E0190 | E0190 | 9 |
| E0191 | E0192 | A, P, R |
| E0193 | E0196 | R |
| E0197 | E0200 | A, P, R |
| E0202 | E0202 | R |
| E0203 | E0203 | 9 |

| First Code | Last Code | TOS |
|------------|-----------|------------|
| E0205 | E0205 | A, P, R |
| E0210 | E0210 | A, P, R, L |
| E0215 | E0230 | A, P, R |
| E0231 | E0231 | R |
| E0232 | E0232 | P |
| E0235 | E0236 | R |
| E0238 | E0239 | A, P, R |
| E0240 | E0240 | 9 |
| E0241 | E0249 | A, P, R |
| E0250 | E0270 | R |
| E0271 | E0276 | A, P, R |
| E0277 | E0277 | R |
| E0280 | E0280 | A, P, R |
| E0290 | E0298 | R |
| E0300 | E0300 | A, P, R |
| E0301 | E0305 | R |
| E0310 | E0326 | A, P, R |
| E0350 | E0352 | 9 |
| E0370 | E0373 | A, P, R |
| E0424 | E0440 | R |
| E0441 | E0444 | P |
| E0445 | E0445 | 9 |
| E0450 | E0455 | R |
| E0457 | E0457 | A, P, R |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| E0459 | E0480 | R |
| E0481 | E0481 | A, P, R |
| E0482 | E0483 | R |
| E0484 | E0484 | A, P, R |
| E0485 | E0486 | P |
| E0500 | E0550 | R |
| E0555 | E0555 | P, R |
| E0560 | E0562 | A, P, R |
| E0565 | E0570 | R |
| E0571 | E0574 | A, P, R |
| E0575 | E0575 | R |
| E0580 | E0580 | P, R |
| E0585 | E0585 | R |
| E0590 | E0590 | 9 |
| E0600 | E0601 | R |
| E0602 | E0604 | 9 |
| E0605 | E0605 | A, P, R |
| E0606 | E0606 | R |
| E0607 | E0607 | A, P, R |
| E0608 | E0608 | R |
| E0609 | E0615 | A, P, R |
| E0616 | E0616 | 9 |
| E0617 | E0617 | 9, R |
| E0618 | E0619 | R |

| First Code | Last Code | TOS |
|------------|-----------|------------|
| E0620 | E0629 | A, P, R |
| E0630 | E0636 | R |
| E0637 | E0638 | A, P, R |
| E0639 | E0640 | 9 |
| E0641 | E0673 | A, P, R |
| E0675 | E0675 | R |
| E0676 | E0740 | A, P, R |
| E0744 | E0745 | R |
| E0746 | E0748 | A, P, R |
| E0749 | E0749 | 9 |
| E0751 | E0754 | P |
| E0755 | E0755 | A, P, R |
| E0756 | E0759 | P |
| E0760 | E0760 | A, P, R |
| E0761 | E0761 | 9 |
| E0762 | E0764 | A, P, R |
| E0765 | E0765 | A, P |
| E0769 | E0769 | 9 |
| E0776 | E0776 | A, P, R, E |
| E0779 | E0780 | A, P, R |
| E0781 | E0781 | 9, R |
| E0782 | E0783 | A, P, R |
| E0784 | E0784 | R |
| E0785 | E0785 | P |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| E0786 | E0786 | 9 |
| E0791 | E0791 | R |
| E0830 | E0830 | P |
| E0840 | E0840 | A, P, R |
| E0849 | E0849 | A, P, R |
| E0850 | E0900 | A, P, R |
| E0910 | E0941 | R |
| E0942 | E0945 | A, P, R |
| E0946 | E0946 | R |
| E0947 | E0957 | A, P, R |
| E0958 | E0958 | R |
| E0959 | E0967 | A, P, R |
| E0968 | E0968 | R |
| E0969 | E0982 | A, P, R |
| E0983 | E0983 | R |
| E0984 | E1030 | A, P, R |
| E1031 | E1060 | R |
| E1065 | E1069 | A, P, R |
| E1070 | E1160 | R |
| E1161 | E1161 | A, P, R |
| E1170 | E1200 | R |
| E1210 | E1213 | A, P, R |
| E1220 | E1220 | P |
| E1221 | E1225 | R |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| E1226 | E1227 | A, P, R |
| E1228 | E1228 | R |
| E1229 | E1239 | A, P, R |
| E1240 | E1295 | R |
| E1296 | E1310 | A, P, R |
| E1340 | E1340 | 9 |
| E1353 | E1355 | R |
| E1372 | E1372 | A, P, R |
| E1375 | E1392 | R |
| E1399 | E1399 | A, P, R |
| E1400 | E1406 | R |
| E1500 | E1699 | L |
| E1700 | E1700 | A, P, R |
| E1701 | E1702 | P |
| E1800 | E1801 | P, R |
| E1802 | E1802 | R |
| E1805 | E1840 | P, R |
| E1841 | E1841 | R |
| E1900 | E1902 | A, P, R |
| E2000 | E2000 | R |
| E2100 | E2101 | A, P, R |
| E2120 | E2120 | R |
| E2201 | E2399 | A, P, R |
| E2402 | E2402 | R |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| E2500 | E2621 | A, P, R |
| E8000 | E8002 | 9 |
| G0001 | G0001 | 5 |
| G0002 | G0002 | 2 |
| G0004 | G0007 | 5 |
| G0008 | G0009 | V |
| G0010 | G0010 | 1 |
| G0015 | G0016 | 5 |
| G0022 | G0024 | 1 |
| G0025 | G0025 | S |
| G0026 | G0027 | 5 |
| G0030 | G0050 | 4 |
| G0101 | G0102 | 1 |
| G0103 | G0103 | 5 |
| G0104 | G0105 | 2 |
| G0106 | G0106 | 4 |
| G0107 | G0107 | 5 |
| G0108 | G0113 | 1 |
| G0114 | G0114 | 3 |
| G0115 | G0116 | T, 1 |
| G0117 | G0118 | Q |
| G0120 | G0120 | 4 |
| G0121 | G0121 | 2 |
| G0122 | G0122 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|------|
| G0123 | G0124 | 5 |
| G0125 | G0126 | 4 |
| G0127 | G0127 | 2 |
| G0128 | G0128 | 1 |
| G0129 | G0129 | U |
| G0130 | G0132 | 4 |
| G0141 | G0148 | 5 |
| G0151 | G0156 | 1 |
| G0159 | G0160 | 2 |
| G0161 | G0161 | 6 |
| G0163 | G0165 | 4 |
| G0166 | G0168 | 1 |
| G0169 | G0169 | W, 1 |
| G0170 | G0171 | 2 |
| G0172 | G0172 | U |
| G0173 | G0174 | 2 |
| G0175 | G0175 | 1 |
| G0176 | G0177 | U |
| G0178 | G0178 | 6 |
| G0179 | G0182 | 1 |
| G0184 | G0187 | 2 |
| G0188 | G0188 | 4 |
| G0190 | G0203 | 1 |
| G0204 | G0234 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| G0235 | G0235 | 1 |
| G0236 | G0236 | 4 |
| G0237 | G0239 | 1, U, W |
| G0240 | G0240 | 1 |
| G0241 | G0243 | 2 |
| G0244 | G0247 | 1 |
| G0248 | G0249 | 5 |
| G0250 | G0250 | 1 |
| G0251 | G0255 | 4 |
| G0256 | G0256 | 2 |
| G0257 | G0259 | 1 |
| G0260 | G0260 | F |
| G0261 | G0261 | 2 |
| G0262 | G0262 | 4 |
| G0263 | G0264 | 1 |
| G0265 | G0267 | 5 |
| G0268 | G0268 | 2 |
| G0269 | G0272 | 1 |
| G0273 | G0274 | 6 |
| G0275 | G0278 | 2 |
| G0279 | G0283 | 1, U, W |
| G0288 | G0288 | 4 |
| G0289 | G0291 | 2 |
| G0292 | G0292 | 1 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| G0293 | G0294 | 2 |
| G0295 | G0295 | 1, U, W |
| G0296 | G0296 | 4 |
| G0297 | G0300 | 2 |
| G0301 | G0305 | 1 |
| G0306 | G0307 | 5 |
| G0308 | G0323 | M |
| G0324 | G0327 | 1 |
| G0328 | G0328 | 5 |
| G0329 | G0329 | 1, U, W |
| G0332 | G0332 | 1 |
| G0336 | G0336 | 4 |
| G0337 | G0340 | 1 |
| G0341 | G0343 | 2 |
| G0344 | G0363 | 1 |
| G0364 | G0364 | 2 |
| G0365 | G0368 | 5 |
| G0369 | G0371 | 9 |
| G0372 | G0372 | 1 |
| G0373 | G0374 | 9 |
| G0375 | G0376 | 9 |
| G0377 | G0384 | 1 |
| G0389 | G0389 | 4 |
| G0390 | G0390 | 1 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| G0392 | G0393 | 2 |
| G0394 | G0394 | 5 |
| G3001 | G9139 | 1 |
| H0001 | H2037 | 9 |
| J0120 | J0210 | P, 1 |
| J0215 | J0215 | 1, G |
| J0256 | J0256 | 1, P |
| J0270 | J0275 | 1 |
| J0278 | J0476 | 1, P |
| J0480 | J0480 | 1, G |
| J0500 | J0594 | 1, P |
| J0595 | J0595 | 1 |
| J0600 | J0880 | 1, P |
| J0881 | J0882 | 1, L |
| J0885 | J0885 | 9 |
| J0886 | J0886 | 1, L |
| J0894 | J1642 | 1, P |
| J1644 | J1644 | P, 1, L |
| J1645 | J1670 | P, 1 |
| J1675 | J1675 | 1, G |
| J1700 | J1820 | 1, P |
| J1825 | J1830 | 1 |
| J1835 | J2916 | P, 1 |
| J2920 | J2930 | G, 1 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| J2940 | J3395 | P, 1 |
| J3396 | J3396 | 9 |
| J3400 | J7199 | 1, P |
| J7300 | J7306 | 9 |
| J7308 | J7308 | 1 |
| J7310 | J7310 | 9 |
| J7311 | J7311 | Q |
| J7315 | J7320 | 1 |
| J7330 | J7330 | P, 1 |
| J7340 | J7346 | 1 |
| J7350 | J7350 | 1, S |
| J7500 | J7599 | G, 1 |
| J7607 | J8499 | P, 1 |
| J8501 | J8501 | G, 1 |
| J8510 | J8521 | P, 1 |
| J8530 | J8530 | 1, G, P |
| J8540 | J8540 | 1 |
| J8560 | J8560 | 1, P |
| J8565 | J8565 | 9 |
| J8597 | J8597 | 1 |
| J8600 | J8600 | P, 1 |
| J8610 | J8610 | P, G, 1 |
| J8650 | J8650 | 1,G |
| J8700 | J9212 | P, 1 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| J9213 | J9216 | G |
| J9217 | J9999 | P, 1 |
| K0001 | K0004 | R |
| K0005 | K0005 | A, P, R |
| K0006 | K0007 | R |
| K0008 | K0008 | P |
| K0009 | K0012 | A, P, R |
| K0013 | K0013 | P |
| K0014 | K0100 | A, P, R |
| K0101 | K0101 | R |
| K0102 | K0108 | A, P, R |
| K0109 | K0113 | P |
| K0114 | K0116 | A, P, R |
| K0119 | K0123 | G |
| K0137 | K0169 | P |
| K0170 | K0171 | A, P, R |
| K0172 | K0173 | P |
| K0174 | K0174 | A, P, R |
| K0175 | K0176 | P |
| K0177 | K0177 | A, P, R |
| K0178 | K0178 | P |
| K0179 | K0181 | A, P, R |
| K0182 | K0182 | P |
| K0183 | K0192 | A, P, R |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| K0193 | K0195 | R |
| K0268 | K0270 | A, P, R |
| K0277 | K0283 | P |
| K0284 | K0284 | A, P, R |
| K0400 | K0400 | P |
| K0401 | K0401 | J |
| K0407 | K0411 | P |
| K0412 | K0412 | G |
| K0415 | K0416 | 1 |
| K0417 | K0417 | A, P, R |
| K0418 | K0418 | G |
| K0419 | K0451 | P |
| K0452 | K0452 | A, P, R |
| K0455 | K0456 | R |
| K0457 | K0459 | A, P, R |
| K0460 | K0461 | P, R |
| K0462 | K0462 | 9 |
| K0501 | K0501 | R |
| K0503 | K0529 | P |
| K0530 | K0531 | A, P, R |
| K0532 | K0534 | R |
| K0535 | K0537 | S |
| K0538 | K0538 | R |
| K0539 | K0540 | P |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| K0541 | K0547 | A, P, R |
| K0548 | K0548 | 1, P |
| K0549 | K0550 | R |
| K0551 | K0551 | A, P, R |
| K0552 | K0597 | P |
| K0600 | K0608 | A, P, R |
| K0609 | K0609 | P |
| K0610 | K0614 | L |
| K0615 | K0617 | A, P, R |
| K0618 | K0619 | P |
| K0620 | K0626 | S |
| K0627 | K0627 | A, P, R |
| K0628 | K0629 | J |
| K0630 | K0649 | P |
| K0650 | K0669 | A, P, R |
| K0670 | K0670 | P |
| K0671 | K0730 | R |
| K0731 | K0732 | P |
| K0733 | K0737 | A, P, R |
| K0738 | K0739 | P, R |
| K0740 | K0899 | A, P, R |
| L0100 | L3963 | P |
| L3964 | L3966 | A, P, R |
| L3967 | L3967 | P |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| L3968 | L3970 | A, P, R |
| L3971 | L3971 | P |
| L3972 | L3972 | A, P, R |
| L3973 | L3973 | P |
| L3974 | L3974 | A, P, R |
| L3975 | L8100 | P |
| L8110 | L8120 | P, S |
| L8130 | L9900 | P |
| M0064 | M0300 | 1 |
| M0301 | M0301 | 2 |
| M0302 | P7001 | 5 |
| P9010 | P9011 | 0 |
| P9012 | P9012 | 9 |
| P9016 | P9016 | 0 |
| P9017 | P9020 | 9 |
| P9021 | P9022 | 0 |
| P9023 | P9037 | 9 |
| P9038 | P9040 | 0 |
| P9041 | P9050 | 9 |
| P9051 | P9051 | 0 |
| P9052 | P9053 | 9 |
| P9054 | P9054 | 0 |
| P9055 | P9055 | 9 |
| P9056 | P9058 | 0 |

