HCFA 02-12 GUIDE

by

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HCFA 1500 (02/12)

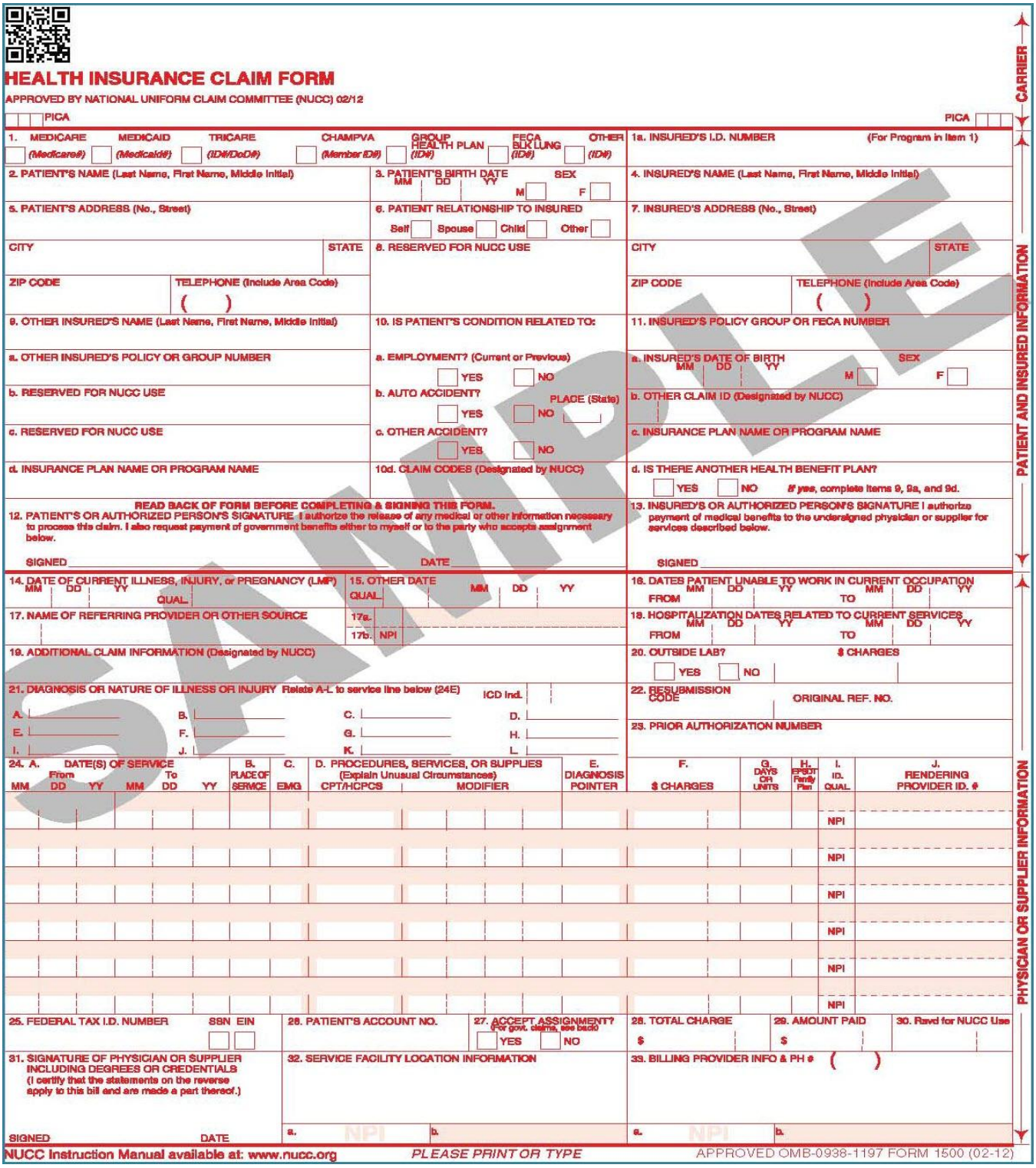
a) What is HCFA 1500?

A HCFA 1500 form is an official standard form that is used by physicians as well as other providers when submitting claims or bills for re-imbursement to Medicaid or Medicare for health services. It may also be used by private insurers as well as managed care plans.

The 1500 Claim Form instructions were initially approved by the NUCC in November 2005. The NUCC continues to research the type of data that are typically reported, as well as the required data elements that may apply to public and private payers. Therefore, the instructions have and will continue to evolve. Updated versions of this instruction manual are released each July. The ultimate goal of the NUCC is to develop standardized national instructions. The end result may require additional changes to the 1500 Claim Form in the future. Currently the version of HCFA 1500 form being used is 02/12; previously it was 08/05.

This guide will provide you an in-depth understanding of a HCFA 1500. It will help you populate a HCFA 1500 (02/12) form. Also, it will help you fill the details using CureMD's application by mapping the details in the form onto the application.

b) HCFA 1500 (02/12) FORM



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

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

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

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

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

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

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

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

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

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

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

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.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

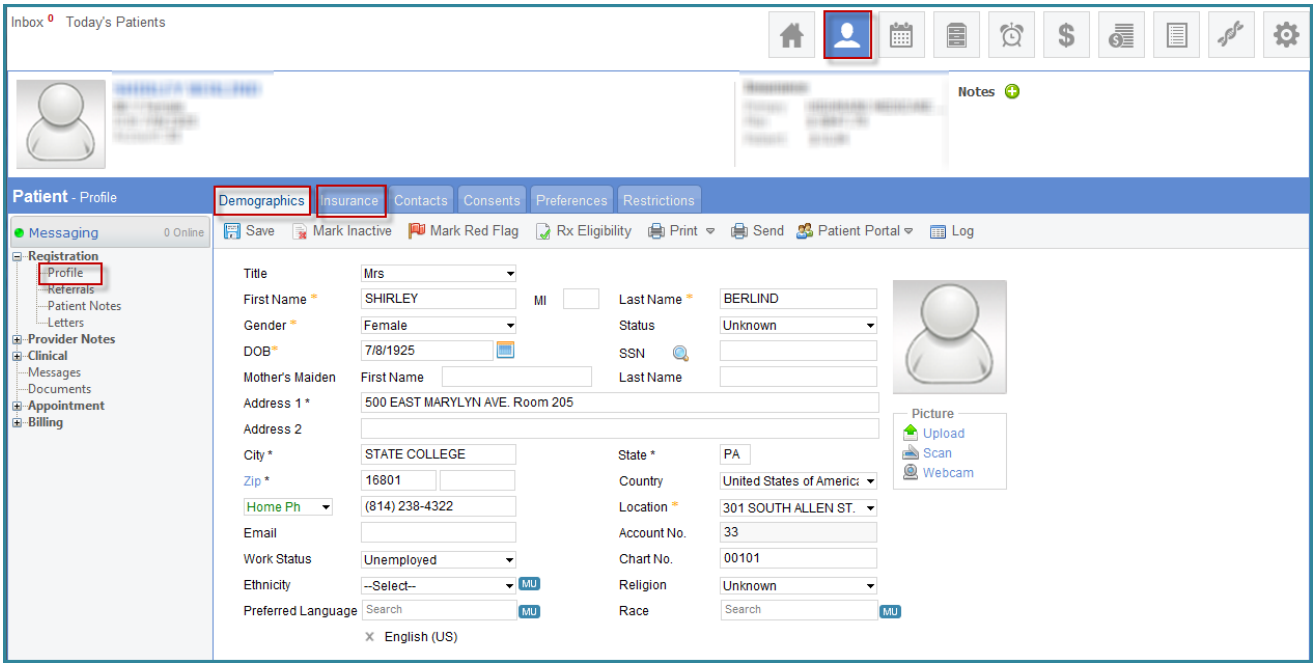
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

To download in pdf, click http://www.nucc.org/images/stories/PDF/1500_claim_form_2012_02.pdf

c) Patient's Demographics



WORKFLOW: Patient -> Profile -> Demographics

- We have shown this screenshot as it will be highlighted frequently in the following steps. Most of the information related to patient and his/her insurance is populated from this page.

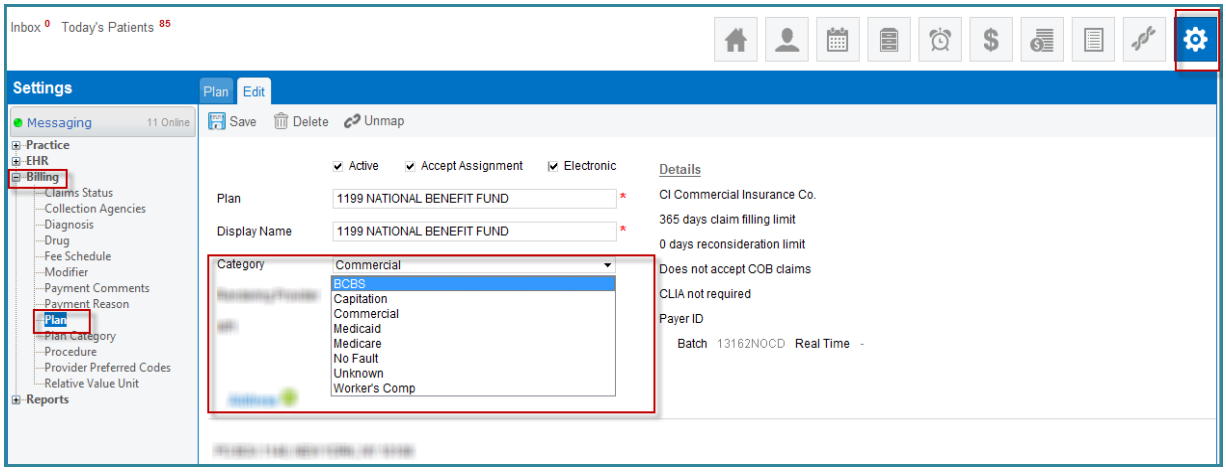
d) Miscellaneous Item:

i. PICA:

- The three boxes are used as a reference for OCR (Optical Character Recognition) Scanner. They have 3 X's in them and will auto populate with every HCFA generated using CureMD's PM/EMR.

1. SELECT PLAN:

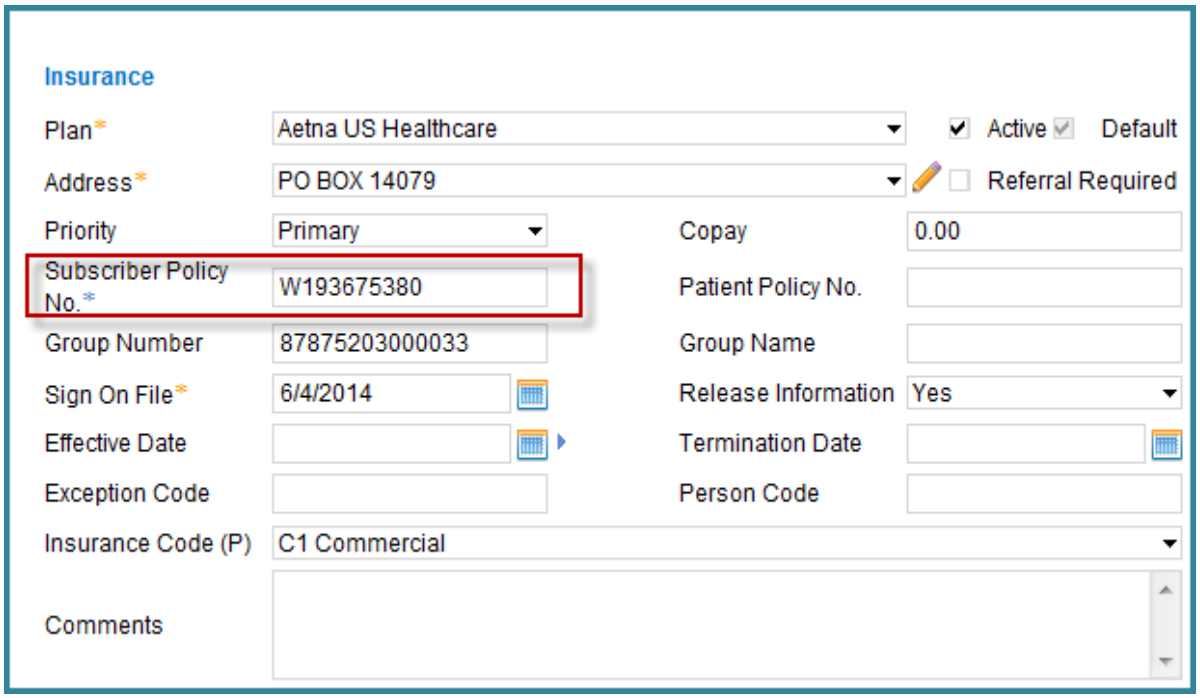
- The insurance type is mentioned using these boxes. The right box is marked based on the insurance type.



WORKFLOW: Settings->Billing->Plan

- In the application, select the category based on the chosen plan as shown above.

- The subscriber ID of the insured party which is written on the insurance card should be entered in Subscriber Policy No.

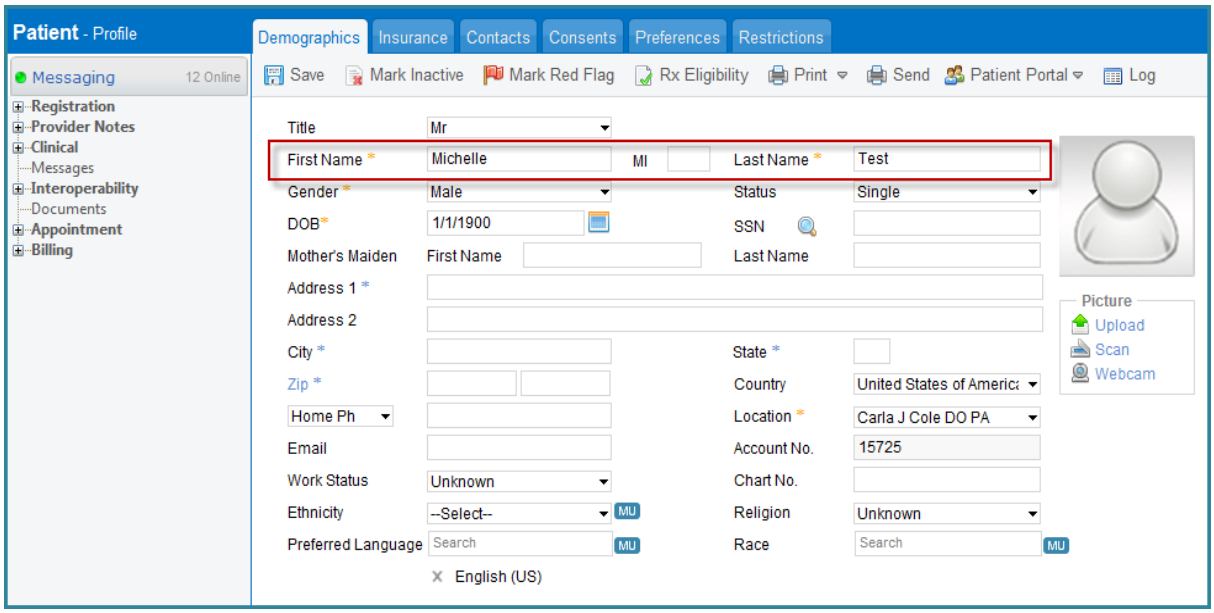


WORKFLOW: Patient-> Profile ->Insurance.

- Insured ID should be added and verified by running eligibility verification (if plan is offering).

2. PATIENT'S NAME:

- Patient's name should be entered in the given format.

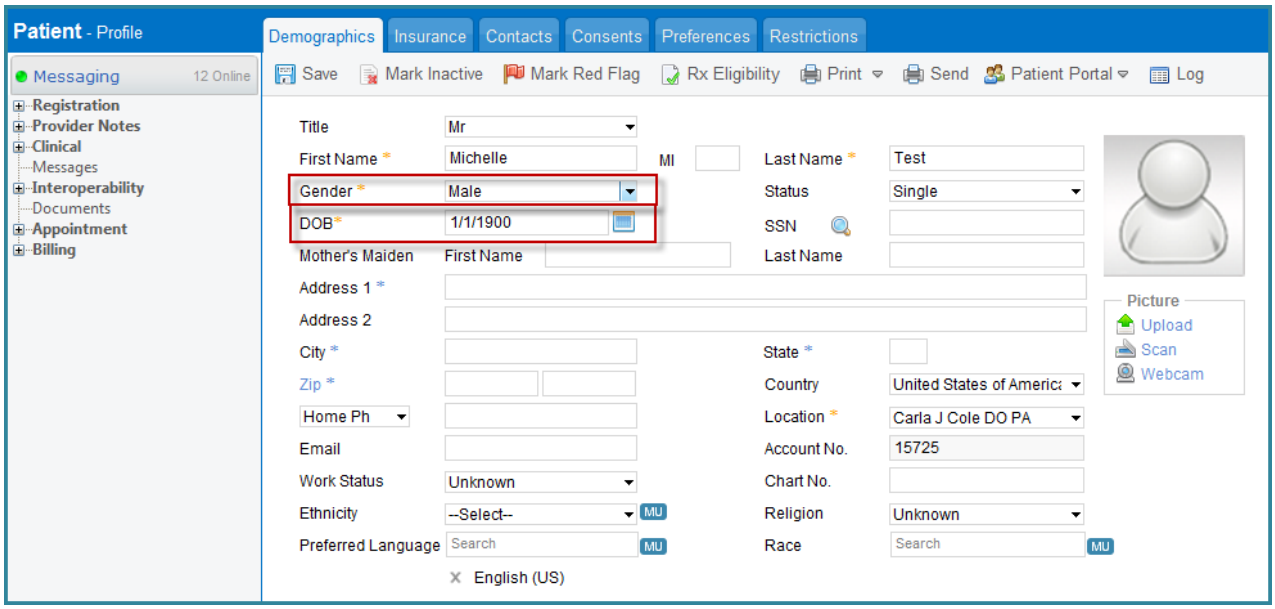


WORKFLOW: Patient-> Profile ->Demographics.

