



# Guide to CMS-1500 Form (02-12)

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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 02-12. 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 to provide 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 (02-12) paper form.

If you require further information such as 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 (NUCC) 02/12

CARRIER

PICA    PICA

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)			1a. INSURED'S I.D. NUMBER (For Program in Item 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street)			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)		
CITY		STATE	8. RESERVED FOR NUCC USE			CITY		STATE
ZIP CODE		TELEPHONE (Include Area Code) ( )		ZIP CODE		TELEPHONE (Include Area Code) ( )		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____			b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME		
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>		
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b>						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			SIGNED _____ DATE _____			SIGNED _____		

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL: _____			15. OTHER DATE MM DD YY QUAL: _____			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. _____			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
17b. NPI _____			20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____			22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						23. PRIOR AUTHORIZATION NUMBER _____		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____						24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCP/CS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #		
A. _____ B. _____ C. _____ D. _____						1		
E. _____ F. _____ G. _____ H. _____						2		
I. _____ J. _____ K. _____ L. _____						3		
						4		
						5		
						6		

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ _____		29. AMOUNT PAID \$ _____		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ( )			
SIGNED _____ DATE _____				a. NPI _____		b. _____		a. NPI _____		b. _____	

## Instructions for CMS-1500 Claim Form (02-12)

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 TR - Tricare, the system will check the Tricare box</li> <li>• If CH - ChampVA, the system will check the ChampVA box</li> <li>• If GR - Group Health Plan, the system will check the Group Health Plan box</li> <li>• If FE - FECA BLK Lung, the system will check the FECA Blk Lung box</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	Patient record > General tab > Patient's Address & Home Phone

Box	Field Name	Entering Data in Kareo
	ADDRESS TELEPHONE	Number
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	RESERVED FOR NUCC USE	<p>Designated use not currently defined.</p> <p>Previously used to submit Patient Status and has been eliminated. Patient Status is not reported in ANSI 5010A1.</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, 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, and 9d correspond to the secondary policy.</li> <li>• When the secondary policy is being billed, then Boxes 9, 9a 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

Box	Field Name	Entering Data in Kareo
9b	RESERVED FOR NUCC USE	Designated use not currently defined. Previously used to submit Other Insured's Date of Birth and Sex and has been eliminated. Other Insured's Date of Birth and Sex is not reported in ANSI 5010A1.
9c	RESERVED FOR NUCC USE	Designated use not currently defined.
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	CLAIM CODES (Designated by NUCC)	Used to identify additional information about the patient's condition or claim. Encounter Record > General tab > Miscellaneous (CMS-1500) section > Claim Code (Box 10d)
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 insurance policy being billed. <ul style="list-style-type: none"> <li>When the primary policy is being billed, then Boxes 11, 11a, 11b,</li> </ul>

Box	Field Name	Entering Data in Kareo
		<p>11d, 11c and 11d correspond to the primary insurance policy.</p> <ul style="list-style-type: none"> <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	OTHER CLAIM ID (Designated by NUCC)	Applicable claim identifiers are designated by NUCC.
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	Automatically formatted to print "Signature on File" and the date.
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Automatically formatted to print "Signature on File" and the date.
14	DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY	<p>Patient record &gt; Cases tab &gt; Case record &gt; Condition tab</p> <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> </ul>

Box	Field Name	Entering Data in Kareo
	(LMP)	<ul style="list-style-type: none"> <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	OTHER DATE	<p>Patient record &gt; Cases tab &gt; Case record &gt; Condition Tab</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> <p>Note: This field will also be used to capture Ordering and Supervising Provider as required by the payer.</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>
18	HOSPITALIZATION DATES RELATED TO CURRENT	<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</p>

Box	Field Name	Entering Data in Kareo
	SERVICES	<p>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	ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	<p>Encounter &gt; General tab &gt; Miscellaneous (CMS-1500) section &gt; Add'l Claim Info (Box 19)</p> <p>Use of this field is designated by NUCC or by a specific payer.</p> <p>Check the Miscellaneous checkbox. Any data entered in Add'l Claim Info (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 A-L to service line below (24E)	<p>Encounter &gt; General tab &gt; Procedure Service Line &gt; Diagnosis 1,2,3,4</p> <p>Note: Though this new form now supports capture of 12 unique diagnosis code per claim, it is still limited to only 4 diagnosis pointers per individual procedure.</p>
22	RESUBMISSION CODE	<p>Not captured in Kareo at this time.</p>



Box	Field Name	Entering Data in Kareo
23	PRIOR AUTHORIZATION NUMBER	<p>Encounters &gt; Find Encounter &gt; Encounter record &gt; General tab &gt; Miscellaneous (CMS-1500) section &gt; Submit Reason &gt; Select 7 or 8 and enter the Payer Doc Ctrl #</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	<p>Encounter record &gt; Procedure Service Line &gt; Procedure Code and the Modifier if one exists.</p>
24E	DIAGNOSIS POINTER	<p>Encounter record &gt; Procedure Service Line &gt; Diagnosis pointer that points to the Item # (converted to an alpha character according to the order of entry) for the Diagnosis Code that was entered in Box 21.</p>
24F	\$ CHARGES	<p>Encounter record &gt; Procedure Service Line &gt; Per unit charge that corresponds to the procedure performed.</p>
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 procedure code record, unless manually changed by the user when entering service line on the encounter.</p>

Box	Field Name	Entering Data in Kareo
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.
27	ACCEPT ASSIGNMENT?	<p>Settings menu &gt; Insurance sub-menu &gt; Find Insurance Company menu item &gt; Select Insurance Company &gt; Practice Settings tab &gt;</p> <p>If the practice accepts assignment of benefits, make sure the</p>

Box	Field Name	Entering Data in Kareo
		<p>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	Encounter record > Procedure Service Line > The total charge of all service lines entered on encounter record (automatically calculated by system).
29	AMOUNT PAID	<p>Encounters menu &gt; Find Payments menu item &gt; Payment</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	Rsvd for NUCC Use	<p>Designated use not currently defined.</p> <p>Previously used to submit Balance Due and has been eliminated. Balance Due is not reported in ANSI 5010A1.</p>
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	<p>Automatically formatted to print "Signature on File" and the date.</p> <p>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	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.
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, labs, etc.).</p>
32b	Service Location's Facility ID #	<p>Settings menu &gt; Service Location menu item &gt; Facility ID Number</p> <p>Only required if the service location has been assigned a unique Facility ID number by the payer.</p>

Box	Field Name	Entering Data in Kareo
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.