CMS-1500 Box Reference Cheat Sheet

A compact field map for the 02/12 CMS-1500 professional claim form.

Field map

1–1a	Insurance type / insured ID	Confirm payer/program and insured/member ID.
2–7	Patient & insured demographics	Names, DOB/sex, relationship and addresses must match payer records.
9–9d	Other insured information	Use when another health benefit plan applies; 9b/9c are reserved on 02/12.
10–11d	Condition & insured plan details	Employment/accident indicators; policy/group and other coverage details.
12–13	Signatures / release / assignment	Patient or insured authorization according to payer rules.
14–18	Dates & referring provider	Current illness/injury date, other date, work/hospital dates, referring provider IDs.
19–20	Additional info / outside lab	Payer-required claim information and outside-lab charge reporting.
21	Diagnosis	Report applicable diagnosis codes; connect service lines through diagnosis pointers.
22	Resubmission / original reference	Use when payer instructions require replacement/corrected-claim identifiers.
23	Prior authorization	Report authorization/reference number when required.
24A	Date(s) of service	Service-line dates.
24B	Place of service	Two-digit POS code for the service location.
24C	EMG	Emergency indicator when required.
24D	Procedure / modifiers	Procedure/service code and applicable modifiers.
24E	Diagnosis pointer	Points service line to diagnoses in Box 21.
24F	Charges	Service-line charge.
24G	Days / units	Units, days or quantity as appropriate.
24H–24I	EPSDT / ID qualifier	Program/identifier qualifiers when applicable.
24J	Rendering provider ID / NPI	Rendering provider identifier for the service line.
25	Federal tax ID	Billing entity tax identifier; identify EIN/SSN as required.
26	Patient account number	Provider’s patient/claim account identifier.
27	Accept assignment	Assignment indicator when applicable.
28–30	Claim totals / reserved	Total charge, amount paid; Box 30 reserved for NUCC use.
31	Provider signature/date	Provider/supplier signature certification and date per instructions.
32–32b	Service facility	Service facility name/address plus NPI/other ID when required.
33–33b	Billing provider	Billing provider name/address/phone and NPI/other ID.

Important printing note: CMS states that acceptable CMS-1500 submission forms require the proper OCR-red specification (Flint OCR Red, J6983 or exact match). A downloaded PDF is useful as a reference, but a reproduced copy may not meet submission specifications.

Official references: CMS / NUCC: cms.gov/medicare/billing/electronicbillingeditrans/1500 · nucc.org