

## INSTRUCTIONS FOR COMPLETION OF HCFA 1500/CMS 1500

Only the mandatory fields on the HCFA 1500 are listed below. All other fields are to be left blank.

Box/Field Number on HCFA	Description
1a. Insured ID Number	Social Security Number. If unknown, leave blank
2. Patient's Last Name, First Name	Last Name followed by First Name and Middle Initial
3. Patient's Date of Birth	Fill out MM DD YY
3. Patient's Sex	M or F
5. Patient's Address	Make sure to fill out all known address information.
City, State, Zip Code	Make sure to fill out all known address information.
8. Reserved for NUCC Use	MHLA ID number - 17 character number assigned by County for patient
10d. Reserved for Local Use	Put 2 character Ethnicity and 2 character Language Code in this area. Sample: 0774
14. Date of Current: Illness/Injury	Fill in with Primary Visit Date if submitting Ancillary (LAB or Radiology) procedures.
19. Homelessness Code	Put 2 character Homelessness code in this field.
21. Diagnosis Codes (ICD-9/10)	Only codes allowed by County will be reimbursed.
23. Prior Authorization Number	Put 4 character code of MHLA
24. Date(s) of Service	Fill in Date of Service, Place of Service, Procedure Code, Modifier, Diagnosis Pointer, Charges and Days or Units as applicable. Also include the Physician's NPI number in the appropriate area.
25. Federal Tax ID number	Clinic's Tax ID – This must match # on Partner Enrollment Form. Also, must be where services were rendered to patient. If your clinic has multiple sites, be sure to include the 1 character suffix assigned by County.
26. Patient's Account Number	Clinic's Internal Patient Account Number
27. Accept Assignment	Usually indicated as Y
28. Total Charges	Should equal summary of all charges indicated with Date of Service area.
31. Signature on File/Date	If signature of physician is not on claim, be sure to mark "On File".
32. Service Facility Location Info	Full Name and Address of Clinic where services were rendered to patient.
32a. NPI	Include the NPI number for the Clinic.
33. Billing Provider Info & PH	Full Name, Address and PHONE Number of site where HCFA was prepared. May be used to contact you if something wrong with claims.

All Manual Claims should be sent to:

***American Insurance Administrators (AIA) – MHLA Program  
P O Box 17908  
Los Angeles, Ca 90017-0908***

***Phone: 562.908.4567***