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How to fill out a cms 1500 form for medicare

Non-institutional providers use the Health Insurance Claim Form, known as CMS 1500, when they need to bill Medicare contractors or suppliers. Chiropractors use the same form as other providers and fill out the form in the same way, except chiropractors must enter an ending date for their services as chiropractic therapy normally requires a course of treatment rather than a single session. You can purchase CMS 1500 forms from government printing offices and some office supply stores. The CMS-1500 form, also known as the professional paper claim form, is the standard claim form healthcare professionals use to bill Medicare, Medicaid, and other insurance providers. The Uniform Claim Task Force introduced the form in the 1980s in an effort to standardize claims nationally, writes WebPT's Melissa Hughes. Most insurance carriers across the country now accept the forms. The vast majority of carriers also accept digital copies, which has significantly streamlined the claims process and made filing them faster and easier. However, the process still has a few issues. Here's how to fill out a CMS-1500 form quickly and correctly using an online form tool to further speed up the process. How to fill out a CMS-1500 form At first glance, the CMS-1500 form can seem overwhelming. There are more than 30 boxes on the form that you'll need to complete before you can file it. Among other things, you have to include details on your patient, their coverage, the treatment you've provided, and the cost of that treatment. Let's take each of the 33 boxes in turn and look at the information you'll need to fill out a CMS-1500 form. The type of insurance and the insured's ID numberThe patient's full nameThe patient's date of birthThe insured's full name, if applicableThe patient's addressThe patient's relationship to the insured, if applicableThe insured's address, if applicableField reserved for NUCC useThe name of another insured's name, if applicable and different from box 2What the patient's condition is related toThe insured's policy or group numberThe patient's signatureWhether the patient's or insured's signature is on file or notThe date of the current illnessAnother date related to the condition, if applicableThe dates the patient has been unable to work because of the conditionThe name of the referring provider, if applicableHospitalization dates related to the treatmentAdditional claim informationFurther additional claim information, if applicableThe diagnosis Prior resubmission code, if applicablePrior authorization number, if applicableApplicable codes relating to the date of service, place of service, emergency indicator and procedures, charges, and number of medical visitsFederal Tax Identification numberThe patient's account numberWhere the check should be sentTotal charges for the procedureThe amount paid Field reserved for NUCC useThe signature of the physician, including their degrees or credentialsThe name and address of the location where services were renderedThe billing provider's information, address, and phone number Most providers will require you to submit your complete CMS-1500 to a clearinghouse, writes the team at Healthie: "A clearinghouse is a third party company who handles your CMS 1500s and coordinates with the insurance company to pay for your services. Clearinghouses are often digitized nowadays, and tend to act as a central way to keep track of your claims and update you on their status." Use JotForm to make the process easy Now that you know how to fill out a CMS-1500 form, let's discuss how you can make the process even easier with JotForm. You can use JotForm Smart PDF Forms to fill out forms you use regularly — like the CMS-1500. Simply upload the form, and JotForm Smart PDF Forms will automatically convert it into an HTML web form while keeping the original layout. You'll be able to quickly fill in the form as instructed above and then download the completed document to send to the appropriate clearinghouse. An online form platform like JotForm also lets multiple people access and complete your CMS-1500s easily. This is one of the biggest benefits of online forms, says the team at DocuPhase: "When you use an electronic form, updates can be made by as many people as you need. There's no printing or scanning. It's all done electronically and can even be automated using workflow software." Discover more about how your medical practice can use JotForm Smart PDF Forms to make completing the CMS-1500 easier and to create your own HIPAA-compliant forms. Images by: fizkes/123rf.com, National Cancer Institute Learn to live & work smarter, not harder! Get our top articles delivered straight to your inbox each week. AUTHOR Healthcare billing can get even the best billers tangled up in knots—and it's no wonder why. Between tracking and adhering to shifting payer guidelines, managing patient claims, verifying insurance, and defending against denials, billers are pulled and twisted in a million different directions. That's why it's so important to have a strong billing foundation; a concrete understanding of your billing basics will help you pivot and twirl and handle the whirlwind of the billing office with ease. So, let's talk about one of those billing basics: the CMS-1500 form. It's long; it's got tiny, hard-to-read text; it has a million instructions; and it's the backbone of outpatient billing. So, let's dive into everything you ever wanted to know about filling out those pesky CMS-1500 form fields. Learning About the CMS-1500 Form CMS-1500 forms were introduced in the 1980s to help standardize healthcare claims on a national level—and now, according to the National Uniform Claim