

CMS-1500 (02/12) PAPER CLAIM DEFINITIONS

The following information has been compiled to assist while troubleshooting a paper claim. The individual box definitions indicate where the data has been pulled from within CGM webPRACTICE™. The information provided in this document is accurate at the time of printing but you should access the document from within CGM webPRACTICE Help or the Knowledge Tree in the future for the most current information.

Box Definitions

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
Header- Carrier	Prints the Carrier Name, Address, City, State and Zip code.	<i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i>
1-Insurance Type Check Boxes	<p>The appropriate check box is selected based on the Insurance Form for this claim's insurance carrier.</p> <ul style="list-style-type: none"> • MEDICARE will be selected for <i>Insurance Form C</i> • MEDICAID will be selected for <i>Insurance Form D, IL or P TRICARE</i> will be selected for <i>Insurance form H</i> • All other carriers will have the OTHER check box checked 	<i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i>
1a-Insured's I.D. Number	<p>If a Case is stored in the Encounter <i>[menu A]</i> and the Insurance Form for this insurance carrier is 'B' <i>[menu B]</i>, the Claim Number from the Case <i>[menu C]</i> will print.</p> <p>If the claim is a <i>CA Workman's Comp</i> ⁽³⁾ claim, the patient's Social Security Number will print and any dashes will be removed <i>[menu D]</i>.</p> <p>For all other claims, the Policy Number for this insurance policy on the patient's account will print and any dashes will be removed <i>[menu E]</i>.</p>	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p> <p>C. <i>Patient, Change Patient Data, Case Management</i></p> <p>D. <i>Patient, Change Patient Data, Patient</i></p> <p>E. <i>Patient, Change Patient Data, Insurance</i></p>
2-Patient's Name	Prints the patient's Name .	<i>Patient, Change Patient Data, Patient</i>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
3-Patient's Birth Date	The patient's Birth Date will print.	<i>Patient, Change Patient Data, Patient</i>
3-Patient's Sex	The appropriate check box is selected based on the option selected from the Sex list on the patient's account.	<i>Patient, Change Patient Data, Patient</i>
4-Insured's Name	<p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, the Adjuster Name in the Case Record will print <i>[menu A]</i>.</p> <p>If the claim is a <i>Medicare Primary</i>⁽¹⁾ claim, this box will be left blank.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim:</p> <ul style="list-style-type: none"> • If the Pat Rel to Policy Holder is 'Self' <i>[menu B]</i> 'SAME' will print. • If the Pat Rel to Policy Holder is a value other than 'Self' <i>[menu B]</i> the Policy Holder name will print <i>[menu B]</i>. <p>For all other claims, the Policy Holder name will print <i>[menu B]</i>.</p>	<p>A. <i>Patient, Change Patient Data, Case Management</i></p> <p>B. <i>Patient, Change Patient Data, Insurance</i></p>
5-Patient's Address	<p>The patient's Address, City, State, and Zip Code will print.</p> <p>**For CMS-1500 (02/12) the patient telephone number should not be included.**</p>	<i>Patient, Change Patient Data, Patient</i>
6-Patient Relationship to Insured	<p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, the Other check box will be checked.</p> <p>For all other claims, the appropriate check box will be checked based on the patient's Relationship to Guarantor.</p>	<i>Patient, Change Patient Data, Patient</i>
7-Insured's Address	<p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, and the Claim Number field in the Case Record is either UNKNOWN or blank <i>[menu A]</i>, the address for the Employer Code <i>[menu C]</i> in the patient's insurance policy will print <i>[menu B]</i>.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim:</p> <ul style="list-style-type: none"> • If the patient's Address <i>[menu D]</i> matches the guarantor's Address <i>[menu E]</i> or if the Rel to Guarantor is 'Self' <i>[menu D]</i> 'SAME' will print in the Address box and the City, State, Zip and Telephone boxes will be left blank. • If the patient's Address <i>[menu D]</i> does not match the guarantor's Address <i>[menu E]</i> the guarantor's Address, City, State, and Zip Code will print <i>[menu E]</i>. 	<p>A. <i>Patient, Change Patient Data, Case Management</i></p> <p>B. <i>Patient, Change Patient Data, Insurance</i></p> <p>C. <i>Tables, Employer Code Table, Maintain Employer Codes</i></p> <p>D. <i>Patient, Change Patient Data, Patient</i></p> <p>E. <i>Patient, Change Patient Data, Guarantor</i></p>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
7-Insured's Address (cont.)	<p>The patient's Address, City, State, and Zip Code will print if the Rel to Guarantor is 'Self' [menu D].</p> <p>If the Rel to Guarantor is not 'Self', the guarantor's Address, City, State, and Zip Code will print [menu E].</p> <p>** For CMS-1500 (02/12) the telephone number should not be included**</p>	<p>A. Patient, Change Patient Data, Case Management</p> <p>B. Patient, Change Patient Data, Insurance</p> <p>C. Tables, Employer Code Table, Maintain Employer Codes</p> <p>D. Patient, Change Patient Data, Patient</p> <p>E. Patient, Change Patient Data, Guarantor</p>
8- Reserved for NUCC Use (Previously reported as Patient Status)	Will be left blank.	