- In the application, the name of the patient can be entered in the **'Demographics**' section as shown.

3. PATIENT'S BIRTHDATE AND GENDER:

- Patient's Date of Birth and Gender are to be mentioned in box 3.

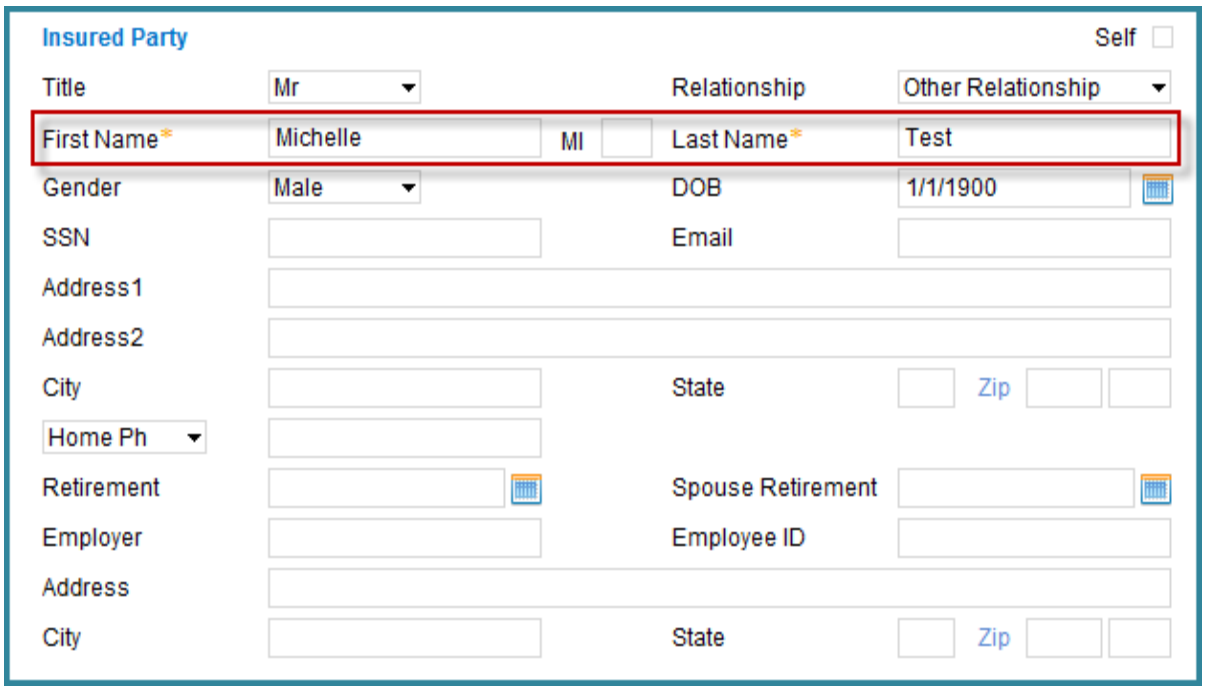


WORKFLOW: Patient-> Profile ->Demographics.

- The patient's date of birth and gender can be entered in the **'Demographics'** as shown above.

4. INSURED'S NAME:

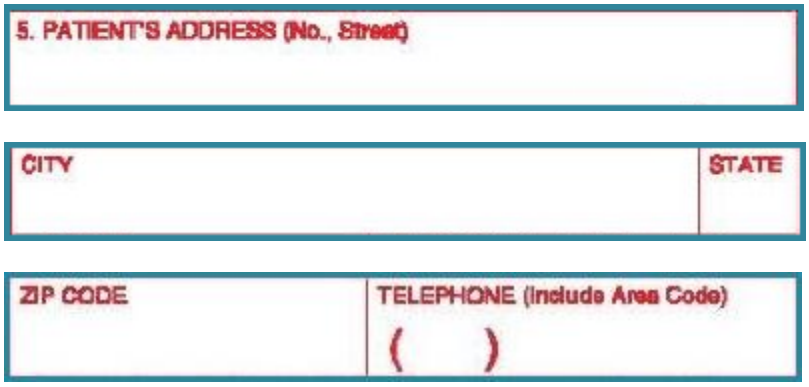
- Enter the name of insured party in the given format. An insured is the one whose insurance is used by the patient. Insured can be the patient or it can be any relative of the patient.



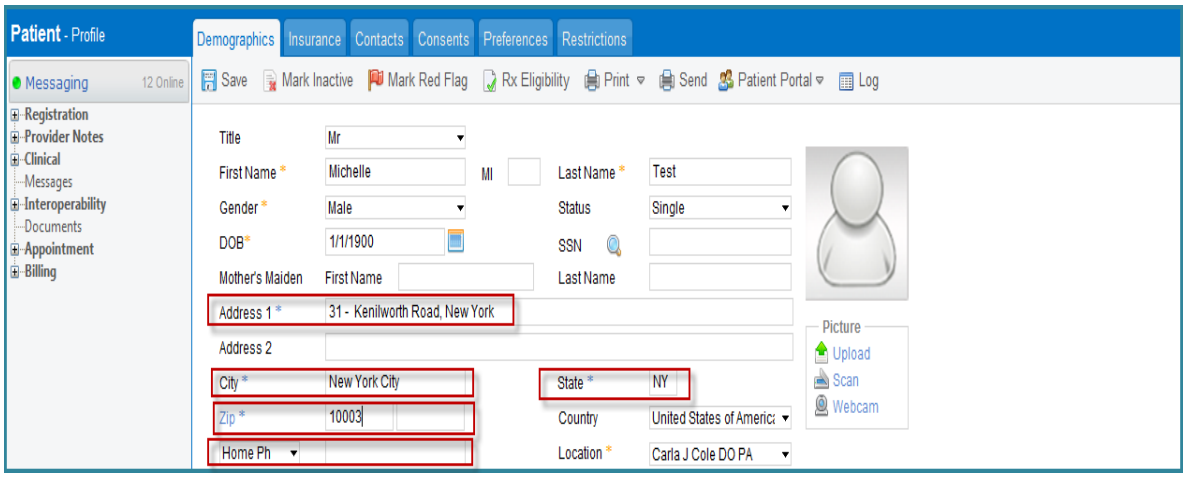
WORKFLOW: Patient-> Profile ->Insurance.

- Selecting **'Insurance'** from the patient module will give the required information on the insured. If the checkbox **'Self'** is marked then it means that the patient is also the insured party as mentioned earlier. Otherwise, the details of the insured can be entered as shown above.

5. PATIENT'S ADDRESS:



- The patient's address must be entered in the given format including the city, state, zip code and the telephone number.

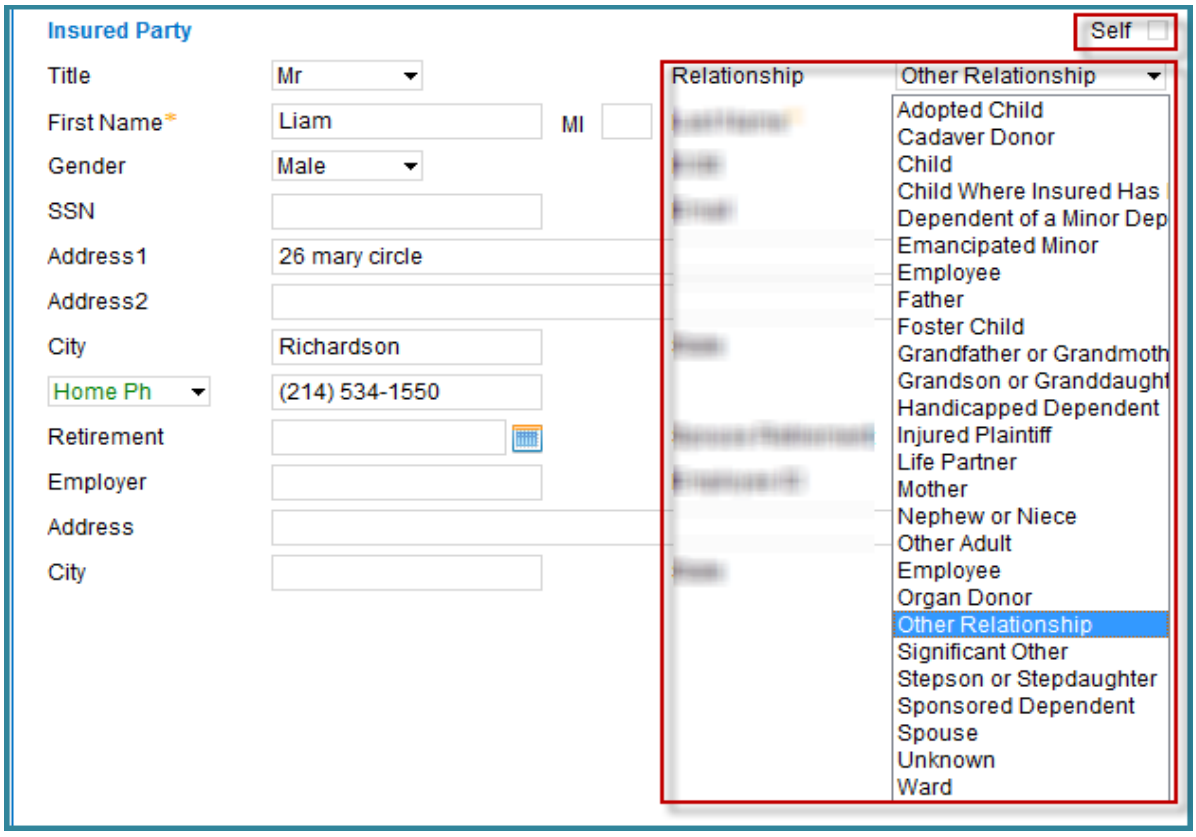


WORKFLOW: Patient-> Profile ->Demographics.

- In the application, the **'Demographics'** section contains all the address details of the patient.

6. PATIENT'S RELATIONSHIP TO INSURED:

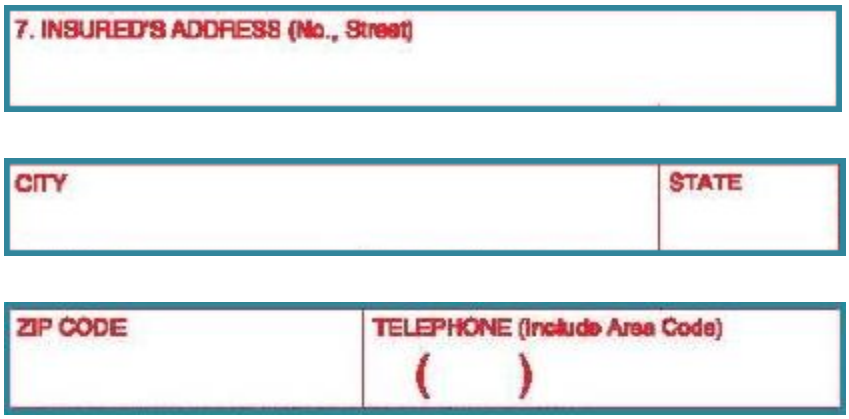
- If the patient is also the insured party then **'Self'** checkbox must be checked. Otherwise, the patient's relationship to the insured must be mentioned using one of the other three options.



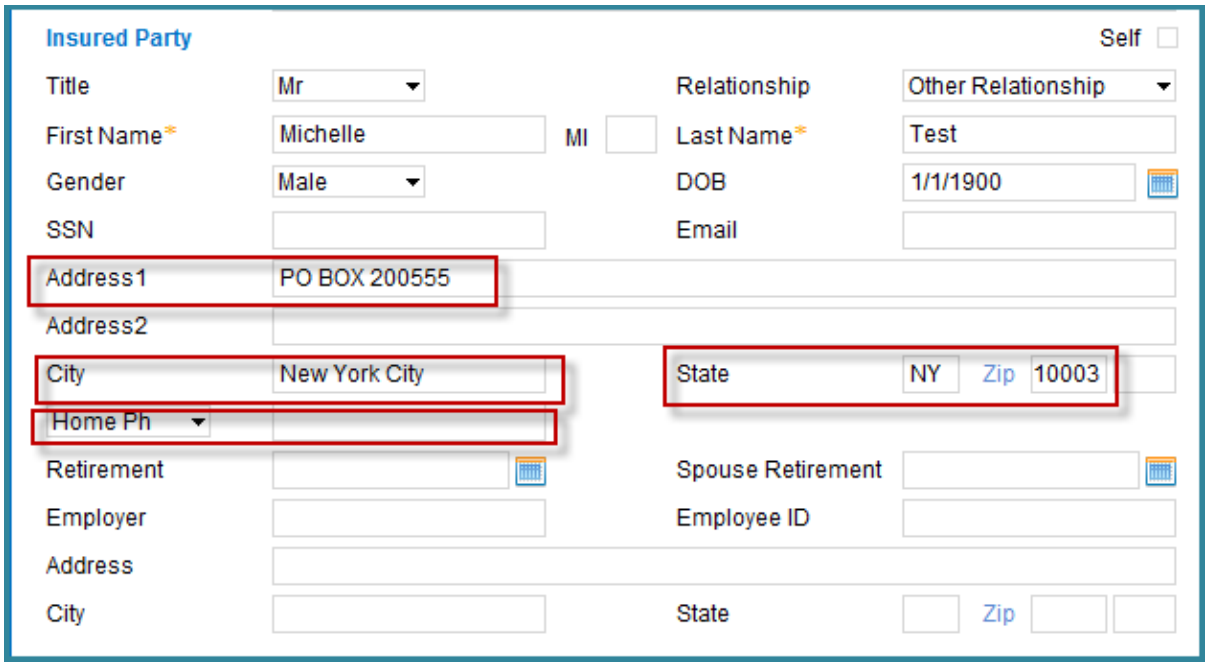
WORKFLOW: Patient-> Profile ->Insurance.

- The application gives more options of the relationship with patient compared to the ones mentioned on HCFA form. These are all covered under **'Other Relationship'** in the HCFA form.

7. INSURED'S ADDRESS:



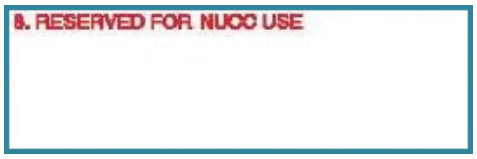
- The insured's address details are also entered the same way as patient's details are entered. The city, the state, the zip and phone number must be entered. **Do not use any punctuation like commas/periods.**



WORKFLOW: Patient-> Profile ->Insurance.

- The application has a separate space for the insured's address details. If the patient is also the insured than the address details will be the same as patients' and **'Self'** box will be checked. Otherwise, the address details of the insured can be entered separately as mentioned in above workflow.

8. RESERVED FOR NUCC USE:



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

9. OTHER INSURED'S NAME:

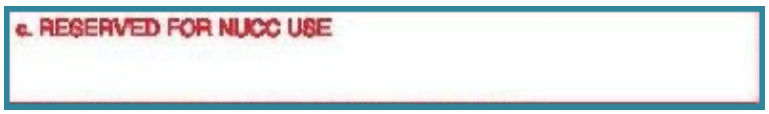
- If Item Number 11d is marked, complete fields 9, 9a, and 9d, otherwise leave blank. When additional group health coverage exists, enter other insured's full last name, first name, and middle initial of the enrollee in another health plan if it is different from that shown in Item Number 2.

  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, and Dr)** and professional suffixes **(e.g., PhD, MD, and 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.

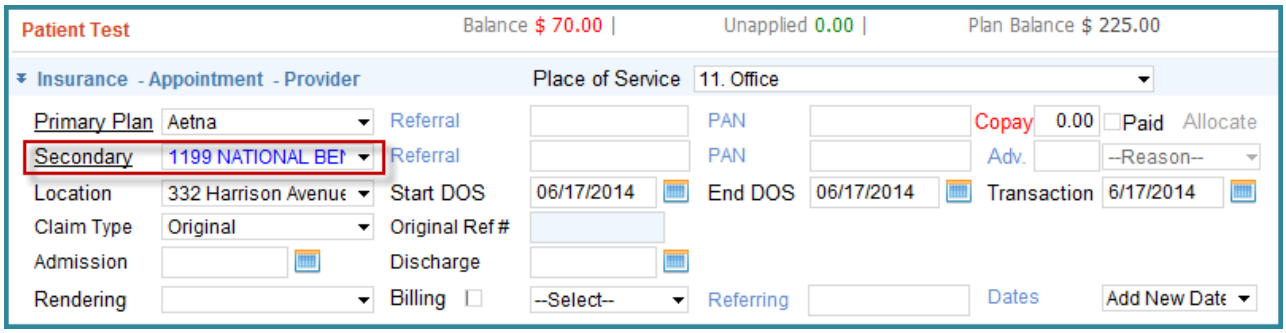
- The "Other Insured's Policy or Group Number" identifies the policy or group number for coverage of the insured as indicated in Item Number 9.

