



## Guide to CMS-1500 Form (08-05)

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This guide provides mapping between the fields in Kareo and the corresponding fields on the CMS 1500 Insurance Claim Form, version 08-05. The CMS 1500 Form is the universal health insurance claim form used by non-hospital physicians, other providers, and suppliers to bill government payers and commercial insurance companies for services rendered and for supplies.

This document does not explain all of the rules and requirements for completing the claim form. The scope of this document is limited to providing you with instructions on exactly where to enter data in Kareo in order to have it printed in the correct location on the CMS 1500 (08-05) paper form.

If you require further information including complete rules and requirements, or the latest version of the claim form, we recommend visiting the National Uniform Claim Committee website located at <http://www.nucc.org/>.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Main form body containing sections 1-33, including patient information, insurance details, and provider information.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

## Instructions for CMS-1500 Claim Form (08-05)

Box	Field Name	Entering Data in Kareo
1	INSURANCE PROGRAM	<p>Settings &gt; Insurance &gt; Find Insurance Company &gt; Insurance Company record &gt; General tab</p> <p>The checkboxes in this section of the claim form correspond to the Insurance Program field of the insurance company record.</p> <ul style="list-style-type: none"> <li>• If MB-Medicare Part B, the system will check the Medicare box</li> <li>• If MC-Medicaid, the system will check the Medicaid box</li> <li>• If CH-Champus, the system will check the Champus box</li> <li>• If VA-Veteran Administration Plan, the system will check ChampVA</li> <li>• For all other insurance programs, the system will check Other</li> </ul>
1a	INSURED'S I.D. NUMBER	Patient record > Cases tab > Case record > General tab > Insurance Policy > Policy # of the insurance plan for which the claim is being billed
2	PATIENT'S NAME	Patient record > General tab > Patient's Full Name
3	PATIENT'S BIRTH DATE SEX	Patient record > General tab > Patient's Date of Birth & Gender
4	INSURED'S NAME	<p>If policy holder for the claim is the patient, then Patient record &gt; General tab &gt; Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the claim is other than patient, then Patient record &gt; Cases tab &gt; Case record &gt; General tab &gt; Insurance Policy record &gt; Insured's Full Name</p>
5	PATIENT'S ADDRESS TELEPHONE	Patient record > General tab > Patient's Address & Home Phone Number

Box	Field Name	Entering Data in Kareo
6	PATIENT RELATIONSHIP TO INSURED	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Patient Relationship to Insured (Self, Child, Other, or Spouse)
7	INSURED'S ADDRESS TELEPHONE	<p>If policy holder for the claim is the patient, then Patient record &gt; General tab &gt; Patient's Address &amp; Home Phone Number</p> <p>OR...</p> <p>If policyholder for the claim is other than the patient, then Patient record &gt; Cases tab &gt; Case record &gt; General tab &gt; Insurance Policy record &gt; Insured's Address.</p> <p>Note: Box 7 will also include the patient's home phone number when the insured is other than the patient. The home phone number is pulled from the "General" tab of the patient record.</p>
8	PATIENT STATUS	<p>Patient record &gt; General tab &gt; Patient's Marital Status and Employment Status</p> <p>Note: When a patient is 18 years of age or older and a full-time student still covered under the parent's insurance policy, then to avoid rejected claims, select Full-Time Student.</p>
9	OTHER INSURED'S NAME	<p>If the policy holder for the other insurance policy is the patient, then the Patient record &gt; General tab &gt; Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the other insurance policy is other than patient, then Patient record &gt; Cases tab &gt; Case record &gt; General tab &gt; Insurance Policy record &gt; Insured's Full Name</p> <p>Note: Boxes 9, 9a, 9b, 9c and 9d are completed when there is more than one insurance policy recorded on the patient case.</p> <ul style="list-style-type: none"> <li>• When the primary policy is being billed, then Boxes 9, 9a, 9b, 9c and 9d correspond to the secondary policy.</li> <li>• When the secondary policy is being billed, then Boxes 9, 9a, 9b, 9c and 9d correspond to the primary policy.</li> </ul>
9a	OTHER INSURED'S POLICY OR GROUP NUMBER	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Policy # of other insurance on file
9b	OTHER	If policy holder for the other insurance policy is the patient, then