9-Other Insured's Name	<p>If the claim is a <i>Medigap-related</i> ⁽⁴⁾ claim, the Policy Holder name from the other insurance policy on the patient's account [menu A] (not the carrier for this claim) will print.</p> <p>If this claim is <i>Non-Medigap-related</i> ⁽⁵⁾, this box will be left blank.</p> <p>For all other claims, the Policy Holder name from the <i>other insurance policy</i> on the patient's account [menu A] (not the carrier for this claim) will print.</p>	A. Patient, Change Patient Data, Insurance
9a-Reserved for NUCC Use	Will be left blank.	
9b-Reserved for NUCC Use	Will be left blank.	
9c-Reserved for NUCC Use	Will be left blank.	



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
9d-Insurance Plan Name	<p>If the claim is a <i>Medigap-related</i>⁽⁴⁾ claim, the insurance carrier's <u>address</u> [menu B] from the other insurance policy on the patient's account [menu A] (not the carrier for this claim) will print.</p> <p>For all other claims, the insurance carrier's <u>name</u> from the <i>other insurance policy</i> (not the carrier for this claim) will print [menu A].</p>	<p>A. Patient, Change Patient Data, Insurance</p> <p>B. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p>
10-Patient Condition check boxes	<p>If a Case is stored in the Encounter [menu A] the appropriate check box will be checked based on the Accident Type option selected within the Case Record [menu B].</p> <p>10b -If <i>Auto</i> is selected for the Accident Type in the Case Record, the Accident State will print under <i>Place (State)</i> [menu B].</p>	<p>A. Transactions, Edit an Encounter</p> <p>B. Patient, Change Patient Data, Case Management</p>
11-Insured's Policy Group or FECA Number	<p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, the Policy Number for this insurance policy [menu A] will print if the Policy Holder is Employer check box is selected [menu A], otherwise this box will be left blank.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim, the Group Number for the primary carrier will print [menu A].</p> <p>For all other claims, the Group Number for this insurance policy will print [menu A]. Any spaces and dashes will be automatically removed.</p>	<p>A. Patient, Change Patient Data, Insurance</p>
11a-Insured's Date of Birth	<p>If the claim is a <i>Medicare Primary</i>⁽¹⁾ claim, and box 11 is blank, this box will be left blank.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim and box 11 does contain a value:</p> <ul style="list-style-type: none"> • If the Policy Holder Birth Date for the primary insurance policy [menu A] <u>matches</u> the patient's Birth Date [menu B,] this box will be left blank. • If the Policy Holder Birth Date for the primary insurance policy [menu B] <u>does not match</u> the patient's Birth Date [menu B], the Policy Holder Birth Date for the primary insurance policy will print [menu A]. <p>For all other claims, the Policy Holder Birth Date for this insurance policy will print [menu A].</p>	<p>A. Patient, Change Patient Data, Insurance</p> <p>B. Patient, Change Patient Data, Patient</p>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
11a-Insured's Sex	<p>If the claim is a <i>Medicare Primary</i>⁽¹⁾ claim, and box 11 is blank, this box will be left blank.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim and box 11 does contain a value:</p> <ul style="list-style-type: none"> • If the Policy Holder Birth Date for the primary insurance policy [menu A] <u>matches</u> the patient's Birth Date [menu B] this box will be left blank. • If the Policy Holder Birth Date for the primary insurance policy [menu A] <u>does not match</u> the patient's Birth Date [menu B] the Policy Holder Sex for the primary insurance policy will print [menu A]. <p>For all other claims, the appropriate check box is selected based on the option selected from the Policy Holder Sex list for this insurance policy [menu A].</p>	<p>A. Patient, Change Patient Data, Insurance</p> <p>B. Patient, Change Patient Data, Patient</p>
11b-Other Claim ID (Designated by NUCC) (Previously reported as Insured's Employer Name)	<p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, the qualifier Y4 will print and the Claim Number stored in the Case Record [menu B] will print.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim, the Policy Holder Employer for the primary carrier will print [menu A].</p> <p>For all other claims, this box will be left blank.</p>	<p>A. Patient, Change Patient Data, Insurance</p> <p>B. Patient, Change Patient Data, Case Management</p>
11c-Insurance Plan Name or Program name	<p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim, the other insurance carrier name (not the carrier for this claim) [menu B] will print. If the carrier name is None, this box will be left blank.</p> <p>If the claim is a <i>Medicare Secondary</i>⁽²⁾ claim, the State Code for the Insurance Carrier Code is set to 'VA' [menu A], and the patient's Primary Carrier is Medicare [menu C] that has the Insurance Form set to 'C' [menu A], 'CROSSOVER' will print.</p>	<p>A. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p> <p>B. Patient, Change Patient Data, Insurance</p> <p>C. Patient, Change Patient Data, DMS</p>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
11c-Insurance Plan Name or Program name (cont.)	<p>If a PAYOR DMS record exists on the account [menu C] and the insurance carrier for this claim matches the primary insurance policy on the patient's account [menu B], the Primary Payor Name stored in the Payor Record will print.</p> <p>If a PAYOR DMS record exists on the account [menu C], and the insurance carrier for this claim matches the secondary insurance policy on the patient's account [menu B], the Secondary Payor Name stored in the Payor Record will print.</p> <p>For all other claims, the Insurance Carrier Name for this insurance policy will print.</p>	<p>A. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p> <p>B. Patient, Change Patient Data, Insurance</p> <p>C. Patient, Change Patient Data, DMS</p>
