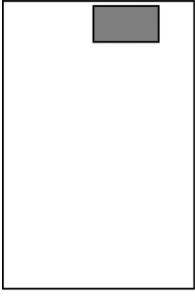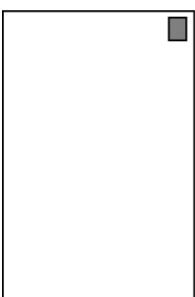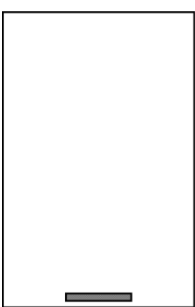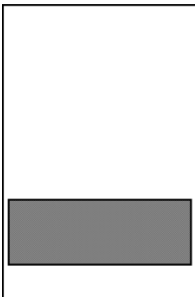# Completing the CMS 1500 0212 Universal Claim Form

This document contains the basic instructions for completing each field on the CMS 1500 0212 Universal Claim Form for commercial insurance companies. Users will also find directions for finding the appropriate location within MicroMD® where the system actually pulls information to print on the claim form.

> **STOP |** When referring to this document from another set of instructions, you must remember the appropriate **Type** from the **Form Options** tab where applicable..

	If the user has selected to show the insurance address at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Insurance address* checkbox, MicroMD will print this information as indicated in the drawing.
	If the user has selected to show the pending payor at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Pending payor* checkbox, MicroMD will print a *P*, *S*, or *T* in the area indicated in the drawing. This letter signifies the claim as *Primary*, *Secondary*, or *Tertiary*.
	For claim forms with multiple pages, users can have MicroMD print the word "CONTINUE" on the bottom of each page of the claim form (except the last page). Turn this option on by selecting the checkbox at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Show 'Continued' Label* checkbox.
	Indicate the number of lines allowed on the claim form by entering the number at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Procedure lines per page* field. A single line will always print in the first row on the claim form. After that, MicroMD can print two lines per row depending on line count. Refer to the *MicroMD PM Reference Manual* for information on the Group Procedures option.

CARRIER BLOCK

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
PICA | PICA | **CARRIER**

The carrier block is located in the upper center and right margin of the form. In order to distinguish this version of the form from previous versions, the Quick Response (QR) code symbol and the date approved by the NUCC have been added to the top, left-hand margin.

INSTRUCTIONS: Enter in the white, open carrier area the name and address of the payer to whom this claim is being sent. Enter the name and address information in the following format:

<table>
<tr><td rowspan="5">1st Line – Name
2nd Line – First line of address
3rd Line – Second line of address (if necessary)
4th Line – City, State (2 characters) and ZIP code</td><td>**Line**</td><td>**Descriptor**</td><td>**Type**</td><td>**Bytes**</td><td>**Columns**</td></tr>
<tr><td>4</td><td>Payer Name</td><td>A/N</td><td>41</td><td>38-78</td></tr>
<tr><td>5</td><td>Payer Address 1</td><td>A/N</td><td>41</td><td>38-78</td></tr>
<tr><td>6</td><td>Payer Address 2</td><td>A/N</td><td>41</td><td>38-78</td></tr>
<tr><td>7</td><td>Payer City State and ZIP</td><td>AN</td><td>41</td><td>38-78</td></tr>
</table>

For an address with three lines, enter it in the following format.

<table>
<tr><td rowspan="5">1st Line – Name
2nd Line – Line of address
3rd Line – Leave blank
4th Line – City, State (2 characters) and ZIP code</td><td>**Line**</td><td>**Descriptor**</td><td>**Type**</td><td>**Bytes**</td><td>**Columns**</td></tr>
<tr><td>4</td><td>Payer Name</td><td>A/N</td><td>41</td><td>38-78</td></tr>
<tr><td>5</td><td>Payer Address 1</td><td>A/N</td><td>41</td><td>38-78</td></tr>
<tr><td>6</td><td>Leave blank</td><td></td><td></td><td></td></tr>
<tr><td>7</td><td>Payer City State and ZIP</td><td>AN</td><td>41</td><td>38-78</td></tr>
</table>

Do not use punctuation (i.e. commas, periods) or other symbols in the address (e.g., "123 N Main Street 101" instead of "123 N. Main St., #101"). When entering a 9-digit ZIP code, include the hyphen. When printing page numbers on multiple-page claims (generally done by the clearinghouses when converting 5010A1 to the 1500 Claim Form), print the page numbers in the Carrier Block on line 8 beginning at column 32. Page numbers are to be printed as: Page XX of YY.

DESCRIPTION: The payer is the carrier, health plan, third-party administrator, or other payer that will handle the claim. This information directs the claim to the appropriate payer.

IN MICROMD: If the user has selected to show the insurance address at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Insurance address* checkbox, MicroMD will print this information as indicated in the drawing

ITEMS 1-13: PATIENT AND INSURED INFORMATION

> **NOTE |** If the patient can be identified by a unique Member Identification Number, the patient is considered to be the "insured". The patient is reported as the insured in the insured data fields and not in the patient fields.

ITEM 1

TITLE: Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other

INSTRUCTIONS: Indicate the type of health insurance coverage applicable to this claim by placing an X in the appropriate box. Only one box can be marked.

DESCRIPTION: "Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other" means the insurance type to which the claim is being submitted. "Other" indicates health insurance including HMOs, commercial insurance, automobile accident, liability, or worker's compensation. This information directs the claim to the correct program and may establish primary liability.

FIELD SPECIFICATIONS: This field allows for entry of 1 character in any box within the field.

IN MICROMD: MicroMD pulls this information from *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 1* drop-down list. If users select Medicare, an "X" is placed in the Medicare box, Medicaid places an 'X' in the Medicaid box, Champus places an 'X' in the Tricare box, Champva places an 'X' in the Champva box, Group Health Plan places an 'X' in the Group Health Plan box, FECA Blk Lung places an 'X' in the FECA Blk Lung box, Wisconsin Medicaid places a 'P' in the Medicaid box, Other places an 'X' in the Other box, Other – HIRSP places a 'P' in the Other box, and None leaves all the boxes unchecked.

ITEM 1a

1a. INSURED'S I.D. NUMBER   (For Program in Item 1)

TITLE: Insured's ID Number

INSTRUCTIONS: Enter the insured's ID number as shown on insured's ID card for the payer to which the claim is being submitted. If the patient has a unique Member Identification Number assigned by the payer, then enter that number in this field.

FOR WORKERS COMPENSATION CLAIMS: Enter employee ID.

FOR OTHER PROPERTY AND CASUALTY CLAIMS: Enter the Federal Tax ID or SSN of the insured person or entity.

DESCRIPTION: The "Insured's ID Number" is the identification number of the insured. This information identifies the insured to the payer.

FIELD SPECIFICATIONS: This field allows for entry of 29 characters.

IN MICROMD: MicroMD pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Policy* field of the designated plan.

ITEM 2

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

TITLE: Patient's Name

INSTRUCTIONS: Enter the patient's full last name, first name, and middle initial. If the patient uses a last name suffix (e.g. Jr., Sr.), enter it after the last name and before the first name. Titles (e.g. Sister, Capt., Dr.) and professional suffixes (e.g. PhD, MD, Esq) should not be included with the name.

Use commas to separate the last name, first name, and middle initial. A hyphen can be used for hyphenated names. Do not use periods within the name.

If the patient's name is the same as the insureds name, (i.e., the patient is the insured), then it is not necessary to report the patient's name.

DESCRIPTION: The "Patient's Name" is the name of the person who received the treatment or supplies.

FIELD SPECIFICATIONS: This field allows for entry of 28 characters.

IN MICROMD: MicroMD pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Detail* tab > *Last Name*, *First Name* and *MI* fields.

ITEM 3

TITLE: Patient's Birth Date, Sex

INSTRUCTIONS: Enter the patient's 8-digit birth date (MM | DD | YYYY). Enter an X in the correct box to indicate sex (gender) of the patient. Only one box can be marker. If sex is unknown, leave blank.

DESCRIPTION: The "Patient's Birth Date, Sex" is information that will identify the patient and it distinguishes persons with similar names..

FIELD SPECIFICATIONS: This field allows for entry of the following: 2 characters under MM, 2 characters under DD and four characters under YYYY. For Sex, 1 character in either box.

IN MICROMD: MicroMD pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Detail* tab > *DOB* and *Sex* fields.