Committee (NUCC), "the 1500 Claim Form is accepted nationwide by most insurance entities as the standard claim form/attending physician statement for submission of medical claims." But as helpful as the CMS-1500 form was for aiding standardization, the paper version is starting to become a claim form of the past. Many modern electronic billing software and solutions eschew paper claims altogether, and help providers send the same claims without the hassle of filling out complicated, long-form paperwork. But, unfortunately, some paper-only payers are still hanging around, and they require that billers print and fill out the entire form. The bad news is that you can't just look up a PDF of the CMS-1500 form, fill it out, and call it a day. If you want to obtain your own copies of the form, you have to find a vendor that sells them. You can contact the U.S. Government Printing Office (1-866-512-1800) and request the forms if you'd like—but, you can also purchase the forms at office supply stores (e.g., Staples), printing companies, government websites, or even on Amazon. Just ensure that you're using the most recent version of the form; you can do so by verifying that there's a little (02/12) in the bottom right-hand portion of the document. Following the Formatting Rules Just because you're submitting the CMS-1500 claim form on paper, that doesn't mean you have to complete the entire form by hand. Some organizations (like the Washington State Department of Labor & Industries) have created digital PDF copies of the CMS-1500 form. However, while typing the claim information will be lightyears faster than writing it all out, it won't do you any good if the claim is denied out of hand because you broke a formatting rule. Take a look at these (extremely thorough) formatting suggestions compiled from guides written by Noridian and Excellus BlueCross BlueShield: Fonts: Use a legible font only (Noridian requests Courier New, while Excellus requests Arial), and do not italicize or bolden any font. Do not use any special characters (e.g., decimals, dollar signs, dashes, periods, or backslashes) unless instructed. Do not squeeze multiple lines of info into one line. Printer Settings: Use an inkjet or laser printer to print the completed form; do not use a dot matrix printer. Print in color: the empty template must print with red ink, and all filled fields must print with true black ink. Ensure that the printer cartridge does not leak, smudge, smear, or create any excess lines on the claim. Ensure that none of the printed characters touch. You can, of course, complete your CMS-1500 forms by hand, but they will typically take longer to process than those that are typed. For handwritten forms, legibility is key. Write in black ink, use all capital letters, don't write between the lines, and don't use Write-Out if you make a mistake (just start over with a fresh form!). Filling Out The Form—Field by Field Now that you've finished prepping, it's time to dig into the meat and potatoes of the form-filing experience: inputting claim info. I'm going to go field by field and explain exactly what needs to go where—and how it needs to look, based on the instructions published by the NUCC. Item 1 Select the payer that you intend to send this claim to. For example, if you're sending a claim to Medicare, mark the box beneath Medicare with an X. If you're sending the claim to a commercial payer, mark the box beneath Group Health Plan with an X. Item 1A Input the insured's ID number as shown on the insurance card. Item 2 Input the patient's name as it appears on his or her insurance card in this order: last name, first name, middle initial (e.g., Smith, John J). Do not include titles (e.g., Sister, Capt, Dr) or "professional suffixes (e.g., PhD, MD, Esq)" in this field. You may, however, include last name suffixes, like Jr or Sr. Item 3 Input the patient's birthday (MM DD YYYY) and mark his or her sex with an X. If the patient's sex is unknown, leave that field blank. Item 4 Input the insured's name as it appears on his or her insurance card in this order: last name, first name, middle initial (e.g., Smith, John J). Do not include titles (e.g., Sister, Capt, Dr) or "professional suffixes (e.g., PhD, MD, Esq)" in this field. You may, however, include last name suffixes, like Jr or Sr. Item 6 Mark the box that describes the patient's relationship to the insured (i.e., self, spouse, child, or other) with an X. Item 7 This item contains five different fields that request the insured's address—specifically, the street address, city, state, and zip code (in that order)—and the insured's telephone number. Supply this information where requested. Do not use punctuation. You may supply a five- or nine-digit ZIP code, but do not use a hyphen if you supply the nine-digit ZIP code. You do not have to report the insured's phone number unless specifically instructed to by a payer. If you input a phone number, do not use a hyphen or a space to separate the numbers. If the patient's address is the same as the insured's address, you may leave these fields blank. Item 8 Leave this field blank. Items 10A, 10B, and 10C Indicate whether or not the patient's condition that's being treated is related to employment, an auto accident, or another accident by marking the relevant boxes labeled "YES" or "NO" with an X. If you mark that the patient's condition is due to an auto accident, then you must report the state postal code in which the accident occurred. Item 10D Leave this field blank unless your payer requests additional Condition Codes. If your payer requests additional Condition Codes, refer to the list provided by the NUCC and enter the applicable codes. Items 11 If you marked "YES" on items 10A, 10B, or 10C (or if you completed