11d-Is There Another Health Benefit Plan?	<p>If the Insurance Form for this insurance carrier is 'C' [menu B], neither check box will be selected</p> <p>If the Insurance Form for this insurance carrier is not 'C' [menu B] and there is another insurance policy on the patient's account (not the carrier for this claim) [menu A], the 'Yes' check box will be selected.</p>	<p>A. Patient, Change Patient Data, Insurance</p> <p>B. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p>
12-Patient's Signature	<p>If the Release of Information check box is selected, "Signature on File" will print. Otherwise, this check box will be left blank.</p>	<p>Patient, Change Patient Data, Billing Information</p>
12-Date	<p>The current date will print as MM-DD-YYYY.</p>	
13-Insured's Signature	<p>'Signature on File' will print.</p>	
14-Date of Current Illness, Injury, Pregnancy (LMP)	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If there is a Date of Injury stored in the Encounter, the Date of Injury will print [menu A]. • If there is a Case stored in the Encounter [menu A] and there is a Date of Ill, Inj, Lmp entered in the Case Record [menu B], the Date of Ill, Inj, Lmp will print. • If there is an OB/Gyn Attachment stored in the Encounter and there is a Last Menstrual Period entered in the Attachment, the Last Menstrual Period will print [menu A]. • If no matches are found above, this box will be left blank. 	<p>A. Transactions, Edit an Encounter</p> <p>B. Patient, Change Patient Data, Case Management</p>

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14-Qualifier	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If there is a Date of Injury stored in the Encounter, the qualifier 431 will print [menu A]. • If there is a Case stored in the Encounter [menu A] and there is a Date of Ill, Inj, Lmp entered in the Case Record [menu B], the qualifier 431 will print. • If there is an OB/Gyn Attachment stored in the Encounter and there is a Last Menstrual Period entered in the Attachment, the qualifier 484 will print [menu A]. • If no matches are found above, this box will be left blank. 	<p>A. <i>Transactions, Edit an Encounter</i> B. <i>Patient, Change Patient Data Case Management</i></p>
15-Other Date Qualifier (Previously reported as If Patient Has Had Same or Similar Illness)	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If there is an Initial Treatment Date Attachment stored in the Encounter, the qualifier 454 will print [menu A]. • If there is a Chiropractic Record Attachment stored in the Encounter and a Date of Initial Treatment is entered in the Chiropractic Record, qualifier 454 will print [menu A]. • If there is a Chiropractic Record Attachment stored in the Encounter and an Acute Manifestation Date is entered in the Chiropractic Record, qualifier 453 will print [menu A]. • If there is a Case stored in the Encounter [menu A] and there is a Date of Ill, Inj, Lmp entered in the Case Record [menu B], qualifier 439 will print. • If there is a Chiropractic Record Attachment stored in the Encounter and a Last X-Ray Date is entered in the Chiropractic Record, qualifier 455 will print [menu A]. • If there is a Prescription Attachment stored in the Encounter, qualifier 471 will print [menu A]. • If there is a Case stored in the Encounter [menu A] and there is a Date of First Visit entered in the Case Record [menu B], qualifier 444 will print. • If no matches are found above, this box will be left blank. 	<p>A. <i>Transactions, Edit an Encounter</i> B. <i>Patient, Change Patient Data, Case Management</i></p>



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15-Other Date (Previously reported as If Patient Has Had Same or Similar Illness)	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If there is an Initial Treatment Date Attachment stored in the Encounter, the Initial Treatment Date will print <i>[menu A]</i>. • If there is a Chiropractic Record Attachment stored in the Encounter and a Date of Initial Treatment is entered in the Chiropractic Record, the Date of Initial Treatment will print <i>[menu A]</i>. • If there is a Chiropractic Record Attachment stored in the Encounter and an Acute Manifestation Date is entered in the Chiropractic Record, the Acute Manifestation Date will print <i>[menu A]</i>. • If there is a Case stored in the Encounter <i>[menu A]</i> and there is a Date of Ill, Inj, Lmp entered in the Case Record <i>[menu B]</i>, the Date of Ill, Inj, Lmp will print. • If there is a Chiropractic Record Attachment stored in the Encounter and a Last X-Ray Date is entered in the Chiropractic Record, the Last X-Ray Date will print <i>[menu A]</i>. • If there is a Prescription Attachment stored in the Encounter, the Prescription Date will print <i>[menu A]</i>. • If there is a Case stored in the Encounter <i>[menu A]</i> and there is a Date of First Visit entered in the Case Record <i>[menu B]</i>, the Date of First Visit will print. <p>If no matches are found above, this box will be left blank.</p>	A. <i>Transactions, Edit an Encounter</i> B. <i>Patient, Change Patient Data, Case Management</i>