| First Code | Last Code | TOS |
|------------|-----------|------|
| P9059 | P9060 | 9 |
| P9603 | P9615 | 5 |
| Q0034 | Q0034 | 1 |
| Q0035 | Q0035 | 5 |
| Q0068 | Q0068 | 9 |
| Q0081 | Q0081 | 1 |
| Q0082 | Q0082 | 9 |
| Q0083 | Q0085 | 1 |
| Q0086 | Q0086 | 9 |
| Q0091 | Q0091 | 1 |
| Q0092 | Q0092 | 4 |
| Q0111 | Q0115 | 5 |
| Q0132 | Q0136 | 9 |
| Q0137 | Q0137 | 1, L |
| Q0144 | Q0144 | 1 |
| Q0156 | Q0161 | P, 1 |
| Q0163 | Q0181 | 1 |
| Q0182 | Q0185 | S |
| Q0186 | Q0186 | 1 |
| Q0187 | Q0187 | P, 1 |
| Q0188 | Q0188 | 9 |
| Q0480 | Q0505 | P |
| Q0510 | Q0514 | 9 |
| Q0515 | Q0515 | 1, P |

| First Code | Last Code | TOS |
|------------|-----------|------|
| Q1001 | Q1005 | F |
| Q2001 | Q2018 | 1, P |
| Q2019 | Q2019 | 1, G |
| Q2020 | Q2022 | 1, P |
| Q3000 | Q3000 | 4 |
| Q3001 | Q3001 | 1 |
| Q3002 | Q3012 | 4 |
| Q3013 | Q3014 | 9 |
| Q3017 | Q3020 | D |
| Q3025 | Q3030 | P, 1 |
| Q3031 | Q3031 | 5 |
| Q4001 | Q4051 | S |
| Q4052 | Q4053 | 1, P |
| Q4054 | Q4055 | 1, L |
| Q4075 | Q4077 | P, 1 |
| Q4078 | Q4078 | 4 |
| Q4079 | Q4080 | 1, P |
| Q4081 | Q4082 | L, 1 |
| Q4083 | Q4086 | 1 |
| Q5001 | Q9940 | L,1 |
| Q9941 | Q9944 | 1, P |
| Q9945 | Q9964 | 4 |
| R0070 | R0075 | 4 |
| R0076 | R0076 | 5 |

| First Code | Last Code | TOS |
|------------|-----------|------|
| S0009 | S0011 | P, 1 |
| S0012 | S0012 | 1 |
| S0014 | S0087 | P, 1 |
| S0088 | S0088 | 9 |
| S0090 | S0090 | P, 1 |
| S0091 | S0093 | 9 |
| S0096 | S0098 | 1, P |
| S0104 | S0104 | 1 |
| S0106 | S0108 | 9 |
| S0112 | S0112 | 1 |
| S0114 | S0118 | 9 |
| S0122 | S0132 | 1, P |
| S0133 | S0133 | 9 |
| S0135 | S0135 | 1, P |
| S0136 | S0168 | 9 |
| S0170 | S0170 | 1, P |
| S0171 | S0178 | 9 |
| S0179 | S0179 | 1, P |
| S0181 | S0187 | 9 |
| S0189 | S0189 | 1, P |
| S0190 | S0201 | 9 |
| S0206 | S0206 | 2 |
| S0207 | S0207 | 9 |
| S0208 | S0215 | D |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| S0220 | S0400 | 9 |
| S0500 | S0592 | Q |
| S0595 | S0800 | 9 |
| S0810 | S0810 | 2, 9 |
| S0812 | S0812 | Q |
| S0820 | S0830 | 9 |
| S1001 | S1002 | P |
| S1015 | S1016 | 9 |
| S1025 | S1025 | 1 |
| S1030 | S1030 | P, R |
| S1031 | S1031 | A, P, R |
| S1040 | S1040 | P |
| S2050 | S2053 | 2, 9 |
| S2054 | S2061 | 9 |
| S2065 | S2065 | 2 |
| S2068 | S2109 | 9 |
| S2112 | S2112 | 2 |
| S2113 | S2371 | 9 |
| S2400 | S2404 | 2 |
| S2405 | S2405 | 9 |
| S2409 | S2409 | 2 |
| S2411 | S3708 | 9 |
| S3818 | S3819 | 5 |
| S3820 | S4980 | 9 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| S4981 | S4981 | 2 |
| S4989 | S8001 | 9 |
| S8002 | S8003 | 1 |
| S8004 | S8035 | 9 |
| S8037 | S8037 | 4 |
| S8040 | S8210 | 9 |
| S8260 | S8260 | P |
| S8262 | S8270 | 9 |
| S8300 | S8300 | S |
| S8301 | S8434 | 9 |
| S8450 | S8452 | P |
| S8460 | S8470 | 9 |
| S8490 | S8490 | S |
| S8940 | S9528 | 9 |
| S9529 | S9529 | 5 |
| S9533 | S9590 | 9 |
| S9800 | S9800 | 1 |
| S9802 | T1014 | 9 |
| T1015 | T1015 | 1 |
| T1016 | T5999 | 9 |
| V2020 | V2615 | Q |
| V2623 | V2629 | P |
| V2630 | V2799 | Q |
| V5008 | V5299 | K |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| V5336 | V5336 | 1 |
| V5362 | V5364 | 1, W |
| 00100 | 00103 | 7 |
| 00104 | 00104 | T, 7 |
| 00120 | 00860 | 7 |
| 00862 | 00862 | N, 7 |
| 00864 | 01999 | 7 |
| 10021 | 11012 | 2 |
| 11040 | 11044 | 2, U, W |
| 11055 | 20975 | 2 |
| 20979 | 20979 | 6 |
| 20982 | 29085 | 2 |
| 29086 | 29590 | 2, U, W |
| 29700 | 36410 | 2 |
| 36415 | 36415 | 5 |
| 36416 | 36416 | 1 |
| 36420 | 36510 | 2 |
| 36511 | 36516 | 1 |
| 36520 | 38200 | 2 |
| 38204 | 38204 | 1 |
| 38205 | 38206 | 2 |
| 38207 | 38209 | 1 |
| 38210 | 38210 | 2 |
| 38211 | 38215 | 5 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 38220 | 38241 | 2 |
| 38242 | 38242 | 2 |
| 38300 | 50290 | 2 |
| 50300 | 50320 | N |
| 50323 | 50546 | 2 |
| 50547 | 50547 | N |
| 50548 | 55845 | 2 |
| 55859 | 55859 | 6 |
| 55860 | 62230 | 2 |
| 62252 | 62252 | 1 |
| 62256 | 64530 | 2 |
| 64550 | 64550 | 2, U, W |
| 64553 | 69990 | 2 |
| 70010 | 75893 | 4 |
| 75894 | 75896 | 6 |
| 75898 | 75898 | 4 |
| 75900 | 75954 | 6 |
| 75956 | 75959 | 4 |
| 75960 | 75968 | 6 |
| 75970 | 75970 | 4 |
| 75978 | 75989 | 6 |
| 75992 | 76082 | 4 |
| 76083 | 76085 | 1 |
| 76086 | 76091 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 76092 | 76092 | B, C, 1 |
| 76093 | 76934 | 4 |
| 76936 | 76936 | 6 |
| 76937 | 76937 | 4 |
| 76938 | 76938 | 6 |
| 76940 | 76940 | 4 |
| 76941 | 76942 | 6 |
| 76945 | 76945 | 4 |
| 76946 | 76965 | 6 |
| 76970 | 77051 | 4 |
| 77052 | 77052 | 1 |
| 77053 | 77056 | 4 |
| 77057 | 77057 | 1 |
| 77058 | 77084 | 4 |
| 77261 | 77370 | 6 |
| 77371 | 77373 | 4 |
| 77399 | 77799 | 6 |
| 78000 | 78264 | 4 |
| 78267 | 78268 | 5 |
| 78270 | 78999 | 4 |
| 79000 | 79001 | 6 |
| 79005 | 79005 | 4 |
| 79030 | 79100 | 6 |
| 79101 | 79101 | 4 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 79200 | 79440 | 6 |
| 79445 | 79445 | 4 |
| 79900 | 79999 | 6 |
| 80048 | 80440 | 5 |
| 80500 | 80502 | 3 |
| 81000 | 88319 | 5 |
| 88321 | 88332 | 3 |
| 88333 | 89399 | 5 |
| 90281 | 90649 | 1 |
| 90655 | 90655 | V |
| 90656 | 90660 | V |
| 90665 | 90665 | 1 |
| 90669 | 90669 | V |
| 90675 | 90727 | 1 |
| 90732 | 90732 | V |
| 90733 | 90802 | 1 |
| 90804 | 90899 | T, 1 |
| 90901 | 90911 | U, W, 1 |
| 90918 | 90921 | M |
| 90922 | 90999 | 1 |
| 91000 | 91033 | 5 |
| 91034 | 91040 | 1 |
| 91052 | 91065 | 5 |
| 91100 | 91105 | 2 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 91110 | 91111 | 4 |
| 91120 | 91120 | 1 |
| 91122 | 91122 | 5 |
| 91123 | 91123 | 1 |
| 91132 | 91133 | 5 |
| 91299 | 91299 | 2 |
| 92002 | 92014 | 1 |
| 92015 | 92015 | Q |
| 92018 | 92020 | 1 |
| 92025 | 92025 | 5 |
| 92060 | 92060 | 1 |
| 92065 | 92396 | Q |
| 92499 | 92504 | 1 |
| 92506 | 92508 | W, 1, U |
| 92510 | 92510 | K, U, W |
| 92511 | 92520 | 1 |
| 92525 | 92526 | U, W, 1 |
| 92531 | 92548 | 1 |
| 92551 | 92596 | K |
| 92597 | 92598 | W, 1 |
| 92599 | 92616 | 1 |
| 92617 | 92617 | 2 |
| 92620 | 92633 | 1 |
| 92640 | 92640 | 9 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 92700 | 92971 | 1 |
| 92973 | 92977 | 2 |
| 92978 | 92979 | 4 |
| 92980 | 92998 | 2 |
| 93000 | 93350 | 5 |
| 93501 | 93545 | 2 |
| 93555 | 93556 | 4 |
| 93561 | 93662 | 2 |
| 93668 | 93668 | 9 |
| 93701 | 93744 | 5 |
| 93745 | 93745 | 1 |
| 93760 | 93888 | 5 |
| 93890 | 93893 | 6 |
| 93922 | 93990 | 5 |
| 94002 | 94005 | 1 |
| 94010 | 94450 | 5 |
| 94452 | 94610 | 1 |
| 94620 | 94621 | 5 |
| 94640 | 94668 | 1 |
| 94680 | 94772 | 5 |
| 94774 | 94774 | 1 |
| 94775 | 94776 | 9 |
| 94777 | 94777 | 1 |
| 94779 | 94799 | 5 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 95004 | 95251 | 1 |
| 95805 | 95830 | 5 |
| 95831 | 95852 | U, W, 5 |
| 95857 | 95870 | W, 5 |
| 95872 | 95927 | 5 |
| 95928 | 95929 | 1 |
| 95930 | 95930 | Q |
| 95933 | 95962 | 5 |
| 95965 | 95967 | 4 |
| 95970 | 95975 | 5 |
| 95978 | 95991 | 1 |
| 95999 | 95999 | 5 |
| 96000 | 96003 | 1, W |
| 96004 | 96004 | 1 |
| 96020 | 96020 | 4 |
| 96040 | 96103 | 1 |
| 96105 | 96115 | U, W, 5 |
| 96116 | 96120 | 5 |
| 96150 | 96155 | 9 |
| 96400 | 96567 | 1 |
| 96570 | 96571 | 2 |
| 96900 | 96913 | 1 |
| 96920 | 96922 | 2 |
| 96999 | 96999 | 1 |