item four), then you must complete this field with the primary insurance information. List the insured's policy, group, or FECA number. Item 11A Input the insured's birthday (MM DD YYYY) and mark his or her sex with an X—as in item 1A. If the patient's sex is unknown, leave that field blank. Item 11B If submitting a claim to a property or casualty payer (e.g., homeowners or workers' comp), input the correct modifier (Y4) to the left of the vertical dotted line and the relevant claim casualty number to the right. If this is not applicable, leave this section blank. Item 11C Input the name of the insurance plan or program as indicated in item 1A. Check with your payer and determine whether you need to replace the name of the insurance plan with the primary payer's identification number. Item 11D Indicate whether or not the patient has insurance coverage in addition to the previously listed plan by marking the relevant box with an X. Items 9, 9A, and 9D If you marked "YES" in item 11D, complete these items. Otherwise, leave these fields blank. You may leave item nine blank if the health plan's enrollee is the same person listed in item two. If this is not the same person, then input the insured's name as it appears on his or her insurance card in this order: last name, first name, middle initial (e.g., Smith, John J). Do not include titles (e.g., Sister, Capt, Dr) or "professional suffixes (e.g., PhD, MD, Esq)" in this field. You may, however, include last name suffixes, like Jr or Sr. In field 9A, input the insured's ID number as shown on the insurance card. Then, in field 9D, record the insurance plan name or the program name. Items 9B and 9C Leave these fields blank. Items 12 and 13 In item 12, include the patient's (or authorized person's) legal signature—or input "Signature on File" or "SOF"—and the sign date (MM/DD/YYYY) to indicate that the patient (or an authorized person) has authorized the release of his or her medical information to process the claim. If there is no signature on file, leave the field blank. Follow these same steps for item 13, but for the insured party (who may not necessarily be the patient). Item 14 Input the first onset date (MM DD YYYY) of the current illness or injury. Then, after the date, include modifier 431 to indicate that date represents the onset of the patient's current illness or injury. Item 15 Input another date that's related to the patient's condition or treatment (MM DD YYYY). You may report the initial treatment date, the date last seen, or the date of the accident. To the left of the date, include a qualifying modifier to represent which date you chose. 454: Initial Treatment304: Last Seen439: Accident Item 16 If the patient is currently employed but is unable to work due to this condition, record the dates that the patient wasn't able to work in the MM DD YYYY format. If this condition doesn't affect the patient's ability to work, leave this field blank. Item 17 In this field, record the name of the referring provider (first name, middle initial, last name). Do not use any punctuation (hyphens are allowed if the provider has a hyphenated name). On the left side of the field, include the modifier DN to indicate that the name you provided was a referring provider. Items 17A and 17B In the 17A field, include the referring provider's state license number or provider commercial number. If you include the provider's state license number, enter the 0B modifier on the left-hand side of the field. If you include the provider's commercial number, enter the G2 modifier on the left-hand side of the field. Record the referring provider's 10-digit NPI number in field 17B. Item 18 Only fill out this field if your treatment is "a direct result of, or subsequent to, a related hospitalization." Otherwise, leave this field blank. If your treatment is a result of, or related to, a hospitalization, record the patient's admission and discharge dates (MM DD YYYY). Item 19 Fill out this field based on the preference of your payer. Some payers will require treatment or diagnosis information, while others might request additional provider information or supplemental claim information. Whatever the case, refer to the NUCC Claim Form Instruction Manual for further instruction. Item 20 Use this field to indicate whether or not lab services were rendered by an independent provider. If you mark "YES," then include the dollar amount for the charges. Do not use commas, a decimal point, or a dollar sign. If the amount charged is a whole number, add "00" to the end of the number to represent cents. Item 21 This field is for diagnosis codes. In the upper-right corner of the box, include the number 0 to indicate that you're recording ICD-10 codes. Then, in fields A through L, record the ICD-10 codes that represent, to the highest level of specificity, the "sign, symptom, complaint, or condition of the patient" related to your rendered services. Item 22 Only complete this field if you're resubmitting this claim; otherwise, leave this field blank. If you're resubmitting this claim, include resubmission code seven or eight to indicate that this claim is the replacement of a prior claim or a voiding/cancellation of a prior claim, respectively. Then, input the original reference number provided by the payer. Item 23 Include the payer's prior authorization number in this field. Section 24 This is, by far, the most complicated section in this entire claim form, and arguably the most important. This is the section where you list the services rendered. You may only list six line items. I recommend that you complete one entire line item before you progress to the next one—and ensure that you double- and triple- check your data entry! You may also provide supplemental information (if required by the payer) in the unbroken, shaded line next to line-items one through six. 24A In these fields, enter the start- and end-dates of service in the MM DD YY format. If there is only one date of service, include that single date of service under the "From" column, and leave the "To" column blank. Alternatively, you can enter the same date in the "From" and "To" columns to indicate that there was only one date of service. 