



*Kareo Instruction Guide
to the CMS 1500 Form
November 2009*

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Introduction

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

This document does not explain all of the rules and requirements for completing the claim form. The scope of this document is limited to providing you with instructions on exactly where to enter data in Kareo in order to have it printed in the correct location on the CMS 1500 form. If you require further information including complete rules and requirements, we recommend you visit the National Uniform Claim Committee website located at <http://www.nucc.org/>. You can also download the latest version of the CMS 1500 form instruction manual at http://www.nucc.org/images/stories/PDF/claim_form_manual_v2-1_3-07.pdf.

IMPORTANT NOTE:

Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the CMS 1500 claim form. All customers that signed up for a Kareo account AFTER November 6, 2009 are configured to use the **New Mode**. All customers that signed up for a Kareo account ON OR BEFORE November 6, 2009 are configured to use the **Classic Mode**. To find out the claim settings mode used for your account, click on the Settings menu, then click on Company, and then click Claim Settings Mode.

If your account is set to use the New Mode, please read the section entitled **Instructions for CMS 1500 Claim Form for New Mode**. If, instead, your account is set up to use the Classic Mode, please read the section entitled **Instructions for CMS 1500 Claim Form for Classic Mode**.

CMS 1500 Form (Version 08/05)

The image shows the CMS 1500 Health Insurance Claim Form (Version 08/05). The form is divided into several sections: 'PATIENT AND INSURED INFORMATION' (top half), 'PHYSICIAN OR SUPPLIER INFORMATION' (bottom half), and 'CARRIER' (right side). The form includes fields for patient name, address, birth date, sex, insurance policy number, and dates of service. It also includes a section for the provider's name, address, and tax ID. The form is marked with '1500 HEALTH INSURANCE CLAIM FORM' and 'APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05'.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Instructions for CMS 1500 Claim Form for New Mode

It is very important to note that Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the CMS 1500 claim form. If you signed up for Kareo AFTER November 6, 2009, then your account should be configured to use the **New Mode** and this section applies to your account. If you signed up for Kareo ON OR BEFORE November 6, 2009, please refer to the section entitled **Instructions for CMS 1500 Claim Form for Classic Mode**.

Box	Field Name	Entering Data in Kareo
1	INSURANCE PROGRAM	<p>The checkboxes in this section of the claim form correspond to the Insurance Program field of the insurance company record.</p> <ul style="list-style-type: none"> • If MB-Medicare Part B, the system will check the Medicare box • If MC-Medicaid, the system will check the Medicaid box • If CH-Champus, the system will check the Champus box • If VA-Veteran Administration Plan, the system will check ChampVA • For all other insurance programs, the system will check Other
1a	INSURED'S ID NUMBER	Patient record > Cases tab > Case record > General tab > Insurance Policy > Policy # of the insurance plan for which the claim is being billed
2	PATIENT'S NAME	Patient record > General tab > Patient's Full Name
3	PATIENT'S BIRTH DATE (& SEX)	Patient record > General tab > Patient's Date of Birth & Gender
4	INSURED'S NAME	<p>If policy holder for the claim is the patient, then Patient record > General tab > Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the claim is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Full Name</p>
5	PATIENT'S ADDRESS (& PHONE)	Patient record > General tab > Patient's Address & Home Phone Number
6	PATIENT RELATIONSHIP TO INSURED	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Patient Relationship to Insured (Self, Child, Other, or Spouse)
7	INSURED'S ADDRESS (& PHONE)	<p>If policy holder for the claim is the patient, then Patient record > General tab > Patient's Address & Home Phone Number</p> <p>OR...</p> <p>If policyholder for the claim is other than the patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Address.</p> <p>Note: Box 7 will also include the patient's home phone number when the insured is other than the patient. The home phone number is pulled from the "General" tab of the patient record.</p>
8	PATIENT STATUS	<p>Patient record > General tab > Patient's Marital Status and Employment Status</p> <p>Note: When a patient is 18 years of age or older and a full-time student still covered under the parent's insurance policy, then to avoid rejected claims, select Full-Time Student.</p>
9	OTHER INSURED'S NAME	<p>If the policy holder for the other insurance policy is the patient, then the Patient record > General tab > Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the other insurance policy is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Full Name</p> <p>Notes: Boxes 9, 9a, 9b, 9c, and 9d are completed when there is more than one insurance policy recorded on the patient case.</p> <ul style="list-style-type: none"> • When the primary policy is being billed, then Boxes 9, 9a, 9b, 9c, and 9d correspond to the