16-Dates Patient Unable to Work in Current Occupation	<p>If a Case is stored in the Encounter <i>[menu A]</i> and there is a Date Last Worked entered in the Case Record <i>[menu B]</i>, the Date Last Worked will print.</p> <p>If a Case is stored in the Encounter <i>[menu A]</i> and there is a Date Able to Work entered in the Case Record <i>[menu B]</i>, the Date Able to Work will print.</p>	A. <i>Transactions, Edit an Encounter</i> B. <i>Patient, Change Patient Data, Case Management</i>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
17- Qualifier and Name of Referring Provider or Other Source	<p>The qualifier 'DN' will print in the first section of this box.</p> <p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If the Ref Dr code entered in the Encounter [menu D] is 0, the Printing Name of the Per Dr code [menu B] entered in the Encounter [menu D] will print. • If the Print on Insurance check box is <u>not</u> selected for the Ref Dr code [menu A] entered in the Encounter [menu D], this box will be left blank. • If the Print on Insurance check box is <u>selected</u> for the Ref Dr code [menu A] entered in the Encounter [menu D], the Printing Name for the Ref Dr code [menu A] entered in the Encounter [menu D] will print. • If a Case is stored in the Encounter [menu D] and a Referring Doctor is stored in the Case Record [menu C] and if the Print on Insurance check box is <u>selected</u> for the Referring Doctor in the Case Record, the Printing Name for the Referring Doctor [menu A] stored in the Case Record will print. 	<ul style="list-style-type: none"> A. Tables, Referral Source Table, Maintain Referral Source Codes B. Tables, Doctor Code Table, Maintain Doctor Codes C. Patient, Change Patient Data, Case Management D. Transactions, Edit an Encounter
17a-Qualifier	<p>**If no matches are found for 17a-ID Number, this box will be left blank, otherwise the following checks are performed in the order listed:</p> <ul style="list-style-type: none"> • 1G will print, unless the Insurance Form for this insurance carrier is 'D' [menu A], and then 1D will print. • If the State for the database is set to Idaho (ID) [menu B] and the Insurance Form for this insurance carrier is 'D' [menu A], and a Provider/UPIN # has been entered for the Ref Dr code [menu C] entered in the Encounter [menu D], this box will be left blank. 	<ul style="list-style-type: none"> A. Tables, Insurance Carrier Table, Maintain Insurance Carriers B. System, Database Maintenance Menu, Change Database Parameters C. Tables, Referral Source Table, Maintain Referral Source Codes D. Transactions, Edit an Encounter



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17a-ID Number	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If the Suppress Legacy Numbers check box is selected [menu E], this box will be left blank. • If the Insurance Form for this insurance carrier is 'C' this box will be left blank [menu D]. • If the Electronic Form Number for this carrier is set to '30' [menu D] and the Suppress Legacy Numbers check box is selected [menu C], this box will be left blank. • If the Ref Dr code stored in the Encounter [menu F] is a value other than '0' and a Referral Source Provider Number has been entered for the Ref Dr code [menu B] stored in the Encounter [menu F], the Referral Source Provider Number will print. • If the Ref Dr code stored in the Encounter [menu F] is '0' and a Provider/UPIN # has been entered for the Per Dr code [menu G] stored in the Encounter [menu F], the Provider/UPIN # will print. • If the Ref Dr code stored in the Encounter [menu F] is a value other than '0' and a Provider/UPIN # has been entered for the Ref Dr code [menu A] stored in the Encounter [menu F], the Provider/UPIN # will print. • If the State for the database is set to Idaho (ID) [menu C] and the Insurance Form for this insurance carrier is 'D' [menu D]: <ul style="list-style-type: none"> ○ If the Ref Dr code [menu A] stored in the Encounter [menu F] is a value other than 0 and an NPI Number has been entered for this Ref Dr, this box will be left blank. ○ If the Ref Dr code [menu A] stored in the Encounter [menu F] is 0 and an NPI Number has been entered for the Per Dr code [menu G] stored in the Encounter [menu F] this box will be left blank • If there is a GBHC Code Attachment stored in the Encounter [menu F] and a GBHC Code has been entered, the GBHC Code will print. <p><i>If no matches are found for this box and it is left blank, the Qualifier will also be left blank.</i></p>	<ul style="list-style-type: none"> A. Tables, Referral Source Table, Maintain Referral Source Codes B. Tables, Referral Source Table, Provider Number Table, Maintain Ref Src Provider Numbers C. System, Database Maintenance Menu, Change Database Parameters D. Tables, Insurance Carrier Table, Maintain Insurance Carriers E. System, Database Maintenance Menu, Claim Management, Electronic Direct Connect Claims Integration F. Transactions, Edit an Encounter G. Tables, Doctor Code Table, Maintain Doctor Codes

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17b-NPI	<p>If the Ref Dr code stored in the Encounter [menu E] is 0 the NPI of the Per Dr code [menu C] stored in the Encounter [menu B] will print.</p> <p>For all other claims, the NPI Number for the Ref Dr code [menu A] stored in the Encounter [menu B] will print.</p>	<p>A. Tables, Referral Source Table, Maintain Referral Source Codes B. Transactions, Edit an Encounter</p>
18-Hospitalization Dates Related to Current Services	<p>If there is an Admit/Discharge Attachment stored in the Encounter and an Admit Date is entered, the Admit Date will print.</p> <p>If there is an Admit/Discharge Attachment stored in the Encounter and a Discharge Date is entered, the Discharge Date will print.</p>	<p>Transactions, Edit an Encounter</p>
