

# CiC 1500 Required Fields

FIELD #	1500 Required Fields	
	WORKERS COMPENSATION CLAIMS	AUTOMOBILE CLAIMS
1a	Patient SSN or '999999999' (claim# for Prizm Electronic payers or paper carriers)	Patient SSN or '999999999' for electronic payers (claim# for Prizm Electronic payers or paper carriers)
2	Patient First/Last Name	Patient First/Last Name
3	<ul style="list-style-type: none"> <li>• Patient Date of Birth</li> <li>• Patient Sex</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Date of Birth</li> <li>• Patient Sex</li> </ul>
4	Employer Name or 'Unknown'	Insured First/Last Name (Typically is Patient)
5	Patient Address	Patient Address
6	Relationship = 'Other'	Relationship = Self, Spouse, Child, or Other (Typically = 'Self')
7	Employer Address	Insured Address (Typically is Patient Address)
10	Related Cause = Employment	Related Cause = Auto Accident
10a	'Yes'	'No'
10b	'No'	<ul style="list-style-type: none"> <li>• 'Yes'</li> <li>• Select Accident State</li> </ul>
10c	'No'	'No'
11a	Not Required	<ul style="list-style-type: none"> <li>• Insured DOB</li> <li>• Insured Sex</li> </ul>
11b	Claim Number/Carrier Case #	Claim Number/Carrier Case #
12	Signed/ Bill Date	Signed/ Bill Date
13	Signed	Signed
14	Date of Injury	(If Applicable)
15	(If Applicable)	Date of Accident
19	Board-Authorized physician Rate Code & Authorization# (NY ONLY) – from profile	
21	ICD Indicator = ICD10	ICD Indicator = ICD10
21A - 21L	ICD Codes/Descriptions (valid, billable icd 10 codes)	ICD Codes/Descriptions (valid, billable icd 10 codes)
24	Service Line	Service Line
24a	Date of Service, FR and TO = Same Date	Date of Service, FR and TO = Same Date
24b	Place of Service Code (valid code)	Place of Service Code (valid code)
24d	<ul style="list-style-type: none"> <li>• Valid, billable CPT Code OR Drug Name, Prescription, &amp; NDC code if Rx</li> <li>• Valid, billable Modifiers (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Valid, billable CPT Code OR Drug Name, Prescription, &amp; NDC code if Rx</li> <li>• Valid, billable Modifiers (if any)</li> </ul>
24e	Diagnosis Pointer(s)	Diagnosis Pointer(s)
24f	Service Charge	Service Charge
24g	Units	Units
24i	Upper: qualifier = OB Lower: qualifier = NPI	Upper: qualifier = OB Lower: qualifier = NPI
24j	Upper: Rendering provider license# (not required for all jurisdictions) – from profile Lower: Rendering provider NPI# – from profile	Upper: Rendering provider license# (not required for all jurisdictions) – from profile Lower: Rendering provider NPI# – from profile
25	TIN	TIN
26	Patient Account Number	Patient Account Number
27	Accept Assignment = 'Yes'	Accept Assignment = 'Yes'
28	Total Charges	Total Charges
31	<ul style="list-style-type: none"> <li>• Signed = 'Yes'</li> <li>• Date = Date of Bill Creation</li> <li>• Provider Name &amp; Credential – from profile</li> </ul>	<ul style="list-style-type: none"> <li>• Signed = 'Yes'</li> <li>• Date = Date of Bill Creation</li> <li>• Provider Name &amp; Credential – from profile</li> </ul>
32	Service Facility Info (name/address/phone#; NPI required by some payers) – from profile	Service Facility Info (name/address/phone#; NPI required by some payers) – from profile
33	Billing Provider/Group/Pay-to Info (Name/address/phone#/NPI) – from profile	Billing Provider/Group/Pay-to Info (Name/address/phone#/NPI) – from profile