

NOTES

LESSON: Insurance billing—CMS 1500 form

OBJECTIVE: Know how to use Clinical Fusion to fill out the CMS 1500 billing form.

Header: Insurance Company	Registration form, Insurance tab, Insurance Company and Insurance Plan drop-downs (Setting up insurance company and plan information can be done two ways 1) from the drop-down choose <Add to list>, (2) or CFAdmin, Insurance Carriers button). See also Box 33b.
Box 2: Patient's Name	Registration form, student's first and last name
Box 3: DOB & Gender	Registration form, student's date of birth and gender (sex)
Box 5: Patient's Address, Line 1 Box 5: Patient's Address, Line 2 Box 5: Patient's Address, City Box 5: Patient's Address, State Box 5: Patient's Address, Zip Box 5: Patient's Phone Number	Registration form, Address side tab Registration form, Phone side tab
Box 6: Patient Relationship to Insured	Registration form, Insurance tab, Insured side tab, Relationship to Insured check box. (MaineCare is Self insured)
Box 7: Insured's Address, Line 1 Box 7: Insured's Address, Line 2 Box 7: Insured's Address, City Box 7: Insured's Address, State Box 7: Insured's Address, Zip Box 7: Insured's Phone Number	Registration form, Insurance tab, Insured side tab (MaineCare is Self insured, Insured's ID is the only field needed to fill in.)
Box 8: Patient Status	Registration form, Supplementary tab, Patient Marital Status check box.
Box 9: a-d: blank Box 10: a-c: each "No" Box 10d: blank	Boxes 9 and 10 a-d are automatically left blank or filled in.
Box 11: Insured's Policy Group Number Box 11a: Insured's DOB, Gender	Registration form, Insurance tab, Insured side tab, Insured's Group Id text box. Registration form, Insurance tab, Insured's Date of Birth text box, Insured's Gender check box.
Box 11b: Insured's Employer	Registration form, Employment side tab, Employer text box. (MaineCare does not need to fill this in.)
Box 11c: Insured's Insurance Plan Name Box 11d: "No"	Registration form, Insurance tab, Insurance Company and Insurance Plan drop-downs (Setting up insurance company and plan information can be done two ways 1) from the drop-down choose <Add to list>, (2) or CFAdmin, Insurance Carriers button-Plan button is in the upper right-hand corner.)

NOTES

Box 12: "Signature on File"
 Box 13: "Signature on File"

Box 14: Date of Contact

Boxes: 15, 16, 17 a & b, 18, 20, 22, and 23

Box 19: Reserved for Local Use

Box 24a: Dates of Service
 Box 24b: Place of Service

Box 24c:EMG

Box 24d: CPT

Box 24d Modifier:

Box 24e: Diagnosis Pointer

Box 24f: Charges \$

Box 24g: Days or Units

Box 24h: ?
 Box 24i: ?

Box 24j: Rendering Provider ID

Box 25: Federal Tax ID Number

Default entries.

Any contact template, the date automatically defaults to the date of data entry.

These fields are not entered in Clinical Fusion.

Signature and date of attending staff member, IF attending staff member has been practicing for less than 24 months. Overseeing provider signs in Box 31. See also box 24j.

Date on any contact template. The date defaults to the date of data entry.

As of Clinical Fusion version 5.6.0, the Place of Service code is entered as part of the insurance carriers information. To enter the code in Clinical Fusion, open CFAdmin, Insurance Carriers. Click on the insurance company name, on the Name & Address tab is the Place of Service text box.

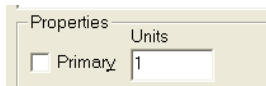
"EMG" stands for emergency and should be completed only to indicate an emergency service. Enter a "Y" to indicate an emergency service. Leave it blank if services were non-emergent.

Any contact template Procedure Code.

Any comprehensive contact template (not Quick Contact), Closure tab, click Modifier button. Choose the Procedure to modify, then choose the Modifier. To add a Modifier to the list: CFAdmin, Element Tables, click on Procedure Code Modifiers then the Elements button on the right. Click the New button, then type in the new modifier.