19-Additional Claim Information (Designated by NUCC)	<p><i>This box is subject to change based on the requirements of the payers. Listed below is the standard setup for the box based on payers' request.</i></p> <p>If Chiropractor (35) has been selected for the Specialty for the Ins Dr [menu A] entered in the Encounter [menu C] and if the carrier for this claim has been selected as a Medicare Insurance Code # [menu B] and there is a Chiropractic Record Attachment stored in the Encounter [menu C]:</p> <ul style="list-style-type: none"> • If a Date of Last X-Ray is entered in the Chiropractic Record Attachment, Date of X-Ray: will print followed by the Last X-Ray Date. • If a # in Series is entered in the Chiropractic Record Attachment, Treatments to Date will print followed by the # of Series. <p>If there is a Claim Level Note Attachment stored in the Encounter, the Note Description will print [menu C].</p> <p>If there is a Demonstration Project Identifier (NCT) Attachment stored in the Encounter, the Demonstration Project Identifier will print, preceded by 'CT' with no spaces between the two values [menu C].</p> <p>If the claim is a CA Workman's Comp ⁽³⁾ claim, and there is a claim level Additional Paperwork Attached Attachment stored in the Encounter, the Attachment Report Type Code, Attachment Transmission Code and the Attachment Control Number will print, preceded by PWK with no spaces between any of the values [menu C].</p>	<p>A. Tables, Doctor Code Table, Maintain Doctor Codes B. System, Database Maintenance, CGM webPRACTICE Integration Options C. Transactions, Edit an Encounter</p>



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20-Outside Lab	If there is an Outside Lab Attachment stored in the Encounter, Yes will be checked, otherwise neither box will be checked.	<i>Transactions, Edit an Encounter</i>
20-Charges	If there is a Purchased Services Attachment stored in the Encounter, the Price will print.	<i>Transactions, Edit an Encounter</i>
21-ICD Ind	If the Encounter contains ICD-9 diagnosis codes, a 9 will print. If the Encounter contains ICD-10 diagnosis codes, a 0 will print.	<i>Transactions, Edit an Encounter</i>
21-Diagnosis or Nature of Illness or Injury Relate A-L to service line below (24E)	The Diagnosis Codes stored in the Encounter (1-12) will print.	<i>Transactions, Edit an Encounter</i>
22-Resubmission Code	<p>If a Resubmission Code was entered when the claim was Refiled and is stored in the Encounter, the Resubmission Code will print <i>[menu A]</i>.</p> <p>If the State for the database is set to Indiana (IN) <i>[menu B]</i>:</p> <ul style="list-style-type: none"> If the claim is for a Medicaid Secondary insurance policy that has the Insurance Form set to 'D' <i>[menu C]</i> and the patient's Primary Insurance Policy is Medicare <i>[menu E]</i> that has the Insurance Form set to 'C' <i>[menu C]</i>, the Balance Due will print <i>[menu D]</i>. If the claim is for a Medicaid Tertiary insurance policy that has the Insurance Form set to 'D' <i>[menu C]</i>, the patient's Primary Insurance Policy is <u>not</u> Medicare <i>[menu E]</i> (Insurance Form set to 'C' <i>[menu C]</i>), and the patient's Secondary Insurance Policy <u>is</u> Medicare <i>[menu E]</i> (Insurance Form set to 'C' <i>[menu C]</i>) the Balance Due will print <i>[menu D]</i>. <p>If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim and if a Resubmission Code was entered when the claim was Refiled, the Resubmission Code will print, followed by a dash (-) and then the ICN Number <i>[menu A]</i>.</p>	<p>A. <i>Billing, Insurance Billing Functions, Refile Insurance Claims</i></p> <p>B. <i>System, Database Maintenance, CGM webPRACTICE Integration Options</i></p> <p>C. <i>Tables, Insurance Carrier Code Table, Maintain Insurance Carriers</i></p> <p>D. <i>Transactions, Edit an Encounter</i></p> <p>E. <i>Patient, Change Patient Data, Insurance</i></p> <p>F. <i>Billing, Insurance Billing Functions, Refile Insurance Claims</i></p>
22-Original Ref No	<p>If an ICN Number was entered when the claim was Refiled and is stored in the Encounter, the ICN Number will print.</p> <p><i>This box can be customized base on the payer's needs. Currently this box is set up to print the dollar amount of any Medicare Payment on the claim.</i></p>	<i>Billing, Insurance Billing Functions, Refile Insurance Claims</i>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
<p>23-Prior Authorization Number</p>	<p>If there is an Authorization Attachment stored in the Encounter, the Authorization Number will print. <i>[menu A]</i></p> <p>If there is a Care Plan Oversight Attachment stored in the Encounter, the HHA Hospice NPI Number will print. <i>[menu A]</i></p> <p>If any procedures stored in the Encounter <i>[menu A & B]</i> have a Type of Service code that has the Include CLIA Number on Claims check box selected <i>[menu C]</i>, and the Billing Profile has a CLIA Number defined <i>[menu D]</i>, The CLIA Number will print in addition to any Authorization or HHA Hospice NPI Number.</p>	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Procedure Code Table, Maintain Procedure Codes</i></p> <p>C. <i>Tables, Type of Service Codes, Maintain Type of Service Codes</i></p> <p>D. <i>System, Claims Management Menu, Billing Profile Rules</i></p>