ITEM 4

TITLE: Insured's Name

INSTRUCTIONS: Enter the insured's full last name, first name, middle initial. If the insured uses a last name suffix (e.g. Jr. Sr.), enter it after the last name and before the first name. Titles (e.g. Sister, Capt, Dr) and professional suffixes (e.g. PhD, MD, Esq) should not be included with the name.

Use commas to separate the last name, first name and middle initial. A hyphen can be used for hyphenated names. Do not use periods within the name.

FOR WORKERS COMPENSATION CLAIMS: Enter the name of the employer.

FOR OTHER PROPERTY AND CASUALTY CLAIMS: Enter the name of the insured person or entity.

DESCRIPTION: The "Insured's Name" identifies the person who holds this policy, which would be the employee for employer-provided health insurance.

FIELD SPECIFICATIONS: This field allows for entry of 29 characters.

IN MICROMD: If the patient is the insured, MicroMD enters the word SAME. If the patient is not the insured, and the insured is not an existing patient, the system pulls the name of the insured from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Insured Information* section. Otherwise, the system will pull the name from the insured's *Patient Detail* window.

Some insurance companies require that a practice enter the insured's name, even if the patient and the insured are the same. Turn this option on at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Suppress 'SAME' in Box 4* checkbox.

ITEM 5

5. PATIENT'S ADDRESS (No., Street)		
CITY		STATE
ZIP CODE	TELEPHONE (Include Area Code) ( )	

TITLE: Patient's Address (multiple fields)

INSTRUCTIONS: Enter the patient's address. The first line is for the street address; the second line, city and state; and the third line, ZIP code.

Do not use punctuation (i.e. commas, periods) or other symbols in the address (e.g. 123 N Main Street 101 instead of 123 N. Main St., #101). When entering a 9-digit zip code, include the hyphen.

If reporting a foreign address, contact payer for specific reporting instructions.

If the patient's address is the same as the insured's address, then it is not necessary to report the patient's address.

"Patient's Telephone" does not exist in 5010A1. The NUCC recommends that the phone number not be reported. Phone extensions are not supported.

FOR WORKERS COMPENSATION AND OTHER PROPERTY AND CASUALTY CLAIMS: If required by a payer to report a telephone number, do not use a hyphen or a space as a separator within the telephone number

DESCRIPTION: The "Patient's Address" is the patient's permanent residence. A temporary address or school address should not be used.

FIELD SPECIFICATIONS: This field allows for entry of the following: 28 characters for street address, 24 characters for city, 3 characters for state, 12 characters for ZIP code, 3 characters for area code and 10 characters for phone number.

IN MICROMD: MicroMD pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Detail* tab > *Address* fields

ITEM 6

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

TITLE: Patient Relationship to Insured

INSTRUCTIONS: Enter an X in the correct box to indicate the patient's relationship to the insured when Item 4 is completed. Only one box can be marked.

If the patient is a dependent but has a unique Member Identification Number and the payer requires the identification number to be reported on the claim, then report "Self", since the [patient is reported as the insured.

DESCRIPTION: The "Patient Relationship to Insured" indicates how the patient is related to the insured. "Self" would indicate that the insured is the patient. "Spouse" would indicate that the patient is the husband or wife or qualified partner, as identified by the insured's plan. "Other" would indicate that the patient is other than the self, spouse or child, which may include employee, ward and dependent, as defined by the insured's plan.

FIELD SPECIFICATIONS: This field allows for entry of 1 character in any box within the field.

IN MICROMD: MicroMD pulls the relationship from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Relation* field.

ITEM 7

```
7. INSURED'S ADDRESS (No., Street)


CITY                                          STATE

ZIP CODE          TELEPHONE (Include Area Code)
                      (        )
```

TITLE: Insured's Address (multiple fields)

INSTRUCTIONS: Enter the patient's address. The first line is for the street address; the second line, city and state; and the third line, ZIP code.

Do not use punctuation (i.e. commas, periods) or other symbols in the address (e.g. 123 N Main Street 101 instead of 123 N. Main St., #101). When entering a 9-digit zip code, include the hyphen.

If reporting a foreign address, contact payer for specific reporting instructions.

"Insured's Telephone" does not exist in 5010A1. The NUCC recommends that the phone number not be reported. Phone extensions are not supported.

FOR WORKERS COMPENSATION CLAIMS: Enter the address of the employer.

FOR OTHER PROPERTY AND CASUALTY CLAIMS: Enter the address of the insured noted in Item 4.

FOR WORKER'S COMPENSATION AND OTHER PROPERTY AND CASUALTY CLAIMS: If required by a payer to report a telephone number, do not use a hyphen or space as a separator within the telephone number.

DESCRIPTION: The "Insured's Address" is the insured's permanent residence, which may be different from the patient's address in Item 5.

FIELD SPECIFICATIONS: This field allows for entry of the following: 29 characters for street address, 23 characters for city, 4 characters for state, 12 characters for ZOP code, 3 characters for area code and 10 characters for the phone number.

IN MICROMD: If the patient is the insured, MicroMD leaves this item blank. If the patient is not the insured, and the insured is not an existing patient, the system pulls the address and telephone number of the insured from *Maint > Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Insured Information* section. If the insured is an existing patient, the system will pull the address from the insured's *Patient Detail* window.

ITEM 8

8. RESERVED FOR NUCC USE

TITLE: Reserved for NUCC Use

INSTRUCTIONS: This field was previously used to report "Patient Status". "Patient Status" does not exist in 5010A1, so this field has been eliminated.

This field is reserved for NUCC use. The NUCC will provide instructions for any use of this field.

DESCRIPTION: This field is reserved for NUCC use.

FIELD SPECIFICATIONS: None.

IN MICROMD: Not applicable.

ITEM 9

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

TITLE: Other Insured's Name

INSTRUCTIONS: If Item 11 is marked, complete fields 9, 9a and 9d. Otherwise, leave blank. When additional group health coverage exists, enter other insureds full last name, first name, and middle initial of the enrollee in another health plan if it is different from that shown in Item 2. If the insured uses a last name suffix (e.g. Jr, Sr.), enter it after the last name and before the first name. Titles (e.g. Sister, Capt, Dr) and professional suffixes (e.g. PhD, MD) should not be included with the name.

Use commas to separate the last name, first name and middle initial. A hyphen can be used for hyphenated names. Do not use periods within the name.

DESCRIPTION: The "Other Insured's Name" indicates that there is a holder of another policy that may cover the patient.

FIELD SPECIFICATIONS: This field allows for the entry of 28 characters.

IN MICROMD: If the patient is the insured, the system enters the word SAME. If the patient is not the insured, and the insured is not an existing patient, the system pulls the information of the insured from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Insured Information* section. Otherwise, the system will pull the name from the insured's *Patient Detail* window. If there are no supplemental/secondary benefits assigned, the system leaves this and fields 9a – 9d blank.

ITEM 9a

a. OTHER INSURED'S POLICY OR GROUP NUMBER

TITLE: Other Insured's Policy or Group Number

INSTRUCTIONS: Enter the policy or group number of the other insured,

Do not use a hyphen or space as a separator within the policy or group number.

DESCRIPTION: The "Other Insured's Policy or Group Number" identifies the policy or group number for coverage of the insured as indicated in Item 9.

FIELD SPECIFICATIONS: This field allows for the entry of 28 characters.

IN MICROMD: MicroMD pulls the policy number from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Policy* field of the designated plan.

ITEM 9b

b. RESERVED FOR NUCC USE

TITLE: Reserved for NUCC Use

INSTRUCTIONS: This field was previously used to report "Other Insured's Date of Birth, Sex". "Other Insured's Date of Birth, Sex" does not exist in 5010A1, so this field has been eliminated.

This field is reserved for NUCC use. The NUCC will provide instructions for any use of this field.

DESCRIPTION: This field is reserved for NUCC use.

FIELD SPECIFICATIONS: None.

IN MICROMD: Not applicable.

ITEM 9c

c. RESERVED FOR NUCC USE

TITLE: Reserved for NUCC Use

INSTRUCTIONS: This field was previously used to report "Employer's Name of School Name". "Employer's Name of School Name" does not exist in 5010A1, so this field has been eliminated.

This field is reserved for NUCC use. The NUCC will provide instructions for any use of this field.

DESCRIPTION: This field is reserved for NUCC use.

FIELD SPECIFICATIONS: None.

IN MICROMD: Not applicable.

