

Filling Out the New CMS 1500 Form

Samuel A. Collins

Q: I am not sure what I have to change in filling out the new CMS 1500 form. Is there some light you can shed on how this form is to be filled out?

A: The revised CMS 1500 (8/05) form was put into mandatory use as of July 2, 2007. As I am sure you are aware, the major motivation for the update was the implementation of the National Provider Identifier (NPI) number. On quick view of the revised form, it almost appears to be unchanged, but there are enough format differences to require the updating of software. If you have existing software, you already should have received and/or been solicited for updates. There are many available commercial programs to fill out the form, from as cheap as \$40 to full-blown office-management programs that can cost in the thousands of dollars. My recommendation is to be mindful of not purchasing more than you need. A common complaint I hear is, "I paid \$2,000 for this program and only use half of it." Therefore, it would be wise to see if a program in which you may be interested allows purchasing only what you need, not the full program. For instance, you may want billing and accounting only and have no need for patient scheduling. Purchase only what you need currently and upgrade as your practice grows.

As far as the form, here is a thumbnail outline of what you need to do differently from the old version. (Note: It would be helpful as you read through this to have the new form to review.)

Blocks 1-16, 18-23, & 25-31

These sections are essentially unchanged and require no formatting changes from the old version.

Block 17

This applies to Medicare or plans that require a referral. The referring doctor's name appears in 17. If the state license number is used, then 17a is that number, preceded by 0B to indicate the number following is the state license number. Other qualifiers include: 1B-Blue Shield Provider Number, 1C-Medicare Provider Number, and 1D-Medicaid Provider Number. Also, 17b will have the referring doctor's NPI number.

Block 24

The pink shaded region above each line of billing is an area for supplemental explanation of information pertaining to unlisted services. It is not to be used as an additional line of billing. This is where you may document the description of an unlisted service.

Section 24c was for type of service, but is replaced by EMG, which is an emergency indicator and not used. Therefore, the need for indicating type of service is no longer required. Section 24d for modifiers has now been expanded to clearly allow up to four two-digit modifiers. Section 24e was renamed "Diagnosis Pointer." To correctly implement diagnosis pointing, enter the number referencing the diagnoses from block 21. Numbers are left-justified. If multiple numbers are used, do not place commas or other punctuation.

Section 24k was deleted. Now the last space is 24j, which is where the individual ID number of the treating doctor is identified in a group practice. The NPI goes in the NPI section. Place the doctor's old provider number with the qualifier preceding it in the pink section. Again, the use of the old number in the pink section will be dropped once the NPI is fully in effect.

Blocks 32 and 33

Section 32 requires that the name and address where services were provided be filled out on all claims, even if the place of service is the same billing provider information in block 33. Section 32a is for the NPI of the service facility, if there is a separate one for the facility. This is uncommon for most private practices and therefore is left blank.

Section 33 is now noted as billing provider information and phone number, although the phone number is optional. Section 33a is for the NPI of the provider or group. Section 33b is for the old ID number of the provider or group. This also will be dropped once the NPI is fully implemented. If it is a group provider taxonomy number, the qualifier is ZZ. Otherwise, the qualifiers for 33b are the same as aforementioned.

If you would like the complete 54-page instructional manual pertaining to the revised form, e-mail me at sam@hjrossnetwork.com and I will forward it to you via e-mail.

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