Box	Field Name	Entering Data in Kareo
	INSURED'S DATE OF BIRTH SEX	Patient record > General tab > Patient's Date of Birth & Gender OR...  If policyholder for the other insurance policy is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Date of Birth & Gender
9c	EMPLOYER'S NAME OR SCHOOL NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record  If policy is through employer, check Policy through Employer checkbox, and then add the employer's name
9d	INSURANCE PLAN NAME OR PROGRAM NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name of other insurance policy on file
10	IS PATIENT'S CONDITION RELATED TO:	Requires Yes/No checks in 10a, 10b and 10c of claim form (see next boxes)
10a	EMPLOYMENT?	If condition is related to employment...  Patient record > Cases tab > Case record > Condition tab > Check "Employment?" for Yes; or leave blank for No
10b	AUTO ACCIDENT? PLACE (State)	If condition is related to auto accident...  Patient record > Cases tab > Case record > Condition tab > Check "Auto Accident?" & enter State for Yes; or leave blank for No
10c	OTHER ACCIDENT?	If condition is related to other accident...  Patient record > Cases tab > Case record > Condition tab > Check either "Abuse" or "Other" for Yes; or leave blank for No
10d	RESERVED FOR LOCAL USE	Encounter record > General tab > Optional Add-Ons >  Check the Miscellaneous checkbox > Any data entered in Local Use (Box 10d) will be printed in Box 10d of the claim form.
11	INSURED'S POLICY GROUP OR FECA NUMBER	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Group # of the insurance policy that the claim is being billed to.  Note: Boxes 11, 11a, 11b, 11c, and 11d correspond to the current

Box	Field Name	Entering Data in Kareo
		<p>insurance policy being billed.</p> <ul style="list-style-type: none"> <li>• When the primary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the primary insurance policy.</li> <li>• When the secondary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the secondary insurance policy.</li> </ul>
11a	INSURED'S DATE OF BIRTH SEX	<p>If policy holder for the other insurance policy is the patient, then Patient record &gt; General tab &gt; Patient's Date of Birth &amp; Gender; OR...</p> <p>If policy holder for the other insurance policy is other than patient, then Patient record &gt; Cases tab &gt; Case &gt; General tab &gt; Insurance Policy record &gt; Insured's Date of Birth &amp; Gender.</p>
11b	EMPLOYER'S NAME OR SCHOOL NAME	<p>If insurance policy is through employer, then Patient record &gt; Cases tab &gt; Case record &gt; General tab &gt; Insurance Policy record &gt; check "Policy through Employer" checkbox, and then add employer's name.</p>
11c	INSURANCE PLAN NAME OR PROGRAM NAME	<p>Patient record &gt; Cases tab &gt; Case record &gt; General tab &gt; Insurance Policy record &gt; Insurance Plan Name.</p> <p>Note: This is the plan to which the claim is being billed.</p>
11d	IS THERE ANOTHER HEALTH BENEFIT PLAN?	<p>Patient record &gt; Cases tab &gt; Case record &gt; General tab</p> <p>If one Insurance policy is present, then NO is automatically checked. If more than one insurance policy is present, then YES is automatically checked.</p>
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	<p>Automatically formatted to print "Signature on File" and the date.</p>
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	<p>Automatically formatted to print "Signature on File" and the date.</p>
14	DATE OF	<p>Patient record &gt; Cases tab &gt; Case record &gt; Condition tab</p>

Box	Field Name	Entering Data in Kareo
	CURRENT ILLNESS (First symptom OR INJURY (Accident) OR PREGNANCY (LMP))	<p>If applicable, select one of the following date types from the Date Type drop-down list under the “Condition” tab.</p> <ul style="list-style-type: none"> <li>• “Initial Treatment Date”; and then enter date.</li> <li>• “Date of Injury”; and then enter date.</li> <li>• “Pregnancy (LMP)”; check the Pregnancy? checkbox in upper part of screen, select “Last Menstrual Cycle” from the drop-down list; and then enter date.</li> </ul> <p>Note: Be sure to click the Add button after entering the date.</p>
15	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	<p>Patient record &gt; Cases tab &gt; Case record &gt; Condition Tab &gt;</p> <p>In the Date Type field drop-down, select “Date of Same or Similar Illness”, enter the start date and then click the Add button.</p>
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	<p>Patient record &gt; Cases tab &gt; Case record &gt; Condition tab &gt;</p> <p>In the Date Type field drop-down, select “Unable to Work in Current Occupation”, enter the start and end dates, and then click the Add button.</p>
17	NAME OF REFERRING PROVIDER OR OTHER SOURCE	<p>Encounter record &gt; General tab &gt; Referring Provider</p>
17a	I.D. NUMBER (of Referring Provider)	<p>To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record &gt; Claim Settings tab &gt; Insurance Override record and complete the field Referring Provider # (17a).</p> <p>Left (smaller) box – The 2-digit code that represents the provider number type selected in the drop-down box next to the label Referring Provider # (field 17a).</p> <p>Right (larger) box – The provider number entered in the text box next to the label Referring Provider # (field 17a).</p>
17b	NPI	<p>Referring Physician record &gt; General tab &gt; NPI #</p> <p>This is the NPI number for the referring physician indicated on the encounter record.</p>