ITEM 9d

d. INSURANCE PLAN NAME OR PROGRAM NAME

TITLE: Insurance Plan Name or Program Name

INSTRUCTIONS: Enter the other insured's insurance plan or program name.

DESCRIPTION: The "Insurance Plan Name or Program Name" identifies the name of the plan or program of the other insured as indicated in Item 9.

FIELD SPECIFICATIONS:

> **NOTE |** If the patient can be identified by a unique Member Identification Number, the patient is considered to be the "insured". The patient is reported as the insured in the insured data fields and not in the patient fields.

IN MICROMD: The system pulls the insurance plan or program name from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan). MicroMD uses the name that corresponds to the *Plan ID* of the designated supplemental insurance.

ITEMS 10a-10c

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous)
   ☐ YES   ☐ NO

b. AUTO ACCIDENT?   PLACE (State)
   ☐ YES   ☐ NO ____

c. OTHER ACCIDENT?
   ☐ YES   ☐ NO

TITLE: Is Patient's Condition Related To:

INSTRUCTIONS: When appropriate, enter an X in the correct box to indicate whether one of more of the services described in item 124 are for a condition or injury that occurred on the job or as a result of an automobile or other accident. Only one box on each line can be marked. The state postal code where the accident occurred must be reported it "YES" is marked in 10b for "Auto Accident". Any item marked "Yes" indicates there may be other applicable insurance coverage that would be primary, such as automobile liability insurance. Primary insurance information must then be shown in Item 11.

DESCRIPTION: This information indicates whether the patient's illness or injury is related to employment, auto accident or other accident. "Employment (current or previous)" would indicate that the condition is related to the patient's job or workplace. "Auto accident" would indicate that the condition is the result of an automobile accident. "Other accident" would indicate that the condition is the result of any other type of accident.

FIELD SPECIFICATIONS: This field allows for the entry of the following: 1 character in either box per each line and 2 characters in the Place/State field.

IN MICROMD: MicroMD gathers *CONDITION RELATED TO* information from the *Claim Transactions* window that appears after a user enters the patient's charges. The system checks the appropriate box (*Employment*, *Auto Accident* or *Other Accident*) on the CMS form based on the user's selection of the checkboxes (*Employment Related*, *Auto Accident*, and/or *Other Accident*) on the *Claim Transactions* window.

MicroMD enters the *PLACE (State)* information from the same section of the *Claim Transactions* window.

ITEM 10d

> 10d. CLAIM CODES (Designated by NUCC)

TITLE: Claim Codes (Designated by NUCC)

INSTRUCTIONS: When applicable, use to report appropriate claim codes. Applicable claim codes are designated by NUCC. Please refer to the most current instructions from the public or private payer regarding the need to report claim codes.

When required by payers to provide the sub-set of Condition codes approved by the NUCC, enter the Condition code in this field. The condition codes approved for use on the 1500 Claim Form are available at www.nucc.org under Code Sets.

When reporting more than one code, enter three blank spaces and then the next code.

FOR WORKERS COMPENSATION CLAIMS: Condition codes are required when submitting a bill that is a duplicate or an appeal. (Original Reference Number must be entered in Box 22 for these conditions).

> **NOTE |** Do not use Condition codes when submitting a revised or corrected bill.

DESCRIPTION: The "Claim Codes" identify additional information about the patient's condition or the claim.

FIELD SPECIFICATIONS: This field allows for the entry of 19 characters.

IN MICROMD: This prints the information entered in the 'Block 10d' field on the Claim Transactions window. The text is limited to 19 characters, just as the specs for the 0212 indicate.

ITEM 11

> 11. INSURED'S POLICY GROUP OR FECA NUMBER

TITLE: Insured's Policy, Group or FECA Number

INSTRUCTIONS: Enter the insured's policy or group number as it appears on the insured's health care identification card. If Item 4 is completed, then this field should be completed.

Do not use a hyphen or space as a separator within the policy or group number.

DESCRIPTION: The "Insured's Policy, Group or FECA Number" is the alphanumeric identifier for the health, auto or other insurance plan coverage. The FECA number is the 9-digit alphanumeric identifier assigned to a patient claiming work-related condition(s) under the Federal Employees Compensation Act 5 USC 8101.

FIELD SPECIFICATION: This field allows for the entry of 29 characters.

IN MICROMD: The system pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Group No* field.

ITEM 11a

TITLE: Insured's Date of Birth, Sex

INSTRUCTIONS: Enter the 8-digit date of birth (MM | DD | YYYY) of the insured and an X to indicate the sex (gender) of the insured. Only one box can be marked. If gender is unknown, leave blank.

DESCRIPTION: The "Insured's Date of Birth, Sex" is the birth date and gender of the insured as indicated in Item 1a.

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YYYY and 1 character in either box.

IN MICROMD: If the patient is the insured, MicroMD leaves this item blank. If the patient is not the insured, and the insured is not an existing patient, the system pulls the date of birth of the insured from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan) > *Insured Information* section. Otherwise, the system will pull the date of birth from the insured's *Patient Detail* window.

ITEM 11b

TITLE: Other Claim ID (Designated by NUCC)

INSTRUCTIONS: Enter the "Other Claim ID". Applicable claim identifiers are designated by the NUCC. The following qualifier and accompanying identifier has been designated for use

> Y4   Property Casualty Claim Number

Enter the qualifier to the left of the vertical dotted line. Enter the identifier number to the right of the vertical dotted line.

FOR WORKERS COMPENSATION OR PROPERTY & CASUALTY: Required if known. Enter the claim number assigned by the payer.

DESCRIPTION: The "Other Claim ID" is another identifier applicable to the claim.

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters to the left of the vertical dotted line and 28 characters to the right of the dotted line.

IN MICROMD: This prints the information entered into the 'Block 11b' field on the Claim Transactions window and defaults to a qualifier of Y4. ***Note: this is only valid in V10.0, it was not included in 9.0.

ITEM 11c

c. INSURANCE PLAN NAME OR PROGRAM NAME

TITLE: Insurance Plan Name or Program Name

INSTRUCTIONS: Enter the name of the insurance plan or program of the insured. Some payers require an identification number of the primary insurer rather than the name in this field.

DESCRIPTION: The "Insurance Plan Name or Program Name" is the name of the plan or program of the insured as indicated in Item 1a.

FIELD SPECIFICATION: This field allows for the entry of 28 characters.

IN MICROMD: The system pulls this information from *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan). MicroMD uses the name that corresponds to the *Plan ID* of the designated insurance.

ITEM 11d

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
☐ YES ☐ NO *If yes*, complete items 9, 9a, and 9d.

TITLE: Is there another Health Benefit Plan?

INSTRUCTIONS: When appropriate, enter an X in the correct box. If marked "YES", complete 9, 9a and 9d. Only one box can be marked.

DESCRIPTION: "Is there another Health Benefit Plan?" indicates that the patient has insurance coverage other than the plan indicated in Item 1.

FIELD SPECIFICATION: This field allows for the entry of 1 character in either box.

IN MICROMD: MicroMD checks for a secondary or tertiary insurance entry for this patient and automatically marks the YES or NO box accordingly.

ITEM 12

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
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 _____

TITLE: Patient's or Authorized Person's Signature

INSTRUCTIONS: Enter "Signature on File", "SOF" or legal signature. When legal signature, enter the date signed in 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) format. If there is no signature on file, leave blank or enter "No Signature on File".

DESCRIPTION: The "Patient's or Authorized Person's Signature" indicates that there is an authorization on file for the release of any medical of other information necessary to process and/or adjudicate the claim.

FIELD SPECIFICATION: Use the space available to enter signature/information and date.

IN MICROMD: If the practice has a patient's signature on file authorizing the release of any medical or other information necessary to process the claim, checkmark the *SOF* box found at *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan). Checking this box enters the words "Signature on File" in box 12 of the CMS form. MicroMD prints the date the user printed the form in this item (in MM DD CCYY format).

Item 13

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
payment of medical benefits to the undersigned physician or supplier for
services described below.

SIGNED _____

TITLE: Insured's or Authorized Person's Signature

INSTRUCTIONS: Enter "Signature on File", "SOF" or legal signature. If there is no signature on file, leave blank or enter "No Signature on File".

DESCRIPTION: The "Insured's or Authorized Person's Signature" indicates that there is a signature on file authorizing payment of medical benefits.

FIELD SPECIFICATION: Use the space available to enter signature/information.