- This field is reserved for NUCC use.

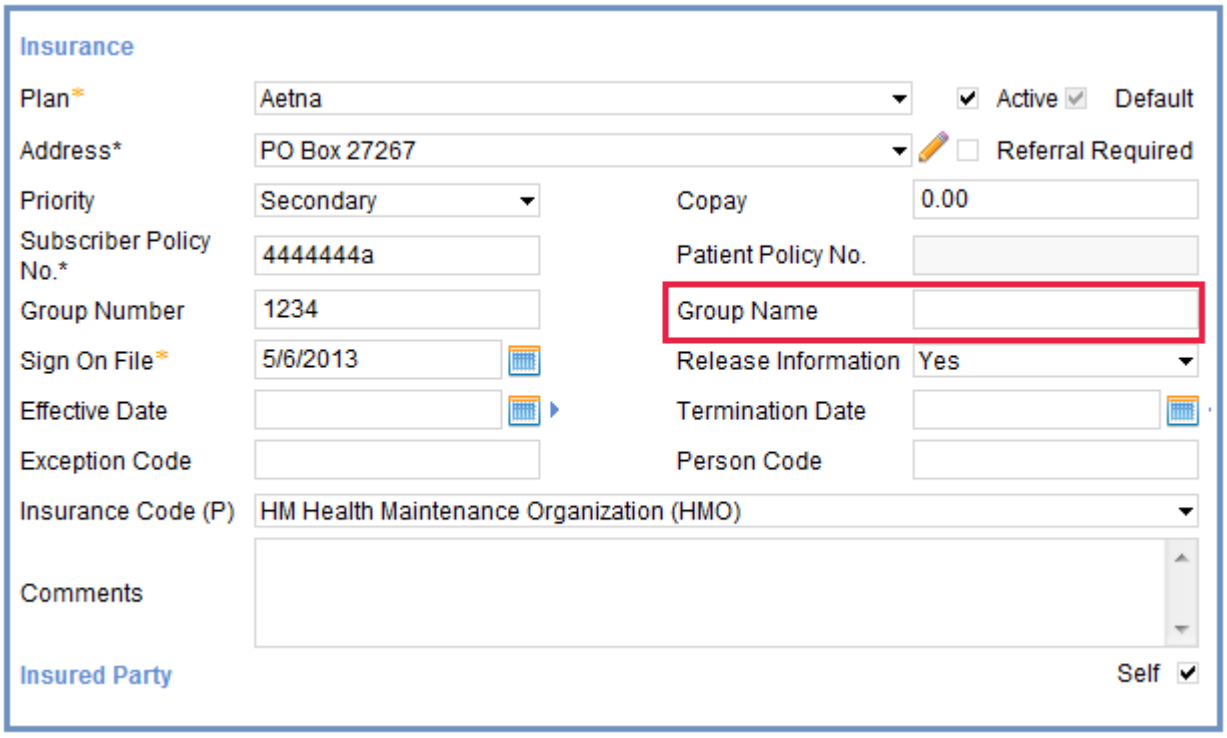


- This field is reserved for NUCC use.

- The **"Insurance Plan Name or Program Name"** identifies the name of the plan or program of the other insured.

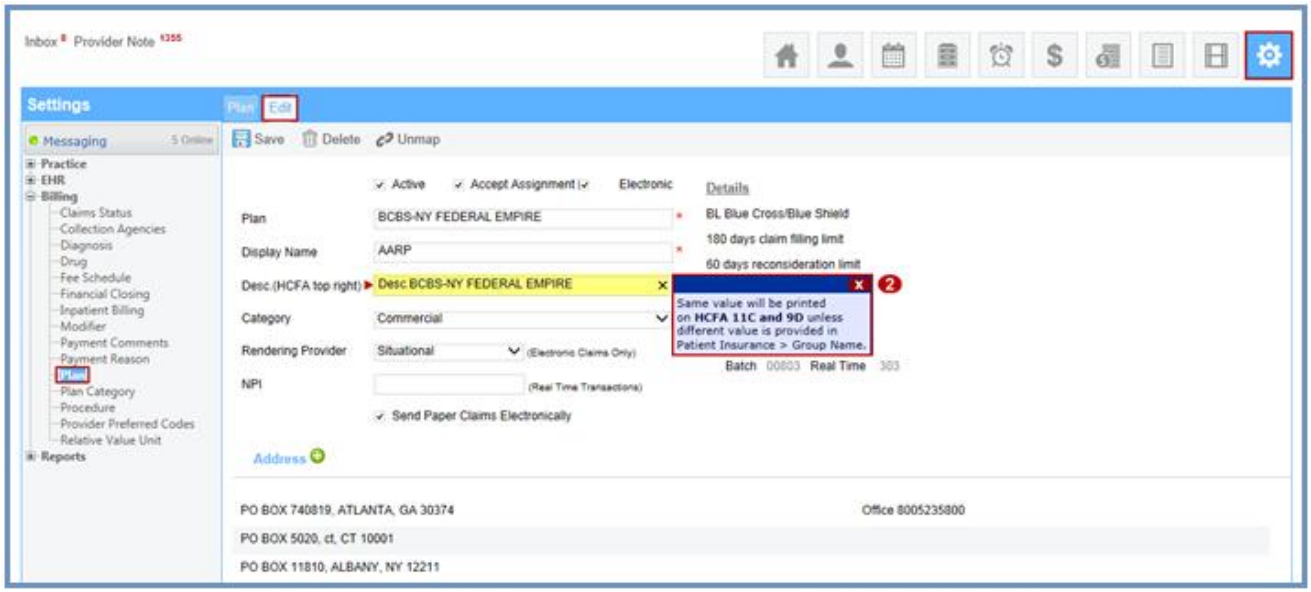


WORKFLOW: Patient-> Billing -> Quick Charge



WORKFLOW: Patient-> Profile ->Insurance.

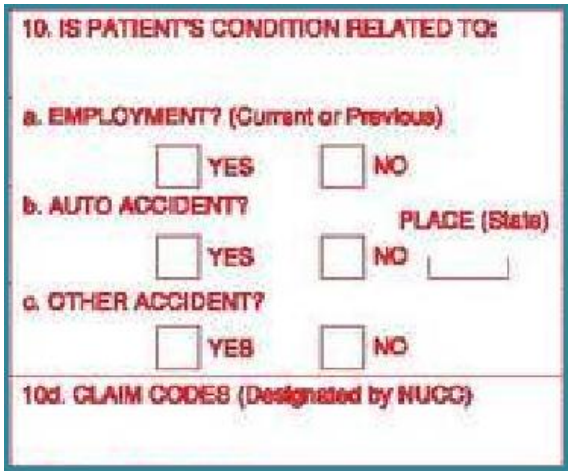
- **Group Name** will appear in Box 9d as shown in above screenshot.



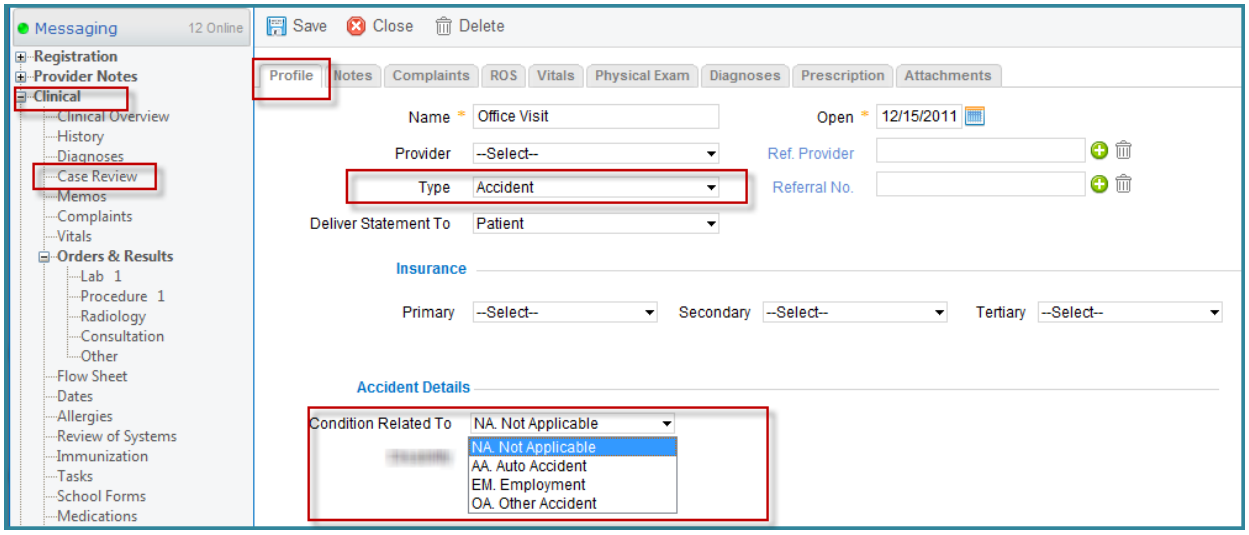
WORKFLOW: Settings-> Billing -> Plan

- If the **Group Name** is missing, then the information added as shown in the screenshot will appear in Box 9d.

10. PATIENT'S CONDITION:

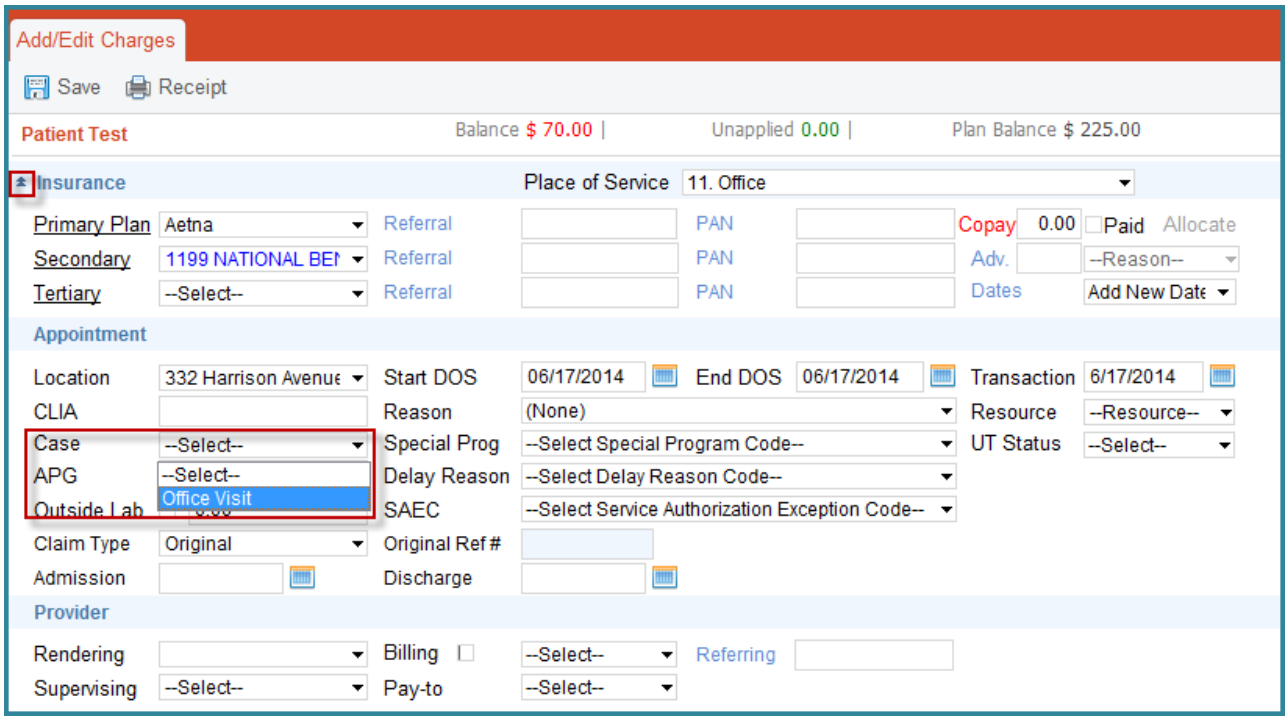


- This box must be checked if the patient's condition is related to Employment, Auto Accident or any Other Accident. Also, the claim codes in Item Number 10d are given for specific cases for a few insurances.



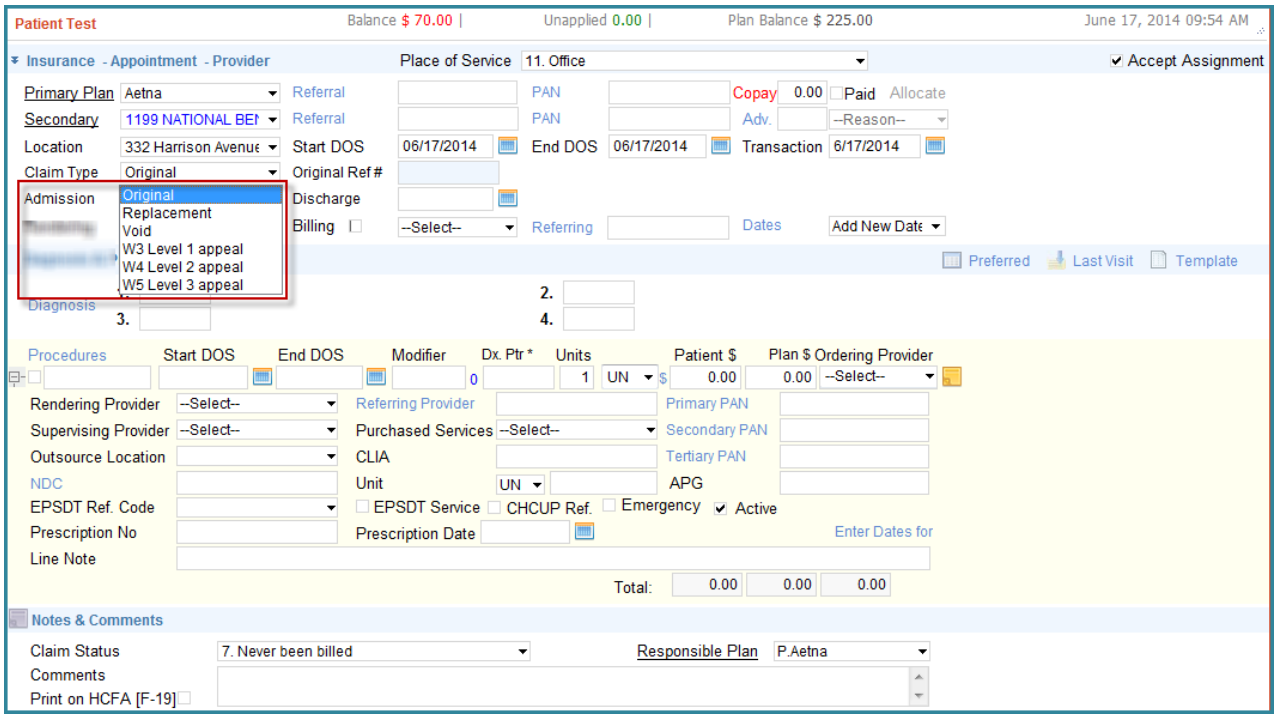
WORKFLOW: Patient->Clinical->Case Review->Profile

- In the application, go to Patient > Clinical > Case Review and first add a case. Case type must be selected as **'Accident'** for the **'Accident Details'** to appear. We can select the related condition as shown above before saving the case.



WORKFLOW: Patient-> Billing -> Quick Charge

- The same **Case** has to be selected from under the **'Appointment'** that appears after clicking the expand tab beside the **'Insurance'**. Select the same case name from quick charge, **'Office Visit',** and save.