		<p>secondary policy.</p> <ul style="list-style-type: none"> When the secondary policy is being billed, then Boxes 9, 9a 9b, 9c and 9d correspond to the primary policy.
9a	OTHER INSURED'S POLICY OR GROUP	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Policy # of other insurance on file
9b	OTHER INSURED'S DATE OF BIRTH (& SEX)	<p>If policy holder for the other insurance policy is the patient, then Patient record > General tab > Patient's Date of Birth & Gender</p> <p>OR...</p> <p>If policyholder for the other insurance policy is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Date of Birth & Gender</p>
9c	EMPLOYER'S NAME OR SCHOOL NAME	<p>Patient record > Cases tab > Case record > General tab > Insurance Policy record ></p> <p>If policy is through employer, check Policy through Employer checkbox, and then add the employer's name</p>
9d	INSURANCE PLAN NAME OR PROGRAM NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name of other insurance policy on file
10	IS PATIENT'S CONDITION RELATED TO:	Requires Yes/No checks in 10a, 10b, and 10c of claim form (see below)
10a	EMPLOYMENT?	<p>If condition is related to employment...</p> <p>Patient record > Cases tab > Case record > Condition tab > Check "Employment?" for Yes; or leave blank for No</p>
10b	AUTO ACCIDENT (State)	<p>If condition is related to auto accident...</p> <p>Patient record > Cases tab > Case record > Condition tab ></p> <p>Check "Auto Accident?" & enter State for Yes; or leave blank for No</p>
10c	OTHER ACCIDENT	<p>If condition is related to other accident...</p> <p>Patient record > Cases tab > Case record > Condition tab > Check either "Abuse" or "Other" for Yes; or leave blank for No</p>
10d	RESERVED FOR LOCAL USE	<p>Encounter record > General tab > Optional Add-Ons ></p> <p>Check the Miscellaneous checkbox > Any data entered in Local Use (Box 10d) will be printed in Box 10d of the claim form.</p>
11	INSURED'S POLICY GROUP OR FECA NUMBER	<p>Patient record > Cases tab > Case record > General tab > Insurance Policy record > Group # of the insurance policy that the claim is being billed to.</p> <p>Note: Boxes 11, 11a, 11b, 11c, and 11d correspond to the current insurance policy being billed.</p> <ul style="list-style-type: none"> When the primary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the primary insurance policy. When the secondary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the secondary insurance policy.
11a	INSURED'S DATE OF BIRTH (& SEX)	<p>If policy holder for the other insurance policy is the patient, then Patient record > General tab > Patient's Date of Birth & Gender;</p> <p>OR...</p> <p>If policy holder for the other insurance policy is other than patient, then Patient record > Cases tab > Case > General tab > Insurance Policy record > Insured's Date of Birth & Gender.</p>
11b	EMPLOYER'S NAME OR SCHOOL NAME	If insurance policy is through employer, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > check "Policy through Employer" checkbox, and then add employer's name.
11c	INSURANCE PLAN NAME OR PROGRAM NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name. Note: This is the plan to which the claim is being billed.