<p>24-Supplemental Information</p>	<p>If the claim is for a Medicaid Secondary insurance policy that has the Insurance Form set to 'D' <i>[menu C]</i>, the State Code for the Insurance Carrier Code is set to 'VA' <i>[menu C]</i>, and the patient's Primary Insurance Policy is Medicare <i>[menu D]</i> that has the Insurance Form set to 'C' <i>[menu C]</i>, the following qualifiers will print if applicable:</p> <p>Qualifier and Description</p> <p>A1 Deductible, example A120.00 is a \$20.00 deductible</p> <p>A2 Coinsurance, example A240.00 is a 40.00 coinsurance</p> <p>A7 Copay, example A735.00 is a \$35.00 copay</p> <p>AB Allowed by Medicare/Medicare Advantage plan, example AB145.10 is 145.10 allowed amount</p> <p>MA Amount paid by Medicare/Medicare Advantage Plan, example is MA27.08 with 27.08 paid by Medicare</p> <p>CM Other insurance payment, example CM27.08 with 27.08 paid by other carrier</p> <p>If there is a Line Item Note Attachment stored in the Encounter, the qualifier ZZ will print followed by the Note Description. <i>[menu A]</i></p> <p>If there is an Erythropoietin Drug Policy (EPO) Attachment stored in the Encounter, the Measurement Qualifier will print followed by a '/' and the Measurement Value. <i>[menu A]</i></p>	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Procedure Code Table, Maintain Procedure Codes</i></p> <p>C. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p> <p>D. <i>Patient, Change Patient Data, Insurance</i></p>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
24-Supplemental Information (cont.)	<p>If there is an Anesthesia Time Attachment stored in the Encounter, the qualifier 7 will print followed by the Start Time, a dash and the End Time (example: 710:20-11:45). <i>[menu A]</i></p> <p>If there is a National Drug Code Attachment stored in the Encounter or if any of the procedure codes stored in the Encounter <i>[menu A]</i> have a value stored in the NDC Code field <i>[menu B]</i>, the qualifier N4 will print followed by the NDC code, the Unit of Measure, and the Multiplier.</p>	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Procedure Code Table, Maintain Procedure Codes</i></p> <p>C. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p> <p>D. <i>Patient, Change Patient Data, Insurance</i></p>
24a-Date(s) Of Service	The Serv Date stored in the Encounter for procedures one through six will print.	<i>Transactions, Edit an Encounter</i>
24b-Place Of Service	The Place of Service Code entered for the Location Code <i>[menu A]</i> that is stored in the Encounter <i>[menu B]</i> for procedures one through six will print.	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Location Code Table, Maintain Location Codes</i></p>
24c-EMG	If the Insurance Form for this insurance carrier is ' D ' <i>[menu A]</i> or the procedure code stored in the Encounter contains the Modifier ' EM ' <i>[menu B]</i> , a ' Y ' will print.	<p>A. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p> <p>B. <i>Transactions, Edit an Encounter</i></p>
24d-Procedures, Services or Supplies	The CPT/HCPCS code and up to four procedure Modifiers will print for each procedure.	<i>Transactions, Edit an Encounter</i>
24e-Diagnosis Pointers	Up to four diagnosis pointers can be linked and printed for each procedure and will correspond to the alpha character printed in box 21.	<i>Transactions, Edit an Encounter</i>
24f-\$ Charges	The charge amount entered in the Encounter during posting will print.	<i>Transactions, Edit an Encounter</i>
24g-Days or Units	If there is an Anesthesia Time Attachment for the procedure stored in the Encounter, the Total Minutes will print, otherwise the Multiplier for the procedure code will print.	<i>Transactions, Edit an Encounter</i>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
<p>24h-EPSDT Family Plan</p>	<p>If the EPSDT Carrier check box is selected for this insurance carrier [menu A] and the procedure code is an EPSDT procedure code (99381-99385, 99391-99395) the following conditions will determine the data to print:</p> <ul style="list-style-type: none"> • If the procedure code stored in the Encounter contains the Modifier ‘EP’, ‘Y’ will print [menu B] • If an EPSDT Attachment is stored in the Encounter [menu B], the following conditions within the Attachment will generate the following data: <ul style="list-style-type: none"> ○ If there is a Condition Code entered in the Attachment, the Condition Code will print ○ If the EPSDT Referral Given check box is selected in the Attachment and a Condition Code is not entered, ‘Y’ will print ○ If the EPSDT Referral Given check box is not selected in the Attachment and a Condition Code is not entered, ‘N’ will print <p>If the procedure code stored in the Encounter contains the Modifier ‘FP’, ‘Y’ will print [menu B].</p>	<p>A. Tables, Insurance Carrier Table, Maintain Insurance Carriers B. Transactions, Edit an Encounter</p>
<p>24I ID Qualifier</p>	<p>**If no matches are found for 24J-Rendering Provider ID, this box will be left blank; otherwise the following are listed in the order of priority and as soon as a match is found that data will print.</p> <p>If the Insurance Form for this insurance carrier is ‘C’ the qualifier 1C will print [menu A] If the Insurance Form for this insurance carrier is ‘D’, the qualifier 1D will print [menu A] If the Insurance Form for this insurance carrier is ‘H’, the qualifier 1H will print [menu A] If the Insurance Form for this insurance carrier is ‘G’ the qualifier 1G will print [menu A] For all other Insurance Forms the qualifier G2 will print [menu A] If this is a CA Workman’s Comp ⁽³⁾ claim the qualifier ZZ will print</p> <p>If a Per Dr has been entered on the individual service line item in the Encounter [menu B], the performing doctor’s information will be used when populating this field instead of the Ins Dr. [menu C]</p>	<p>A. Tables, Insurance Carrier Table, Maintain Insurance Carriers B. Transactions, Edit an Encounter C. Tables, Doctor Code Table, Maintain Doctor Codes D. System, Claims Management Menu</p>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