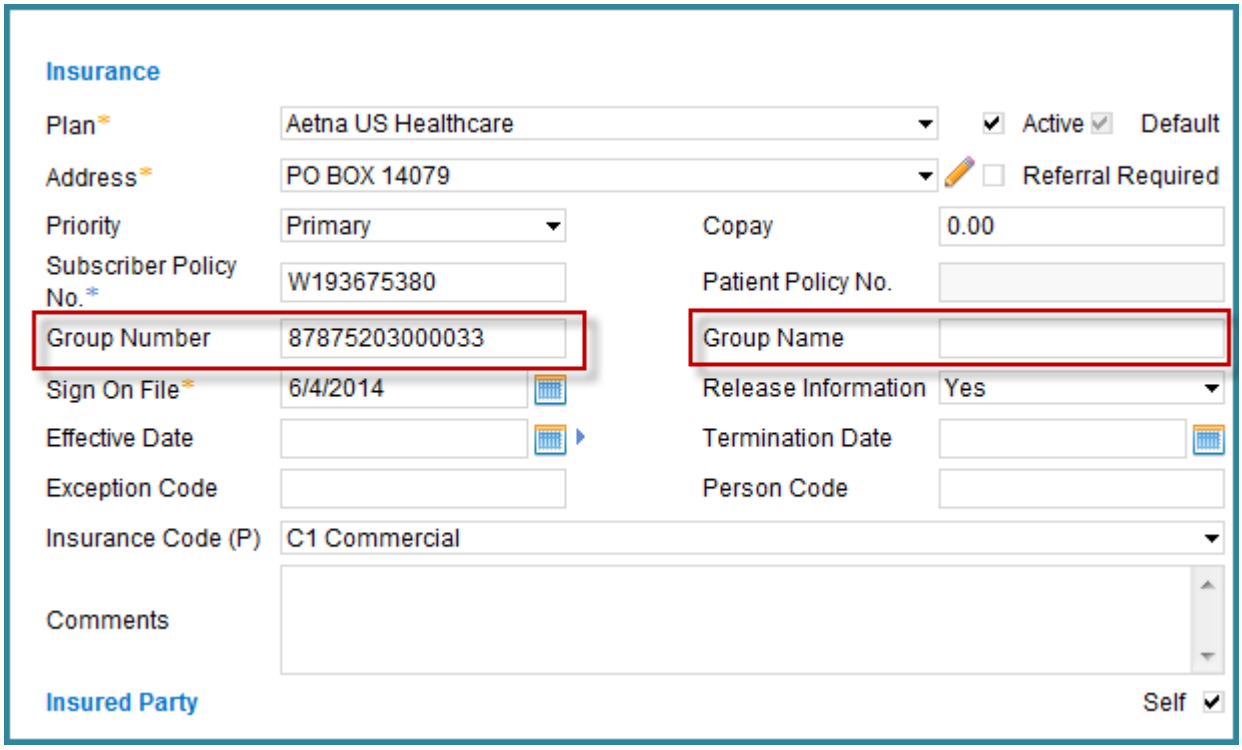


WORKFLOW: Patient-> Billing -> Quick Charge

- In box 10d, provide W3-W5 codes under the Claim Type field if there is a Worker's compensation form attached with the charge. If user selects 'Void' from the claim type field, HCFA will print W2 and if any option from W3-W5 is selected; HCFA will populate same code however EDI will print 7 - Replacement.

11. INSURED'S POLICY GROUP:

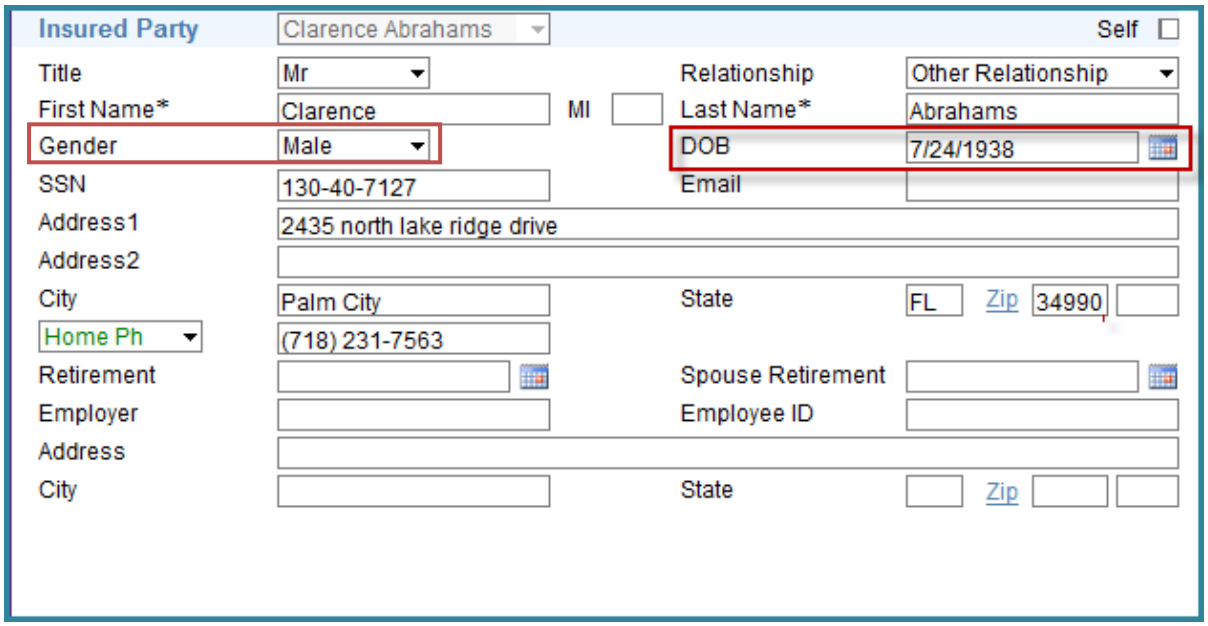
- This is an alphanumeric identifier for the health, auto or other insurance plan coverage.



WORKFLOW: Patient-> Profile ->Insurance.

- In the application, the Group Number of the mentioned group is the Insured's policy group or FECA number.

- Insured's date of birth must be entered in the given format along with Gender.

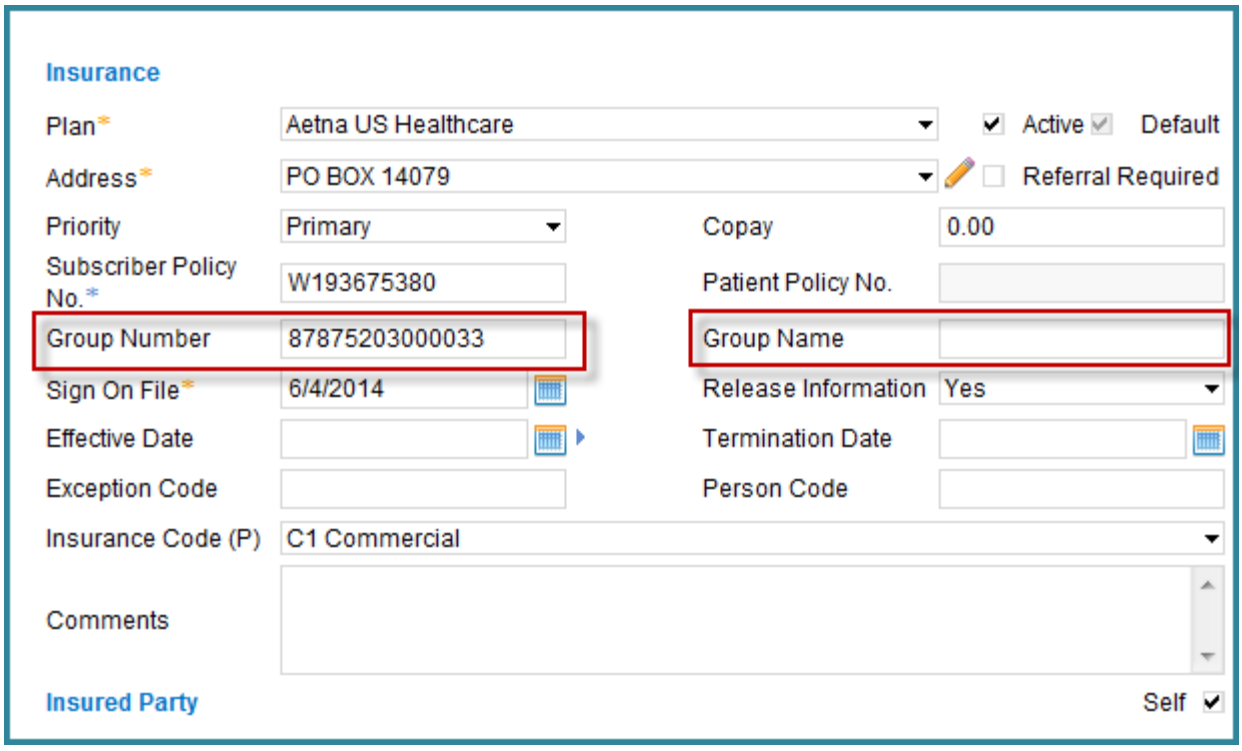


WORKFLOW: Patient-> Profile ->Insurance.

- If the **'Self'** box is unchecked then the Insured's Date of Birth can be entered in space shown above. If the **'Self'** box is checked then the patient's date of birth will be used for this box.

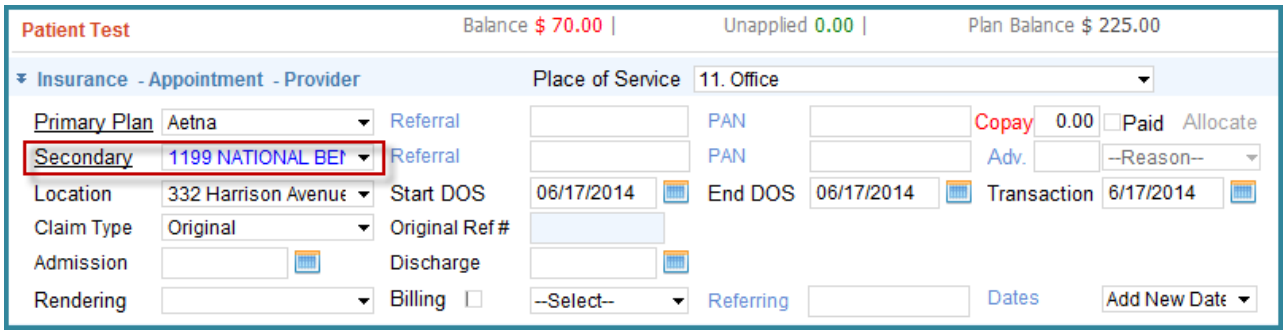
- Other Claim ID must be entered in the space given. Applicable claim identifiers are designated by NUCC. You need to leave it as blank in CureMD.

- This box must be filled with insurance plan's name to which the claim is being billed to. It will be populated from Group Name highlighted in below screenshot. If it is missing, plan name can be added under Settings > Billing > Plan will be shown.



WORKFLOW: Patient-> Profile ->Insurance.

- If there is any other insurance plan, then 'YES' will be checked and box 9, 9a and 9d will be populated with other insurance details. If there is no other insurance, then 'NO' will be checked and box 9, 9a and 9d will be kept as blank.



WORKFLOW: Patient-> Billing -> Quick Charge

12. PATIENT'S SIGNATURE:


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 _____

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

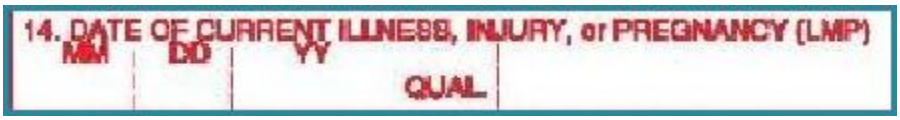
  The "Patient's or Authorized Person's Signature" indicates there is an authorization on file for the release of any medical or other information necessary to process and/or adjudicate the claim.

13. INSURED'S SIGNATURE:

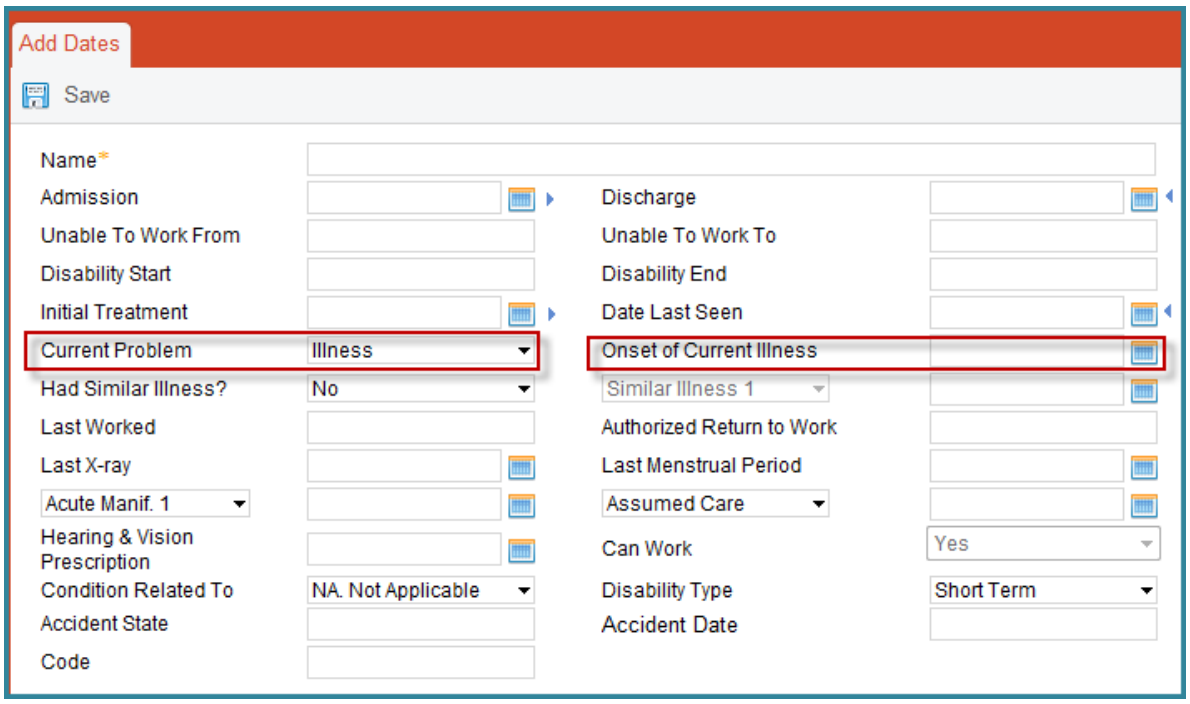
- Enter "Signature on File," "SOF," or legal signature. If there is no signature on file, leave blank or enter "No Signature on File."

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

14. DATE OF CURRENT ILLNESS, INJURY OR PREGNANCY:

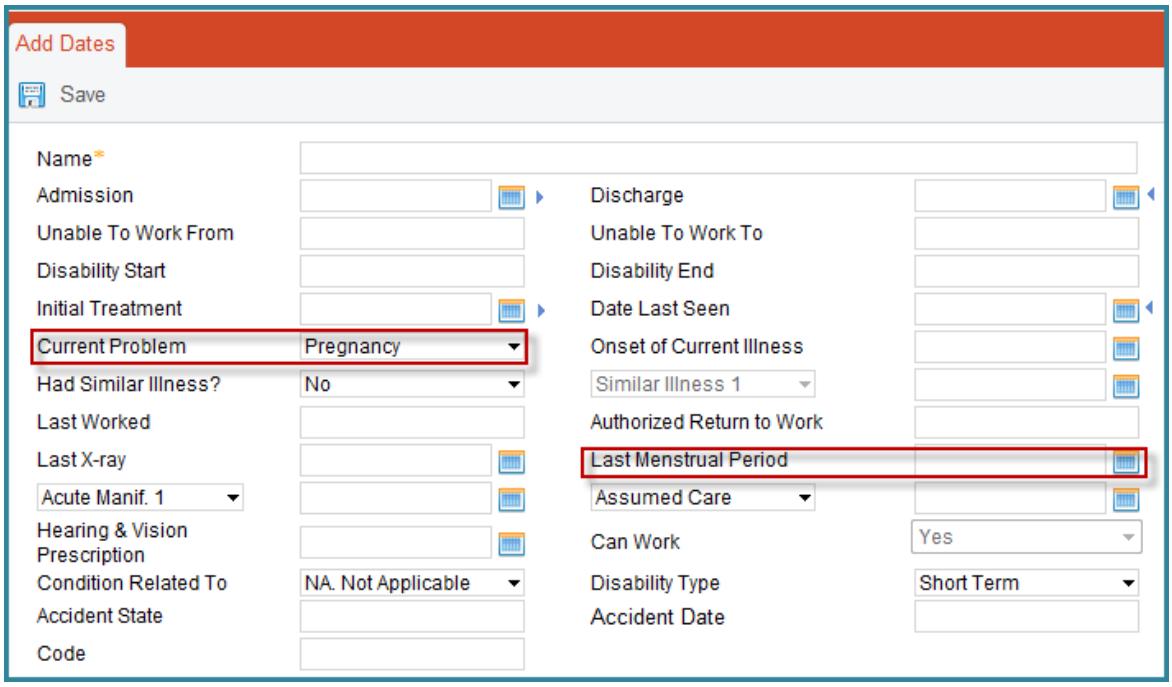


- The given box requires the Onset of Current Illness, Injury or pregnancy. Enter the applicable qualifier to identify which date is being reported.



WORKFLOW: Patient-> Profile -> Clinical-> Dates

- If we select the **'Current Problem'** as Illness, then the **'Onset of current Illness'** must be provided and the qualifier for it.