IN MICROMD: If the practice has the insured's signature on file authorizing payment of medical benefits to the physician or supplier, checkmark the *Assign Benefits* box found at *Maint* > *Patient* (select the appropriate patient) > *Plan Sets* tab (select the appropriate plan). Checking this box enters the words "Signature on File" in box 13 of the form.

ITEMS 14-33: PHYSICIAN OR SUPPLIER INFORMATION

ITEM 14

TITLE: Date of Current Illness, Injury or Pregnancy (LMP)

INSTRUCTIONS: Enter the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) date of the first date of the present illness, injury or pregnancy. For pregnancy, use the date of the last menstrual period (LMP) as the first date.

Enter the applicable qualifier to identify which date is being reported.

> 431   Onset of Current Symptoms or Illness
>
> 484   Last menstrual Period

Enter the qualifier to the right of the vertical dotted line.

DESCRIPTION: The "Date of Current Illness, Injury or Pregnancy" identifies the first date of onset of illness, the actual date of injury or the LMP for pregnancy..

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YY and 3 characters to the right of the vertical dotted line.

IN MICROMD: The system pulls this date from the *Injury/LMP* field on the *Claim Transaction* window when entering or editing charges for this patient.

ITEM 15

TITLE: Other Date

INSTRUCTIONS: Enter another date related to the patient's condition or treatment. Enter the date in the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) format.

Enter the applicable qualifier to identify which date is being reported.

454	Initial Treatment	471	Prescription
304	Latest Visit or Consultation	090	Report Start (Assumed Care Date)
453	Acute manifestation of a Chronic Condition	091	Report End (Relinquished Care Date)
439	Accident	444	First Visit or Consultation
455	Last X-ray		

Enter the qualifier to the right of the vertical dotted line.

QUALIFIERS: Currently, the qualifier for item 15 defaults to 304.

DESCRIPTION: The "Date of Current Illness, Injury or Pregnancy" identifies the first date of onset of illness, the actual date of injury or the LMP for pregnancy..

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YY and 3 characters to the right of the vertical dotted line.

IN MICROMD: The system pulls this date from the *Injury/LMP* field on the *Claim Transaction* window when entering or editing charges for this patient.

ITEM 16

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM   DD   YY   MM   DD   YY
FROM   TO

TITLE: Dates Patient Unable to Work in Current Occupation

INSTRUCTIONS: If the patient is employed and is unable to work in the current occupation, a 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) date must be shown for the "from-to" dates that the patient is unable to work. An entry into this field may indicate employment-related insurance coverage.

DESCRIPTION: "Dates Patient Unable to Work in Current Occupation" is the time span the patient is or was unable to work.

FIELD SPECIFICATION: This field allows for the entry of the following in each of the date fields: 2 characters under MM, 2 characters under DD and 4 characters under YY.

IN MICROMD: The system pulls this date from the *Disability Frm* and *Disability To* fields on the *Claim Transaction* window when entering or editing charges for this patient.

ITEM 17

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

TITLE: Name of Referring Provider or Other Source

INSTRUCTIONS: Enter the name (First Name, Middle Initial, Last name) followed by the credentials of the professional who referred or ordered the service(s) or supply(ies) on the claim.

If multiple providers are involved, enter one provider using the following priority order:

1. Referring Provider
2. Ordering Provider
3. Supervising Provider

Do not use periods or commas. A hyphen can be used for hyphenated names.

Enter the applicable qualifier to the left of the vertical dotted line. to identify which provider is being reported

> DN – Referring Provider
>
> DK – Ordering Provider
>
> DQ – Supervising Provider

DESCRIPTION: The name entered is the referring provider, ordering provider or supervising provider who referred, ordered or supervised the service(s) or supply(ies) in the claim. The qualifier indicates the role of the provider being reported.

FIELD SPECIFICATION: This field allows for the entry of 2 characters to the left of the vertical dotted line and 24 characters to the right of the line.

IN MICROMD: The system pulls the physician's name from the *Referral* field on the *Claim Transaction* window when entering or editing charges for this patient. MicroMD will print in the priority order indicated on the 0212 specs. If the referral, ordering, and supervising fields are all filled in within the Claim Transactions window, MicroMD

will print the referring provider with the DN qualifier. If the referring doctor is blank, MicroMD will print the ordering provider with the DK qualifier. If the previous two fields are blank, MicroMD will print the supervising provider with the DQ qualifier.

ITEMS 17a AND 17b (Split Field)

17a.	
17b.	NPI

TITLE 17 a: Other ID#

INSTRUCTIONS: The Other ID number of the referring, ordering or supervising provider is reported in 17a in the shaded area. The qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a.

The NUCC defines the following qualifiers used in 5010A1:

        0B   State License Number

        1G   Provider UPIN Number

        G2   Provider Commercial Number

        LU   Location Number (This qualifier is used for Supervising Provider only.)

DESCRIPTION: The non-NPI ID number of the referring, ordering or supervising provider is the unique identifier of the professional or provider designated taxonomy code.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the qualifier field and17 characters in the Other ID# field.

IN MICROMD: MicroMD finds this information in the following field: *Maint* > *Referring Doctor* (select the appropriate referring doctor) > *Insurance ID* tab (appropriate *Insurance Class*). If this tab contains no ID for the referring physician for that *Insurance Class*, then the system checks the *Detail* tab for a value in the *UPIN* field.

TITLE 17b: NPI#

INSTRUCTIONS: Enter the NPI number of the referring, ordering or supervising provider in item 17b.

The NUCC defines the following qualifiers used in 5010A1:

        0B   State License Number

        1G   Provider UPIN Number

        G2   Provider Commercial Number

        LU   Location Number (This qualifier is used for Supervising Provider only.)

DESCRIPTION: The NPI number refers to the HIPAA National Provider Identification number..

FIELD SPECIFICATION: This field allows for the entry of a 10-digit NPI number.

IN MICROMD: The system checks the selection chosen at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 17 lower* drop-down.

ITEM 18

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
MM | DD | YY   MM | DD | YY
FROM   TO

TITLE: Hospitalization Dates Related to Current Services

INSTRUCTIONS: Enter the in-patient 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) hospital admission date followed by the discharge date (if discharge has occurred). If not discharged, leave the discharge date blank. This date is when a medical service is furnished as a result of, or subsequent to, a related hospitalization.

DESCRIPTION: The "Hospitalization Dates Related to Current Services" would refer to any inpatient stay and indicates the admission and discharge dates associated with the service(s) on the claim.

FIELD SPECIFICATION: This field allows for the entry of the following in each of the date fields: 2 characters under MM, 2 characters under DD and 4 characters under YY.

IN MICROMD: The system pulls this date from the *Admission* and *Discharge* fields on the *Claim Transaction* window when entering or editing charges for this patient.

ITEM 19

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

TITLE: Additional Claim Information (As designated by NUCC)

INSTRUCTIONS: Please refer to the most current instructions from the public or private payer regarding the use of this field. Some payers ask for certain identifiers in this field. If identifiers are reported in this field, enter the appropriate qualifiers describing the identifier. Do not enter a space, hyphen or other separator between the qualifier code and the number.

The NUCC defines the following qualifiers used in 5010A1:

0B	State License Number
1G	Provider UPIN Number
G2	Provider Commercial Number
LU	Location Number (This qualifier is used for Supervising Provider only.)
N5	Provider Plan Network Identification Number
SY	Social Security Number (The social security number may not be used for Medicare.)
X5	State Industrial Accident Provider Number
ZZ	Provider Taxonomy (The qualifier in the 5010A1 for Provider Taxonomy is PXC, but ZZ will remain the qualifier for the 1500 Claim Form.)

The above list contains both provider identifiers, as well as the provider taxonomy code. The provider identifiers are assigned to the provider either by a specific payer or by a third party in order to uniquely identify the provider. The taxonomy code is designated by the provider in order to identify his/her provider type, classification and/or area of specialization. Both provider identifiers and provider taxonomy may be used in this field.

When reporting a second idem of data, enter three blank spaces and then the next qualifier and number/code/information.

FOR WORKERS COMPENSATION: Required based on Jurisdictional Workers' Compensation Guidelines.