11d	IS THERE ANOTHER HEALTH BENEFIT PLAN?	Patient record > Cases tab > Case record > General tab If one Insurance policy is present, then NO is automatically checked. If more than one insurance policy is present, then YES is automatically checked.
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Automatically formatted to print "Signature on File" and the date.
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Automatically formatted to print "Signature on File" and the date.
14	DATE OF CURRENT: ILLNESS (First Symptom), or INJURY (Accident), or PREGNANCY (LMP)	Patient record > Cases tab > Case record > Condition tab If applicable, select one of the following date types from the Date Type drop-down list under the "Condition" tab. <ul style="list-style-type: none"> • "Initial Treatment Date"; and then enter date. • "Date of Injury"; and then enter date. • "Pregnancy (LMP)"; check the Pregnancy? checkbox in upper part of screen, select "Last Menstrual Cycle" from the drop-down list; and then enter date. Note: Be sure to click the Add button after entering the date.
15	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	Patient record > Cases tab > Case record > Condition Tab > In the Date Type field drop-down, select "Date of Same or Similar Illness", enter the start date and then click the Add button.
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Patient record > Cases tab > Case record > Condition tab > In the Date Type field drop-down, select "Unable to Work in Current Occupation", enter the start and end dates, and then click the Add button.
17	NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	Encounter record > General tab > Referring Provider
17a	I.D. NUMBER (OF REFERRING PROVIDER)	To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record > Claim Settings tab > Insurance Override record and complete the field Referring Provider # (17a) . Left (smaller) box – The 2-digit code that represents the provider number type selected in the drop-down box next to the label Referring Provider # (field 17a) . Right (larger) box – The provider number entered in the text box next to the label Referring Provider # (field 17a) .
17b	NPI	Referring Physician record > General tab > NPI # This is the NPI number for the referring physician indicated on the encounter record.
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	Encounter record > Hospital Dates If the hospital dates are specific to the encounter (e.g., if the treatment was provided at a hospital facility), then you would enter the hospital dates in the Hospital Dates section of the encounter record. The system will then pull these dates onto the claim form. (Note that you must click the Hospital Dates checkbox on the encounter record in order to enter the hospital dates.) OR... Patient record > Cases tab > Case record > Condition tab > Select "Hospitalization Related to Condition" from the Date Type drop-down list, enter the Start and End dates, and then click the Add button. Note: The Kareo system will first look for any hospital dates that might have been entered on the encounter record. If no hospitalization dates were entered on the encounter record, then the system will look for any hospitalization dates that might have been entered under the "Condition" tab of the patient's case. If no dates have been entered in either section, then Box 18 of the claim form will be left blank. Important Note: If hospital dates have been entered in both the encounter record AND under

		the “Condition” tab of the patient case; the system will ignore the hospital dates recorded under the “Condition tab”, and instead print the hospital dates that were entered on the encounter record.
19	RESERVED FOR LOCAL USE	Encounter > General tab > Optional Add-Ons > Check the Miscellaneous checkbox > Any data entered in Local User (Box 19) will be printed in Box 19 of the claim form.
20	OUTSIDE LAB	Marked as NO by Default. This feature is currently not available in Kareo.
21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE TO 1,2,3, OR 4 TO ITEM 24E BY LINE)	Encounter > General tab > Procedure Service Line > Diagnosis 1,2,3,4
22	MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO.	Not captured in Kareo at this time.
23	PRIOR AUTHORIZATION	Encounter record > General tab > Prior Authorization The authorization number shown in this field (if required) must be previously set up in the patient’s insurance policy record if prior authorization is required. To access insurance policy: Patient record > Cases tab > Case record > Authorization tab. Must enter a valid date and the number of visits authorized.
24A	DATES OF SERVICE	Encounter record > General tab > Service Line Date(s) Note that if the End Date of service is left blank on service line of encounter record, Kareo will automatically populate the End Date to equal the Start Date.
24B	PLACE OF SERVICE	Encounter > General tab > Place of Service Note: This is indicated as a code on the CMS form; and typically defaults to what is set up under Settings > Service Location > POS field
24C	EMG	Not captured in Kareo at this time.
24D	PROCEDURES, SERVICES, SUPPLIES	Encounter record > Procedure Service Line > Procedure Code and the Modifier if one exists.
24E	DIAGNOSIS POINTER	Encounter record > Procedure Service Line > Diagnosis pointer that points to the Item # for the Diagnosis Code that was entered in Box 21.
24F	\$ CHARGES	Encounter record > Procedure Service Line > Per unit charge that corresponds to the procedure performed.
24G	DAYS OR UNITS	Encounter > Procedure Service Line > Days/Units that correspond to the procedure performed. Note: Defaults to what is set up as the default unit(s) on the procedure code record, unless manually changed by the user when entering service line on the encounter.
24H	EPSDT FAMILY PLANNING	Patient record > Cases tab > Case record > Condition Tab > If the procedure falls under EPSDT Family Plan, then Family Plan checkbox should be checked.
24I	ID. QUAL (For Rendering Provider)	Top row (pink) – To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record > Claim Settings tab > Insurance Override record and select the provider number type from the drop-down box next to the label Rendering Provider # (24i/j) . Bottom row (clear) – The letters NPI are already pre-printed on the form.
24J	Rendering Provider ID #	Top row (pink) – To populate this box, user must enter a claim settings override for the insurance company, location, and rendering provider associated with this claim on the Provider record > Claim Settings tab > Insurance Override record and enter the provider number in the text box next to the label Rendering Provider # (24i/j) . Bottom row (clear) – This box will be populated with the Individual NPI on the Provider record > General tab, or if entered, the Override Individual NPI on a claim setting override for this insurance company and located entered into the Provider record > Claim Settings tab > Claim