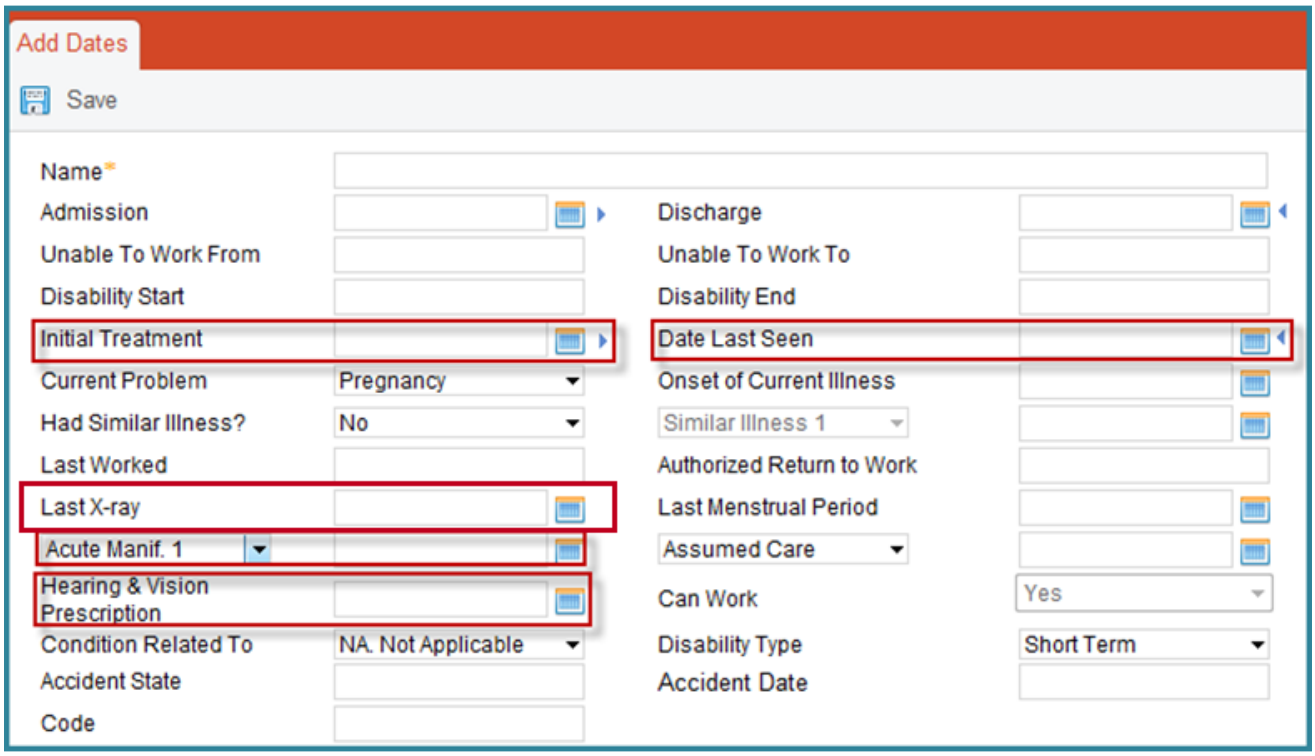


WORKFLOW: Patient-> Profile -> Clinical-> Dates

- If the **'Current Illness'** is selected as Pregnancy then the Last Menstrual Period must be mentioned and the respective qualifier for the problem.

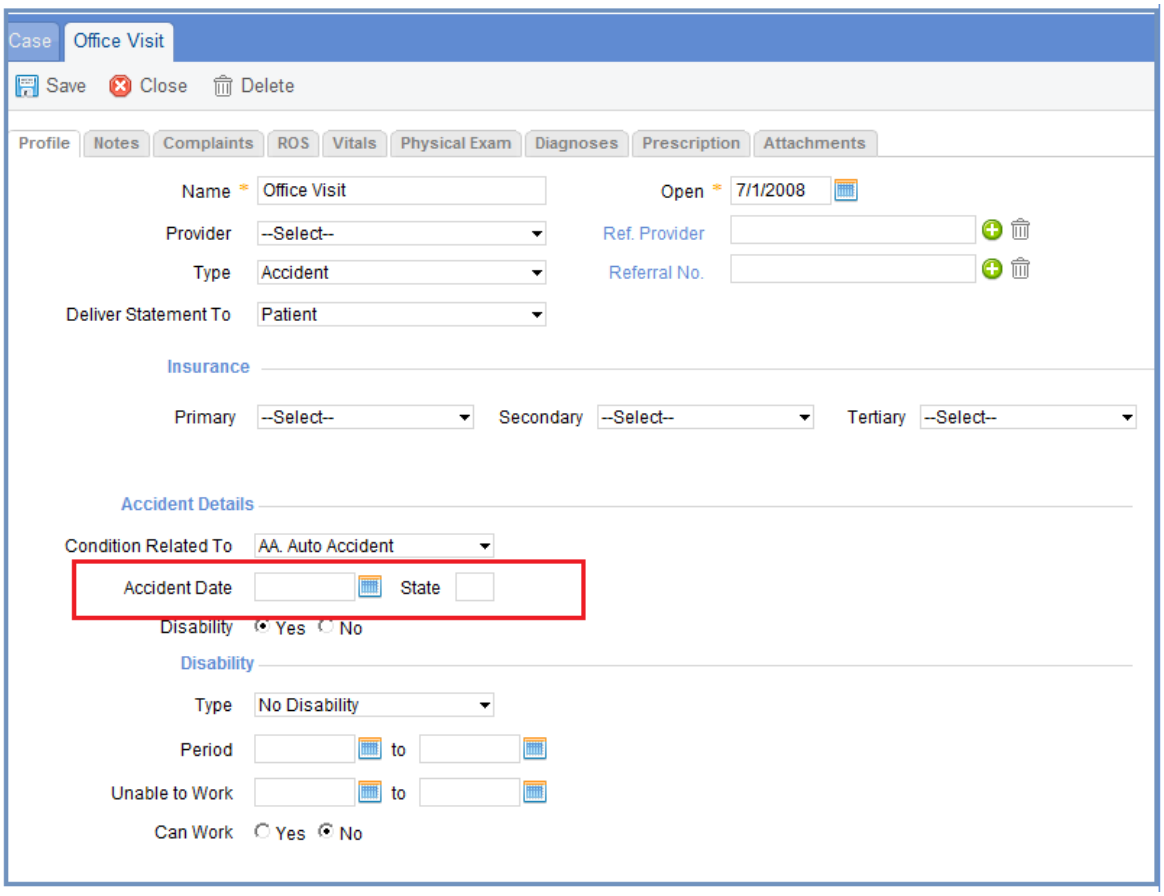
15. OTHER DATE:

- The **"Other Date"** identifies additional date information about the patient's condition or treatment. This will cover one of the following:
  - Accident Date (Highest priority)
  - Initial Treatment
  - Date Last Seen
  - Acute Manifestation 1
  - Last X-ray
  - Hearing & Vision Prescription



WORKFLOW: Patient-> Billing-> Quick Charge-> Dates

- All of the dates except for Accident date can be added from the workflow shown above.

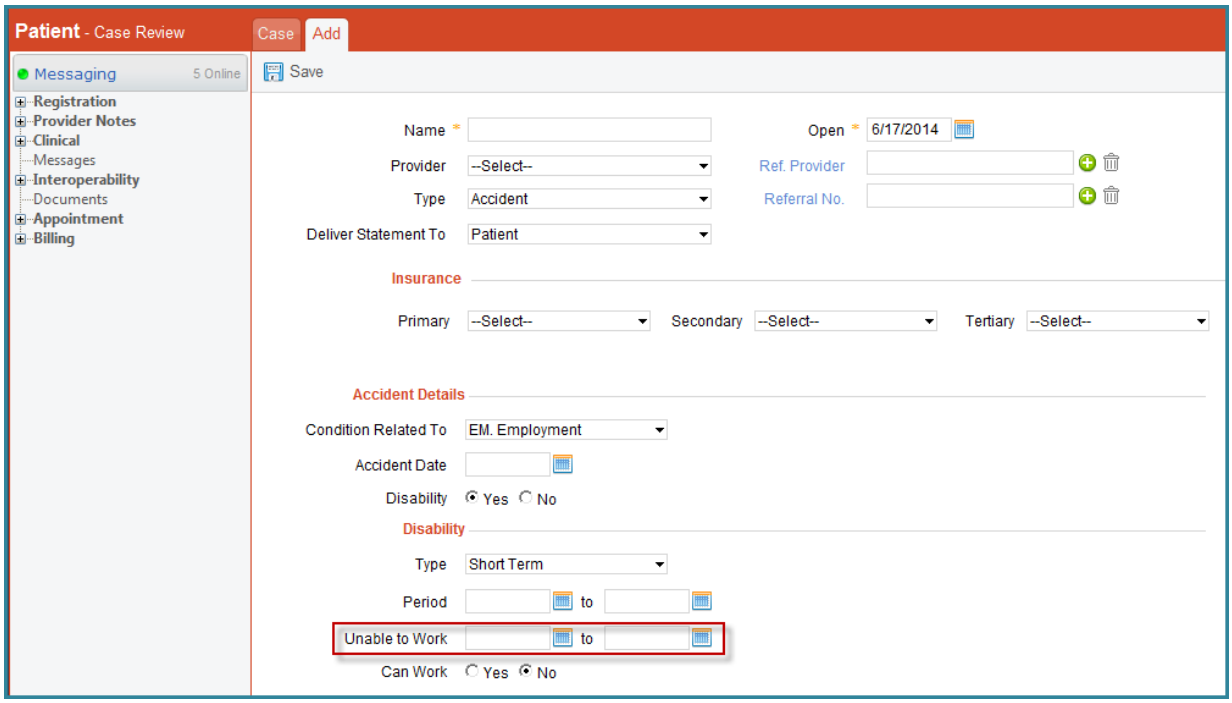


WORKFLOW: Patient-> Profile -> Clinical-> Case Review

- If it is an **Accident date** then it must be added from the workflow shown.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION:

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



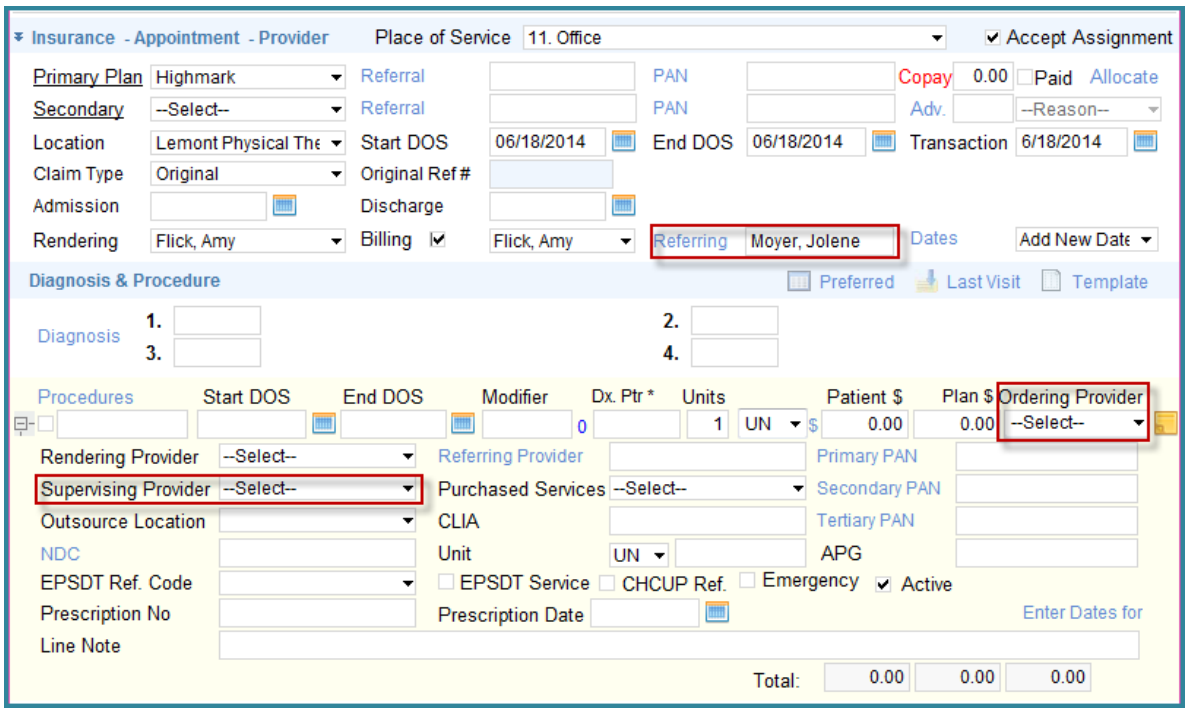
WORKFLOW: Patient -> Clinical -> Case Review -> Case

- Using this workflow, the dates can be added for the inability to work.

17. NAME OF REFFERING PROVIDER:

- Enter the name (in the given format) of the provider who referred, or ordered the service or supply on the claim. Also enter the qualifier, before the name, to identify which provider is being reported.

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

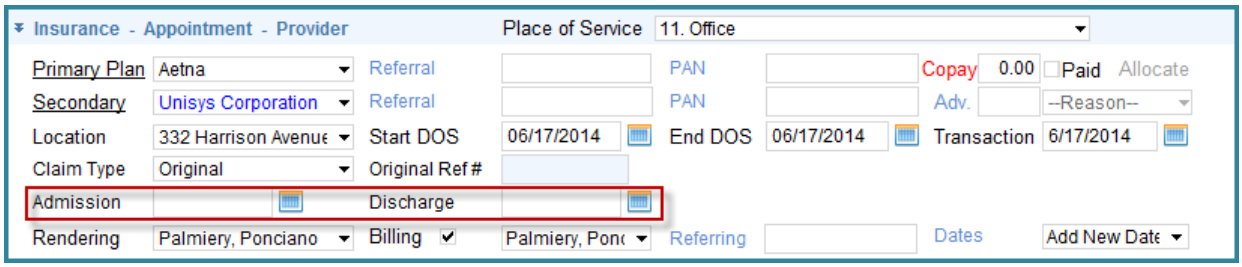


WORKFLOW: Patient-> Billing -> Quick Charge

- The name of the Provider can be entered in Quick charge section as shown above.

18. HOSPITALIZATION DATES:

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

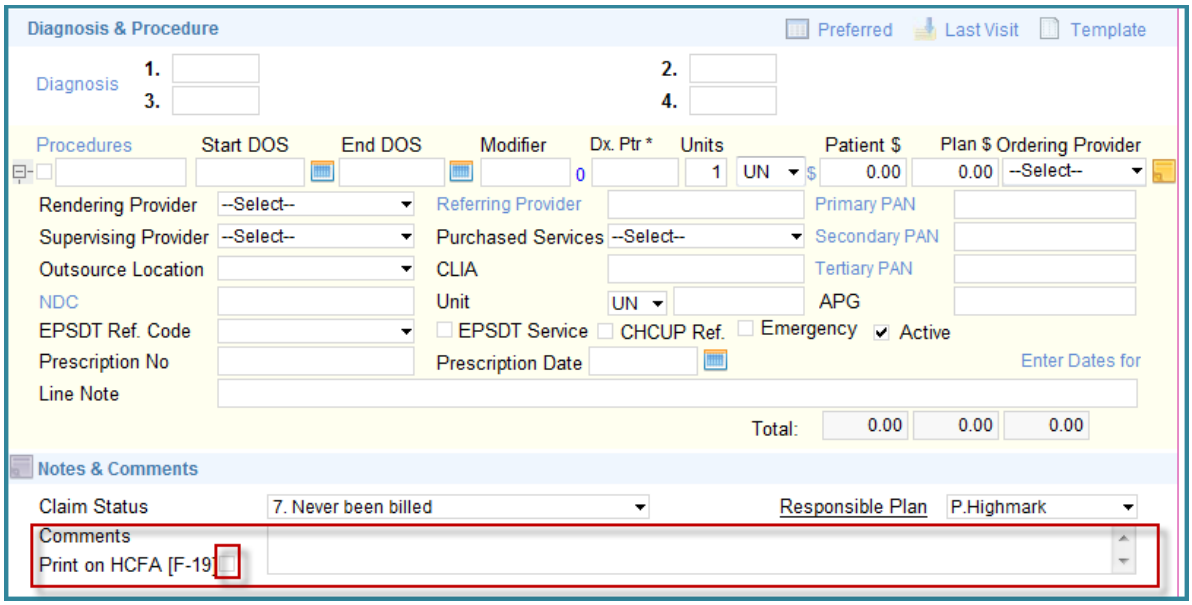


WORKFLOW: Patient-> Profile -> Clinical-> Dates

- Admission and Discharge dates can be added by expanding the Insurance – Appointment – Provider window in a quick charge.

19. ADDITIONAL CLAIM INFORMATION:

- Enter the comments related to the procedure used. This is claim level comments.