When reporting Supplemental Claim Information, use the qualifier PWK for data, followed by the appropriate Report Type code, the appropriate Transmission Type Code, then the Attachment Control Number. Do not enter spaces between qualifiers of data. The NUCC defines the following qualifiers used in 5010!1:

REPORT TYPE CODES

03 – Report Justifying Treatment Beyond Utilization

04 – Drugs Administered

05 – Treatment Diagnosis

06 – Initial Assessment

07 – Functional Goals

08 – Plan of Treatment

09 – Progress Report

10 – Continued Treatment

11 – Chemical Analysis

13 – Certified Test Report

15 – Justification for Admission

21 – Recovery Plan

A3 – Allergies / Sensitivities Document

A4 – Autopsy Report

AM – Ambulance Certification

AS – Admission Summary

B2 – Prescription

B3 – Physician Order

B4 – Referral Form

BR – Benchmark Testing Results

BS – Baseline

BT – Blanket Test Results

CB – Chiropractic Justification

CK – Consent Form(s)

CT – Certification

D2 – Drug Profile Document

DA – Dental Models

DB – Durable Medical Equipment Prescription

DG – Diagnostic Report

DJ – Discharge Monitoring Report

DS – Discharge Summary

EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)

HC – Health Certificate

HR – Health Clinic Records

I5 – Immunization Record

IR – State School Immunization Records

LA – Laboratory Results

M1 – Medical Record Attachment

MT – Models

NN – Nursing Notes

OB – Operative Note

OC – Oxygen Content Averaging Report

OD – Orders and Treatments Document

OE – Objective Physical Examination (including vital signs) Document

OX – Oxygen Therapy Certification

OZ – Support Data for Claim

P4 – Pathology Report

P5 – Patient Medical History Document

PE – Parenteral or Enteral Certification

PN – Physical Therapy Notes

PO – Prosthetics or Orthodontic Certification

PQ – Paramedical Results

PY – Physician's Report

PZ – Physical Therapy Certification

RB – Radiology Films

RR – Radiology Reports

RT – Report of Tests and Analysis Report

RX – Renewable Oxygen Content Averaging Report

SG – Symptoms document

V5 – Death Notification

XP – Photographs

TRANSMISSION TYPE CODES

AA – Available on Request at Provider site

BM – By Mail

DESCRIPTION: "Additional claim Information" identifies additional information about the patient's condition or the claim.

FIELD SPECIFICATION: This field allows for the entry of 71 characters.

IN MICROMD: This prints the information entered in the 'Block 19' field on the Claim Transactions window. This is a free typing field where the user will need to type the appropriate qualifiers along with the additional claim information.

ITEM 20

TITLE: Outside Lab? $Charges

INSTRUCTIONS: Complete this field when billing for purchased services by entering an X in "YES". A "YES" mark indicates that the reported service was provided by an entity other than the billing provider (for example, services subject to Medicare's anti-markup rule.) A "NO" mark or blank indicates that no purchased services are included on the claim.

If "YES" is annotated, enter the purchase price under "$Charges" and complete Item 32. Each purchased service must be reported on a separate claim form as only one charge can be entered.

When entering the charge amount, enter the amount in the field to the left of the vertical line. Enter the number right-justified to the left of the vertical line. Enter 00 for cents if the amount is a whole number. Do not use dollar signs, commas or decimals when reporting amounts. Negative dollar amounts are not allowed. Leave the right-hand field blank.

DESCRIPTION: "Outside Lab? $Charges" indicates that services have been rendered by an independent provider as indicated in Item 32 and the related costs.

FIELD SPECIFICATION: This field allows for the entry of the following: 1 character in either box in the Outside Lab area and 8 characters to the left of the vertical line and 2 characters to the right of the vertical line in the $Charges area.

IN MICROMD: MicroMD checks the YES or NO box based on whether or not the *Outside Lab* checkbox is checked on the *Claim Transaction* window that appears once a user has entered charges for this patient. MicroMD pulls the charges from the *Lab Charges* field.

ITEM 21

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. |_____ B. |_____ C. |_____ D. |_____
E. |_____ F. |_____ G. |_____ H. |_____
I. |_____ J. |_____ K. |_____ L. |_____

TITLE: Diagnosis or Nature of Illness or Injury

INSTRUCTIONS: Enter the applicable ICD indicator to identify which version of ICD codes is being reported.

> 9 – ICD-9-CM
>
> 0 – ICD-10-CM

Enter the indicator between the vertical dotted lines in the upper-right portion of the field.

Enter the codes to identify the patient's diagnosis and/or condition. List no more than 12 ICD-9-CM or ICD-10-CM diagnosis codes. Relate lines A-L to the lines of service in 24e by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.

DESCRIPTION: The "ICD Indicator" identifies the version of the ICD code set being reported. The "Diagnosis or Nature of Illness of Injury" is the sign, symptom, complaint or condition of the patient relating to the service(s) on the claim.

FIELD SPECIFICATION: This field allows for the entry of a 1 character indicator and 12 diagnosis codes at a maximum of 7 characters n length.

IN MICROMD: The system pulls the diagnosis codes from the diagnosis fields *a._____, b._____, c._____, d._____, e._____, f._____, g._____, h._____, i._____, j._____, k._____ and l._____* on the *Charges* window when entering or editing charges for this patient. Some insurance companies also require the description of the diagnosis. Turn this option on at **Setup** > **Miscellaneous Preferences** > **Form Type** tab (select the appropriate **Form Type**) > **Form Options** tab (select *CMS 1500 2012* as the **Form** and *Universal 1500* as the **Type**) > **Print Options** section > **Diagnosis Description** checkbox.

ITEM 22

22. RESUBMISSION CODE	ORIGINAL REF. NO.

TITLE: Resubmission AND/OR Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field.

When resubmitting a claim, enter the appropriate bill frequency code left-justified to the left side of the field

> 7 – Replacement of prior claim

> 0 – Void / cancel of prior claim

This item number is not intended for use for original claim submissions.

DESCRIPTION: "Resubmission" means the code and the original reference number assigned by the destination payer or receiver to initiate a previously submitted claim or encounter.

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref.

IN MICROMD: If an insurance company requires this information, MicroMD pulls the value from the *Medicaid Resub code/RA* and the *Original-Ref No/CRN* fields on the *Claim Modification* window. Access the *Claim Modification* window by clicking the **More** button on the *Claim Transaction* window that appears when entering or editing charges for the patient.

ITEM 23

23. PRIOR AUTHORIZATION NUMBER

TITLE: Prior Authorization Number

INSTRUCTIONS: Enter any of the following: prior authorization number, referral number, mammography pre-certification number, or Clinical Laboratory Improvement Amendments (CLIA) number, as assigned by the payer for the current service.

Do not enter hyphens or spaces within the number.

DESCRIPTION: The "Prior Authorization Number" is the payer-assigned number authorizing the service(s).

FIELD SPECIFICATION: This field allows for the entry of 29 characters.

IN MICROMD: MicroMD pulls data for this box from the *Prior Authorization* field on the *Claim Transaction* window that appears once a user has entered charges for this patient. If there is no *Prior Authorization* number entered, MicroMD checks for a *Hospice Provider No* on the same window.

Users can have MicroMD print the CLIA number in this box if no *Prior Authorization* or *Hospice Provider* number exists. Turn this option on at **Setup** > **Miscellaneous Preferences** > **Form Type** tab (select the appropriate **Form Type**) > **Form Options** tab (select *CMS 1500 0212* as the **Form** and *Universal 1500* as the **Type**) > **Print Options** section > **Clia No** checkbox. With a checkmark in this box and a procedure in Item 24 marked with the CLIA flag (**Maint** > **Procedure** (select the appropriate procedure) > **Detail** tab), MicroMD checks for the CLIA number in the following order:

Maint > *Practice* (select the appropriate practice) > *Location* tab
Maint > *Practice* (select the appropriate practice) > *Practice* tab
Maint > *Provider* (select the appropriate provider) > *Provider Detail*

ITEM 24

24. A. DATE(S) OF SERVICE						B. PLACE OF	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS	F.	G. DAYS OR	H. EPSDT Family	I. ID.	J. RENDERING
From			To			SERVICE	EMG	CPT/HCPCS	MODIFIER	POINTER	$ CHARGES	UNITS	Plan	QUAL.	PROVIDER ID. #
MM	DD	YY	MM	DD	YY										
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	

INSTRUCTIONS: Supplemental information can only be entered with a corresponding, completed service line. The six service lines in section 24 have been divided horizontally to accommodate submission of both the NPI and another / proprietary identifier and to accommodate the submission of supplemental information to support the billed service. The top area of the six service lines is shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 lines of service.

The supplemental information is to be placed in the shaded section of 24a through 24g as defined in each Item Number. Providers must verify requirements for this supplemental information with the payer.