24B In this field, enter the correct two-digit place of service code as selected using CMS's Place of Service Code Set. 24C Field 24C indicates whether or not the service was an emergency. If it was, then mark the field with "Y." If it was not, then leave this field blank. 24D Enter the CPT code that you wish to bill, along with any applicable modifiers (e.g., XX or 59). 24E Input the diagnosis code reference letters (referenced in item 21) to indicate which diagnosis this service, procedure, or supply is meant to address. Do not enter full ICD-10 codes in this field. Only include the reference letters from the beginning of the code. 24F Enter the charge amount you wish to bill for the CPT code. Put whole numbers to the left of the dividing line; cents go on the right. If the amount charged is a whole number, use "00" to represent cents. Do not use dollar signs, decimals, or periods in this field. 24G In this field, write the number of units you wish to bill for this CPT code. 24H This field indicates whether or not a service is covered under a state plan. Contact the payer to determine if a Y/N response is acceptable for this field, or if they want additional information. If they want additional information, input the applicable codes from the following list in the shaded, top-half portion of this field. AV: "Available - Not Used (Patient refused referral.)"S2: "Under Treatment (Patient is currently under treatment for referred diagnostic or corrective health problem.)"ST: "New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.)"NU: "Not Used (Used when no EPSDT patient referral was given.)" If you need to report this line item as a Family Planning service, input Y in the unshaded, lower portion of this field. If you do not need to report this line item as a Family Planning service, leave the lower portion of this field blank. 24I This field is a preface to 24J. Select the type of provider identification number you'd like to provide—a state license number, provider UPIN number, provider commercial number, or provider taxonomy. Then, write the corresponding modifier (0B, 1G, G2, and ZZ, respectively) in this field. 24J In the top, shaded portion of this field in the line-item, provide the number that corresponds to the modifier you provided in the previous section (i.e., a state license number, provider UPIN number, provider commercial number, or provider taxonomy). Then, in the bottom, unshaded portion of this field, input the rendering provider's NPI. Item 25 Input the employer ID or SSN number of the billing provider in this field. Depending on which number you provide, mark the box beneath "EIN" or "SSN" with an X. Item 26 Input the patient's account number, as seen in the provider's accounting system (without any punctuation). Item 27 Mark the box beneath "YES" or "NO" to indicate whether or not the provider accepts assignment under the payer's terms. Item 28 Add up all the charges from item 24F, and enter them in this field without punctuation. Put whole numbers to the left of the dividing line; cents go on the right. Item 29 Total any payments you've received from the patient or other payers in this field without punctuation. Put whole numbers to the left of the dividing line; cents go on the right. Item 30 Leave this field blank. Item 31 In this field, include the rendering provider's (or a representative's) legal signature, including credentials (e.g., Heidi Jannenga, DPT). Alternatively, you may input "Signature on File" or "SOF." In either case, include the date of the signature (MM/DD/YYYY). Items 32, 32A, and 32B In field 32, include the name and address (in the following format) of the facility where services were rendered: Name Address City, State, and nine-digit ZIP Code Do not use any punctuation. If the service facility NPI is different than the provider's NPI, report the service facility's 10-digit NPI in field 32A. Otherwise, leave the field blank. In field 32B, you must provide an additional facility identification number. Choose which number you'd like to provide (state license number, provider commercial number, or location number), write the appropriate modifier (0B, G2, or LU, respectively), and then input the identification number (e.g., G2A1234567890). Items 33, 33A, and 33B In field 33, include the name and address (in the following format) of the billing provider: Name Address City, State, and nine-digit ZIP Code Do not use any punctuation. Additionally, include the phone number of the billing provider using the parentheses provided on the form—and don't separate the numbers with a hyphen or a space. In field 33A, include the NPI of the billing provider. In field 33B, you must provide an additional provider identification number. Choose which number you'd like to provide (state license number, provider commercial number, or provider taxonomy), write the appropriate modifier (0B, G2, or ZZ, respectively), and then input the identification number (e.g., G2Z5678901234). The CMS-1500 form is definitely tough to master—and it's just one piece of a big ol' thousand-piece billing puzzle! So, if you have any questions regarding this claim form (or any other billing pickle), feel free to leave them below! We'll do our best to hunt down answers so you can bill with confidence.

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