| First Code | Last Code | TOS |
|------------|-----------|---------|
| 97001 | 97546 | 1, U, W |
| 97597 | 97598 | 1 |
| 97601 | 97602 | 1, U, W |
| 97605 | 97606 | 1 |
| 97703 | 97799 | 1, U, W |
| 97802 | 98962 | 1 |
| 99000 | 99002 | 9 |
| 99024 | 99060 | 1 |
| 99070 | 99071 | 9 |
| 99075 | 99091 | 1 |
| 99100 | 99150 | 7 |
| 99170 | 99170 | 5 |
| 99172 | 99173 | Q |
| 99175 | 99239 | 1 |
| 99241 | 99275 | 3 |
| 99281 | 99440 | 1 |
| 99450 | 99456 | 9 |
| 99499 | 99539 | 1 |
| 99551 | 99569 | 9 |
| 99600 | 99600 | 1 |
| 99601 | 99602 | 9 |
| 0001T | 0002T | 2 |
| 0003T | 0003T | 9 |
| 0005T | 0009T | 2 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0010T | 0010T | 5 |
| 0012T | 0020T | 2 |
| 0021T | 0021T | 1 |
| 0023T | 0023T | 5 |
| 0024T | 0024T | 2 |
| 0025T | 0026T | 9 |
| 0027T | 0027T | 2 |
| 0028T | 0028T | 4 |
| 0029T | 0029T | 9 |
| 0030T | 0031T | 5 |
| 0032T | 0039T | 2 |
| 0040T | 0040T | 4 |
| 0041T | 0041T | 5 |
| 0042T | 0043T | 4 |
| 0044T | 0045T | 9 |
| 0046T | 0057T | 2 |
| 0058T | 0060T | 5 |
| 0061T | 0063T | 2 |
| 0064T | 0064T | 5 |
| 0065T | 0065T | 1 |
| 0066T | 0066T | 2 |
| 0067T | 0070T | 4 |
| 0071T | 0072T | 2 |
| 0073T | 0073T | 4 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0074T | 0074T | 1 |
| 0075T | 0076T | 6 |
| 0077T | 0081T | 2 |
| 0082T | 0083T | 6 |
| 0084T | 0084T | 1 |
| 0085T | 0085T | 5 |
| 0086T | 0086T | 1 |
| 0087T | 0087T | 5 |
| 0088T | 0088T | 6 |
| 0089T | 0089T | 9 |
| 0090T | 0102T | 2 |
| 0103T | 0110T | 9 |
| 0111T | 0111T | 5 |
| 0115T | 0117T | 9 |
| 0120T | 0126T | 2 |
| 0130T | 0133T | 9 |
| 0135T | 0137T | 2 |
| 0140T | 0140T | 9 |
| 0141T | 0143T | 2 |
| 0144T | 0154T | 4 |
| 0155T | 0158T | 2 |
| 0159T | 0159T | 4 |
| 0160T | 0161T | 6 |
| 0162T | 0162T | 9 |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0163T | 0173T | 2 |
| 0174T | 0175T | 4 |
| 0176T | 0177T | 2 |
| 0001F | 0500F | 1 |
| 0501F | 0501F | 9 |
| 0502F | 6005F | 1 |

10.8 - Requirements for Specialty Codes

(Rev. 1, 10-01-03)

B3- 2207

Specialty codes are self-designated and they describe the kind of medicine physicians, nonphysician practitioners or other healthcare providers/suppliers practice. Appropriate use of specialty codes prevents inappropriate suspension and improves the quality of utilization data.

A physician, nonphysician practitioner, or other healthcare provider or supplier will submit a specialty code change via the Form CMS-855 application. Carriers and DMERCs update the specialty code that is submitted to CWF on the Part B Claim Record and the one used for prepayment and post payment Medical Review. This should also be consistent with the carrier and DMERCs UPIN files and provider files. Contractors must follow the most cost-effective method for updating specialty codes. If it is costly to maintain old specialties for dates of service prior to the update, contractors use the new specialty codes for all claims even if it results in higher payments to the physician.

Carriers and DMERCs must not add any specialty codes to the list. They send all requests for expansion of the list to their Regional Office (RO). The RO will forward the list to Central Office (CO). CO will consider the following:

- Whether the requestor has the authority to bill independently;
- The reason or purpose for the code and if a current code would suffice;
- Whether they are recognized by another organization, such as the American Board of Medical Specialties; and
- Whether the specialty treats a significant volume of the Medicare population.

All physicians that have a UPIN must have a specialty code other than specialty 70, single or multi-specialty "Clinic" or "Group Practice". Contractors must contact physicians who are listed as specialty 70 and obtain a valid specialty.

10.8.1 - Assigning Specialty Codes by Carriers and DMERCs

Physicians are allowed to choose a primary and a secondary specialty code. If the carrier and DMERC provider file can accommodate only one specialty code, the carrier or DMERC assigns the code that corresponds to the greater amount of allowed charges. For example, if the practice is 50 percent ophthalmology and 50 percent otolaryngology, the carrier/DMERC compares the total allowed charges for the previous year for ophthalmology and otolaryngology services. They assign the code that corresponds to the greater amount of the allowed charges.

10.8.2 - Physician Specialty Codes

| Code | Physician Specialty |
|-------------|----------------------------------|
| 01 | General Practice |
| 02 | General Surgery |
| 03 | Allergy/Immunology |
| 04 | Otolaryngology |
| 05 | Anesthesiology |
| 06 | Cardiology |
| 07 | Dermatology |
| 08 | Family Practice |
| 09 | Interventional Pain Management |
| 10 | Gastroenterology |
| 11 | Internal Medicine |
| 12 | Osteopathic Manipulative Therapy |
| 13 | Neurology |
| 14 | Neurosurgery |
| 15 | Available |

| Code | Physician Specialty |
|-------------|--|
| 16 | Obstetrics/Gynecology |
| 17 | Available |
| 18 | Ophthalmology |
| 19 | Oral Surgery (dentists only) |
| 20 | Orthopedic Surgery |
| 21 | Available |
| 22 | Pathology |
| 23 | Available |
| 24 | Plastic and Reconstructive Surgery |
| 25 | Physical Medicine and Rehabilitation |
| 26 | Psychiatry |
| 27 | Available |
| 28 | Colorectal Surgery (formerly proctology) |
| 29 | Pulmonary Disease |
| 30 | Diagnostic Radiology |
| 31 | Available |
| 32 | Anesthesiologist Assistants |
| 33 | Thoracic Surgery |
| 34 | Urology |
| 35 | Chiropractic |
| 36 | Nuclear Medicine |
| 37 | Pediatric Medicine |
| 38 | Geriatric Medicine |
| 39 | Nephrology |

| Code | Physician Specialty |
|-------------|---|
| 40 | Hand Surgery |
| 41 | Optometry |
| 44 | Infectious Disease |
| 46 | Endocrinology |
| 48 | Podiatry |
| 66 | Rheumatology |
| 70 | Single or Multispecialty Clinic or Group Practice |
| 72 | Pain Management |
| 73 | Mass Immunization Roster Biller |
| 74 | Radiation Therapy Center |
| 75 | Slide Preparation Facilities |
| 76 | Peripheral Vascular Disease |
| 77 | Vascular Surgery |
| 78 | Cardiac Surgery |
| 79 | Addiction Medicine |
| 81 | Critical Care (Intensivists) |
| 82 | Hematology |
| 83 | Hematology/Oncology |
| 84 | Preventive Medicine |
| 85 | Maxillofacial Surgery |
| 86 | Neuropsychiatry |
| 90 | Medical Oncology |
| 91 | Surgical Oncology |
| 92 | Radiation Oncology |

| Code | Physician Specialty |
|-------------|-----------------------------|
| 93 | Emergency Medicine |
| 94 | Interventional Radiology |
| 98 | Gynecological/Oncology |
| 99 | Unknown Physician Specialty |

10.8.3 - Nonphysician Practitioner, Supplier, and Provider Specialty Codes

B3-2207.1

The following list of 2-digit codes and narrative describe the kind of medicine nonphysician practitioners or other healthcare providers/suppliers practice.

| Code | Nonphysician Practitioner/Supplier/Provider Specialty |
|-------------|---|
| 32 | Anesthesiologist Assistant |
| 42 | Certified Nurse Midwife (effective July 1, 1988) |
| 43 | Certified Registered Nurse Anesthetist (CRNA) |
| 45 | Mammography Screening Center |
| 47 | Independent Diagnostic Testing Facility (IDTF) |
| 49 | Ambulatory Surgical Center |
| 50 | Nurse Practitioner |
| 51 | Medical supply company with orthotic personnel certified by an accrediting organization. |
| 52 | Medical supply company with prosthetic personnel certified by an accrediting organization. |
| 53 | Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization. |
| 54 | Medical supply company not included in 51, 52, or 53. |
| 55 | Individual orthotic personnel certified by an accrediting organization. |

| Code | Nonphysician Practitioner/Supplier/Provider Specialty |
|-------------|--|
| 56 | Individual prosthetic personnel certified by an accrediting organization. |
| 57 | Individual prosthetic/orthotic personnel certified by an accrediting organization. |
| 58 | Medical Supply Company with registered pharmacist. |
| 59 | Ambulance Service Supplier, e.g., private ambulance companies, funeral homes. |
| 60 | Public Health or Welfare Agencies (Federal, State, and local). |
| 61 | Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities). |
| 62 | Clinical Psychologist (Billing Independently). |
| 63 | Portable X-Ray Supplier (Billing Independently). |
| 64 | Audiologist (Billing Independently). |
| 65 | Physical Therapist in Private Practice. |
| 67 | Occupational Therapist in Private Practice. |
| 68 | Clinical Psychologist |
| 69 | Clinical Laboratory (Billing Independently) |
| 71 | Registered Dietician/Nutrition Professional |
| 73 | Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations) |
| 74 | Radiation therapy Centers |
| 75 | Slide Preparation Facilities |
| 80 | Licensed Clinical Social Worker |
| 87 | All other suppliers, e.g., Drug Stores |
| 88 | Unknown Supplier/Provider |
| 89 | Certified Clinical Nurse Specialist |

| Code | Nonphysician Practitioner/Supplier/Provider Specialty |
|-------------|--|
| 95 | Available |
| 96 | Optician |
| 97 | Physician Assistant |
| A0 | Hospital |
| A1 | Skilled Nursing Facility |
| A2 | Intermediate Care Nursing Facility |
| A3 | Nursing Facility, Other |
| A4 | Home Health Agency |
| A5 | Pharmacy |
| A6 | Medical Supply Company with Respiratory Therapist |
| A7 | Department Store |
| A8 | Grocery Store |

NOTE: Specialty Code Use for Service in an Independent Laboratory. For services performed in an independent laboratory, show the specialty code of the physician ordering the x-rays and requesting payment. If the independent laboratory requests payment, use type of supplier code "69".