24J Rendering Provider ID #	<p>If a Per Dr has been entered on the individual procedure line item in the Encounter [menu A], the performing doctor's information will be used when populating this field instead of the Ins Dr. [menu B]</p> <p>As a standard, if a Provider Number has been entered for the Ins Dr, the Provider Number will print [menu C], unless any of the following conditions are met:</p> <ul style="list-style-type: none"> • If the State for the database is set to Washington (WA) [menu D] and the Insurance Form for this insurance carrier is 'D' [menu E], the Taxonomy Code will print instead of the Provider Number [menu B] • If the claim is a CA Workman's Comp ⁽³⁾ claim the Taxonomy Code will print instead of the Provider Number[menu B] 	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Doctor Code Table, Maintain Doctor Codes</i></p> <p>C. <i>Tables, Doctor Code Table, Provider Number Table, Add or Change Provider Number</i></p> <p>D. <i>System, Change Database Parameters</i></p> <p>E. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p>
24J NPI	<p>If a Per Dr has been entered on the individual procedure line item in the Encounter [menu A], the performing doctor's information will be used when populating this field instead of the Ins Dr. [menu B]</p> <p>The NPI for the Ins Dr will print. [menu B]</p> <p>If any of the following conditions are met, they will override the conditions listed above:</p> <ul style="list-style-type: none"> • If the claim is a WA Immunization ⁽⁶⁾ claim, the NPI '1699092718' will print • If the Individual check box is selected for the Ins Dr [menu B] and the Insurance Form for this insurance carrier is 'C', this box will be left blank [menu C] 	<p>A. <i>Transactions, Edit an Encounter</i></p> <p>B. <i>Tables, Doctor Code Table, Maintain Doctor Codes</i></p> <p>C. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i></p>
25-Federal Tax Id Number	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If the claim is a WA Immunization Claim ⁽⁶⁾, '272251833' will print • If a Tax ID is entered in the Billing Profile for this claim, the Tax ID will print [menu A] • If a Group NPI or Tax ID is entered for the database, it will print in this box [menu B] • If a Tax ID is entered for the Ins Dr, the Tax ID will print [menu C] 	<p>A. <i>System, Claims Management, Billing Profile Rules</i></p> <p>B. <i>System, Change Database Parameters</i></p> <p>C. <i>Tables, Doctor Code Table, Maintain Doctor Codes</i></p>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
25-SSN/EIN Boxes	The EIN box will be checked unless specifically overridden by a Profile in the Paper Claim Editor	<i>System, Claims Management Menu, Paper Claim Editor</i>
26-Patient's Account No	The patient's Account Number will print	
27-Accept Assignment?	Either a ' Y ' or ' N ' prints based on the accept assignment value stored on the procedures in the Encounter.	<i>Transactions, Edit an Encounter</i>
28-Total Charge	The grand total of charges from box 24f, lines 1-6	
29-Amount Paid	The total amount paid for the procedures printed in box 24 will print.	
30-Reserved for NUCC Use	Previously this field printed the 'Balance Due' which is no longer reported in this version of the CMS form.	
31-Signature of Physician or Supplier Including Degrees or Credentials Printing Name	If the claim is a <i>WA Immunization</i> ⁽⁶⁾ claim, this box will be left blank For all other claims, the Printing Name for the Ins Dr will print.	<i>Tables, Doctor Code Table, Maintain Doctor Codes</i>
31-Provider Number	If the area code for the database is ' 208 ' [set internally by CGM US] the Provider Number for the Ins Dr will print, otherwise this box will be left blank.	<i>Tables, Doctor Code Table, Provider Number Table, Add or Change Provider Number</i>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
32-Service Facility Location Information	<p>The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.</p> <ul style="list-style-type: none"> • If a Purchased Services Attachment is stored in the Encounter that has a Referral Source entered [menu A], the address stored for the Referral Source will print [menu B] • If the Equivalent Place of Service code for the Location code is set to '12' [menu C], the patient's Name and Address will print [menu G]. • If the claim is <u>not</u> considered to be a <i>CA Workman's Comp</i>⁽³⁾ claim and if any of the following conditions are met, this box will be left blank: <ul style="list-style-type: none"> ○ If the Billing Profile for this claim indicates the claim is Individual instead of Entity [menu D] and the address for the Ins Dr [menu E] matches the Address for the Location code [menu C] ○ If the Pay To Address entered in the Billing Profile [menu D] matches the Address for the Location code [menu C] ○ If the Address for the Location code [menu C] matches the Address entered for the database [menu F] • If the claim is a <i>CA Workman's Comp</i>⁽³⁾ claim, the Name and Address for the Location Code will print [menu C]. • If the address for Box 32 does not match the address for Box 33, the Name and Address for the Location code will print [menu C]. 	<ul style="list-style-type: none"> A. <i>Transactions, Edit an Encounter</i> B. <i>Tables, Referral Source Table, Maintain Referral Source Codes</i> C. <i>Tables, Location Code Table, Maintain Location Codes</i> D. <i>System, Claims Management Menu, Billing Profile Rules</i> E. <i>Tables, Doctor Code Table, Maintain Doctor Codes</i> F. <i>System, Change Database Parameters</i> G. <i>Patient, Change Patient Data, Patient</i>