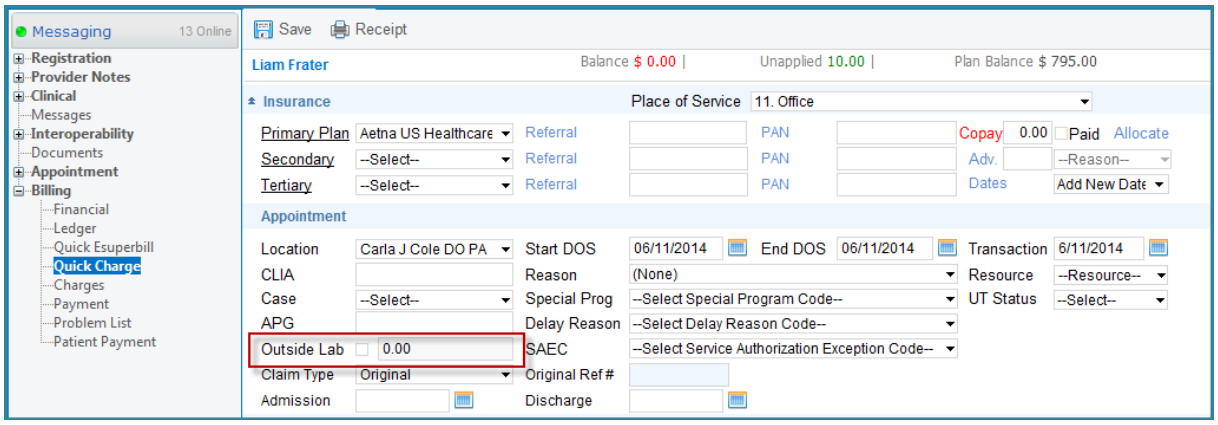


WORKFLOW: Patient-> Billing -> Quick Charge

- The workflow mentioned above shows how to insert claim level comments. The checkbox has to be marked before entering the comments otherwise they would not appear on the HCFA form.

20. OUTSIDE LAB AND CHARGES:

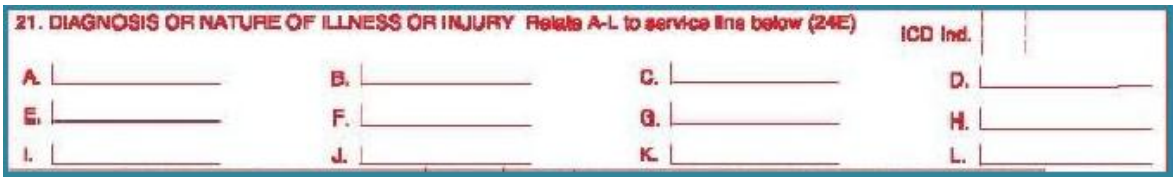
- Complete this field when billing for purchased services by entering an X in "YES." A "YES" mark indicates that the reported service was provided by an entity other than the billing provider. A "NO" mark or blank indicates that no purchased services are included on the claim. If "Yes" is annotated, enter the purchase price under "$Charges".



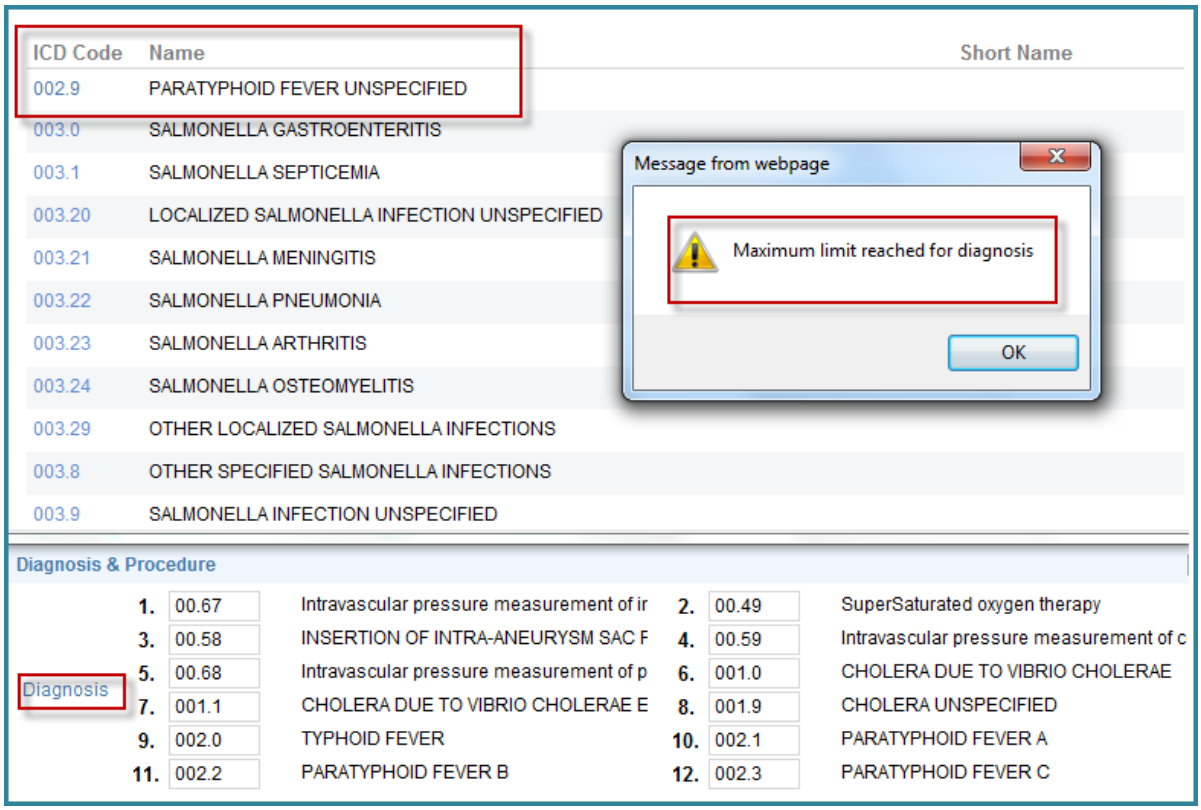
WORKFLOW: Patient-> Billing -> Quick Charge

- In the application, the space shown in the figure can be used to enter details of the Outside lab used. If the checkbox is marked then the charge field provided must be filled with the total charges of the Outside lab.

21. DIAGNOSIS CODES:



- Enter the applicable ICD indicator to identify which version of ICD codes is being reported. Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.
  9: ICD-9-CM
  0: ICD-10-CM

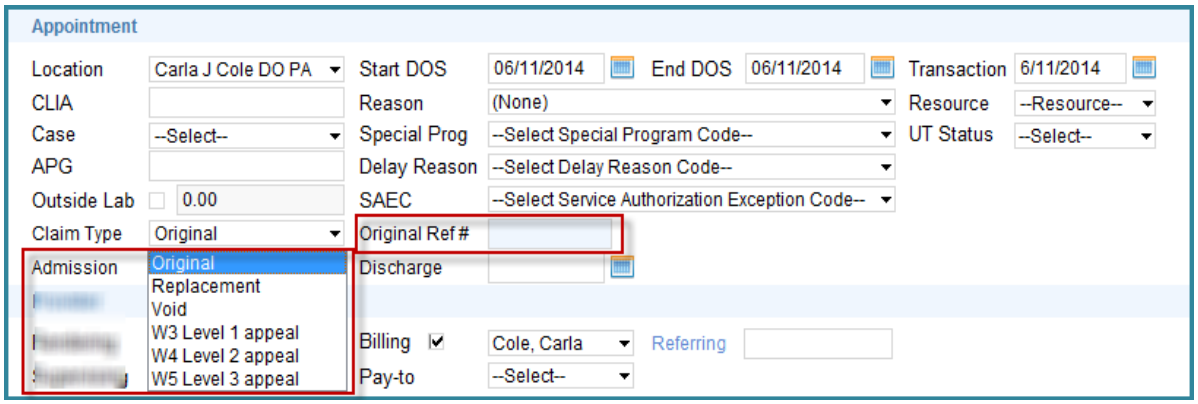


WORKFLOW: Patient-> Billing -> Quick Charge

- In the application, there are initially 4 **'Diagnosis'** spaces given. When you click on **Diagnosis** highlighted in the figure above, another window opens up showing all the diagnosis and procedures available. When you click on any code it is automatically added to the list. When you add 4 codes, mores fields will appear. Maximum of 12 ICD codes can be entered within one claim after which the application gives a maximum limit warning as shown above.

22. RESUBMISSION CODE:

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

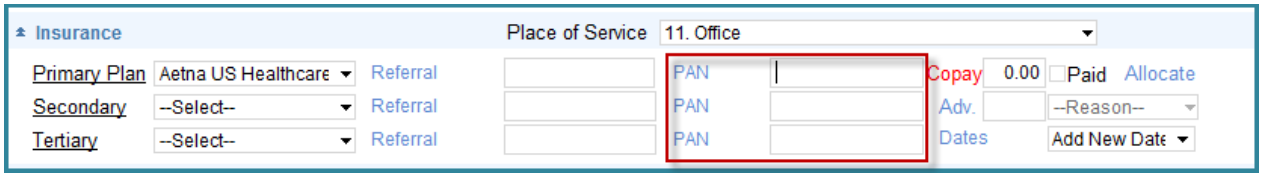


WORKFLOW: Patient-> Billing -> Quick Charge

- Under the **Appointment** sub-heading, the details of box 22 can be added in the highlighted portion shown in figure above.

23. PRIOR AUTHORIZATION NUMBER (PAN):

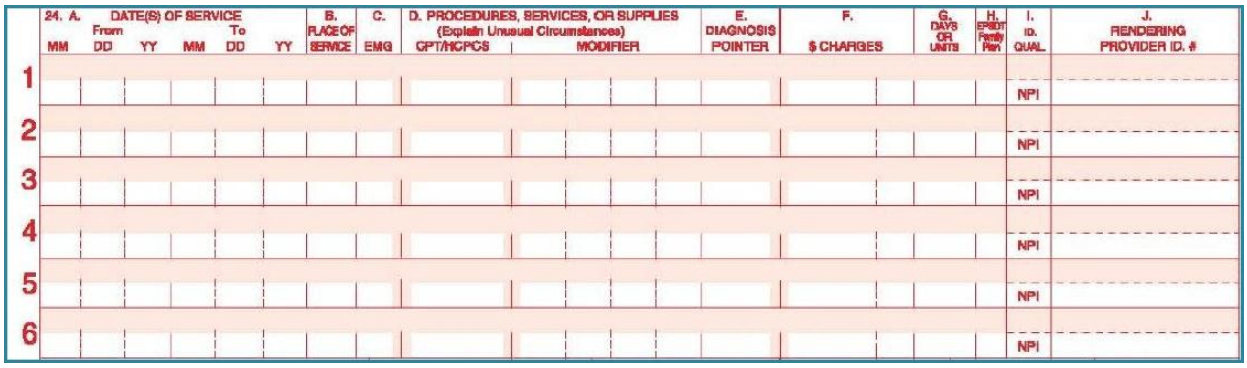
- The "Prior Authorization Number" is the payer assigned number authorizing the service(s), PAN in short.



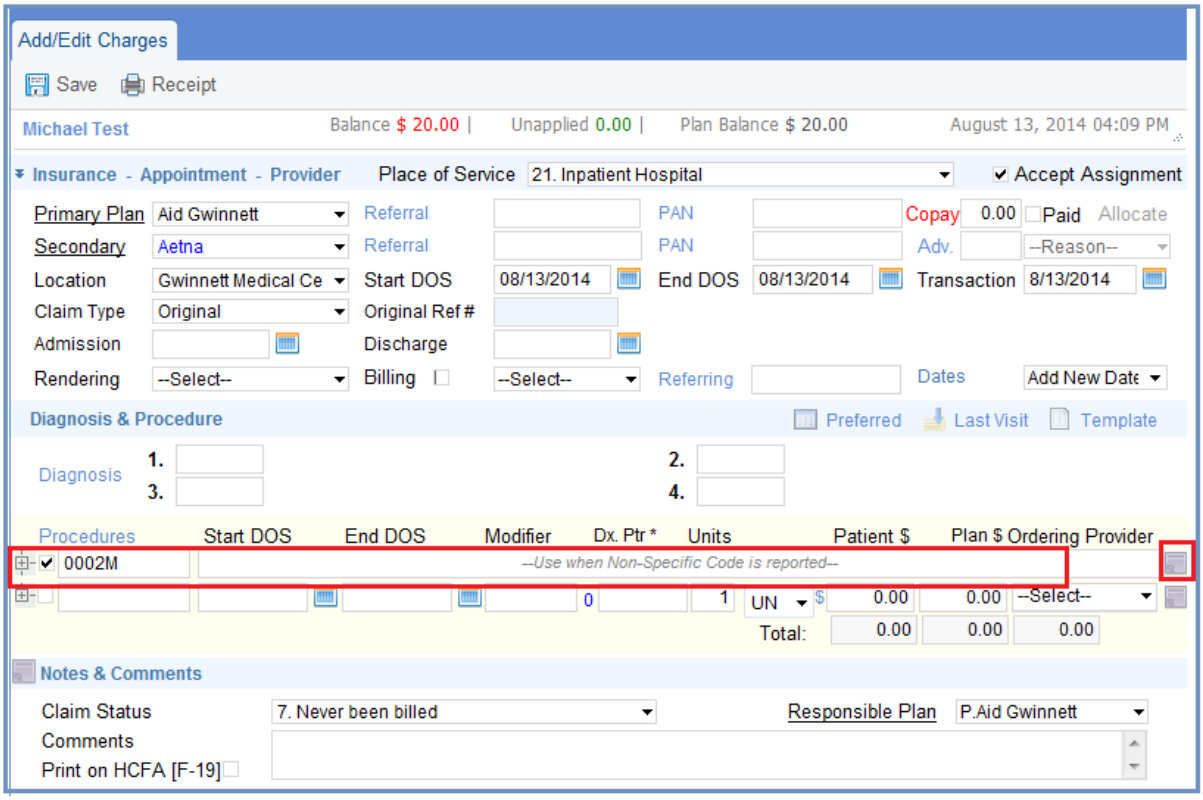
WORKFLOW: Patient-> Billing -> Quick Charge

- PAN can be added directly into the box without clicking on the PAN name and finding the PAN in list of numbers (which is another possibility too). For each insurance Primary, Secondary or Tertiary, PAN is provided using this workflow.

24. PROCEDURE CODES:



- In **24A**, enter date(s) of service, both the "From" and "To" dates. If there is only one date of service, enter that date under "From."
- In **24B**, enter the appropriate two-digit code from the Place of Service Code list for each item used or service performed.
- In **24C**, enter Y for "YES" or leave blank if "NO" in the bottom, unshaded area of the field.
- **24 D and E** allows for the entry of the following: 5-6 characters in the unshaded area of the CPT/HCPCS field and four sets of 2 characters in the Modifier area as the maximum limit.
- **24 F** allows for the entry of charges up to 6 characters to the left of the vertical line and 2 characters to the right of the vertical line in the unshaded area.
- **24 G** allows for the entry of units/days up to 3 characters in the unshaded area.
- **24 H** allows for the entry of 1 character in the unshaded area. This refers to EPSDT (Early Periodic Screening Diagnosis and Treatment).
- **24 I** allows for the entry of a 2 character qualifier in the shaded area. This will identify the code mentioned in **24J**.
- **24 J** allows for the entry of maximum 11 characters in the shaded area and entry of a 10-digit NPI number of the unshaded area.
- The shaded area of the HCFA box **24a** to **24h** is for the line level comments that can be populated from the workflow shown below. Once we click on the tab provided, a box appears and comments can be added there.
- **24 I** shaded area will display 'PIN Qualifier' (which defines the code to be populated in **24 J** shaded area) against selected 'Rendering Provider' on quick charge. To create a 'Provider Plan PIN', please refer to Item number 32b mentioned below.
- **24 J** shaded area will display the code based on PIN qualifier entered in **24 K** shaded area. This can also

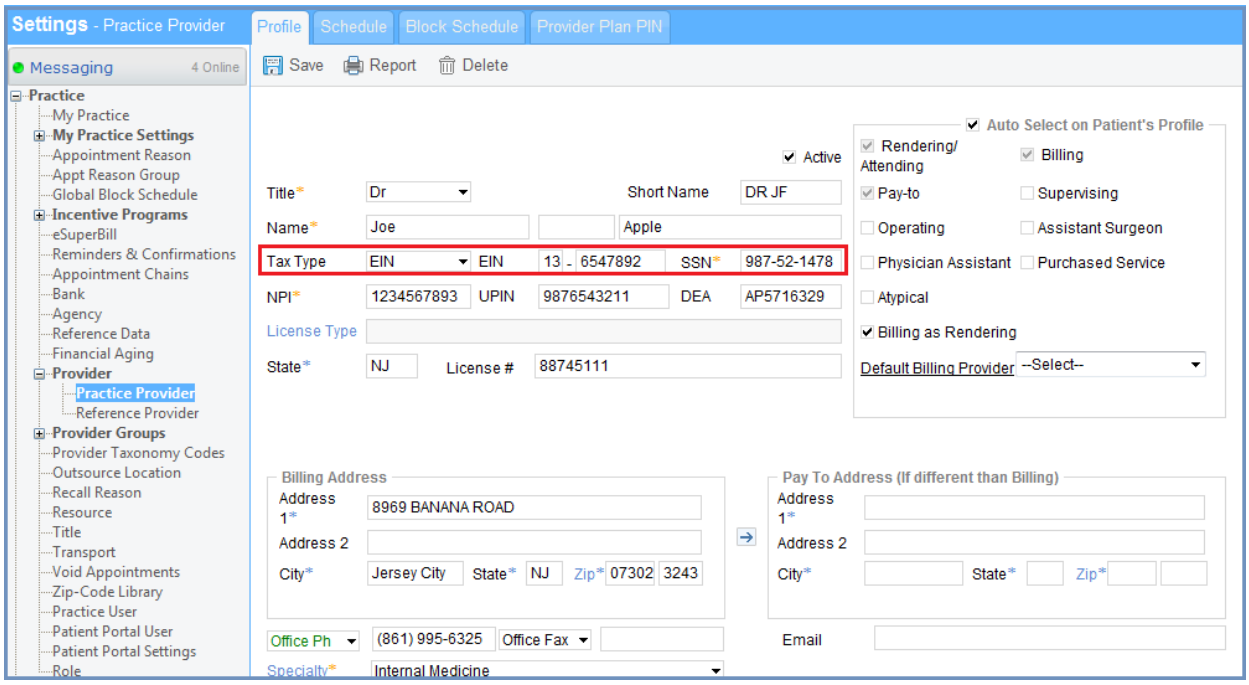


WORKFLOW: Patient-> Billing -> Quick Charge

- Under the procedures, click on the **'+'** sign to expand the procedure options. From there you can select each detail of box 24. There are check boxes for **'Emergency'** and **'EPSDT'** which must be checked for appearance on the HCFA form if required.