Box	Field Name	Entering Data in Kareo
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	<p>Encounter record &gt; Hospital Dates</p> <p>If the hospital dates are specific to the encounter (e.g., if the treatment was provided at a hospital facility), then you would enter the hospital dates in the Hospital Dates section of the encounter record. The system will then pull these dates onto the claim form. (Note that you must click the Hospital Dates checkbox on the encounter record in order to enter the hospital dates.)</p> <p>OR...</p> <p>Patient record &gt; Cases tab &gt; Case record &gt; Condition tab</p> <p>Select "Hospitalization Related to Condition" from the Date Type drop-down list, enter the Start and End dates, and then click the Add button.</p> <p>Note: The Kareo system will first look for any hospital dates that might have been entered on the encounter record. If no hospitalization dates were entered on the encounter record, then the system will look for any hospitalization dates that might have been entered under the "Condition" tab of the patient's case. If no dates have been entered in either section, then Box 18 of the claim form will be left blank.</p> <p><b>Important Note:</b> If hospital dates have been entered in both the encounter record AND under the "Condition" tab of the patient case; the system will ignore the hospital dates recorded under the "Condition tab", and instead print the hospital dates that were entered on the encounter record.</p>
19	RESERVED FOR LOCAL USE	<p>Encounter &gt; General tab &gt; Optional Add-Ons</p> <p>Check the Miscellaneous checkbox: Any data entered in Local User (Box 19) will be printed in Box 19 of the claim form.</p>
20	OUTSIDE LAB? \$ CHARGES	<p>Marked as NO by Default. This feature is currently not available in Kareo.</p>
21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)	<p>Encounter &gt; General tab &gt; Procedure Service Line &gt; Diagnosis 1,2,3,4</p>



Box	Field Name	Entering Data in Kareo
22	MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO.	Not captured in Kareo at this time.
23	PRIOR AUTHORIZATION NUMBER	<p>Encounter record &gt; General tab &gt; Prior Authorization</p> <p>The authorization number shown in this field (if required) must be previously set up in the patient's insurance policy record if prior authorization is required.</p> <p>To access insurance policy: Patient record &gt; Cases tab &gt; Case record &gt; Authorization tab.</p> <p>Must enter a valid date and the number of visits authorized.</p>
24A	DATE(S) OF SERVICE	<p>Encounter record &gt; General tab &gt; Service Line Date(s)</p> <p>Note that if the End Date of service is left blank on service line of encounter record, Kareo will automatically populate the End Date to equal the Start Date.</p>
24B	PLACE OF SERVICE	<p>Encounter &gt; General tab &gt; Place of Service</p> <p>Note: This is indicated as a code on the CMS form; and typically defaults to what is set up under Settings &gt; Service Location &gt; POS field</p>
24C	EMG	<p>Patient case &gt; Condition tab</p> <p>Checking Emergency will populate a "Y" for yes in this box on the claim form.</p>
24D	PROCEDURES, SERVICES, OR SUPPLIES	Encounter record > Procedure Service Line > Procedure Code and the Modifier if one exists.
24E	DIAGNOSIS POINTER	Encounter record > Procedure Service Line > Diagnosis pointer that points to the Item # for the Diagnosis Code that was entered in Box 21.
24F	\$ CHARGES	Encounter record > Procedure Service Line > Per unit charge that corresponds to the procedure performed.
24G	DAYS OR UNITS	<p>Encounter &gt; Procedure Service Line &gt; Days/Units that correspond to the procedure performed.</p> <p>Note: Defaults to what is set up as the default unit(s) on the</p>