FIELD SPECIFICATION: The shaded area of lines 1 through 6 allow for the entry of 39 characters from the beginning of 24a to the end of 24g.

IN MICROMD: See the individual sections of Item 24 on the following pages for explanations of how and where these items are pulled from MicroMD.

ITEM 24a

24. A.		DATE(S) OF SERVICE			
	From			To	
MM	DD	YY	MM	DD	YY

TITLE: Date(s) of Service [lines 1-6]

INSTRUCTIONS: Enter date(s) of service, both the "From" and "To" dates. If there is only one date of service, enter that date under "From". Leave "To" blank or re-enter the "From" date. If grouping services, the place of service, procedure code, charges and individual provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in 24g.

When required by payers to provide additional narrative description of an unspecified code, NDC, contract rate or tooth numbers and areas of the oral cavity enter the applicable qualifier and number / code / information starting with the first space in the shaded line of this field. Do not enter a space, hyphen or other separator between the qualifier and the number / code / information. The information may extend to 24g.

DESCRIPTION: "Date(s) of Service" indicates the actual month, day and year the service(s) was provided. Grouping services refers to a charge for a series of identical services without listing each date of service.

FIELD SPECIFICATION: This field allows for the entry of the following in each of the unshaded data fields: 2 characters under MM, 2 characters under DD and 2 characters under YY.

IN MICROMD: MicroMD will always print the *From* date. Users must turn on the option to print the *To* date (see next paragraph). The system pulls the service dates from the *Date From* and *Date To* fields of the *Charges* window when entering or editing charges for the patient. These dates will always be in an 8-digit format (MM/DD/CCYY).

Users must turn on the option to print the *To* date at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Service date to* checkbox. If this option is not checked, MicroMD will not print the date, even if the service spans multiple days.

If documentation exists for a procedure, MicroMD will print this text in the gray area above the line item on the claim if the *Documentation* checkbox is checked on *Form Options* tab. MicroMD begins this documentation in the gray area of 24D by default; however, you can change this by making the appropriate selection on the *Form Options* tab. This applies to NDC information, as well.

ITEM 24b

| B. |
| PLACE OF |
| SERVICE |

TITLE: Place of Service [lines 1-6]

INSTRUCTIONS: In 24b, enter the appropriate two-digit code from the Place of Service Code list for each item used or service performed. The Place of Service Codes are available at http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

DESCRIPTION: The "Place of Service" Code identifies the location where the service was rendered.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the unshaded area.

IN MICROMD: MicroMD pulls the place of service information from the *POS* column of the *Charges* window. For non-standard POS codes that may be specific to an individual company, MicroMD pulls the information from *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Type POS* tab. This allows users to enter the code preferred by the insurance company for a place of service.

If documentation exists for a procedure, MicroMD will print this text in the gray area above the line item on the claim if the *Documentation* checkbox is checked on *Form Options* tab. MicroMD begins this documentation in the gray area of 24D by default; however, you can change this by making the appropriate selection on the *Form Options* tab.

ITEM 24c

TITLE: EMG [lines 1-6]

INSTRUCTIONS: Check with the payer to determine if this information (emergency indicator) is necessary. If required, enter a Y for "YES" or leave blank if "NO" in the bottom, unshaded area of the field. The definition of emergency would be either defined by federal or state regulations or programs, payer contracts, or as defined in 5010A1.

DESCRIPTION: "EMG" identifies if the service was an emergency.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the unshaded area.

IN MICROMD: MicroMD marks a "Y" for this item if the user checks the *Emergency* checkbox found on the *Claim Transactions* window that appears when entering or editing a patient's charges. Otherwise, the system leaves the item blank.

If documentation exists for a procedure, MicroMD will print this text in the gray area above the line item on the claim if the *Documentation* checkbox is checked on *Form Options* tab. MicroMD begins this documentation in the gray area of 24D by default; however, you can change this by making the appropriate selection on the *Form Options* tab.

ITEM 24d

TITLE: Procedures, Services, or Supplies [lines 1-6]

INSTRUCTIONS: Enter the CPT or HCPCS code(s) and modifier(s) (if applicable) from the appropriate code set in effect on the date of service. This field accommodates the entry of up to four 2-digit modifiers. The specific procedure code(s) must be shown without narrative description.

DESCRIPTION: "Procedures, Services, or Supplies" identify the medical services and procedures provided to the patient.

FIELD SPECIFICATION: This field allows for the entry of the following: 6 characters in the unshaded area of the CPT/HCPCS field and four sets of 2 characters in the Modifier area..

IN MICROMD: MicroMD pulls this information from the *Proc* column of the *Charges* window. The system prints the first five characters entered in this field, starting at the left. The system finds the modifiers, if applicable, in the *M1*, *M2*, *M3* and *M4* columns of the *Charges* window, right next to the *POS* column. If documentation exists for a procedure, MicroMD will print this text in the gray area above the line item on the claim if the *Documentation* checkbox is checked on *Form Options* tab. MicroMD begins this documentation in the gray area of 24D by default; however, you can change this by making the appropriate selection on the *Form Options* tab.

> **NOTE |** MicroMD will substitute and print any equivalent codes set up under each procedure by Insurance Class (on the Code tab). Refer to your *MicroMD Reference Manual* for more information.

For anesthesia claims: To print the period following the procedure code (START time, END time, and TOTAL MINUTES from the Anesthesia Transaction window), be sure to checkmark the Print Anesthesia Period checkbox on the Anesthesia Transaction window. They will print:

Gray area above procedure line: `BEGIN hhmm   END hhmm   Time nnn minutes`

To print BASE UNITS and TIME UNIT (from the Anesthesia Transaction window), turn this option on at *Maint* > *Plan* (select the appropriate plan) > *Anesthesia/ID* tab > Print Unit breakdown checkbox.

Gray area above procedure line: `BEGIN hhmm   END hhmm`

ITEM 24e

TITLE: Diagnosis Pointer [lines 1-6]

INSTRUCTIONS: In 24e, enter the diagnosis code reference letter (pointer) as shown in Item 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. The reference letter(s) should be A – L or multiple letters as applicable. ICD-9-CM (or ICD-10-CM, once mandated) diagnosis codes must be entered in Item 21 only. Do not enter them in 24e.

Enter letters left justified in the field. Do not use commas between the letters.

DESCRIPTION: The "Diagnosis Pointer" is the line letter from Item 21 that relates to the reason the service(s) was performed.

FIELD SPECIFICATION: This field allows for the entry of 4 characters in the unshaded area.

IN MICROMD: MicroMD pulls the diagnosis code reference letter from the *Diag* column of each procedure in the *Charges* window. As required by the insurance company, users can print just the pointers (reference letters) or the full diagnosis code of the first pointer in that column. Locate this option at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 24e* drop-down list.

ITEM 24f

```
        F.
    $ CHARGES
```

TITLE: $Charges [lines 1-6]

INSTRUCTIONS: Enter the charge for each listed service.

Enter the number right justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Negative dollar amounts are not allowed. Dollar signs should not be entered. Enter 00 in the cents area if the amount is a whole dollar.

DESCRIPTION: "$Charges" is the total billed amount for each service line.

FIELD SPECIFICATION: This field allows for the entry of 6 characters to the left of the vertical line and 2 characters to the right of the vertical line in the unshaded area.

IN MICROMD: The system pulls the charges listed for each service from the *Fee* column of the *Charges* window. If the insurance requires that no decimals appear on the claim form, you can turn this option off at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *Print Options* section > *Show Decimal In Fees* checkbox. Uncheck the checkbox to leave out the decimals on the form.

Item 24g

TITLE: Days or Units [lines 1-6]

INSTRUCTIONS: Enter the number of days or units. This field is most commonly used for multiple visits, units of supplies, anesthesia unites or minutes, or oxygen volume. If only one service is performed, the numeral 1 must be entered.

Enter numbers left-justified in the field. No leading zeroes are required. If reporting a fraction of a unit, use the decimal point.

> **STOP |** Anesthesia services must be reported as minutes. Units may only be reported for anesthesia services when the code description includes a time period (such as "daily management").

DESCRIPTION: "Days or Units" is the number of days corresponding to the dates entered in 24a or units as defined in CPT or HCPCS coding manual(s).

FIELD SPECIFICATION: This field allows for the entry of 3 characters in the unshaded area.

IN MICROMD: MicroMD pulls the units for each procedure from the *Unit* column of the *Charges* window.

