

Required Information for All Claims Submissions

Using the Correct Fields on the CMS-1500 Form

<p>The following information is required for claim processing. If this information is not provided, the claim will be suspended, the submitter will be requested to submit the missing information, and payment will be withheld until the claim is resubmitted with the necessary information.</p>		
Information	CMS-1500 Line Number	Description
Patient name	2	Name of the patient receiving service
Member ID number	1a	The patient's UnitedHealthcare ID number
Date of service	24a	Date on which service was performed
Other insurance coverage	9a	Coverage in addition to UnitedHealthcare
Provider name/address	33	Name/address of treating physician or provider
Provider number	33	Treating provider's UnitedHealthcare ID number
Provider FTIN	25	Federal tax ID number
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	21 (ICD Ind. & A-L)	ICD-9 or ICD-10 (effective for DOS 10/1/15 and after) - CM code(s) for the primary and secondary diagnoses for which patient is being treated
DIAGNOSIS POINTER	24E	<p>Instructions: Enter the applicable ICD indicator to identify which version of the ICD codes is being reported: 9 for ICD-9, 0 for ICD-10.</p> <p>Enter the codes to identify the patient's diagnosis and/or condition. List no more than 12 ICD-9 or ICD-10 diagnosis codes.</p> <p>Relate lines A-L to the lines of service in 24E by the letter of the line. Do not provide narrative description in this field.</p> <p>Description: The diagnosis or nature of illness or injury refers to the sign, symptom, complaint or condition of the patient relating to the service (s) on the claim.</p>
Services/procedures	24D	Service(s) itemized by CPT-4 code and/or HCPCS code and modifiers, if applicable (i.e., per service or procedure)
Number of days and units	24G	Days or units of service as appropriate; must be whole numbers
Total charge	28	Sum of all itemized charges or fees
Certain conditions	10	If a visit is related to employment or accident
NPI number	17b	NPI number of the referring provider
Rendering provider	24J	NPI number of the rendering provider

Using the Correct Place Codes

To ensure timely and accurate payment of claims, UnitedHealthcare uses the place codes created by the Centers for Medicare and Medicaid Services (CMS) and mandated by the Health Insurance Portability and Accountability Act (HIPAA) for electronic transactions:

Code	Description
11	Office
12	Home
15	Mobile diagnostic unit
20	Urgent care facility
21	Inpatient hospital
22	Outpatient hospital
23	Emergency room hospital
24	Ambulatory surgical center
25	Birth center
26	Military treatment facility
31	Skilled nursing facility
32	Nursing facility
33	Custodial care
34	Hospice
41	Ambulance — land
42	Ambulance — air or water
51	Inpatient psychiatric facility
52	Psychiatric facility partial hospitalization
53	Community mental health center
54	Intermediate care facility/mentally retarded
55	Residential substance abuse
56	Psychiatric residential treatment center
61	Comprehensive inpatient rehabilitation facility
62	Comprehensive outpatient rehabilitation facility
65	End stage renal disease facility
71	State or local public health clinic
72	Rural health clinic
81	Independent lab
99	Other unlisted facility