25. FEDERAL TAX I.D. NUMBER:

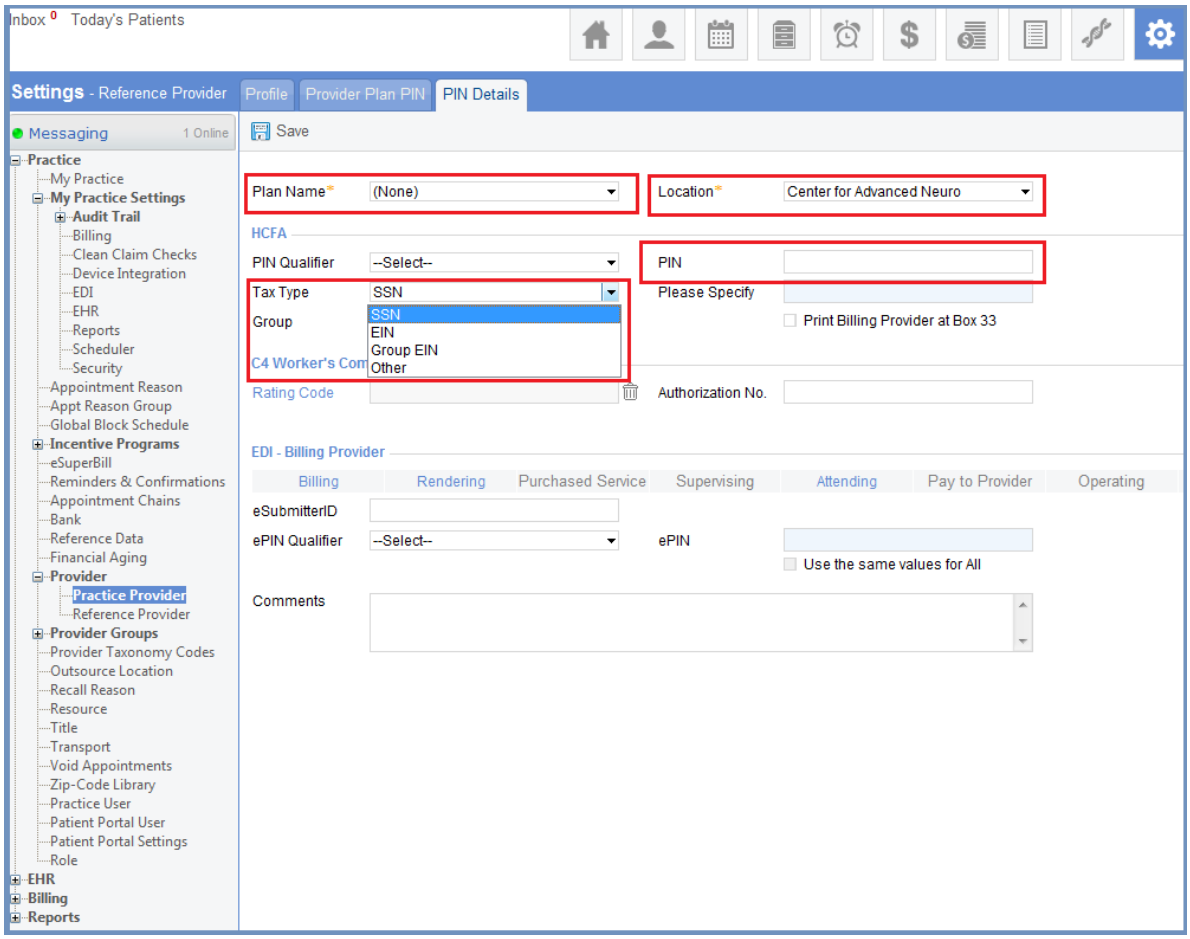
- The "Federal Tax ID Number" is the unique identifier assigned by a federal or state agency. Either SSN or EIN must be provided.



WORKFLOW: Settings -> Practice -> Provider -> Practice Provider -> Profile

- User can select the **Tax Type** as either **EIN** or **SSN** using above workflow. The selected type will then be printed on **Box 25.** This scenario is valid if no billing group exists against selected **Provider**, **Plan** and **Location** on charge page. In case it exists, **Group EIN** will be populated workflow of which is shown in **Box 33.**

- Now consider a scenario in which no billing group exists (eliminating the need for Group EIN) and provider bills to most of insurances based on either Individual EIN (or SSN). The same option can be selected as highlighted above under **Tax Type**. For all the other insurances that require SSN (or EIN) as other option than selected **Tax Type**, we need to create **Provider Plan PIN** for same **Provider**, **Location** and **Plan**. Under Provider Plan PIN we can select other Tax Type and it will print it only for this particular insurance.



WORKFLOW: Settings -> Practice -> Provider -> Practice Provider -> Provider Plan PIN

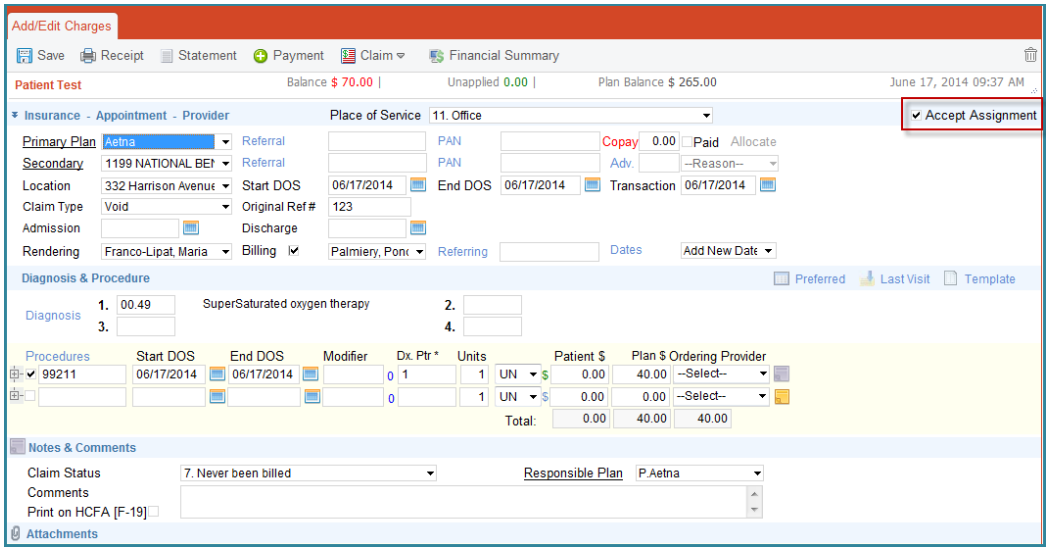
- User needs to select **Tax Type** as **SSN or EIN** as shown above along with **Plan Name** and **Location.** For more than one Plan and multiple locations, you have to create PINs for all separate locations one by one.

26. PATIENT'S ACCOUNT NUMBER:

- Patient's Account No. is the **Claim Identifier** which is auto-generated by the system. It is indicated by **CLM** in the EDI File.

27. ACCEPT ASSIGNMENT:

- The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer's program.

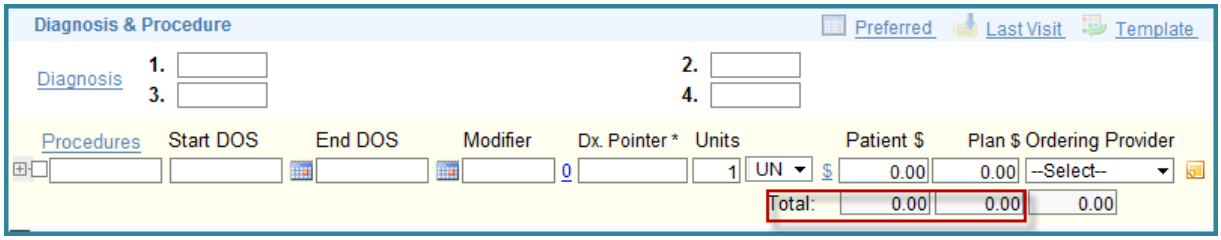


WORKFLOW: Patient-> Billing -> Quick Charge

- The checkbox given must be marked if the provider agrees to accept the terms of payer's program. It can be set to default under Plan Settings as well.

28. TOTAL CHARGE:

- Enter total charges for the services (i.e., total of all charges in 24F) and

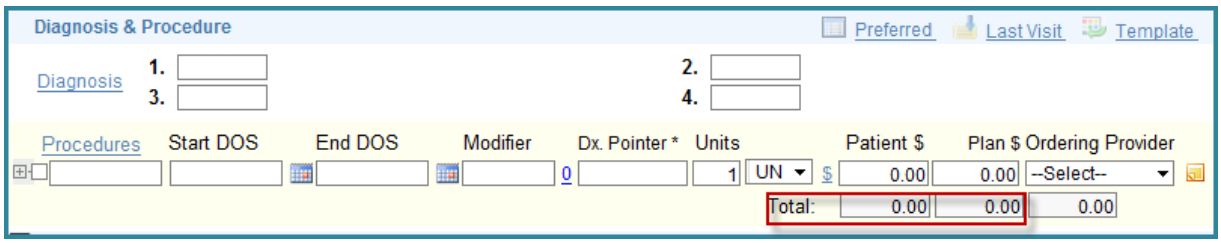


WORKFLOW: Patient-> Billing -> Quick Charge

- The total sum is automatically added using the sum of individual CPT charges as shown in the figure.

29. AMOUNT PAID:

The “Amount Paid” is the payment received from the patient or other payers.



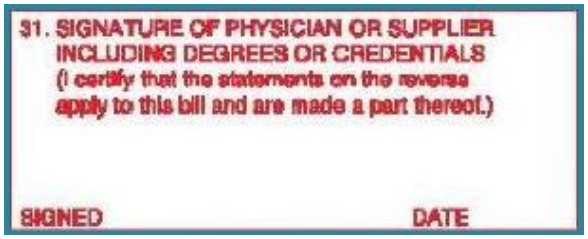
WORKFLOW: Patient-> Billing -> Quick Charge

If the payments are entered against Procedures, they will be accumulated and appear in Box 29 as **Amount Paid.**

30. RESERVED FOR NUCC USE:

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

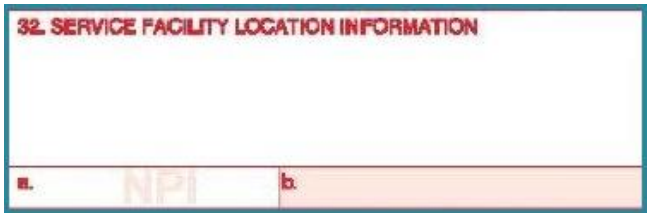
31. SIGNATURE OF PHYSICIAN:



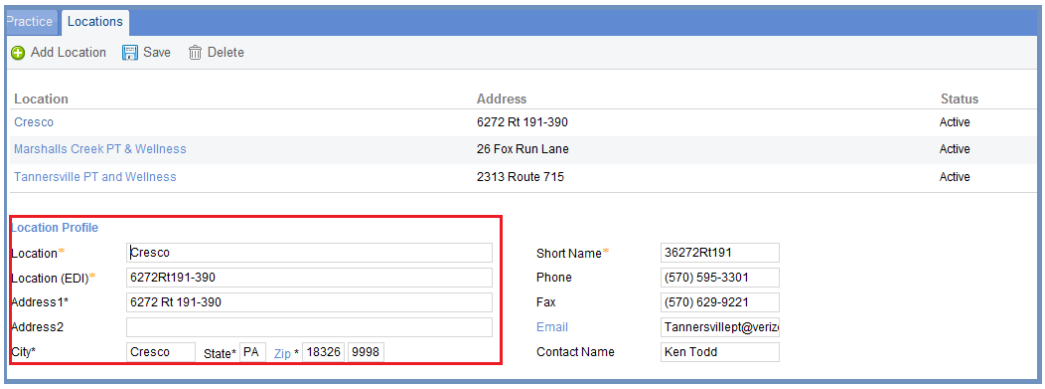
- Enter the legal signature of the practitioner or supplier, signature of the practitioner or supplier representative, "Signature on File," or "SOF." Enter either the 6-digit date (MM|DD|YY), 8-digit date (MM|DD|YYYY), or alphanumeric date (e.g., January 1, 2003) the form was signed.

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

32. SERVICE FACILITY LOCATION:

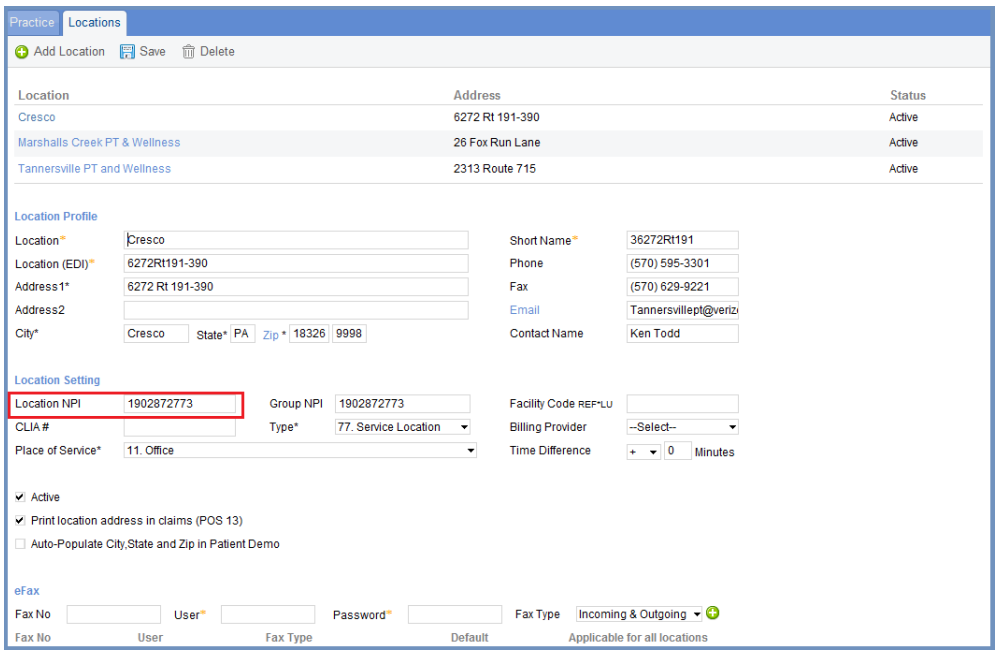


- The name and address of facility where services were rendered.



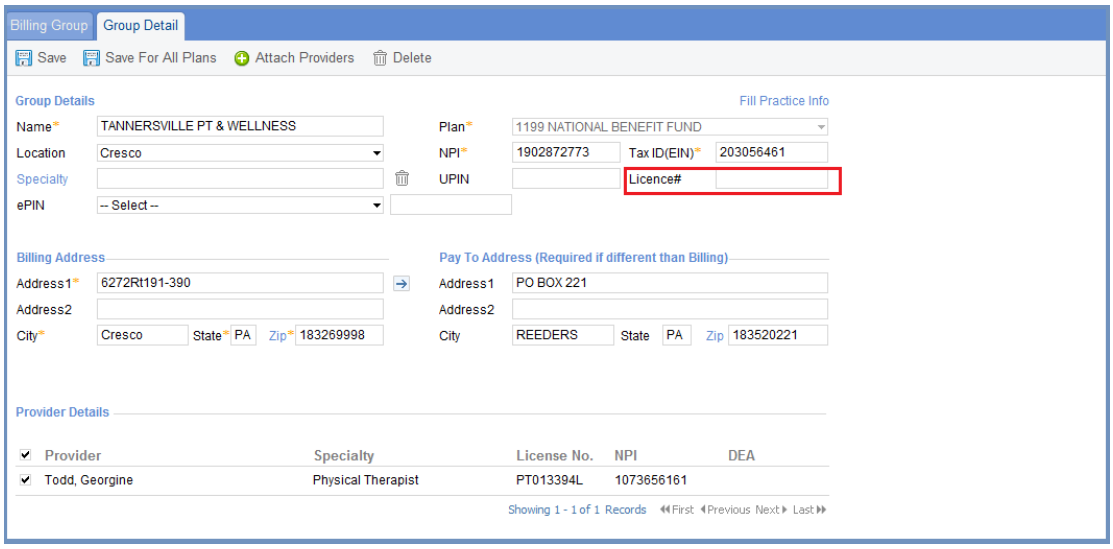
WORKFLOW: Settings -> Practice -> My Practice -> Locations

- The Service location can be entered in the Locations tab under My Practice as shown. The location NPI will also be added from location details which will appear in **32a**.