		Settings Override task.
25	FEDERAL TAX I.D. NUMBER	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select Bill with EIN from the Tax ID box, then an Employer's Identification Number (EIN) on the Settings > Practice Information task will be used. If you select Bill with SSN from the Tax ID box, then a Social Security Number (SSN) on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
26	PATIENT'S ACCOUNT NUMBER	This field is not a typical patient account number. It is a Patient Control Number (PCN) consisting of Encounter ID + Z + Billing Company account number with Kareo.
27	ACCEPT ASSIGNMENT?	Settings menu > Insurance sub-menu > Find Insurance Company menu item > Select Insurance Company > Practice Settings tab > If the practice accepts assignment of benefits, make sure the appropriate checkbox is checked. Note: This is a practice-specific setting. You must be logged into a practice in order to access the "Practice Settings" tab.
28	TOTAL CHARGE	Encounter record > Procedure Service Line > The total charge of all service lines entered on encounter record (automatically calculated by system).
29	AMOUNT PAID	Encounters menu > Find Payments menu item > Payment > Total applied payments. Includes total of any patient payments that have been made as well as payment from primary payer if current claim is being billed to secondary payer. If you wish to exclude patient payments from claims billed to a specific insurance company/plan, then you must check this option under Practice Settings tab of insurance company record. Note that you must be logged into a practice in order to access the Practice Settings tab.
30	BALANCE DUE	Encounter record > Procedure Service Line > Total charges less any payments that have been made by patient or by the primary payer if current claim is being billed to secondary payer.
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	Automatically formatted to print "Signature on File" and the date. Also prints name and credentials of provider - This would be the Rendering Provider if no Supervising Provider indicated on the encounter record; or the Supervising Provider if indicated on the encounter record. Also prints credentials of provider.
32	NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED	This information is pulled from two areas: 1) the name of the Service Location indicated on the Encounter record, and 2) the service location address indicated on the Service Location record.
32a	(Service Location's NPI #)	Settings menu > Service Locations > NPI Number Only required if the service location has been assigned a unique Service Location NPI Number (generally assigned to hospitals, labs, etc.).
32b	(Service Location's Facility ID #)	Settings menu > Service Location menu item > Facility ID Number Only required if the service location has been assigned a unique Facility ID number by the payer.
33	PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select Bill with Group and Individual NPI from the NPI box, then the practice name, address, and phone number on the Settings > Practice Information task will be used. If you select Bill with Individual NPI from the NPI box, then the provider's name, address, and phone number on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
33a	(Typically the Practice's NPI #, unless the provider is billing as an individual.)	To populate this box, configure the settings located on the Provider record > Claim Settings tab. If you select Bill with Group and Individual NPI from the NPI box, then the Group NPI field on the Settings > Practice Information task will be used. If you select Bill with Individual NPI from the NPI box, then the Individual NPI field on the Provider record > General tab will be used. It is important to note that these settings can also be overridden for a specific insurance company & location combination on the Provider record > Claim Settings tab > Override Claim Settings list.
33b	(Typically the Practice's Group #, if	To populate this box, user must enter a claim settings override for the insurance company,

	the provider is billing as part of a group)	location, and rendering provider associated with this claim on the Provider record > Claim Settings tab > Insurance Override record, then next to the label that reads Group Provider # (field 33b) , select the provider number type from the drop-down box and enter the provider number itself in the text box.
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Instructions for CMS 1500 Claim Form for Classic Mode

It is very important to note that Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the CMS 1500 claim form. If you signed up for Kareo ON OR BEFORE November 6, 2009, then your account should be configured to use the **Classic Mode** and this section applies to your account. If you signed up for Kareo AFTER November 6, 2009, please refer to the section entitled **Instructions for CMS 1500 Claim Form for New Mode**.