For anesthesia claims: To print the minutes in Item 24g, be sure to select the Print Minutes radio button on the Anesthesia Transaction window. MicroMD will then print the minutes, found on this window, on the claim form.

ITEM 24h

TITLE: EPSDT/Family Plan [lines 1-6]

INSTRUCTIONS: For early and periodic screening, diagnosis, and treatment related services, enter the response in the shaded portion of the field as follows:

If there is no requirement (e.g., state requirement) to report a reason code for EPDST, enter Y for "YES" or N for "NO" only.

If there is a requirement to report a reason code for EPDST, enter the appropriate reason code as notes below. (A Y or N response is not entered with the code.) The two-character code is right-justified in the shaded area of the field.

The following codes for EPSDT are used in 5010A1:

> AV – Available – Not Used (Patient refused referral)

> S2 – Under Treatment (Patient is currently under treatment for a referred diagnostic or corrective health problem.)

> ST – New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with a screening provider for diagnostic or corrective treatment for at least one health problem identified during and initial or periodic screening service, not including dental referrals.)

> NU – Not Used (Used when no EPSDT patient referral was given.)

If the service is Family Planning, enter Y for "YES" or N for "NO" in the bottom unshaded area of the field.

DESCRIPTION: The "EPSDT/Family Plan" identifies certain services that may be covered under some state plans..

FIELD SPECIFICATION: This field allows for the entry of 1 character in the unshaded area.

IN MICROMD: If the EPSDT box is checked on the Claim Transactions window, MicroMD will place a Y in the unshaded section of this field. If the box is not checked, it will leave the field blank on the form.

ITEM 24i

I. ID. QUAL.
NPI
NPI
NPI
NPI
NPI
NPI

TITLE: ID Qualifier [lines 1-6]

INSTRUCTIONS: In the shaded area, enter the qualifier identifying if the number is a non-NPI. The Other ID# of the rendering provider should be reported in 24j in the shaded area.

The NUCC defines the following qualifiers used in 5010A1:

0B	State License Number
1G	Provider UPIN Number
G2	Provider Commercial Number
LU	Location Number
ZZ	Provider Taxonomy (The qualifier in the 5010A1 for Provider Taxonomy is PXC, but ZZ will remain the qualifier for the 1500 Claim Form.)

The above list contains both provider identifiers, as well as the provider taxonomy code. The provider identifiers are assigned to the provider either by a specific payer or by a third party in order to uniquely identify the provider. The taxonomy code is designated by the provider in order to identify his/her provider type, classification, and/or area of specialization. Both provider identifiers and provider taxonomy may be used in this field.

The Rendering Provider is the person or company (laboratory or other facility) who rendered or supervised the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here. Report the Identification Number in Items 24l and 24j only when different for data recorded in items 33a and 33b.

DESCRIPTION: If the provider does not have an NPI number, enter the appropriate qualifier and identifying number in the shaded area. There will always be providers who do not have an NPI and will need to report non-NPI identifiers on their claim forms. The qualifiers will indicate the non-NPI number being reported.

FIELD SPECIFICATION: This field allows for the entry of a 2-character qualifier in the shaded area.

IN MICROMD: MicroMD prints the qualifier in this field based on the choice made at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 24j upper* drop-down. The system prints the qualifier it finds on either the *Practice Insurance ID* or the *Provider Insurance ID* tab of the *Practice Detail* window, depending on the ID number you choose to use.

ITEM 24j

J. RENDERING PROVIDER ID. #

TITLE: Rendering Provider ID# [lines 1-6]

INSTRUCTIONS: The individual rendering the service should be reported in 24j. Enter the non-NPI ID number in the shaded area of the field. Enter the NPI number in the unshaded area of the field.

The Rendering Provider is the person or company (laboratory or other facility) who rendered or supervised the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here. Report the Identification Number in Items 24l and 24j only when different for data recorded in items 33a and 33b.

Enter numbers left-justified in the field.

DESCRIPTION: The individual performing / rendering the service should be reported in 24j and the qualifier indicating if the number is non-NPI is reported in 24l. The non-NPI ID number of the rendering provider refers to the payer-assigned unique identifier of the professional.

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the shaded area and entry of a 10-digit NPI number in the shaded area.

IN MICROMD: For the shaded portion of this box, the system checks the selection chosen at *Setup > Miscellaneous Preferences > Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 24j upper* drop-down.

For the NPI portion of this box, the system checks the selection chosen at *Setup > Miscellaneous Preferences > Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 24j lower* drop-down.

ITEM 25

25. FEDERAL TAX I.D. NUMBER   SSN EIN

TITLE: Federal Tax ID Number

INSTRUCTIONS: Enter the "Federal Tax ID Number" (employer ID number or SSN) of the Billing Provider identified in Item 33. This is the tax ID number intended to be used for 1099 reporting purposes. Enter an X in the appropriate box to indicate which number is being reported. Only one box can be marked.

Do not enter hyphens with numbers. Enter numbers left-justified in the field.

DESCRIPTION: The "Federal Tax ID Number" is the unique identifier assigned by a federal or state agency.

FIELD SPECIFICATION: This field allows for the entry of 15 characters for the "Federal Tax ID Number" and 1 character in either box.

IN MICROMD: The system checks the selection chosen at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 25* drop-down. If user selects *Federal ID*, MicroMD checks for an individual *Federal ID* on the *Maint* > *Practice* (choose the appropriate practice) > *Provider* tab (choose the appropriate provider). If no *Federal ID* exists in this field for the provider, the system will use the *Federal ID* field of the practice (located on the *Practice* tab of this window).

Based on the information entered in the *Tax Type* field on the *Practice* tab, MicroMD checkmarks the appropriate box (*EIN* or *SSN*).

ITEM 26

26. PATIENT'S ACCOUNT NO.

TITLE: Patient's Account No.

INSTRUCTIONS: Enter the Patient's Account No assigned by the provider of service's or supplier's accounting system.

Do not enter hyphens with numbers. Enter numbers left-justified in the field.

DESCRIPTION: The "Patient's Account No" is the unique identifier assigned by the provider.

FIELD SPECIFICATION: This field allows for the entry of 14 characters.

IN MICROMD: MicroMD prints the patient's account number on the claim form in the following format: *Practice ID* followed by *Patient Account Number* followed by the *Sequence Number*.

ITEM 27

TITLE: Accept Assignment?

INSTRUCTIONS: Enter an X in the correct box. Only one box can be marked.

Report "Accept Assignment?" for all payers.

DESCRIPTION: The "Accept Assignment? " indicates that the provider agrees to accept assignment under the terms of the payer's program..

FIELD SPECIFICATION: This field allows for the entry of 1 character in either box.

IN MICROMD: The system checks either *YES* or *NO* based on the information in the *Assignment* checkbox on the *Claim Transaction* window that appears once a user enters charges for a patient.

ITEM 28

TITLE: Total Charge

INSTRUCTIONS: Enter the total charge for the services (i.e., total of all charges in 24f).

Enter the number right-justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Negative dollar amounts are not allowed. Dollar signs should not be entered. Enter 00 in the cents area if the amount is a whole number.

DESCRIPTION: The "Total Charge" is the total billed amount for all services entered in 24f (lines 1-6).

FIELD SPECIFICATION: This field allows for the entry of 7 characters to the left of the vertical line and 2 characters to the right of the vertical line.

IN MICROMD: MicroMD automatically totals the charge amounts it prints on each page in Item 24f.

ITEM 29

29. AMOUNT PAID
$

TITLE: Amount Paid

INSTRUCTIONS: Enter the total amount the patient and/or other payers paid on the covered services only.

Enter the number right-justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Negative dollar amounts are not allowed. Dollar signs should not be entered. Enter 00 in the cents area if the amount is a whole number.

DESCRIPTION: The "Amount Paid" is the payment received from the patient or other payers.

FIELD SPECIFICATION: This field allows for the entry of 6 characters to the left of the vertical line and 2 characters to the right of the vertical line.

IN MICROMD: For primary claim, the system prints the amount paid by the patient depending on Show Patient Payment checkbox. Turn this option on at *Setup* > *Practice Preferences* > *Billing Preferences* tab > *Show Patient Payment* checkbox.

For supplemental claim, the system prints the amount shown under the Paid column of the Totals line on the Claim Modification window. This indicates the amount paid by the insurance. For multi-page claim, this amount reflects the total paid by the insurance for all the procedures appearing on each page.