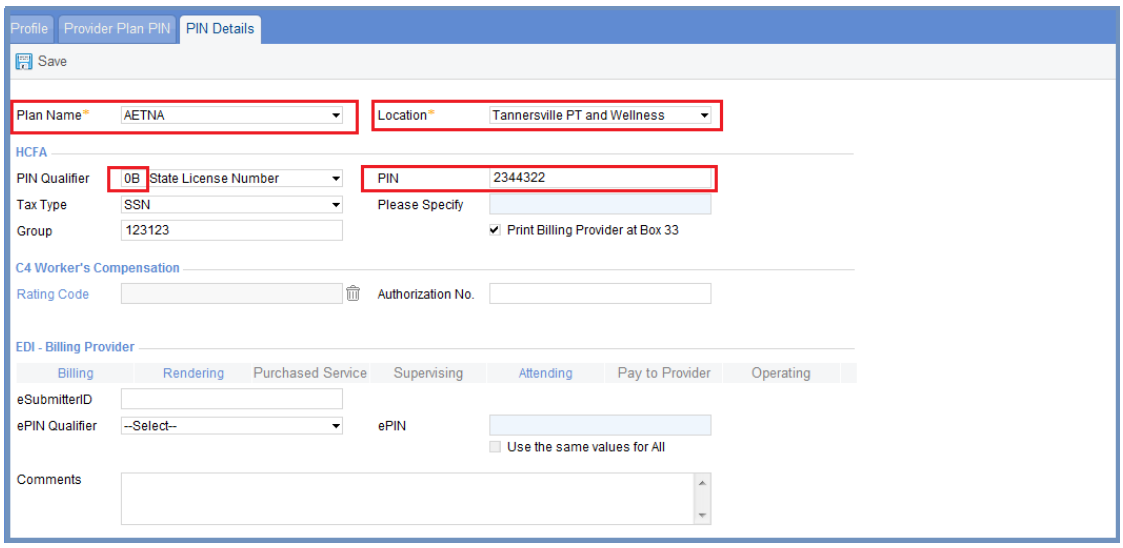
WORKFLOW: Settings -> Practice -> My Practice -> Locations

- Information that appears in **32b** depends on **Billing Groups** added in the practice. Let's assume the first scenario in which a Billing Group exists for same **Provider**, **Location** and **Plan** as selected on Charge page. In this case, the system will print **License#** in **32b** which can be added in billing group using the below workflow.



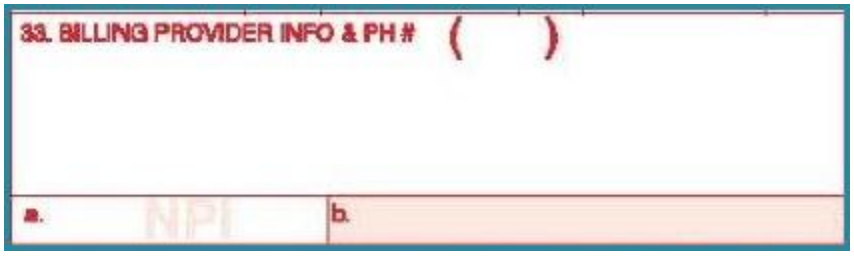
WORKFLOW: Settings -> Practice -> Provider Groups -> Billing Provider

- If there is no Billing Group involved, then **Box 32b** will be populated from **Provider Plan PIN** using the following workflow. User has to once again make sure that the **Plan Name** and **Location** must be same as the ones selected on Charge while creating Provider Plan PIN for the same **Provider**. The PIN will be populated along with 2 digits qualifier as its prefix.

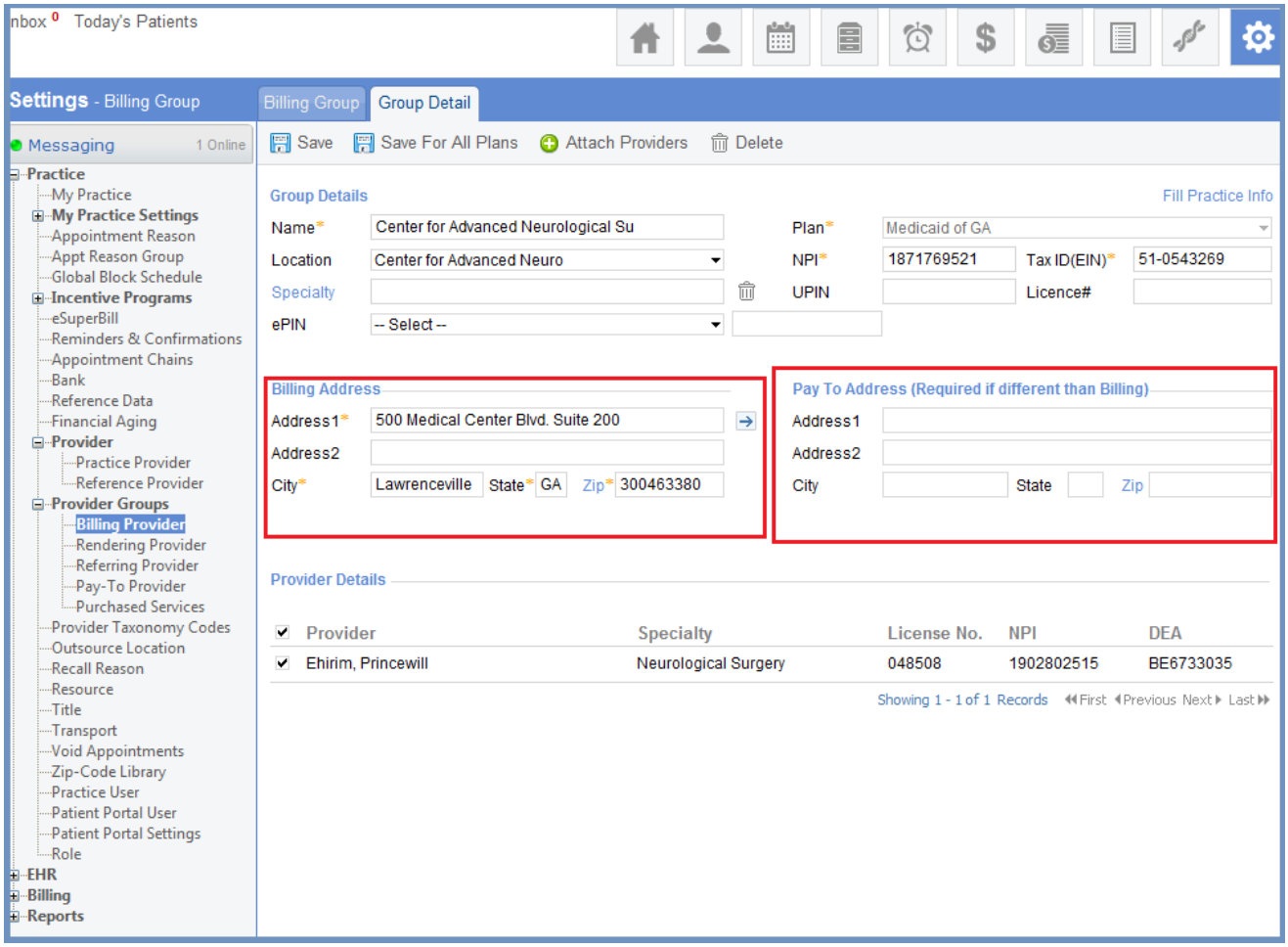


WORKFLOW: Settings -> Practice -> Provider -> Practice Provider -> Provider Plan PIN

33. BILLING PROVIDER INFORMATION:



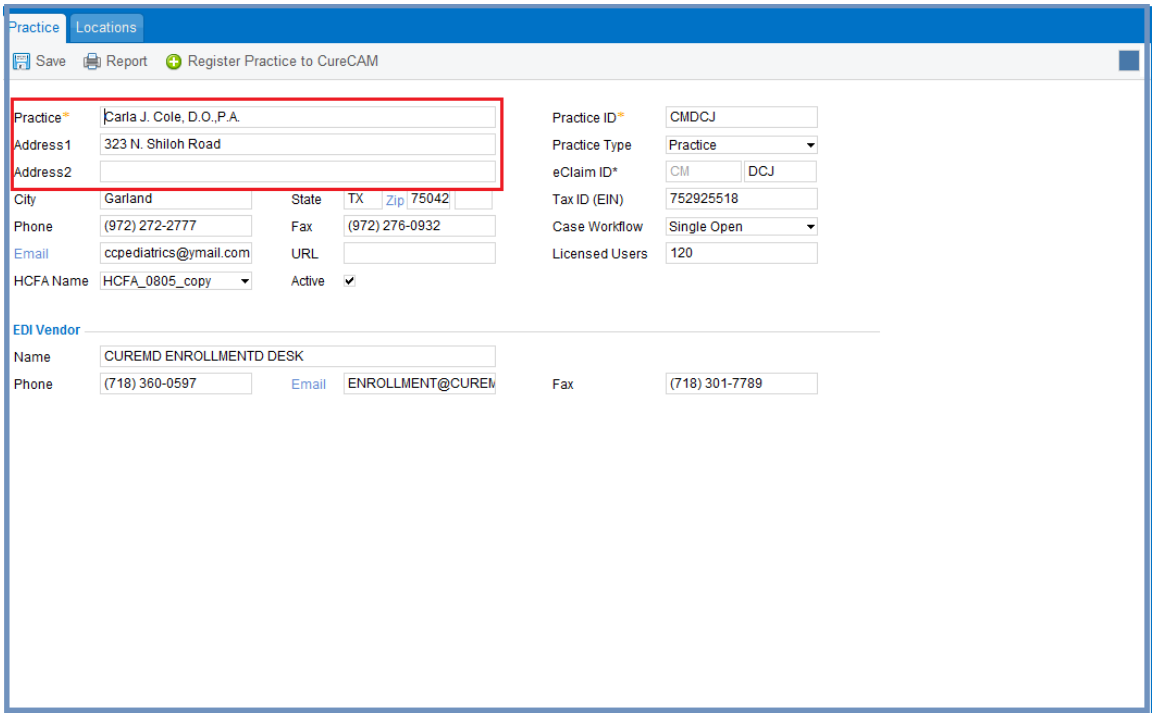
- The billing provider's or supplier's billing name, address, ZIP code, and phone number is the billing office location and telephone number of the provider or supplier.



WORKFLOW: Settings -> Provider Groups -> Billing Provider

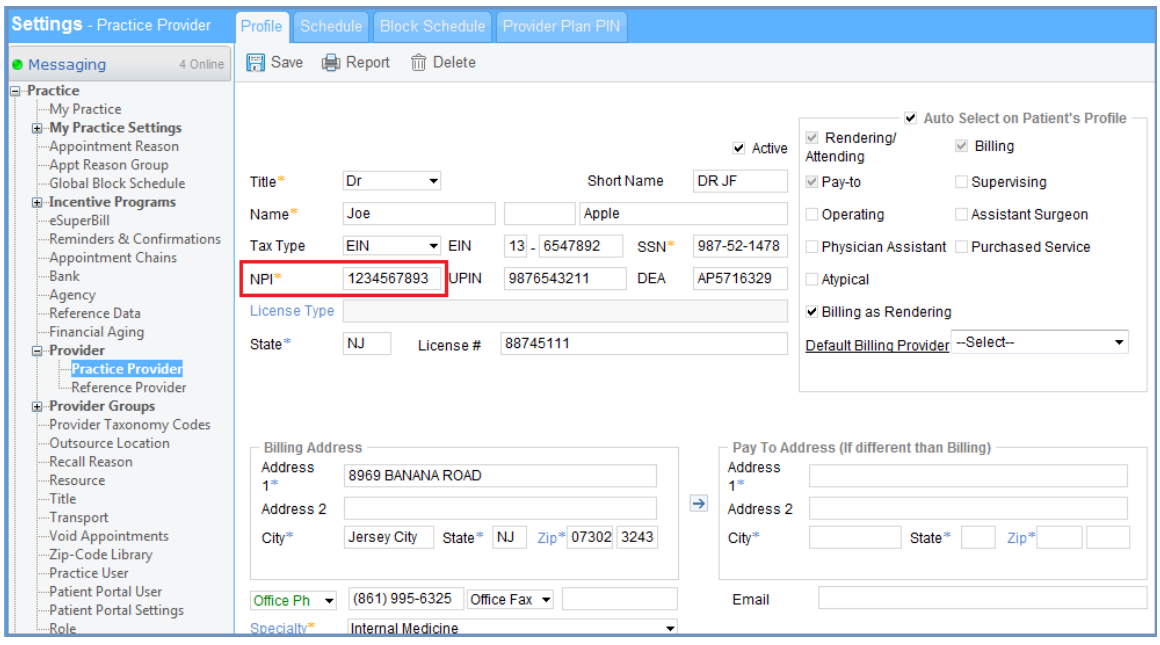
- Once again the information that appears in **Box 33** will also depend on **Billing Group** if it is added in the practice for the same **Provider, Plan** and **Location**. In case it exists, the system will first populate **Name** of Billing Group followed by **Pay-To-Address** details in **Box 33** and **Group NPI** in **33a.** If there is no Pay-To-Address added in the group, then **Billing Address** will be populated.

- If there is no Billing Group, then practice information will be shown in **Box 33** using following workflow:



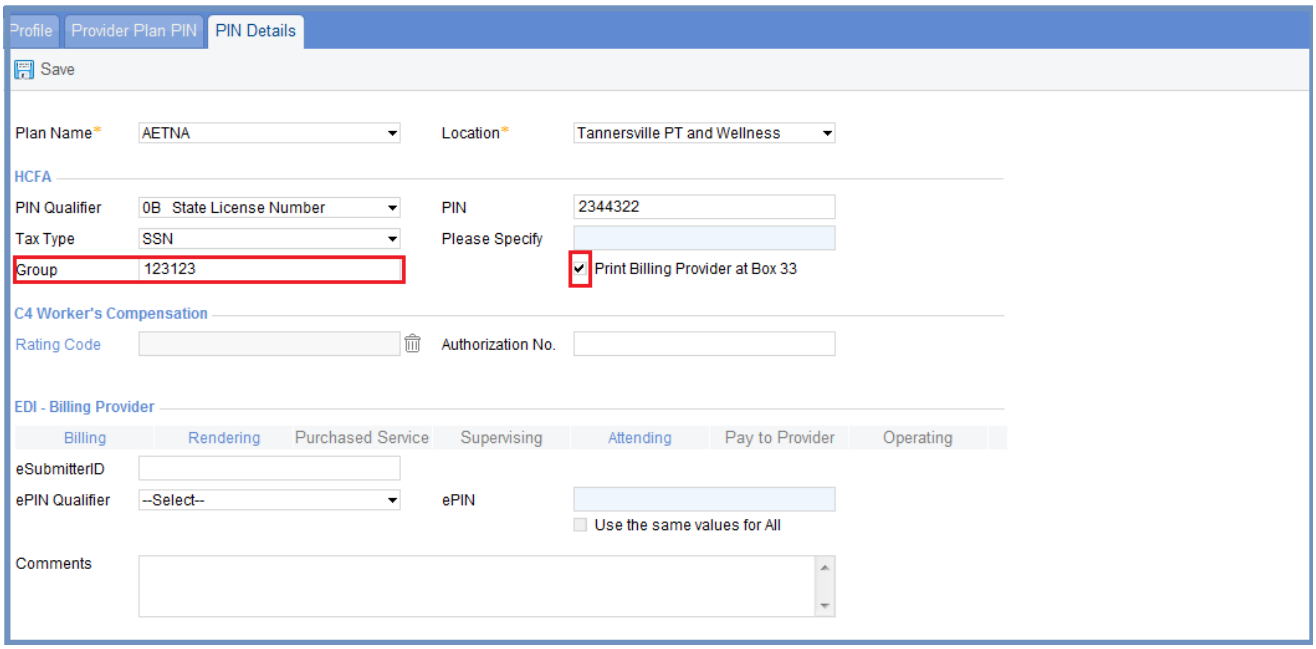
WORKFLOW: Settings -> Practice -> My Practice

- **Box 33a** will then be extracted from **Billing Provider's** profile using below workflow:



WORKFLOW: Settings -> Practice -> Provider -> Practice Provider -> Profile

- **Box 33b** can be printed by using **Group** option under **Provider Plan PIN**. The highlighted checkbox must be marked for HCFA**.**



WORKFLOW: Settings -> Practice -> Provider -> Practice Provider -> Provider Plan PIN