Box	Field Name	Entering Data in Kareo
1	INSURANCE PROGRAM	<p>The checkboxes in this section of the claim form correspond to the Insurance Program field of the insurance company record.</p> <ul style="list-style-type: none"> • If MB-Medicare Part B, the system will check the Medicare box • If MC-Medicaid, the system will check the Medicaid box • If CH-Champus, the system will check the Champus box • If VA-Veteran Administration Plan, the system will check ChampVA • For all other insurance programs, the system will check Other
1a	INSURED'S ID NUMBER	Patient record > Cases tab > Case record > General tab > Insurance Policy > Policy # of the insurance plan for which the claim is being billed
2	PATIENT'S NAME	Patient record > General tab > Patient's Full Name
3	PATIENT'S BIRTH DATE (& SEX)	Patient record > General tab > Patient's Date of Birth & Gender
4	INSURED'S NAME	<p>If policy holder for the claim is the patient, then Patient record > General tab > Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the claim is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Full Name</p>
5	PATIENT'S ADDRESS (& PHONE)	Patient record > General tab > Patient's Address & Home Phone Number
6	PATIENT RELATIONSHIP TO INSURED	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Patient Relationship to Insured (Self, Child, Other, or Spouse)
7	INSURED'S ADDRESS (& PHONE)	<p>If policy holder for the claim is the patient, then Patient record > General tab > Patient's Address & Home Phone Number</p> <p>OR...</p> <p>If policyholder for the claim is other than the patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Address.</p> <p>Note: Box 7 will also include the patient's home phone number when the insured is other than the patient. The home phone number is pulled from the "General" tab of the patient record.</p>
8	PATIENT STATUS	<p>Patient record > General tab > Patient's Marital Status and Employment Status</p> <p>Note: When a patient is 18 years of age or older and a full-time student still covered under the parent's insurance policy, then to avoid rejected claims, select Full-Time Student.</p>
9	OTHER INSURED'S NAME	<p>If the policy holder for the other insurance policy is the patient, then the Patient record > General tab > Patient's Full Name</p> <p>OR...</p> <p>If policyholder for the other insurance policy is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Full Name</p> <p>Notes: Boxes 9, 9a, 9b, 9c, and 9d are completed when there is more than one insurance policy recorded on the patient case.</p> <ul style="list-style-type: none"> • When the primary policy is being billed, then Boxes 9, 9a, 9b, 9c, and 9d correspond to the

		<p>secondary policy.</p> <ul style="list-style-type: none"> When the secondary policy is being billed, then Boxes 9, 9a 9b, 9c and 9d correspond to the primary policy.
9a	OTHER INSURED'S POLICY OR GROUP	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Policy # of other insurance on file
9b	OTHER INSURED'S DATE OF BIRTH (& SEX)	<p>If policy holder for the other insurance policy is the patient, then Patient record > General tab > Patient's Date of Birth & Gender</p> <p>OR...</p> <p>If policyholder for the other insurance policy is other than patient, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insured's Date of Birth & Gender</p>
9c	EMPLOYER'S NAME OR SCHOOL NAME	<p>Patient record > Cases tab > Case record > General tab > Insurance Policy record ></p> <p>If policy is through employer, check Policy through Employer checkbox, and then add the employer's name</p>
9d	INSURANCE PLAN NAME OR PROGRAM NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name of other insurance policy on file
10	IS PATIENT'S CONDITION RELATED TO:	Requires Yes/No checks in 10a, 10b, and 10c of claim form (see below)
10a	EMPLOYMENT?	<p>If condition is related to employment...</p> <p>Patient record > Cases tab > Case record > Condition tab > Check "Employment?" for Yes; or leave blank for No</p>
10b	AUTO ACCIDENT (State)	<p>If condition is related to auto accident...</p> <p>Patient record > Cases tab > Case record > Condition tab ></p> <p>Check "Auto Accident?" & enter State for Yes; or leave blank for No</p>
10c	OTHER ACCIDENT	<p>If condition is related to other accident...</p> <p>Patient record > Cases tab > Case record > Condition tab > Check either "Abuse" or "Other" for Yes; or leave blank for No</p>
10d	RESERVED FOR LOCAL USE	<p>Encounter record > General tab > Optional Add-Ons ></p> <p>Check the Miscellaneous checkbox > Any data entered in Local Use (Box 10d) will be printed in Box 10d of the claim form.</p>
11	INSURED'S POLICY GROUP OR FECA NUMBER	<p>Patient record > Cases tab > Case record > General tab > Insurance Policy record > Group # of the insurance policy that the claim is being billed to.</p> <p>Note: Boxes 11, 11a, 11b, 11c, and 11d correspond to the current insurance policy being billed.</p> <ul style="list-style-type: none"> When the primary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the primary insurance policy. When the secondary policy is being billed, then Boxes 11, 11a, 11b, 11d, 11c, and 11d correspond to the secondary insurance policy.
11a	INSURED'S DATE OF BIRTH (& SEX)	<p>If policy holder for the other insurance policy is the patient, then Patient record > General tab > Patient's Date of Birth & Gender;</p> <p>OR...</p> <p>If policy holder for the other insurance policy is other than patient, then Patient record > Cases tab > Case > General tab > Insurance Policy record > Insured's Date of Birth & Gender.</p>
11b	EMPLOYER'S NAME OR SCHOOL NAME	If insurance policy is through employer, then Patient record > Cases tab > Case record > General tab > Insurance Policy record > check "Policy through Employer" checkbox, and then add employer's name.
11c	INSURANCE PLAN NAME OR PROGRAM NAME	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name. Note: This is the plan to which the claim is being billed.