10.9 - Obtaining Copies of the Form CMS-1500 (Rev. 1, 10-01-03) B3-3002

Carriers, physicians, and suppliers are responsible for purchasing their own Form CMS-1500 forms. This form can be bought in single, multi-part snap-out sets or in continuous pin-feed format. Medicare accepts any version. Forms can be obtained from local printers or printed in-house as long as it follows the CMS approved specifications developed by the American Medical Association.

10.10 - Miles/Times/Units/Services (MTUS) (Rev. 400, Issued: 12-16-04, Effective: 04-01-05, Implementation: 04-04-05)

Miles/Times/Units/Services (MTUS) count and MTUS indicator fields are on Part B Physician/Supplier Claims. These fields are documented in the CMS National Claims History Data Dictionary.

Standard systems are to put MTUS count and MTUS indicators on all claims at the line item level.

The purpose of the MTUS Count Field on the line item is to document additional information reflecting certain volumes related to indicators. In most cases, the value in this field will be the same as in the Service Count Field on the line item; however, for services such as anesthesia the field values will differ. In this case, the service count field will likely contain a value of 1 for the occurrence of the surgery while the MTUS Count Field will contain the actual time units that the anesthesiologist spent with the patient in 15 minute increments or a fraction thereof.

The purpose of the Miles, Times, Units, Services (MTUS) Indicator Field is to indicate what the value entered into the MTUS Count Field means. There are 6 indicator values, as follows:

- 0 - No allowed services
- 1 - Ambulance transportation miles
- 2 - Anesthesia Time Units
- 3 - Services
- 4 - Oxygen units
- 5 - Units of Blood

Examples of how to code these fields are specified in §10.10.1 below.

10.10.1 - Methodology for Coding Number of Services, MTUS Count and MTUS Indicator Fields

(Rev. 400, Issued: 12-16-04, Effective: 04-01-05, Implementation: 04-04-05)

The following instructions should be used as a guide for coding the number of services, MTUS Count and MTUS Indicator fields on the Part B Physician/Supplier Claim. These fields are documented in the CMS National Claims History Data Dictionary as CWFB_SRVC_CNT, CWFB_MTUS_CNT, and CWFB_MTUS_IND_CD, respectively. Services not falling into examples B, C, E, or F should be coded as shown in example D (services/pricing units).

- A. No Allowed Services – (CWFB_MTUS_IND_CD = 0)

For claims reporting no allowed services, the following example should be used to code the line item:

A total of 2 visits was reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient. Both services were denied.

Number of services: 2 (furnished)
MTUS (services): 0 (allowed)

MTUS indicator: 0

B. Ambulance Miles - (CWFB_MTUS_IND_CD = 1)

For claims reporting ambulance miles, the following example should be used to code the line item:

Mileage Reporting: A total of 10 miles (1 trip) was reported for HCPCS code A0425: Ground mileage, per statute mile.

Number of services: 10
MTUS (miles): 10
MTUS indicator: 1

C. Anesthesia Time Units - (CWFB_MTUS_IND_CD = 2)

For claims reporting anesthesia time units in 15-minute periods or fractions of 15-minute periods, the following example should be used to code the line item:

A total of 1 allowed service is reported for HCPCS code 00142: Anesthesia for procedures on eye; lens surgery. The anesthesiologist attended the patient for 35 minutes.

Number of services: 1
MTUS (time units): 23 (one decimal point implied) *
MTUS indicator: 2
* Two 15-minute periods + 1/3 of a 15-minute period equals 2.3

D. Services/Pricing Units - (CWFB_MTUS_IND_CD = 3)

For claims reporting a service or pricing unit, the following examples should be used to code the line item:

Example 1-A total of 2 visits was reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient.

Number of services: 2
MTUS (services): 2
MTUS indicator: 3

Example 2 - A total of 500 milligrams was administered for HCPCS code J0120: Injection, Tetracycline, up to 250 mg.

NOTE: The number of milligrams should not be reported in the service or MTUS fields. Instead, report the number of pricing units. In this case, up to 250 mg equals 1 unit/service. Thus, 500 mg equals 2 units/services.

Number of services: 2
MTUS (services): 2
MTUS indicator: 3

Example 3-A total of 24 cans was purchased, each containing 300 calories for HCPCS code B4150: Enteral Formulae, 100 calories.

NOTE: Neither number of cans nor the number of calories should be reported in the services or MTUS fields. Instead, report the number of pricing units. In this case, 100 calories equals 1 unit/service. Thus, 24 cans * 300 calories / 100 calories equals 72 units/services.

Number of services: 72
MTUS (services): 72
MTUS indicator: 3

E. Oxygen Services - (CWFB_MTUS_IND_CD = 4)

For claims reporting oxygen units, the following example should be used to code the line item:

A total of 2 allowed services was reported for HCPCS code E0441: Oxygen contents, gaseous, 1 month's supply = 1 unit. The claim reported a 2 month's supply of oxygen.

Number of services: 2
MTUS: 2
MTUS indicator: 4

F. Blood Services - (CWFB_MTUS_IND_CD = 5)

For claims reporting blood units, the following example should be used to code the line item:

A total of 6 units of blood (services) was furnished for HCPCS code P9010: Blood (whole), for transfusion, per unit. Two units were denied.

Number of services: 6 (furnished)
MTUS (units): 4 (allowed)
MTUS indicator: 5

This form is used only by beneficiaries (or their representatives) who complete and file their own claims. It contains only the first six comparable items of data that are on the Form CMS-1500. When the Form CMS-1490S is used, an itemized bill must be submitted with the claim. Some enrollees may want to keep the original itemized physician and supplier bills for income tax or complementary insurance purposes. Photocopies of itemized bills are acceptable for Medicare deductible and payment purposes if there is no evidence of alteration. Social Security offices use the Form CMS-1490S when assisting beneficiaries in filing Part B Medicare claims.

Although §1848(g)(4) of the Act requires physicians and suppliers to submit Part B Medicare claims for services furnished on or after September 1, 1990, contractors continue to accept, process, and pay for covered services submitted by beneficiaries on a Form CMS-1490S if there is no clear indication that the service provider intends to file a claim. An itemized bill for services on or after September 1, 1990, which clearly indicates the physician or supplier intends to file a Part B claim for the patient, may be returned to the beneficiary.

For Medicare covered services received on or after September 1, 1990, the Form CMS-1490S is used by beneficiaries to submit Part B claims only if the service provider refuses to do so or if one of the following situations applies:

- DME purchases from private sources;
- Cases in which a physician/supplier does not possess information essential for filing an MSP claim. Assume this is the case if the beneficiary files an MSP claim and encloses the primary insurer's payment determination notice and there is no indication that the service provider was asked to file but refused to do so;
- Services paid under the indirect payment procedure;
- Foreign claims;
- Services furnished by sanctioned physicians and suppliers which are approved for payment to the beneficiary per the Program Integrity Manual (PIM); and
- Other unusual or unique situations that are evaluated on a case-by-case basis.

If the contractor approves 11 or more Form CMS-1490S claims in a calendar month for services performed on or after September 1, 1990, by the same physician or supplier, monitor the provider's claims submissions and take appropriate action.

The contractor continues to stock Form CMS-1490S and, upon request, furnish beneficiaries with these forms. (Beneficiaries need these forms to file claims for services that physicians/suppliers are not required to submit (e.g., services prior to September 1, 1990), or refuse to submit to Part B on their behalf.)

30 – Printing Standards and Print File Specifications Form CMS-1500 (Rev. 899, Issued: 03-31-06; Effective: 10-01-06; Implementation: 10-02-06)

The National Uniform Claims Committee (NUCC) has approved the printing standards for Form CMS-1500 (08-05) paper claim. These standards are as follows:

The Form CMS-1500 (08-05) is designed to accommodate 10-pitch Pica type, 6 lines per inch vertical and 10 characters per inch (cpi) horizontal. Once adjusted to the left and right, PICA Alignment blocks in the first print line and characters appear within form lines as shown in the print file matrix.

Also provided on the Form CMS-1500 (08-05) is a position bar. This is a thick horizontal line that is at the base of the PICA alignment Boxes.

The Form CMS-1500 (08-05) is used in four different styles. Any one of these four styles may be printed from two negatives in concurrence with the layout that was approved by the NUCC. The face/back negative furnished must be used for all parts.

Compliance with these standards is required to facilitate the use of image processing technology such as Optical Character Recognition (OCR), facsimile transmission, and image storing.

Cut Sheet:

Size - 8.5 by 11 inches (plus or minus .0625 inch) or 217mm by 279mm (plus or minus 2mm).

Print - Face and back, head to head.

Margins –

Face-The top margin from the top edge of the form to the first print position is 1.33 inches or 34mm. The left margin is 0.3 inches to the left end of the first print position.

Back - 0.25 inch head and foot, 0.25 inch left and right or 6.35 mm head and foot, 6.35 mm left and right.

Offset -The X and Y offset for margins must not vary by more than +/-0.1 inch or 2.54 mm from sheet to sheet.

The X offset refers to the horizontal distance from the left edge of the paper to the beginning of the printing. The Y offset refers to the vertical distance between the top of the paper and the beginning of the printing.

Askewity - The askewity of the printed image must be no greater than 0.15mm in 100mm.

Paper Stock - Basis weight 20# recycled 30% postconsumer waste, White Environmental Paper Alliance (EPA) or approved paper stock. Smoothness: FS to be (140-160), or equivalent stock.

Ink color – Face – (OCR-Red Ink) must be in Flint J-6983 Red OCR “dropout” ink or an exact match, formerly known as Sinclair Valentine). There is to be no contamination with “Black” ink or pigment. Printer must maintain proper ink reflections limits of the OCR reader specified by the purchaser.

Back – Same as face.

Titles - Color of any titles if applicable: Are to be in the same ink as the form, Flint J6983 OCR Red “dropout” ink.

Symbol - The identifiable 1500 in a rectangle located in the upper left front of the form above the PICA boxes is to be in black ink.

Two Part Snap-set:

Size - Dimensions are same as Cut Sheet (detached 8.5 by 11 inches), plus top stub (.5 to .75 inches).

Print –

Part 1 - Face and back - head to head.

Part 2 - Face and back - head to head.

Margins - Same as Cut Sheet.

Askewity - Same as Cut Sheet.

Stock –

Part 1 - Carbonless, 20 CB – Recycled White

Part 2 - Any color that will not interfere with scanning of Part 1 sheet.

