Details of the CMS-1500 Claim Form

As organizations work with health insurance funders, one of the most critical items to thoroughly understand is how to use the Rendering Provider appropriately on claims.

The CMS-1500 Claim form has specific boxes to list the NPI numbers for the various types of providers based on the funder's payor policy and requirements for submitting claims.

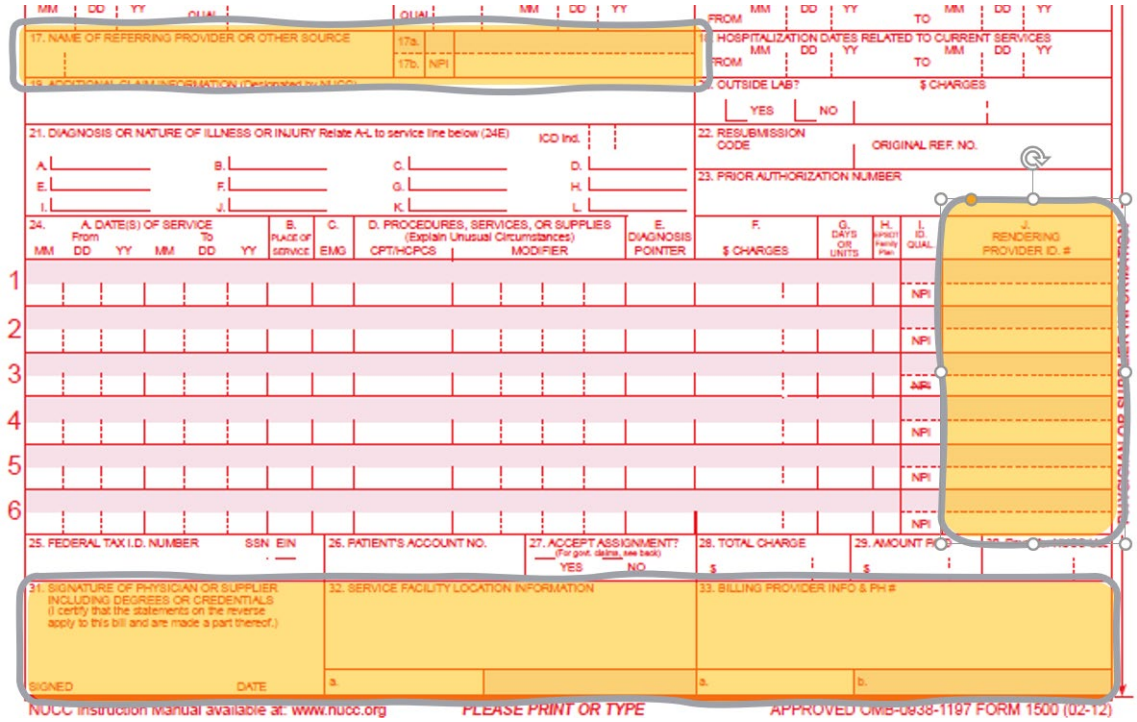
In this blog, we will cover areas of the claim form. It is critical to read each payor policy or billing manual for specific requirements for the funders an organization is working with.

Find additional information in the other parts to this series:

- Part 1 = Understanding NPI, Tax ID and Taxonomy Codes
- Part 2 = Payor Contracts and the Connection to Rendering Provider
- Part 3 = Types of Providers
- Part 5 = Billing Scenarios and Potential Denials

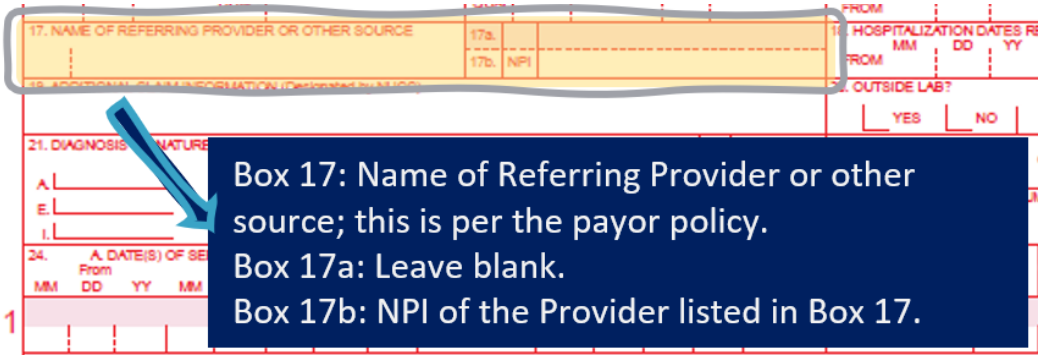
CMS-1500 CLAIM FORM

Version (02-12) is the standard claim form used by a non-institutional provider or supplier to bill for medical services. Boxes 17, 24J, 31, 32 and 33 list information about various providers.



REFERRING PROVIDER

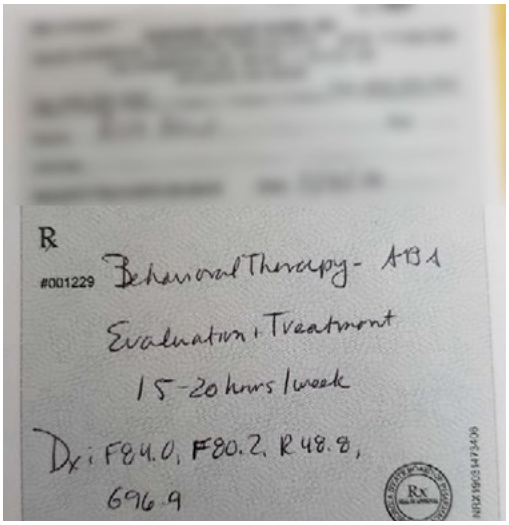
If a Payor requires information related to the Referring Provider, Box 17 houses this information on the claim form.