11d	IS THERE ANOTHER HEALTH BENEFIT PLAN?	Patient record > Cases tab > Case record > General tab If one Insurance policy is present, then NO is automatically checked. If more than one insurance policy is present, then YES is automatically checked.
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Automatically formatted to print "Signature on File" and the date.
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Automatically formatted to print "Signature on File" and the date.
14	DATE OF CURRENT: ILLNESS (First Symptom), or INJURY (Accident), or PREGNANCY (LMP)	Patient record > Cases tab > Case record > Condition tab If applicable, select one of the following date types from the Date Type drop-down list under the "Condition" tab. <ul style="list-style-type: none"> • "Initial Treatment Date"; and then enter date. • "Date of Injury"; and then enter date. • "Pregnancy (LMP)"; check the Pregnancy? checkbox in upper part of screen, select "Last Menstrual Cycle" from the drop-down list; and then enter date. Note: Be sure to click the Add button after entering the date.
15	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	Patient record > Cases tab > Case record > Condition Tab > In the Date Type field drop-down, select "Date of Same or Similar Illness", enter the start date and then click the Add button.
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Patient record > Cases tab > Case record > Condition tab > In the Date Type field drop-down, select "Unable to Work in Current Occupation", enter the start and end dates, and then click the Add button.
17	NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	Encounter record > General tab > Referring Provider
17a	I.D. NUMBER (OF REFERRING PROVIDER)	Referring Physician record > Provider Numbers tab > Typically Provider UPIN Number (1G); unless otherwise indicated by the payor. Note: This is the referring physician ID number required by the payer for the referring physician indicated on the encounter record.
17b	NPI	Referring Physician record > General tab > NPI # This is the NPI number for the referring physician indicated on the encounter record.
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	Encounter record > Hospital Dates If the hospital dates are specific to the encounter (e.g., if the treatment was provided at a hospital facility), then you would enter the hospital dates in the Hospital Dates section of the encounter record. The system will then pull these dates onto the claim form. (Note that you must click the Hospital Dates checkbox on the encounter record in order to enter the hospital dates.) OR... Patient record > Cases tab > Case record > Condition tab > Select "Hospitalization Related to Condition" from the Date Type drop-down list, enter the Start and End dates, and then click the Add button. Note: The Kareo system will first look for any hospital dates that might have been entered on the encounter record. If no hospitalization dates were entered on the encounter record, then the system will look for any hospitalization dates that might have been entered under the "Condition" tab of the patient's case. If no dates have been entered in either section, then Box 18 of the claim form will be left blank. Important Note: If hospital dates have been entered in both the encounter record AND under the "Condition" tab of the patient case; the system will ignore the hospital dates recorded under the "Condition tab", and instead print the hospital dates that were entered on the encounter record.