Ink Color –

Part 1 - (OCR-Red Ink) must be in Flint J-6983 Red OCR “dropout” ink or an exact match.

Part 2 - Any color that will not interfere with scanning of Part 1 sheet.

Titles - Color of any titles if applicable: Are to be in the same ink as the form, Flint J6983 OCR Red “dropout” ink.

Symbol - The identifiable 1500 in a rectangle located in the upper left front of the form above the PICA boxes is to be in black ink.

Perforations - Perforate top stub for disassembly of parts.

One Part Marginally Punched Continuous Form:

Size - Same dimensions as for Cut Sheet, plus 0.5 inch left and right, (overall: 9.5 by 11 inches, detached: 8.5 by 11 inches).

Print - Face and back, head to head.

Margins - On detached sheet, same as for Cut Sheet.

Askewity - On detached sheet, same as for Cut Sheet.

Paper Stock - Same as for Cut Sheet.

Ink Color - Same as for Cut Sheet (OCR-Red Ink) must be in Flint J-6983 Red OCR “dropout” ink or an exact match.

Titles - Color of any titles if applicable: Are to be in the same ink as the form, Flint J6983 OCR Red “dropout” ink.

Symbol - The identifiable 1500 in a rectangle located in the upper left front of the form above the PICA boxes is to be in black ink.

Perforations - Marginally 0.5 inch left and right, tear line horizontally every 11 inches.

Two Part Marginally Punched Continuous Forms:

Size - Same dimensions as for Cut Sheet, plus 0.5 inch left and right, (overall: 9.5 by 11 inches, detached: 8.5 by 11 inches).

Print –

Part 1 –Face and back, head to head.

Part 2 –Face and back, head to head.

Margins - On detached sheet, same as for Cut Sheet.

Askewity - On detached sheet, same as for Cut Sheet.

Paper Stock –

Part 1 - Carbonless, 20 CB – Recycled White

Part 2 - Any color or weight that does not interfere with scanning of part 1 sheet. Suggest the following sequence:

Paper Weight:

1st part is 20 CB - OCR Bond

2nd part is 14 CFB (if not last part)

Last part is 15CF

CB = Coated Back (Carbonless black print)

CFB = Coated Front and Back (Carbonless black print)

CF = Coated Front (Carbonless black print)

Ink color –

Part 1 - Same as for cut sheet, (OCR-Red Ink) must be in Flint J-6983 Red OCR “dropout” ink or an exact match.

Part 2 - Any color that will not interfere with scanning of the part 1 sheet.

Titles - Color of any titles if applicable: Are to be in the same ink as the form, Flint J6983 OCR Red “dropout” ink.

Symbol - The identifiable 1500 in a rectangle located in the upper left front of the form above the PICA boxes is to be in black ink.

Joining - Crimp left and right.

Perforations - Marginally 0.5 inch left and right, tear line horizontally every 11”.

NOTE: Users may determine the number of parts that are applicable to their needs. Up to four total parts are feasible on some printers; some other printers may limit the readability of multiple plies. Color of any titles if applicable: Are to be in the same ink as the form, Flint J6983 OCR Red “dropout” ink.

Symbol: NUCC requires the use of an approved Form CMS-1500 in the formats provided displaying the 1500 symbol as approved by the NUCC. All printing of Form CMS-1500 must occur in accordance with the NUCC requirements.

Form Name - CMS-1500 Health Insurance Paper Claim Form, Approved by the National Uniform Claims Committee (NUCC).

Form Identification: The lower right-hand margin contains the approved OMB numbers and should be consistent throughout.

No modification is to be made to the Form CMS-1500 (08-05) without prior approval from the NUCC and CMS.

Exhibit - 1

Form CMS-1500 (12/90) User Print File Specifications

| LINE | FIELD | LITERAL | FIELD TYPE* | BYTES | COLUMNS |
|------|-------|--|-------------|-------|---------|
| 1 | | Left printer alignment block | M | 3 | 01-03 |
| 1 | | Right printer alignment block | M | 3 | 76-78 |
| 3 | 1 | Medicare | M | 1 | 01 |
| 3 | 1 | Medicaid | M | 1 | 08 |
| 3 | 1 | Champus | M | 1 | 15 |
| 3 | 1 | Champva | M | 1 | 24 |
| 3 | 1 | Group Health Plan | M | 1 | 31 |
| 3 | 1 | FECA Blk Lung | M | 1 | 39 |
| 3 | 1 | Other | M | 1 | 45 |
| 3 | 1a | Insured's ID Number | A/N | 29 | 50-78 |
| 5 | 2 | Patient's Name (Last, First, MI) | A | 29 | 01-29 |
| 5 | 3 | Patient's Birth Date (Month) | N | 2 | 31-32 |
| 5 | 3 | Patient's Birth Date (Day) | N | 2 | 34-35 |
| 5 | 3 | Patient's Birth (Year) | N | 4 | 37-40 |
| 5 | 3 | Sex-Male | A | 1 | 42 |
| 5 | 3 | Sex-Female | A | 1 | 47 |
| 5 | 4 | Insured Name (Last, First, MI) | A | 29 | 50-78 |
| 7 | 5 | Patient's Address (No., Street) | A/N | 29 | 01-29 |
| 7 | 6 | Patient Relationship to Insured (Self) | M | 1 | 33 |
| 7 | 6 | Patient Relationship to Insured (Spouse) | M | 1 | 38 |
| 7 | 6 | Patient Relationship to Insured (Child) | M | 1 | 42 |
| 7 | 6 | Patient Relationship to Insured (Other) | M | 1 | 47 |
| 7 | 7 | Insured's Address (No., Street) | A/N | 29 | 50-78 |
| 9 | 5 | Patient's Address (City) | A | 24 | 01-24 |
| 9 | 5 | Patient's Address (State) | A | 2 | 26-27 |
| 9 | 8 | Patient Status (Single) | M | 1 | 35 |

| | | | | | |
|----|-----|---|-----|----|-------|
| 9 | 8 | Patient Status (Married) | M | 1 | 41 |
| 9 | 8 | Patient Status (Other) | M | 1 | 47 |
| 9 | 7 | Insured's Address (City) | A | 23 | 50-72 |
| 9 | 7 | Insured's Address (State) | A | 2 | 74-75 |
| 11 | 5 | Patient's Address (Zip Code) | N | 9 | 01-09 |
| 11 | 5 | Patient's Area Code | N | 3 | 15-17 |
| 11 | 5 | Patient's Phone # | N | 7 | 19-25 |
| 11 | 8 | Patient Status (Employed) | M | 1 | 35 |
| 11 | 8 | Patient Status (Full Time Student) | M | 1 | 41 |
| 11 | 8 | Patient Status (Part Time Student) | M | 1 | 47 |
| 11 | 7 | Insured's Address (Zip Code) | N | 9 | 50-58 |
| 11 | 7 | Insured's Area Code | N | 3 | 65-67 |
| 11 | 7 | Insured's Phone # | N | 7 | 69-75 |
| 13 | 9 | Other Insured's Name (Last, First, MI) | A | 29 | 01-29 |
| 13 | 11 | Insured's Policy, Group or FECA Number | A/N | 29 | 50-78 |
| 15 | 9a | Other Insured's Policy or Group Number | A/N | 29 | 01-29 |
| 15 | 10a | Condition Related (Employment C/P, Yes) | M | 1 | 35 |
| 15 | 10a | Condition Related (Employment C/P, No) | M | 1 | 41 |
| 15 | 11a | Insured's Date of Birth (Month) | N | 2 | 54-55 |
| 15 | 11a | Insured's Date of Birth (Day) | N | 2 | 57-58 |
| 15 | 11a | Insured's Date of Birth (Year) | N | 4 | 60-63 |
| 15 | 11a | Sex-Male | M | 1 | 68 |
| 15 | 11a | Sex-Female | M | 1 | 75 |
| 17 | 9b | Other Insured's Date of Birth (Month) | N | 2 | 02-03 |
| 17 | 9b | Other Insured's Date of Birth (Day) | N | 2 | 05-06 |
| 17 | 9b | Other Insured's Date of Birth (Year) | N | 4 | 08-11 |
| 17 | 9b | Sex-Male | M | 1 | 18 |
| 17 | 9b | Sex-Female | M | 1 | 24 |
| 17 | 10b | Condition Related (Auto Accident-Yes) | M | 1 | 35 |
| 17 | 10b | Condition Related (Auto Accident-No) | M | 1 | 41 |
| 17 | 10b | Condition Related (Place-State) | A | 2 | 46-47 |

| | | | | | |
|----|-----|--|-----|----|-------|
| 17 | 11b | Insured's Employer's Name or School Name | A | 29 | 50-78 |
| 19 | 9c | Other Insured's Employer's Name or School | A/N | 29 | 01-29 |
| 19 | 10c | Other Accident (Yes) | M | 1 | 35 |
| 19 | 10c | Other Accident (No) | M | 1 | 41 |
| 19 | 11c | Insured's Insurance Plan or PayerID | A/N | 29 | 50-78 |
| 21 | 9d | Other Insured's Insurance Plan Name or PayerID | A/N | 29 | 01-29 |
| 21 | 10d | Condition Relate (Reserved for Local Use) | A/N | 18 | 31-48 |
| 21 | 11d | Another Benefit Health Plan (Yes) | M | 1 | 52 |
| 21 | 11d | Another Benefit Health Plan (No) | M | 1 | 57 |
| 25 | 12 | Left Blank for Patient's Signature | | | |
| 25 | 13 | Left Blank for Insured's Signature | | | |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy (Month) | N | 2 | 02-03 |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy (Day) | N | 2 | 05-06 |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy - (2 dgt. Year) | N | 2 | 08-09 |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy - (4 dgt. Year) | N | 4 | 08-11 |
| 27 | 15 | First Date Has Had Same or Similar Illness (Month) | N | 2 | 37-38 |
| 27 | 15 | First Date Has Had Same or Similar Illness (Day) | N | 2 | 40-41 |
| 27 | 15 | First Date Has Had Same or Similar Illness - (2 dgt. Year) | N | 2 | 43-44 |
| 27 | 15 | First Date Has Had Same or Similar Illness - (4 dgt. Year) | N | 4 | 43-46 |
| 27 | 16 | Dates Patient Unable to Work (From Month) | N | 2 | 54-55 |
| 27 | 16 | Dates Patient Unable to Work (From Day) | N | 2 | 57-58 |
| 27 | 16 | Dates Patient Unable to Work - 2 dgt. (From Year) | N | 2 | 60-61 |
| 27 | 16 | Dates Patient Unable to Work - 4 dgt. (From Year) | N | 4 | 60-63 |
| 27 | 16 | Dates Patient Unable to Work (To Month) | N | 2 | 68-69 |
| 27 | 16 | Dates Patient Unable to Work (To Day) | N | 2 | 71-72 |
| 27 | 16 | Dates Patient Unable to Work - 2 dgt. (To Year) | N | 2 | 74-75 |
| 27 | 16 | Dates Patient Unable to Work - 4 dgt. (To Year) | N | 4 | 74-77 |
| 29 | 17 | Name of Referring Physician or Other Source | A | 26 | 01-26 |
| 29 | 17a | NPI Number of Referring Physician | A/N | 21 | 28-48 |
| 29 | 18 | Hospitalization Related Current Svcs (From Month) | N | 2 | 54-55 |
| 29 | 18 | Hospitalization Related Current Svcs (From Day) | N | 2 | 57-58 |