Box	Field Name	Entering Data in Kareo
		procedure code record, unless manually changed by the user when entering service line on the encounter.
24H	EPSDT Family Plan	Patient record > Cases tab > Case record > Condition Tab > If the procedure falls under EPSDT/ Family Plan, then Family Plan checkbox should be checked.
24I	ID. QUAL. (for Rendering Provider)	<p>Top row (pink) – To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record &gt; Claim Settings tab &gt; Insurance Override record and select the provider number type from the drop-down box next to the label Rendering Provider # (24i/j).</p> <p>Bottom row (clear) – The letters NPI are already pre-printed on the form.</p>
24J	RENDERING PROVIDER ID. #	<p>Top row (pink) – To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record &gt; Claim Settings tab &gt; Insurance Override record and enter the provider number in the text box next to the label Rendering Provider # (24i/j).</p> <p>Bottom row (clear) – This box will be populated with the Individual NPI on the Provider record &gt; General tab, or if entered, the Override Individual NPI on a claim setting override for this insurance company and located entered into the Provider record &gt; Claim Settings tab &gt; Claim Settings Override task.</p>
25	FEDERAL TAX I.D. NUMBER	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select “Bill with EIN” in the Tax ID box, then an Employer’s Identification Number (EIN) on the Settings > Practice Information task will be used. If you select “Bill with SSN” in the Tax ID box, then a Social Security Number (SSN) on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
26	PATIENT'S ACCOUNT NO.	This field is not a typical patient account number. It is a Patient Control Number (PCN) consisting of Encounter ID + Z + Billing Company account number with Kareo.

Box	Field Name	Entering Data in Kareo
27	ACCEPT ASSIGNMENT?	<p>Settings menu &gt; Insurance sub-menu &gt; Find Insurance Company menu item &gt; Select Insurance Company &gt; Practice Settings tab</p> <p>If the practice accepts assignment of benefits, make sure the appropriate checkbox is checked.</p> <p>Note: This is a practice-specific setting. You must be logged into a practice in order to access the "Practice Settings" tab.</p>
28	TOTAL CHARGE	<p>Encounter record &gt; Procedure Service Line &gt; The total charge of all service lines entered on encounter record (automatically calculated by system).</p>
29	AMOUNT PAID	<p>Encounters menu &gt; Find Payments menu item &gt; Payment &gt;</p> <p>Total applied payments. Includes total of any patient payments that have been made as well as payment from primary payer if current claim is being billed to secondary payer. If you wish to exclude patient payments from claims billed to a specific insurance company/plan, then you must check this option under Practice Settings tab of insurance company record. Note that you must be logged into a practice in order to access the Practice Settings tab.</p>
30	BALANCE DUE	<p>Encounter record &gt; Procedure Service Line &gt;</p> <p>Total charges less any payments that have been made by patient or by the primary payer if current claim is being billed to secondary payer.</p>
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	<p>Automatically formatted to print "Signature on File" and the date. Also prints name and credentials of provider - This would be the Rendering Provider if no Supervising Provider indicated on the encounter record; or the Supervising Provider if indicated on the encounter record. Also prints credentials of provider.</p>
32	SERVICE FACILITY LOCATION INFORMATION	<p>This information is pulled from two areas: 1) the name of the Service Location indicated on the Encounter record, and 2) the service location address indicated on the Service Location record.</p>
32a	Service Location's NPI #	<p>Settings menu &gt; Service Locations &gt; NPI Number</p> <p>Only required if the service location has been assigned a unique Service Location NPI Number (generally assigned to hospitals,</p>

Box	Field Name	Entering Data in Kareo
		labs, etc.).
32b	Service Location's Facility ID #	Settings menu > Service Location menu item > Facility ID Number Only required if the service location has been assigned a unique Facility ID number by the payer.
33	BILLING PROVIDER INFO & PH #	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select "Bill with Group and Individual NPI" in the NPI box, then the practice name, address, and phone number on the Settings > Practice Information task will be used. If you select "Bill with Individual NPI" in the NPI box, then the provider's name, address, and phone number on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
33a	Typically the practice's NPI #, unless the provider is billing as an individual	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select "Bill with Group and Individual NPI" in the NPI box, then the Group NPI field on the Settings > Practice Information task will be used. If you select "Bill with Individual NPI" in the NPI box, then the Individual NPI field on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
33b	(Typically the Practice's Group #, if the provider is billing as part of a group)	To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record > Claim Settings tab > Insurance Override record, then next to the label that reads Group Provider # (field 33b), select the provider number type from the drop-down box and enter the provider number itself in the text box.