32a-NPI	<p>If the State for the database is set to Idaho (ID) [menu A] and the Insurance Form for this insurance carrier is 'D' [menu B], the Medicaid Facility Number will print only if the following criteria are NOT TRUE. If any of the following criteria is true then box 32A will be left blank:</p> <ul style="list-style-type: none"> • If Individual is selected for the Entity Type in the Billing Profile [menu C] and the address for the Ins Dr matches the address for the Location code. [menu D] • If the Pay To Address listed in the Billing Profile [menu C] matches the Location code address [menu D] • If the Address for the Location code [menu D] entered for the procedures stored in the Encounter [menu E] matches the Address of the database [menu A] <p>For all other claims, the Location NPI Number will print [menu D]</p>	<ul style="list-style-type: none"> A. <i>System, Database Maintenance Menu, Change Database Parameters</i> B. <i>Tables, Insurance Carrier Table, Maintain Insurance Carriers</i> C. <i>System, Claims Management Menu</i> D. <i>Tables, Location Code Table, Maintain Location Codes</i> E. <i>Transactions, Edit an Encounter</i>

CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
33- Billing Provider Info and Ph#	If the Insurance Form for this insurance carrier is not ' C ' [menu A], the Phone Number for the database will print [menu B].	<p>A. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p> <p>B. System, Database Maintenance Menu, Change Database Parameters</p>
33-Address	<p>If the State for the database is set to Washington (WA) [menu A] and the Immunization Code check box is selected for the procedure code [menu B], 'PO Box 94002' will print.</p> <p>If Entity is not selected for the Entity Type in the Billing Profile , the address for the Ins Dr will print</p> <p>If a Pay To Address is stored in the Billing Profile [menu C] it will print.</p> <p>For all other claims the Address of the database will print [menu A].</p>	<p>A. System, Database Maintenance Menu, Change Database Parameters</p> <p>B. Tables, Location Code Table, Maintain Location Codes</p> <p>C. System, Claims Management Menu</p>
33a	<p>If the claim is a <i>WA Immunization</i> ⁽⁶⁾ claim, the NPI '1699092718' will print.</p> <p>If an NPI Number is stored in the Billing Profile for this claim it will print [menu A].</p> <p>If an NPI Number is stored in the Group Tax ID/NPI Number Table it will print [menu B].</p>	<p>A. System, Claims Management Menu</p> <p>B. Tables, Doctor Code Table, Provider Number Table, Group Tax ID/NPI Table, Maintain the Group Tax ID/NPI Table</p>



CMS-1500 (02/12) Box	Data Source/Criteria	CGM webPRACTICE Data Location
33b	<p>The qualifier and the Group Provider Number [menu A] will print in this box <i>unless</i> any of the following conditions are met.</p> <ul style="list-style-type: none"> • If the State for this insurance carrier is 'AR' and the Insurance Form is 'D' this box will be left blank [menu B] • If the State for this insurance carrier is 'AZ' and the Insurance Form is 'D' this box will be left blank [menu B] • If the Insurance Form for this insurance carrier is 'C', this box will be left blank [menu B] • If the Suppress Legacy Numbers check box is selected in the <i>Electronic Claims Direct Connection Integration</i> function, this box will be left blank [menu C] • If a Taxonomy Code is entered and does not have the Electronic option selected, the Taxonomy Code will print [menu D] 	<p>A. Tables, Doctor Code Table, Provider Number Table, Provider Group Number Table, Maintain Dr Provider Group Numbers</p> <p>B. Tables, Insurance Carrier Table, Maintain Insurance Carriers</p> <p>C. System, Claims Management Menu</p> <p>D. Tables, Doctor Code Table, Provider Number Table, Group Taxonomy Number Table, Maintain Group Taxonomy Numbers</p>

Definitions:

1. **Medicare Primary** - the claim will be considered to be a Medicare Primary claim when:
 - The claim is for a primary carrier whose **Insurance Form** is '**C**' (Medicare).
2. **Medicare Secondary** - the claim will be considered to be a Medicare Secondary claim when:
 - The claim is for a secondary carrier whose **Insurance Form** is '**C**' (Medicare).
3. **CA Workman's Comp** - the claim will be considered to be a CA Workers' Comp claim when:
 - A Case is stored in the Encounter *and* the claim is for a carrier whose **Insurance Form** is '**B**' (Worker's Compensation) *and* the **State** in the *Insurance Carrier Code Table* contains '**CA**'
 - or*
 - The claim is for a carrier whose **Insurance Form** is '**CA**' (California Workman's Comp)
4. **Medigap Related** - the claim will be considered to be a Medigap-related claim when:
 - The claim is for a primary carrier whose **Insurance Form** is '**C**' (Medicare) and the *other* insurance carrier (not the carrier for this claim) has a **Medigap Provider #** that is *not* **CR** in the *Insurance Carrier Code Table*.
5. **Non-Medigap Related** - the claim will be considered to be a Non-Medigap-related claim when:
 - The claim is for a primary carrier whose **Insurance Form** is '**C**' (Medicare) and the *other* insurance carrier (not the carrier for this claim) does not have a **Medigap Provider #** or has a **Medigap Provider #** that *is* **CR** in the *Insurance Carrier Code Table*.
 - or*
 - The claim is for a secondary or tertiary carrier whose **Insurance Form** is '**C**' (Medicare).
6. **WA Immunization Claim**- the claim will be considered to be a WA Immunization claim when:
 - The **State** in the database is set to **WA** (Washington) (in *System, Database Maintenance Menu, Change Database Parameters*) and the claim contains procedure codes that have the **Immunization Code** check box selected in the *Procedure Code Table*.