19	RESERVED FOR LOCAL USE	Encounter > General tab > Optional Add-Ons > Check the Miscellaneous checkbox > Any data entered in Local User (Box 19) will be printed in Box 19 of the claim form.
20	OUTSIDE LAB	Marked as NO by Default. This feature is currently not available in Kareo.
21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE TO 1,2,3, OR 4 TO ITEM 24E BY LINE)	Encounter > General tab > Procedure Service Line > Diagnosis 1,2,3,4
22	MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO.	Not captured in Kareo at this time.
23	PRIOR AUTHORIZATION	Encounter record > General tab > Prior Authorization The authorization number shown in this field (if required) must be previously set up in the patient's insurance policy record if prior authorization is required. To access insurance policy: Patient record > Cases tab > Case record > Authorization tab. Must enter a valid date and the number of visits authorized.
24A	DATES OF SERVICE	Encounter record > General tab > Service Line Date(s) Note that if the End Date of service is left blank on service line of encounter record, Kareo will automatically populate the End Date to equal the Start Date.
24B	PLACE OF SERVICE	Encounter > General tab > Place of Service Note: This is indicated as a code on the CMS form; and typically defaults to what is set up under Settings > Service Location > POS field
24C	EMG	Not captured in Kareo at this time.
24D	PROCEDURES, SERVICES, SUPPLIES	Encounter record > Procedure Service Line > Procedure Code and the Modifier if one exists.
24E	DIAGNOSIS POINTER	Encounter record > Procedure Service Line > Diagnosis pointer that points to the Item # for the Diagnosis Code that was entered in Box 21.
24F	\$ CHARGES	Encounter record > Procedure Service Line > Per unit charge that corresponds to the procedure performed.
24G	DAYS OR UNITS	Encounter > Procedure Service Line > Days/Units that correspond to the procedure performed. Note: Defaults to what is set up as the default unit(s) on the procedure code record, unless manually changed by the user when entering service line on the encounter.
24H	EPSDT FAMILY PLANNING	Patient record > Cases tab > Case record > Condition Tab > If the procedure falls under EPSDT Family Plan, then Family Plan checkbox should be checked.
24I	ID. QUAL (For Rendering Provider)	Top row (pink) - The 2-letter code that identifies the type of legacy provider number printed on the same row in Box 24J. Bottom row (clear) – The letters “NPI” are already pre-printed on form.
24J	Rendering Provider ID #	Encounter record > Rendering Provider Top row (pink) - Provider number that corresponds to the 2-letter code printed in the top row of Box 24I. This is the legacy provider number that is used for claims billed to this insurance plan for the rendering provider indicated on the encounter record (this number is pulled from the provider number entered under the “Provider Numbers” tab of the provider record). Bottom row (clear) - NPI number of rendering provider - (This number is pulled from the NPI field under the “General” tab of the provider record.)
25	FEDERAL TAX I.D. NUMBER	If the provider is billing under the practice's Tax ID (EIN): Settings > Practice Information > Practice's Tax ID # The system will automatically populate Box 25 with the Practice's Tax ID number and will check the EIN checkbox.