| | | | | | |
|----|-------|---|-----|----|-------|
| 29 | 18 | Hospitalization Related Current Svcs - 2 dgt. (From Year) | N | 2 | 60-61 |
| 29 | 18 | Hospitalization Related Current Svcs - 4 dgt. (From Year) | N | 4 | 60-63 |
| 29 | 18 | Hospitalization Related Current Svcs (To Month) | N | 2 | 68-69 |
| 29 | 18 | Hospitalization Related Current Svcs (To Day) | N | 2 | 71-72 |
| 29 | 18 | Hospitalization Related Current Svcs - 2 dgt. (To Year) | N | 2 | 74-75 |
| 29 | 18 | Hospitalization Related Current Svcs - 4 dgt. (To Year) | N | 4 | 74-77 |
| 31 | 19 | Reserved for Local Use | A/N | 48 | 01-48 |
| 31 | 20 | Outside Lab (Yes) | M | 1 | 52 |
| 31 | 20 | Outside Lab (No) | M | 1 | 57 |
| 31 | 20 | \$ Charges | N | 7 | 62-68 |
| 33 | 21.1 | Diagnosis or Nature of Illness or Injury (Code) | N | 3 | 03-05 |
| 33 | 21.1 | Diagnosis or Nature of Illness or Injury (Code) | N | 2 | 07-08 |
| 33 | 21.1 | Diagnosis | A | 20 | 10-29 |
| 33 | 21.3 | Diagnosis or Nature of Illness or Injury (Code) | N | 3 | 31-33 |
| 33 | 21.3 | Diagnosis or Nature of Illness or Injury (Code) | N | 2 | 35-36 |
| 33 | 21.3 | Diagnosis | A | 11 | 38-48 |
| 33 | 22 | Medicaid Resubmission Code | N | 8 | 53-60 |
| 33 | 22.2 | Original Reference Number | N | 13 | 66-78 |
| 35 | 21.2 | Diagnosis or Nature of Illness or Injury (Code) | N | 3 | 03-05 |
| 35 | 21.2 | Diagnosis or Nature of Illness or Injury (Code) | N | 2 | 07-08 |
| 35 | 21.2 | Diagnosis | A | 20 | 10-29 |
| 35 | 21.4 | Diagnosis or Nature of Illness or Injury (Code) | N | 3 | 31-33 |
| 35 | 21.4 | Diagnosis or Nature of Illness or Injury (Code) | N | 2 | 35-36 |
| 35 | 21.4 | Diagnosis | N | 11 | 38-48 |
| 35 | 23 | Prior Authorization Number | A/N | 29 | 50-78 |
| 39 | 24.1a | Date(s) of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 39 | 24.1a | Date(s) of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 39 | 24.1a | Date(s) of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (From Day) | N | 2 | 03-04 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (From Year) | N | 4 | 05-08 |

| | | | | | |
|----|-------|--|-----|---|-------|
| 39 | 24.1a | Date(s) of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 39 | 24.1a | Date(s) of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 39 | 24.1a | Date(s) of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 39 | 24.1a | Date(s) of Service - 8 digit format (To Year) | N | 4 | 14-17 |
| 39 | 24.1b | Place of Service | A/N | 2 | 19-20 |
| 39 | 24.1c | Type of Service | A/N | 2 | 22-23 |
| 39 | 24.1b | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 39 | 24.1c | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 39 | 24.1c | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 39 | 24.1e | Diagnosis Code | A/N | 6 | 42-47 |
| 39 | 24.1f | \$ Charges | N | 5 | 50-54 |
| 39 | 24.1f | \$ Charges | N | 2 | 56-57 |
| 39 | 24.1g | Days or Units | N | 3 | 59-61 |
| 39 | 24.1h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 39 | 24.1i | EMG | A/N | 2 | 65-66 |
| 39 | 24.1j | COB | A/N | 2 | 68-69 |
| 39 | 24.1k | Reserved for Local Use | A/N | 8 | 70-77 |
| 41 | 24.2a | Dates of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 41 | 24.2a | Dates of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 41 | 24.2a | Dates of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 41 | 24.2a | Dates of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 41 | 24.2a | Dates of Service - 8 digit format (From Day) | N | 2 | 03-04 |
| 41 | 24.2a | Dates of Service - 8 digit format (From Year) | N | 4 | 05-08 |
| 41 | 24.2a | Dates of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 41 | 24.2a | Dates of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 41 | 24.2a | Dates of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 41 | 24.2a | Dates of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 41 | 24.2a | Dates of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 41 | 24.2a | Dates of Service - 8 digit format (To Year) | N | 4 | 14-17 |

| | | | | | |
|----|-------|--|-----|---|-------|
| 41 | 24.2b | Place of Service | A/N | 2 | 19-20 |
| 41 | 24.2c | Type of Service | A/N | 2 | 22-23 |
| 41 | 24.2d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 41 | 24.2e | Diagnosis Code | A/N | 6 | 42-47 |
| 41 | 24.2f | \$ Charges | N | 5 | 50-54 |
| 41 | 24.2f | \$ Charges | N | 2 | 56-57 |
| 41 | 24.2g | Days or Units | N | 3 | 59-61 |
| 41 | 24.2h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 41 | 24.2i | EMG | A/N | 2 | 65-66 |
| 41 | 24.2j | COB | A/N | 2 | 68-69 |
| 41 | 24.2k | Reserved for Local Use | A/N | 8 | 70-77 |
| 43 | 24.3a | Dates of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 43 | 24.3a | Dates of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 43 | 24.3a | Dates of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 43 | 24.3a | Dates of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 43 | 24.3a | Dates of Service - 8 digit format (From Day) | N | 2 | 03-04 |
| 43 | 24.3a | Dates of Service - 8 digit format (From Year) | N | 4 | 05-08 |
| 43 | 24.3a | Dates of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 43 | 24.3a | Dates of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 43 | 24.3a | Dates of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 43 | 24.3a | Dates of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 43 | 24.3a | Dates of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 43 | 24.3a | Dates of Service - 8 digit format (To Year) | N | 4 | 14-17 |
| 43 | 24.3b | Place of Service | A/N | 2 | 19-20 |
| 43 | 24.3c | Type of Service | A/N | 2 | 22-23 |
| 43 | 24.3d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 43 | 24.3e | Diagnosis Code | A/N | 6 | 42-47 |

| | | | | | |
|----|-------|--|-----|---|-------|
| 43 | 24.3f | \$ Charges | N | 5 | 50-54 |
| 43 | 24.3f | \$ Charges | N | 2 | 56-57 |
| 43 | 24.3g | Days or Units | N | 3 | 59-61 |
| 43 | 24.3h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 43 | 24.3i | EMG | A/N | 2 | 65-66 |
| 43 | 24.3j | COB | A/N | 2 | 68-69 |
| 43 | 24.3k | Reserved for Local Use | A/N | 8 | 70-77 |
| 45 | 24.4a | Dates of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 45 | 24.4a | Dates of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 45 | 24.4a | Dates of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 45 | 24.4a | Dates of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 45 | 24.4a | Dates of Service - 8 digit format (From Day) | N | 2 | 03-04 |
| 45 | 24.4a | Dates of Service - 8 digit format (From Year) | N | 4 | 05-08 |
| 45 | 24.4a | Dates of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 45 | 24.4a | Dates of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 45 | 24.4a | Dates of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 45 | 24.4a | Dates of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 45 | 24.4a | Dates of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 45 | 24.4a | Dates of Service - 8 digit format (To Year) | N | 4 | 14-17 |
| 45 | 24.4b | Place of Service | A/N | 2 | 19-20 |
| 45 | 24.4c | Type of Service | A/N | 2 | 22-23 |
| 45 | 24.4d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 45 | 24.4e | Diagnosis Code | A/N | 6 | 42-47 |
| 45 | 24.4f | \$ Charges | N | 5 | 50-54 |
| 45 | 24.4f | \$ Charges | N | 2 | 56-57 |
| 45 | 24.4g | Days or Units | N | 3 | 59-61 |
| 45 | 24.4h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 45 | 24.4i | EMG | A/N | 2 | 65-66 |
| 45 | 24.4j | COB | A/N | 2 | 68-69 |

| | | | | | |
|----|-------|--|-----|---|-------|
| 45 | 24.4k | Reserved for Local Use | A/N | 8 | 70-77 |
| 47 | 24.5a | Dates of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 47 | 24.5a | Dates of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 47 | 24.5a | Dates of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 47 | 24.5a | Dates of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 47 | 24.5a | Dates of Service - 8 digit format (From Day) | N | 2 | 03-04 |
| 47 | 24.5a | Dates of Service - 8 digit format (From Year) | N | 4 | 05-08 |
| 47 | 24.5a | Dates of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 47 | 24.5a | Dates of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 47 | 24.5a | Dates of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 47 | 24.5a | Dates of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 47 | 24.5a | Dates of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 47 | 24.5a | Dates of Service - 8 digit format (To Year) | N | 4 | 14-17 |
| 47 | 24.5b | Place of Service | A/N | 2 | 19-20 |
| 47 | 24.5c | Type of Service | A/N | 2 | 22-23 |
| 47 | 24.5d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 47 | 24.5e | Diagnosis Code | A/N | 6 | 42-47 |
| 47 | 24.5f | \$ Charges | N | 5 | 50-54 |
| 47 | 24.5f | \$ Charges | N | 2 | 56-57 |
| 47 | 24.5g | Days or Units | N | 3 | 59-61 |
| 47 | 24.5h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 47 | 24.5i | EMG | A/N | 2 | 65-66 |
| 47 | 24.5j | COB | A/N | 2 | 68-69 |
| 47 | 24.5k | Reserved for Local Use | A/N | 8 | 70-77 |
| 49 | 24.6a | Dates of Service - 6 digit format (From Month) | N | 2 | 01-02 |
| 49 | 24.6a | Dates of Service - 6 digit format (From Day) | N | 2 | 04-05 |
| 49 | 24.6a | Dates of Service - 6 digit format (From Year) | N | 2 | 07-08 |
| 49 | 24.6a | Dates of Service - 8 digit format (From Month) | N | 2 | 01-02 |
| 49 | 24.6a | Dates of Service - 8 digit format (From Day) | N | 2 | 03-04 |

| | | | | | |
|----|-------|---|-----|----|-------|
| 49 | 24.6a | Dates of Service - 8 digit format (From Year) | N | 4 | 05-08 |
| 49 | 24.6a | Dates of Service - 6 digit format (To Month) | N | 2 | 10-11 |
| 49 | 24.6a | Dates of Service - 6 digit format (To Day) | N | 2 | 13-14 |
| 49 | 24.6a | Dates of Service - 6 digit format (To Year) | N | 2 | 16-17 |
| 49 | 24.6a | Dates of Service - 8 digit format (To Month) | N | 2 | 10-11 |
| 49 | 24.6a | Dates of Service - 8 digit format (To Day) | N | 2 | 12-13 |
| 49 | 24.6a | Dates of Service - 8 digit format (To Year) | N | 4 | 14-17 |
| 49 | 24.6b | Place of Service | A/N | 2 | 19-20 |
| 49 | 24.6c | Type of Service | A/N | 2 | 22-23 |
| 49 | 24.6d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 5 | 26-30 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier) | A/N | 2 | 32-33 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier) | A/N | 5 | 35-39 |
| 49 | 24.6e | Diagnosis Code | A/N | 6 | 42-47 |
| 49 | 24.6f | \$ Charges | N | 5 | 50-54 |
| 49 | 24.6f | \$ Charges | N | 2 | 56-57 |
| 49 | 24.6g | Days or Units | N | 3 | 59-61 |
| 49 | 24.6h | EPSDT Family Plan | A/N | 2 | 62-63 |
| 49 | 24.6i | EMG | A/N | 2 | 65-66 |
| 49 | 24.6j | COB | A/N | 2 | 68-69 |
| 49 | 24.6k | Reserved for Local Use | A/N | 8 | 70-77 |
| 51 | 25 | Federal Tax ID Number | N | 15 | 1-15 |
| 51 | 25 | Federal Tax ID Number (SSN) | M | 1 | 17 |
| 51 | 25 | Federal Tax ID Number (EIN) | M | 1 | 19 |
| 51 | 26 | Patient's Account Number | A/N | 14 | 23-36 |
| 51 | 27 | Accept Assignment (Yes) | M | 1 | 38 |
| 51 | 27 | Accept Assignment (No) | M | 1 | 43 |
| 51 | 28 | Total Charge (Dollars) | N | 6 | 51-56 |
| 51 | 28 | Total Charge (Cents) | N | 2 | 58-59 |
| 51 | 29 | Amount Paid (Dollars) | N | 5 | 62-66 |
| 51 | 29 | Amount Paid (Cents) | N | 2 | 68-69 |
| 51 | 30 | Balance Due (Dollars) | N | 5 | 71-75 |

| | | | | | |
|----|----|---|-----|----|-------|
| 51 | 30 | Balance Due (Cents) | N | 2 | 77-78 |
| 53 | 32 | Name of Facility Where Svcs Rendered | A/N | 25 | 23-47 |
| 53 | 33 | Physician/Supplier Billing Name | A/N | 29 | 50-78 |
| 54 | 32 | Address of Facility Where Svcs Rendered | A/N | 25 | 23-47 |
| 54 | 33 | Physician/Supplier Address | A/N | 29 | 50-78 |
| 55 | 31 | Left Blank for Signature Physician/Supplier | | | |
| 55 | 32 | Address of Facility Where Svcs Rendered | A/N | 25 | 23-47 |
| 55 | 33 | Zip Code/Phone # of Physician/Supplier | A/N | 29 | 50-78 |
| 55 | 32 | Address of Facility Where Svcs Rendered | A/N | 25 | 23-47 |
| 56 | 33 | Provider of Service/Supplier NPI Number | A/N | 10 | 52-61 |
| 56 | 33 | Provider of Service/Supplier GRP NPI Number | A/N | 10 | 67-78 |

