



CAHABA  
GOVERNMENT  
BENEFIT  
ADMINISTRATORS,LLC

## Top Claim Submission Errors and 1500 Form Fields

Required Items		
Field/Item	If:	Remark Code
1a	A claim lacks a valid (or contains an invalid) Health Insurance Claim Number (HICN).	MA61
2	A claim lacks a valid (or contains an invalid) patient's last name and first name as seen on the patient's Medicare card.	MA36
11	A claim does not indicate whether or not a primary insurer to Medicare exists.	MA83 or MA92
12	A claim lacks a valid (or contains an invalid) patient or authorized person's signature.	MA75
24a	A claim lacks a valid (or contains an invalid) "from" date of service.	M52
24b	A claim lacks a valid (or contains an invalid) place of service for each detail.	M77
24d	A claims lacks a valid (or contains an invalid) procedure or HCPCS code.	M20 or M51
24f	A claim lacks a charge for each listed service.	M79
24g	If the claim does not indicate at least one day or unit	M53
31	A claim lacks a signature from a provider of service or supplier, or their representative.	MA70 or MA81
33	A claim does not contain a billing name, address, ZIP code and telephone number of a provider or supplier of service and a valid NPI in Item 33a.	N256, N257, N258 or MA112
33a	A claim lacks the NPI of the billing provider, supplier or group.	N257 or MA112

<b>Conditional Items</b>		
<b>Field/Item</b>	<b>If:</b>	<b>Remark Code</b>
4, 6 and 7	A primary insurer is indicated in Item 11, but Items 4, 6 and 7 are incomplete.	MA64, MA88, MA89 or MA92
11c	There is an insurance primary to Medicare and the plan name or program name is missing.	MA92 or N245
14	Chiropractic service is billed, but does not contain a date actual treatment occurred.	MA122
17, and 17b	A service was ordered or referred and the name and NPI are not entered.	N264, N269, N270, N285 or N286
19	Routine foot care. Unlisted/NOC procedure code. Homebound.	N324 or N253 M51 MA116
20	<p>A “Yes” or “No” is not indicated and an acquisition price is entered under the word “\$CHARGES.”</p> <p>The “<b>Yes</b>” box is checked and the acquisition price is not entered under “\$CHARGES” but the performing physician or other supplier’s name, address, ZIP code and NPI are not entered in Item 32a.</p> <p>Refer to “Diagnostic Test Subject to Anti-Markup Payment Limitations” in this manual.</p>	MA110 N294 MA111
21	The diagnosis is missing, incorrect, truncated or a narrative diagnosis was not provided as an attachment.	M81 or M76
23	<p>For all physician office laboratory claims – If a 10-digit CLIA laboratory identification number is not present.</p> <p>The Investigational Device Exemption (IDE) number is not present.</p> <p>Ambulance companies must enter a five-digit ZIP code for point of pickup.</p>	MA120 MA50 N53
24a	A date of service extends more than one day and a valid “to” date is not entered.	M59
24d	HCPCS modifier (which must be associated with a HCPCS procedure code) is invalid or obsolete.	M20
24j	Group/clinic is billing and the rendering/attending physician’s NPI is not entered.	MA112
32	The name, address and ZIP code of facility where the service was furnished are missing.	MA114 M77 MA115

	<p>Missing/Incomplete/Invalid Place of Service. The AQ modifier for Health Professional Shortage Area (HPSA) is used, but the location where the services were furnished is not indicated in Item 32.</p>	
--	---	--