ITEM 30

30. Rsvd for NUCC Use

TITLE: Reserved for NUCC Use

INSTRUCTIONS: This field was previously used to report "Balance Due". "Balance Due" does not exist in 5010A1, so this field has been eliminated.

This field is reserved for NUCC use. The NUCC will provide instructions for any use of this field.

DESCRIPTION: This field is reserved for NUCC use.

FIELD SPECIFICATION: None.

IN MICROMD: N/A

ITEM 31

```
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.)



SIGNED                        DATE
```

TITLE: Signature of Physician or Supplier including Degrees or Credentials

INSTRUCTIONS: "Signature of Physician or Supplier including Degrees or Credentials" does not exist in 5010A1.

Enter the legal signature of the practitioner or supplier, signature of the practitioner or supplier representative, "Signature on File", or "SOF". Enter either the 6-digit date (MM|DD|YY), 8-digit date (MM|DD|YYYY), or alphanumeric date (e.g. January 1, 2003) the form was signed.

This field is reserved for NUCC use. The NUCC will provide instructions for any use of this field.

DESCRIPTION: The "Signature of Physician or Supplier including Degrees or Credentials" refers to the authorized or accountable person and the degree, credentials or title.

FIELD SPECIFICATION: Use the space available to enter a signature and date.

IN MICROMD: MicroMD checks the *Signature Box* field at *Maint > Provider* (select the appropriate provider). If this box contains information, the system enters the text in Item 31. If this box is empty, MicroMD then checks the *Signature Box* field at *Maint > Practice* (select the appropriate practice) and uses the text found there for Item 31. MicroMD enters the date that the claim form was printed in the DATE field of the form.

This item is limited to 20 characters. Be sure that you only type 20 characters in MicroMD.

ITEM 32, 32a and 32b

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32. SERVICE FACILITY LOCATION INFORMATION




a.                        b.
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TITLE: Service Facility Location Information

INSTRUCTIONS: Enter the name, address, city, state and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify with the supplier's name, address, ZIP code and NPI number when billing for purchased diagnostic tests. When more than one supplier is used, a separate 1500 Claim Form should be used to bill each supplier.

If the "Service Facility Location" is a component or subpart of the billing provider and they have their own NPI that is reported on the claim, then the subpart is reported as the billing provider and "Service Facility Location" is not used. When reporting an NPI in the "Service Facility Location", the entity must be an external organization to the Billing Provider.

Enter the name and address information in the following format:

1st Line – Name

2nd Line – Address

3rd Line – City, State and ZIP Code

Do not use punctuation (i.e., commas, periods) or other symbols in the address (e.g., 123 N Main Street 101 instead of 123 N. Main St. #101). Enter a space between town name and state code; do not include a comma. Report a 9-digit ZIP Code, including the hyphen. If reporting a foreign address, contact payer for specific reporting instructions.

DESCRIPTION: The name and address of facility where services were rendered identifies the site where service(s) were provided.

FIELD SPECIFICATION: This field allows for the entry of three lines of 26 characters each in the Service Facility Location Information area.

IN MICROMD: If the system finds information in the *Service Fac* field on the *Claim Transactions* window that appears once a user enters or edits charges for a patient, it will enter the name and address in Item 32. If this service facility has a mammography certification number (*Maint* > *Service Facility* (select appropriate facility) > *Service Facility* tab > *Mammo. Cert*. field), MicroMD prints this number on line 5 of Item 32 on the claim form. If no mammography certification number exists for this facility, then the system prints the *Facility Insurance ID* of the *Insurance Class* for the plan on line 5 of Item 32 on the claim form. If ambulance information exists in the *Round Trip Desc* box (found by clicking the *Extra* button on the *Claim Transactions* window that appears when entering or editing charges for the patient), the system will print this information up to five (5) lines.

ITEM 32a

TITLE: NPI#

INSTRUCTIONS: Enter the NPI number of the service facility location in 32a. Only report a Service Facility Location NPI when the NPI is different from the Billing Provider's NPI.

DESCRIPTION: The NPI number refers to the HIPAA National Provider Identifier Number.

FIELD SPECIFICATION: This field allows for the entry of 10 characters.

IN MICROMD: The system checks the selection chosen at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 32a* drop-down. If the user selects *(None)* from the *Box 32a* drop-down, the system leaves the item blank. You can find the service facility's NPI on the *Service Facility Detail* window.

ITEM 32b

TITLE: Other ID#

INSTRUCTIONS: Enter the 2-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen or other separator between the qualifier and number.

The NUCC defines the following qualifiers used in 5010A1:

> OB – State License Number

> G2 – Provider Commercial Number

> LU – Location Number

DESCRIPTION: The non-NPI ID number of the service facility is the payer-assigned unique identifier of the facility.

FIELD SPECIFICATION: This field allows for the entry of 14 characters.

IN MICROMD: MicroMD prints the numbers in this field based on the plan's insurance class and the entry made on the facility's *ID* tab (under *Maint* > *Service Facility*). The system compares the insurance class of the plan with the classes listed on the facility's *ID* tab. When it finds a match, the system uses the appropriate number and qualifier.

ITEM 33, 33a AND 33b

TITLE: Billing Provider Info and Phone #

INSTRUCTIONS: Enter the provider's or supplier's billing name, address, ZIP code and phone number. The phone number is to be entered in the area to the right of the field title. Enter the name and address information in the following format.

> 1st Line – Name
>
> 2nd Line – Address
>
> 3rd Line – City, State and ZIP Code

Item 33 identifies the provider that is requesting to be paid for the services rendered and should always be completed.

Do not use punctuation (i.e. commas, periods) or other symbols in the address (e.g. 123 N Main Street 101 instead of 123 N. Main St. #101). Enter a space between town name and state code; do now include a comma. Report a 9-digit ZIP code, including the hyphen. Do not use a hyphen or space as a separator within the telephone number.

If reporting a foreign address, contact payer for specific reporting instructions.

5010A1 requires the "Billing Provider Address" be a street address or physical location. The NUCC recommends that the same requirements be applied here.

DESCRIPTION: The billing provider's or supplier's billing name, address, ZIP code and phone number is the billing office location and telephone number of the provider or supplier.

FIELD SPECIFICATION: This field allows for the entry of the following: 3 characters for area code, 9 characters for phone number and 87 characters in the Billing Provider Info area..

IN MICROMD: MicroMD first checks the *Box 33* fields for the provider found at *Maint* > *Practice* (select the appropriate practice) > *Provider* tab (select the appropriate rendering provider). If the *Box 33* fields contain no information, the system pulls the practice's name and address from *Maint* > *Practice* (select the appropriate practice) > *Name* and *Address* fields.

MicroMD finds the PIN# and GRP# for the provider based on the selections made at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 33 PIN* and *Box 33 GRP* drop-downs.

ITEM 33a

TITLE: NPI#

INSTRUCTIONS: Enter the NPI number of the billing provider in 33a.

DESCRIPTION: The NPI number refers to the HIPAA National Provider Identifier Number.

FIELD SPECIFICATION: This field allows for the entry of 10 characters.

IN MICROMD: The system checks the selection chosen at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 33a* drop-down and prints the appropriate NPI.

ITEM 33b

TITLE: Other ID#

INSTRUCTIONS: Enter the two-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen or other separator between the qualifier and number.

The NUCC defines the following qualifiers used in 5010A1:

> 0B – State License Number

> G2 – Provider Commercial Number

> ZZ – Provider Taxonomy (The qualifier in the 5010A1 for Provider Taxonomy is PXC, but ZZ will remain the qualifier for the 1500 Claim Form.)

The above list contains both provider identifiers as well as the provider taxonomy code. The provider identifiers are assigned to the provider either by a specific payer or by a third party in order to uniquely identify the provider. The taxonomy code is designated by the provider in order to identify his/her provider type, classification and/or area of specialization. Both provider identifiers and provider taxonomy may be used in this field.

DESCRIPTION: The non-NPI ID number of the billing provider refers to the payer-assigned unique identifier of the professional.

FIELD SPECIFICATIONS: This field allows for the entry of 17 characters.

IN MICROMD: MicroMD finds the PIN# or GRP# for the provider based on the selections made at *Setup* > *Miscellaneous Preferences* > *Form Type* tab (select the appropriate *Form Type*) > *Form Options* tab (select *CMS 1500 0212* as the *Form* and *Universal 1500* as the *Type*) > *ID Setup* section > *Box 33b* drop-down and prints the appropriate number.