* M = mark (X), A = alpha, N = numeric

Exhibit - 2

(Rev. 1058, Issued: 09-15-06; Effective: 01-01-07, Implementation: 01-02-07)

Form CMS-1500 (08/05) User Print File Specifications

| LINE | FIELD | LITERAL | FIELD TYPE* | BYTES | COLUMNS |
|-------------|--------------|--|------------------------|--------------|----------------|
| 1 | | Left printer alignment block | M | 3 | 01-03 |
| 1 | | Right printer alignment block | M | 3 | 77-79 |
| 3 | 1 | Medicare | M | 1 | 01 |
| 3 | 1 | Medicaid | M | 1 | 08 |
| 3 | 1 | Tricare Champus | M | 1 | 15 |
| 3 | 1 | Champva | M | 1 | 24 |
| 3 | 1 | Group Health Plan | M | 1 | 31 |
| 3 | 1 | FECA Blk Lung | M | 1 | 39 |
| 3 | 1 | Other | M | 1 | 45 |
| 3 | 1a | Insured's ID Number | A/N | 29 | 50-78 |
| 5 | 2 | Patient's Name (Last, First, MI) | A | 28 | 01-28 |
| 5 | 3 | Patient's Birth Date (Month) | N | 2 | 31-32 |
| 5 | 3 | Patient's Birth Date (Day) | N | 2 | 34-35 |
| 5 | 3 | Patient's Birth (Year) | N | 4 | 37-40 |
| 5 | 3 | Sex-Male | M | 1 | 42 |
| 5 | 3 | Sex-Female | M | 1 | 47 |
| 5 | 4 | Insured Name (Last, First, MI) | A | 29 | 50-78 |
| 7 | 5 | Patient's Address | A/N | 28 | 01-28 |
| 7 | 6 | Patient Relationship to Insured (Self) | M | 1 | 33 |
| 7 | 6 | Patient Relationship to Insured (Spouse) | M | 1 | 38 |
| 7 | 6 | Patient Relationship to Insured (Child) | M | 1 | 42 |
| 7 | 6 | Patient Relationship to Insured (Other) | M | 1 | 47 |
| 7 | 7 | Insured's Address | A/N | 29 | 50-78 |
| 9 | 5 | Patient's City | A | 24 | 01-24 |
| 9 | 5 | Patient's State | A | 3 | 26-28 |

| | | | | | |
|----|-----|---|-----|----|-------|
| 9 | 8 | Patient Status (Single) | M | 1 | 35 |
| 9 | 8 | Patient Status (Married) | M | 1 | 41 |
| 9 | 8 | Patient Status (Other) | M | 1 | 47 |
| 9 | 7 | Insured's City | A | 23 | 50-72 |
| 9 | 7 | Insured's State | A | 4 | 74-77 |
| 11 | 5 | Patient's Zip Code | N | 12 | 01-12 |
| 11 | 5 | Patient's Area Code | N | 3 | 15-17 |
| 11 | 5 | Patient's Phone Number | N | 10 | 19-28 |
| 11 | 8 | Patient Status (Employed) | M | 1 | 35 |
| 11 | 8 | Patient Status (Full Time Student) | M | 1 | 41 |
| 11 | 8 | Patient Status (Part Time Student) | M | 1 | 47 |
| 11 | 7 | Insured's Zip Code | N | 12 | 50-61 |
| 11 | 7 | Insured's Area Code | N | 3 | 65-67 |
| 11 | 7 | Insured's Phone Number | N | 10 | 69-78 |
| 13 | 9 | Other Insured's Name (Last, First, MI) | A | 28 | 01-28 |
| 13 | 11 | Insured's Policy, Group or FECA Number | A/N | 29 | 50-78 |
| 15 | 9a | Other Insured's Policy or Group Number | A/N | 28 | 01-28 |
| 15 | 10a | Condition Related (Employment C/P, Yes) | M | 1 | 35 |
| 15 | 10a | Condition Related (Employment C/P, No) | M | 1 | 41 |
| 15 | 11a | Insured's Date of Birth (Month) | N | 2 | 53-54 |
| 15 | 11a | Insured's Date of Birth (Day) | N | 2 | 56-57 |
| 15 | 11a | Insured's Date of Birth (Year) | N | 4 | 59-62 |
| 15 | 11a | Sex-Male | M | 1 | 68 |
| 15 | 11a | Sex-Female | M | 1 | 75 |
| 17 | 9b | Other Insured's Date of Birth (Month) | N | 2 | 02-03 |
| 17 | 9b | Other Insured's Date of Birth (Day) | N | 2 | 05-06 |
| 17 | 9b | Other Insured's Date of Birth (Year) | N | 4 | 08-11 |
| 17 | 9b | Sex-Male | M | 1 | 18 |
| 17 | 9b | Sex-Female | M | 1 | 24 |
| 17 | 10b | Condition Related To: (Auto Accident-Yes) | M | 1 | 35 |
| 17 | 10b | Condition Related To: (Auto Accident-No) | M | 1 | 41 |

| | | | | | |
|----|-----|---|-----|----|-------|
| 17 | 10b | Condition Related To: (Auto Accident-State) | A | 2 | 45-46 |
| 17 | 11b | Insured's Employer's Name or School Name | A/N | 29 | 50-78 |
| 19 | 9c | Other Insured's Employer's Name or School | A/N | 28 | 01-28 |
| 19 | 10c | Other Accident (Yes) | M | 1 | 35 |
| 19 | 10c | Other Accident (No) | M | 1 | 41 |
| 19 | 11c | Insured's Insurance Plan or PayerID | A/N | 29 | 50-78 |
| 21 | 9d | Other Insured's Insurance Plan Name or PayerID | A/N | 28 | 01-28 |
| 21 | 10d | (Reserved for Local Use) | A/N | 19 | 30-48 |
| 21 | 11d | Another Benefit Health Plan (Yes) | M | 1 | 52 |
| 21 | 11d | Another Benefit Health Plan (No) | M | 1 | 57 |
| 25 | 12 | Left Blank for Patient's Signature & Date | | | |
| 25 | 13 | Left Blank for Insured's Signature | | | |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy (Month) | N | 2 | 02-03 |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy (Day) | N | 2 | 05-06 |
| 27 | 14 | Date of Current Illness, Injury, Pregnancy - (Year) | N | 4 | 08-11 |
| 27 | 15 | First Date Has Had Same or Similar Illness (Month) | N | 2 | 37-38 |
| 27 | 15 | First Date Has Had Same or Similar Illness (Day) | N | 2 | 40-41 |
| 27 | 15 | First Date Has Had Same or Similar Illness - (Year) | N | 4 | 43-46 |
| 27 | 16 | Dates Patient Unable to Work (From Month) | N | 2 | 54-55 |
| 27 | 16 | Dates Patient Unable to Work (From Day) | N | 2 | 57-58 |
| 27 | 16 | Dates Patient Unable to Work (From Year) | N | 4 | 60-63 |
| 27 | 16 | Dates Patient Unable to Work (To Month) | N | 2 | 68-69 |
| 27 | 16 | Dates Patient Unable to Work (To Day) | N | 2 | 71-72 |
| 27 | 16 | Dates Patient Unable to Work (To Year) | N | 4 | 74-77 |
| 28 | 17a | Legacy Qualifier/Provider Number of Referring Physician | A/N | 19 | 30-48 |
| 29 | 17 | Name of Referring Physician or Other Source | A | 26 | 01-26 |
| 29 | 17b | NPI Number of Referring Physician | N | 17 | 32-48 |
| 29 | 18 | Hospitalization Related Current Svcs (From Month) | N | 2 | 54-55 |
| 29 | 18 | Hospitalization Related Current Svcs (From Day) | N | 2 | 57-58 |
| 29 | 18 | Hospitalization Related Current Svcs (From Year) | N | 4 | 60-63 |
| 29 | 18 | Hospitalization Related Current Svcs (To Month) | N | 2 | 68-69 |

| | | | | | |
|----|-------|---|-----|-----|-------|
| 29 | 18 | Hospitalization Related Current Svcs (To Day) | N | 2 | 71-72 |
| 29 | 18 | Hospitalization Related Current Svcs (To Year) | N | 4 | 74-77 |
| 30 | 19 | Reserved for Local Use | A/N | 35 | 14-48 |
| 31 | 19 | Reserved for Local Use | A/N | 48 | 01-48 |
| 31 | 20 | Outside Lab (Yes) | M | 1 | 52 |
| 31 | 20 | Outside Lab (No) | M | 1 | 57 |
| 31 | 20 | \$ Charges | N | 8/8 | 62-78 |
| 33 | 21.1 | Diagnosis or Nature of Illness or Injury (Code) | A/N | 8 | 03-10 |
| 33 | 21.3 | Diagnosis or Nature of Illness or Injury (Code) | A/N | 8 | 30-37 |
| 33 | 22 | Medicaid Resubmission Code | A/N | 11 | 50-60 |
| 33 | 22.2 | Original Reference Number | A/N | 18 | 61-78 |
| 35 | 21.2 | Diagnosis or Nature of Illness or Injury (Code) | A/N | 8 | 03-10 |
| 35 | 21.4 | Diagnosis or Nature of Illness or Injury (Code) | A/N | 8 | 30-37 |
| 35 | 23 | Prior Authorization Number | A/N | 29 | 50-78 |
| 38 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 38 | 24.1i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 38 | 24.1j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 39 | 24.1a | Date(s) of Service - (From Month) | N | 2 | 01-02 |
| 39 | 24.1a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 39 | 24.1a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 39 | 24.1a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 39 | 24.1a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 39 | 24.1a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 39 | 24.1b | Place of Service | A/N | 2 | 19-20 |
| 39 | 24.1c | EMG | A | 2 | 22-23 |
| 39 | 24.1d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 39 | 24.1d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |
| 39 | 24.1d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 39 | 24.1d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 39 | 24.1d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 39 | 24.1e | Diagnosis Pointer | N | 4 | 45-48 |

