Companion Guide: Completing the CMS-1500 for Workers' Compensation Cases for Billing

This guide is designed for billing and administrative staff in an independent physician practice handling workers’ compensation claims. It provides box-by-box instructions specific to WC billing.

## Box 1

Check ‘Other’ to indicate Workers’ Compensation insurance.

## Box 1a

Enter the WC Claim Number assigned by the carrier.

## Box 2

Patient’s full name (as reported to employer or WC insurer).

## Box 3

Patient’s date of birth and sex.

## Box 5

Patient’s mailing address.

## Box 6

Check ‘Self’ (as the patient is the injured employee).

## Box 7

Leave blank unless employer address is specifically required.

## Box 9

Leave blank. Not applicable for WC.

## Box 10a–c

Check ‘Yes’ only for 10a (Work-related). Leave b and c blank.

## Box 11

Enter the WC Claim Number again.

## Box 11c

Enter the Workers’ Compensation insurance carrier name.

## Box 14

Enter date of injury.

## Box 17

Enter referring physician’s name if a referral was required.

## Box 21

Enter up to 12 ICD-10 codes related to the injury.

## Box 24A–24J

Complete for each service:
 - A: Date of service
 - B: Place of service (e.g., 11 for office)
 - D: CPT/HCPCS code
 - E: Diagnosis pointer (match ICD code from Box 21)
 - F: Charge amount
 - G: Number of units
 - J: Rendering provider NPI

## Box 25

Enter provider’s Tax ID (EIN or SSN).

## Box 26

Internal account number (optional).

## Box 27

Check ‘Yes’ to accept assignment.

## Box 28

Total charges for the claim.

## Box 31

Physician’s name and signature with date.

## Box 32

Service facility address (if different from Box 33).

## Box 33

Billing provider’s name, address, NPI, and phone number.

# Common Mistakes to Avoid

- Using incorrect diagnosis or CPT codes not authorized by the carrier.

- Forgetting to include the WC claim number in Boxes 1a and 11.

- Omitting work-related checkbox in Box 10a.

- Submitting incomplete or mismatched provider information (Boxes 24J, 33).

- Delaying submission beyond required billing timeframes.