		<p>OR...</p> <p>If provider is billing under his or her own Social Security number:</p> <p>Settings > Provider > Provider Numbers tab > Click Add, select the Provider Number Type Z1, and then enter the provider's Social Security number in the Provider Number field.</p> <p>The system will then overwrite the Practice's Tax ID with the Provider's SSN number on the claim form, and will check the SSN checkbox. Important Note: If you leave the Insurance Plan field set to "All Insurance Plans", the system will do this for all claims. However, if a provider is a member of a group, and is billing only specific plans using his or her SSN, then you must repeat this step for each insurance plan that the provider will be billing using his or her SSN.</p>
26	PATIENT'S ACCOUNT NUMBER	This field is not a typical patient account number. It is a Patient Control Number (PCN) consisting of Encounter ID + Z + Billing Company account number with Kareo.
27	ACCEPT ASSIGNMENT?	<p>Settings menu > Insurance sub-menu > Find Insurance Company menu item > Select Insurance Company > Practice Settings tab ></p> <p>If the practice accepts assignment of benefits, make sure the appropriate checkbox is checked.</p> <p>Note: This is a practice-specific setting. You must be logged into a practice in order to access the "Practice Settings" tab.</p>
28	TOTAL CHARGE	Encounter record > Procedure Service Line > The total charge of all service lines entered on encounter record (automatically calculated by system).
29	AMOUNT PAID	<p>Encounters menu > Find Payments menu item > Payment ></p> <p>Total applied payments. Includes total of any patient payments that have been made as well as payment from primary payer if current claim is being billed to secondary payer. If you wish to exclude patient payments from claims billed to a specific insurance company/plan, then you must check this option under Practice Settings tab of insurance company record. Note that you must be logged into a practice in order to access the Practice Settings tab.</p>
30	BALANCE DUE	<p>Encounter record > Procedure Service Line ></p> <p>Total charges less any payments that have been made by patient or by the primary payer if current claim is being billed to secondary payer.</p>
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	<p>Automatically formatted to print "Signature on File" and the date.</p> <p>Also prints name and credentials of provider - This would be the Rendering Provider if no Supervising Provider indicated on the encounter record; or the Supervising Provider if indicated on the encounter record. Also prints credentials of provider.</p>
32	NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED	This information is pulled from two areas: 1) the name of the Service Location indicated on the Encounter record, and 2) the service location address indicated on the Service Location record.
32a	(Service Location's NPI #)	<p>Settings menu > Service Locations > NPI Number</p> <p>Only required if the service location has been assigned a unique Service Location NPI Number (generally assigned to hospitals, labs, etc.).</p>
32b	(Service Location's Facility ID #)	Settings menu > Service Location menu item > Facility ID Number Only required if the service location has been assigned a unique Facility ID number by the payer.
33	PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	<p>This information is pulled from Practice record; and includes the practice's name, street address, city, state and zip code, as well as the practice's business phone number.</p> <p>If the provider is part of a group, but billing as an individual, then Box 33 will show the billing provider's name and the Practice's address and phone number.</p>
33a	(Typically the Practice's NPI #, unless the provider is billing as an individual.)	<p>Settings menu > Practice Information menu item > NPI Number, if the provider is billing as part of a group.</p> <p>OR...</p> <p>Settings > Provider > "General" tab > Provider's NPI number if the provider is part of a group, but</p>

		<p>is billing as an individual. (See note on following page.)</p> <p>Note: When the provider is part of a group but is billing as an individual, then under the “Provider Numbers” tab of the provider record, you must add a Provider Number Type “ZO – Provider uses individual billing” and then enter the word “Yes” in the Provider Number field. Leave the Insurance Plan field set to “All Insurance Plans” unless individual billing applies <u>only</u> to specific plans. In this case, you would need to set up the ZO type for each insurance plan that the provider is billing as an individual.</p>
33b	(Typically the Practice's Group #, if the provider is billing as part of a group)	<p>Settings > Group Number ></p> <p>To enter a new group number, do the following:</p> <ul style="list-style-type: none"> • Select the group number type from the Type drop-down. • Select the Insurance Plan that is associated with this group number • Enter the assigned group number. <p>Note: The system automatically pulls the 2-digit group number Type; as well as the number that appears in the Group Number field into Box 33b of the claim form.</p> <p>Exception – Special requirement for Medicaid Payors Only</p> <p>Medicaid now requires that the rendering provider’s taxonomy code be printed in Box 33b, of the <u>new</u> CMS 1500 form (w/NPI), rather than the Medicaid legacy group number.</p> <p>In order for the taxonomy code to print correctly in Box 33b, you will need to do the following:</p> <ul style="list-style-type: none"> • Go to the insurance company record for each Medicaid payor (Settings > Find Insurance Company > open the “Medicaid” Insurance Company record) • Click the “Paper Claims” tab • In the Group Numbers field, select “ZZ – Provider Taxonomy Code” • In the Attach to field, select “Paper Claims” only • Click Save to save the change to the insurance company record. • Next, open <u>each</u> provider record within the practice (Settings > Providers > open provider record); and check to see if the provider’s specialty has been previously selected. If not, click the Specialty button and select the provider’s specialty and corresponding taxonomy code. • Click Save to save the change to the provider record. <p>Once you follow these steps, then any new CMS 1500 form (w/NPI) submitted to Medicaid payors will contain “ZZ” followed by the rendering provider’s taxonomy code in Box 33b.</p>