| | | | | | |
|----|-------|---|-----|----|-------|
| 39 | 24.1f | \$ Charges | N | 8 | 50-57 |
| 39 | 24.1g | Days or Units | N | 3 | 59-61 |
| 39 | 24.1h | EPSDT Family Plan | A | 1 | 63 |
| 39 | 24.1i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 39 | 24.1j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 40 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 40 | 24.2i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 40 | 24.2j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 41 | 24.2a | Date(s) of Service - (From Month) | N | 2 | 01-02 |
| 41 | 24.2a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 41 | 24.2a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 41 | 24.2a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 41 | 24.2a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 41 | 24.2a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 41 | 24.2b | Place of Service | A/N | 2 | 19-20 |
| 41 | 24.2c | EMG | A | 2 | 22-23 |
| 41 | 24.2d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 41 | 24.2d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 41 | 24.2e | Diagnosis Pointer | N | 4 | 45-48 |
| 41 | 24.2f | \$ Charges | N | 8 | 50-57 |
| 41 | 24.2g | Days or Units | N | 3 | 59-61 |
| 41 | 24.2h | EPSDT Family Plan | A | 1 | 63 |
| 41 | 24.2i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 41 | 24.2j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 42 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 42 | 24.3i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 42 | 24.3j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 43 | 24.3a | Date(s) of Service - (From Month) | N | 2 | 01-02 |

| | | | | | |
|----|-------|---|-----|----|-------|
| 43 | 24.3a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 43 | 24.3a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 43 | 24.3a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 43 | 24.3a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 43 | 24.3a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 43 | 24.3b | Place of Service | A/N | 2 | 19-20 |
| 43 | 24.3c | EMG | A | 2 | 22-23 |
| 43 | 24.3d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 43 | 24.3d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 43 | 24.3e | Diagnosis Pointer | N | 4 | 45-48 |
| 43 | 24.3f | \$ Charges | N | 8 | 50-57 |
| 43 | 24.3g | Days or Units | N | 3 | 59-61 |
| 43 | 24.3h | EPSDT Family Plan | A | 1 | 63 |
| 43 | 24.3i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 43 | 24.3j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 44 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 44 | 24.4i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 44 | 24.4j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 45 | 24.4a | Date(s) of Service - (From Month) | N | 2 | 01-02 |
| 45 | 24.4a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 45 | 24.4a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 45 | 24.4a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 45 | 24.4a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 45 | 24.4a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 45 | 24.4b | Place of Service | A/N | 2 | 19-20 |
| 45 | 24.4c | EMG | A | 2 | 22-23 |
| 45 | 24.4d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |

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|----|-------|---|-----|----|-------|
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 45 | 24.4d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 45 | 24.4e | Diagnosis Pointer | N | 4 | 45-48 |
| 45 | 24.4f | \$ Charges | N | 8 | 50-57 |
| 45 | 24.4g | Days or Units | N | 3 | 59-61 |
| 45 | 24.4h | EPSDT Family Plan | A | 1 | 63 |
| 45 | 24.4i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 45 | 24.4j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 46 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 46 | 24.5i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 46 | 24.5j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 47 | 24.5a | Date(s) of Service - (From Month) | N | 2 | 01-02 |
| 47 | 24.5a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 47 | 24.5a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 47 | 24.5a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 47 | 24.5a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 47 | 24.5a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 47 | 24.5b | Place of Service | A/N | 2 | 19-20 |
| 47 | 24.5c | EMG | A | 2 | 22-23 |
| 47 | 24.5d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 47 | 24.5d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 47 | 24.5e | Diagnosis Pointer | N | 4 | 45-48 |
| 47 | 24.5f | \$ Charges | N | 8 | 50-57 |
| 47 | 24.5g | Days or Units | N | 3 | 59-61 |
| 47 | 24.5h | EPSDT Family Plan | A | 1 | 63 |
| 47 | 24.5i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 47 | 24.5j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |

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|----|-------|---|-----|----|-------|
| 48 | 24 | Line Detail Narrative | A/N | 63 | 01-63 |
| 48 | 24.6i | Legacy Qualifier Rendering Provider | A/N | 2 | 65-66 |
| 48 | 24.6j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 49 | 24.6a | Date(s) of Service - (From Month) | N | 2 | 01-02 |
| 49 | 24.6a | Date(s) of Service - (From Day) | N | 2 | 04-05 |
| 49 | 24.6a | Date(s) of Service - (From Year) | N | 2 | 07-08 |
| 49 | 24.6a | Date(s) of Service - (To Month) | N | 2 | 10-11 |
| 49 | 24.6a | Date(s) of Service - (To Day) | N | 2 | 13-14 |
| 49 | 24.6a | Date(s) of Service - (To Year) | N | 2 | 16-17 |
| 49 | 24.6b | Place of Service | A/N | 2 | 19-20 |
| 49 | 24.6c | EMG | A | 2 | 22-23 |
| 49 | 24.6d | Procedures, Svcs or Supplies (CPT/HCPCS) | A/N | 6 | 25-30 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier 1) | A/N | 2 | 33-34 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier 2) | A/N | 2 | 36-37 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier 3) | A/N | 2 | 39-40 |
| 49 | 24.6d | Procedures, Svcs or Supplies (Modifier 4) | A/N | 2 | 42-43 |
| 49 | 24.6e | Diagnosis Pointer | N | 4 | 45-48 |
| 49 | 24.6f | \$ Charges | N | 8 | 50-57 |
| 49 | 24.6g | Days or Units | N | 3 | 59-61 |
| 49 | 24.6h | EPSDT Family Plan | A | 1 | 63 |
| 49 | 24.6i | Legacy Qualifier Rendering Provider (Leave Blank) | A/N | 0 | |
| 49 | 24.6j | Legacy Provider Number Rendering Provider | A/N | 11 | 68-78 |
| 51 | 25 | Federal Tax ID Number | N | 15 | 1-15 |
| 51 | 25 | Federal Tax ID Number (SSN) | M | 1 | 17 |
| 51 | 25 | Federal Tax ID Number (EIN) | M | 1 | 19 |
| 51 | 26 | Patient's Account Number | A/N | 14 | 23-36 |
| 51 | 27 | Accept Assignment (Yes) | M | 1 | 38 |
| 51 | 27 | Accept Assignment (No) | M | 1 | 43 |
| 51 | 28 | Total Charge | N | 9 | 51-59 |
| 51 | 29 | Amount Paid | N | 8 | 62-69 |
| 51 | 30 | Balance Due | N | 8 | 71-78 |

| | | | | | |
|----|-----|--|-----|----|-------|
| 52 | 33 | Billing Provider Phone Number Area Code | N | 3 | 66-68 |
| 52 | 33 | Billing Provider Phone Number | N | 9 | 70-78 |
| 53 | 32 | Name of Facility Where Svcs Rendered | A/N | 26 | 23-48 |
| 53 | 33 | Physician/Supplier Billing Name | A/N | 29 | 50-78 |
| 54 | 32 | Address of Facility Where Svcs Rendered | A/N | 26 | 23-48 |
| 54 | 33 | Physician/Supplier Address | A/N | 29 | 50-78 |
| 55 | 31 | Left Blank for Signature Physician/Supplier | | | |
| 55 | 32 | City, State and Zip Code of Facility | A/N | 26 | 23-48 |
| 55 | 33 | City, State and Zip Code of Billing Provider | A/N | 29 | 50-78 |
| 56 | 32a | Facility NPI Number | N | 10 | 24-33 |
| 56 | 32b | Facility Qualifier and Legacy Number | A/N | 14 | 35-48 |
| 56 | 33a | Billing Provider NPI Number | N | 10 | 51-60 |
| 56 | 33b | Billing Provider Qualifier and Legacy Number | A/N | 17 | 62-78 |

* M = mark (X), A = alpha, N = numeric

Transmittals Issued for this Chapter

| Rev # | Issue Date | Subject | Impl Date | CR# |
|-------------------------|-------------------|---|------------------|------------|
| R1215CP | 03/30/2007 | Revisions to Form CMS-1500 Submission Requirements | 04/30/2007 | 5489 |
| R1191CP | 03/02/2007 | Type of Service (TOS) Corrections | 04/02/2007 | 5510 |
| R1086CP | 10/27/2006 | Annual Type of Service (TOS) Update | 01/02/2007 | 5361 |
| R1058CP | 09/15/2006 | Additional Requirements Necessary to Implement the Revised Health Insurance Claim Form CMS-1500 (08/05) | 01/02/2007 | 5060 |
| R1049CP | 09/01/2006 | Update to the Place of Service (POS) Code Set to Add a Code for Prison/Correctional Facility | 01/02/2007 | 4316 |
| R1010CP | 07/28/2006 | Additional Requirements Necessary to Implement the Revised Health Insurance Claim Form CMS-1500 (08/05) | 01/02/2007 | 5060 |
| R980CP | 06/14/2006 | Changes Conforming to CR 3648 Instructions for Therapy Services - Replaces Rev. 941 | 10/02/2006 | 4014 |
| R941CP | 05/05/2006 | Changes Conforming to CR 3648 Instructions for Therapy Services | 10/02/2006 | 4014 |
| R899CP | 03/31/2006 | Revised Health Insurance Claim Form CMS-1500 | 10/02/2006 | 4293 |
| R870CP | 02/24/2006 | Type of Service (TOS) Corrections | 04/03/2006 | 4322 |
| R735CP | 10/31/2005 | Processing All Diagnosis Codes Reported on Claims Submitted to Carriers | 04/03/2006 | 4097 |
| R727CP | 10/28/2005 | Annual Type of Service (TOS) | 01/03/2006 | 4145 |
| R549CP | 04/29/2005 | Update to the Place of Service (POS) Code Set to Add a Code for Pharmacy | 10/03/2005 | 3819 |
| R511CP | 03/28/2005 | Type of Service (TOS) Corrections | 04/18/2005 | 3788 |

| Rev # | Issue Date | Subject | Impl Date | CR# |
|---------------|-------------------|--|------------------|------------|
| <u>R506CP</u> | 03/18/2005 | Updated Manual Instructions for Item 24G (Days or Units) | 07/01/2005 | 3753 |
| <u>R476CP</u> | 02/18/2005 | Type of Service (TOS) Corrections | 04/04/2005 | 3717 |
| <u>R400CP</u> | 12/16/2004 | Incorrect Reporting of MTUS Indicator When Drugs are Billed Using an NDC Code | 04/04/2005 | 3435 |
| <u>R359CP</u> | 11/04/2004 | 2005 Annual Type of Service (TOS) | 01/03/2005 | 3519 |
| <u>R349CP</u> | 10/29/2004 | 2005 Annual Type of Service (TOS) | 01/03/2005 | 3519 |
| <u>R335CP</u> | 10/29/2004 | Correction of Reporting of MTUS Indicator When Drugs are Billed Using an NDC Code | 04/04/2005 | 3435 |
| <u>R317CP</u> | 10/22/2004 | Clarification to Chapter 26 | N/A | 3431 |
| <u>R228CP</u> | 07/16/2004 | Lab and Carrier Processing of Claims for Reference Lab Services When there is No Face-to-Face Encounter with the Beneficiary | 08/16/2004 | 3267 |
| <u>R153CP</u> | 04/30/2004 | Correction of Type of Service (TOS) Inconsistencies | 10/04/2004 | 3189 |
| <u>R148CP</u> | 04/23/2004 | Describing the Identity of the Ordering and Supervising Physician on Form CMS-1500 Paper Claim | 05/24/2004 | 3138 |
| <u>R145CP</u> | 04/23/2004 | Deletion of the Data Element Requirements Matrix for Carriers from Chapter 1 and Chapter 26 | 05/24/2004 | 3164 |
| <u>R121CP</u> | 03/19/2004 | Manualization of Program Memorandum B-03-040, CR 2730, Dated May 16, 2003, Regarding Place of Service (POS) Codes and Revises the Wording of the Group Home Code, 14 | 04/01/2004 | 3087 |
| <u>R108CP</u> | 02/27/2004 | Correction of Type of Service (TOS) Inconsistencies in CR 2929 | 03/29/2004 | 3018 |

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|---------------|-------------------|--|------------------|------------|
| <u>R005CP</u> | 10/10/2003 | Update to 2004 HCPCS/Type of Service Crosswalk | 01/01/2004 | 2929 |
| <u>R001CP</u> | 10/01/2003 | Initial Publication of Manual | NA | NA |