Any comprehensive contact template (not Quick Contact), Plan tab, Diagnosis tab. You may choose up to 25 diagnosis and prioritize their order with the property drop-down.

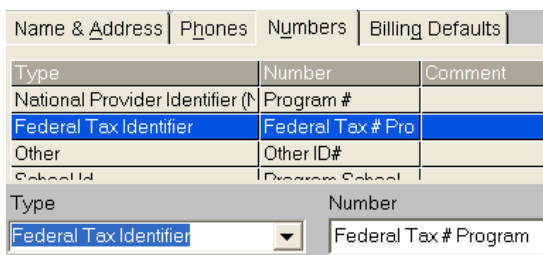


CF comes with preset charges for procedures. To change these or set when adding a new procedure go to CFAdmin, Procedure button, search for procedure or add new, Charge is the last text box on the form.

Any comprehensive contact template (not Quick Contact), Plan tab, Procedure tab. CF defaults to one unit in the Properties box.

The NPI defaults to the Attending Staff Member's NPI. See also Box 19 and 31. All Contact templates have a drop-down choice of providers. The NPI for providers is entered in Clinical Fusion by: CFAdmin, Provider button, Numbers tab. Choose "National Provider Identifier (NPI)" in the Type drop-down, then enter the number in the text box to the right.

CFAdmin, Program button, Numbers tab. Choose Federal Tax Identifier in the Type drop-down. Then type the number in the text box to the right.



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Box 26: Patient Account No.

This is the Registration ID assigned to a student when they register for services at the SBHC. CF's Registration form, General tab, Registration. This number is assigned by the SBHC.

Box 27: Accept Assignment

This determines who is to be paid, the facility or the physician. By checking the box the facility is paid. CFAdmin, Program button, Billing Defaults tab, check box.



Box 28: Total Charge\$

Automatic.

Box 29: Amount Paid\$

Automatic.

Box 30: Balance Due\$

Automatic.

Box 31: Signature of physician

See also boxes 19 and 24J. This defaults to the Attending Staff Member. All Contact templates have a drop-down choice of providers.

Box 31: Degree

When setting up the SBHC providers in CFAdmin, Providers button, there is a Degree(s) text box. Please type in their degree i.e. NP, MD, PhD, etc.

Box 31: Date [of invoice]

This is the date the form is being printed.

Box 32: Location: Site Name

This information is entered in CFAdmin, Program button, Site button (upper right corner). Another screen will pop up for Site information.

Box 32: Site: Address Line1

Box 32: Site: Address Line2

Box 32: Site: City

Box 32: Site: State

Box 32: Site: Zip

Box 32a: Site NPI

In the same screen as above there is a Numbers tab. Choose "National Provider Identifier (NPI)" in the Type drop-down, then enter the number in the text box to the right.

Box 32b: Site Other

If applicable, this box is for Non-NPI facility ID. Enter two-byte qualifier "ZZ" followed by the taxonomy code of the service facility location in field 32 (no spaces). To enter the code in Clinical Fusion, open CFAdmin, Program button, Site button in upper right hand corner. Choose a site in the list, then the Numbers tab. Choose Other in the Type drop-down list, then enter the ID in the text box to the right of "Other".

Box 33: Program Name

This information is entered in CFAdmin, Program button, Name and Address tab.

Box 33: Program Address1

Box 33: Program Address2

Box 33: Program City

Box 33: Program State

Box 33: Program Zip

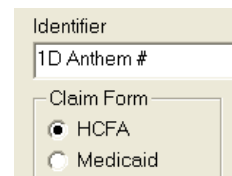
Box 33: Program Phone

Box 33a: Program NPI

In CFAdmin, Program button, there is a Numbers tab. Choose "National Provider Identifier (NPI)" in the Type drop-down, then enter the number in the text box to the right.

Box 33b: Insurance ID

In CFAdmin, Insurance Carriers button. Type Insurance ID in the "Identifier" text box. See also Header.



Clinical Fusion will only produce a CMS 1500 for the one insurance company.

Through my own testing, Clinical Fusion will bill the insurance with the most recent Effective date. The Effective and Termination dates are set on the student's registration form, Insurance tab.