Enter one of the following qualifiers to the left of the dotted vertical line, as appropriate, to identify the role that the practitioner represents:

DN = Referring Provider
DK = Ordering Provider
DQ = Supervision Provider

Box 17a is not a required filed and should be left blank. Box 17b is where the National Provider Identification Number (NPI) is listed for the referring or ordering provider for ABA services. This is not the ABA provider from the organization, this is typically the member's primary care physician or the diagnosing physician.



Along with Proof of Diagnosis which is provided with a full comprehensive report from a diagnosing physician, some members will have a prescription for ABA Therapy and for some funders, this is a requirement.

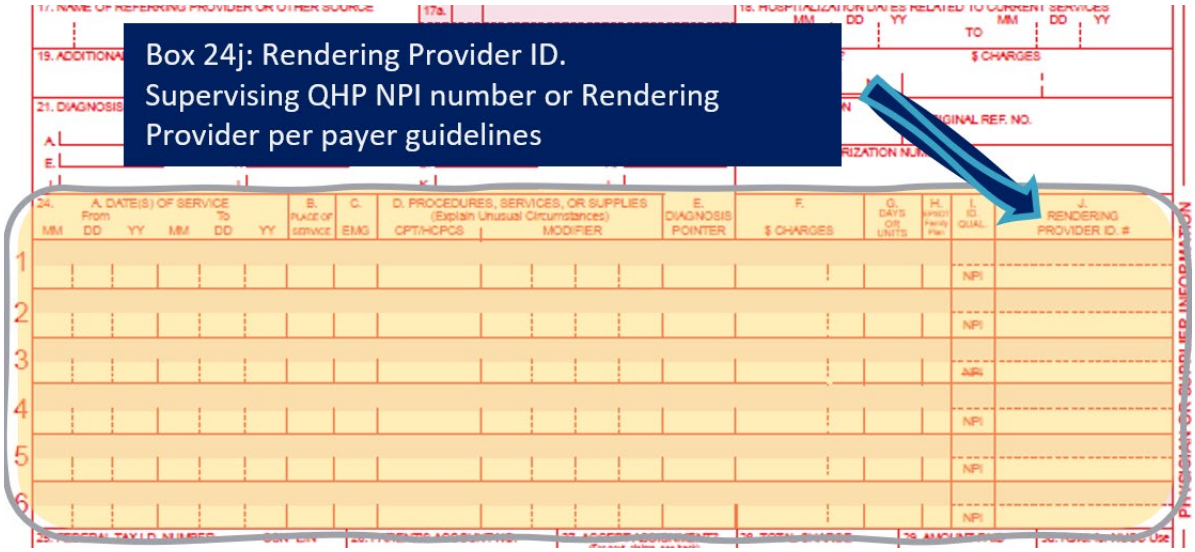
RENDERING PROVIDER

Rendering providers render face-to-face services with members. In some cases, there may be a reimbursable non-face-to-face service provided. If a payor requires the individual rendering provider's NPI number on claims, it will be represented in Box 24J. TRICARE® for example, requires each provider, including RBT®'s to be billed under the individual NPI number.

RBT®'s should have their own individual NPI number.

The supervising provider is the individual who provides oversight of the rendering providers who perform services for members, as well as personally rendering specific services according to their scope of practice. When the payor policy requires billing under the supervising qualified healthcare professional (QHP), their NPI number is represented in Box 24J for all services.

Only one NPI should be on each claim.



INDIVIDUAL PROVIDERS

- Your Type 1 NPI# should be entered in the un-shaded area of the field in Box 24J of the claim form. You should also include your NPI# in Box 33a.

GROUP PROVIDERS

- All claims submissions should include the Type 1 (individual) NPI information to identify the rendering provider and the Type 2 (organization) NPI information to identify the organization, corporation, group practice or facility.
- Type 1 NPI# should be entered in the un-shaded area of the field in Box 24J. This is the rendering provider's NPI# (BCBA responsible for the case).
- Type 2 NPI# should be entered in Box 33a. This is the group's NPI#.

PAYOR POLICY GUIDELINE EXAMPLES

It is best practice to review and save off copies of all Payor policies and/or Billing manuals and watch for updates.

The TRICARE® Operations Manual (TOM) Chapter 18 includes information for the Department of Defense (DoD) Comprehensive Autism Care Demonstration (ACD).

https://manuals.health.mil/pages/DisplayManualHtmlFile/2021-03-26/AsOf/TO15/C18S4.html?utm_medium=govdelivery&utm_source=email

Excerpts from the TOM related to areas covered in this Rendering Provider Blog Series:

Note: Review for periodic updates to the TOM for the most up to date information.

8.2.1 Obtain a National Provider Identifier (NPI) number (all claims must have the rendering provider's name and NPI for processing). For ABA providers who do not possess an NPI prior to July 1, 2021, these providers shall have until August 1, 2021 to obtain and submit an NPI. For ABA providers new to the ACD on or after July 1, 2021, providers must already possess an NPI at the time of certification application submission.

- TOP contractors shall follow Chapter 19, Section 4, paragraph 3.1 regarding provider identification.

8.11.4 The contractor shall ensure paid claims identify the name of the rendering provider for each ABA service delivered, to include the NPI (see paragraph 8.2.1 for NPI requirements) of the rendering provider per unique claim line (i.e., every session must be identified as its own unique line on any claim submitted).

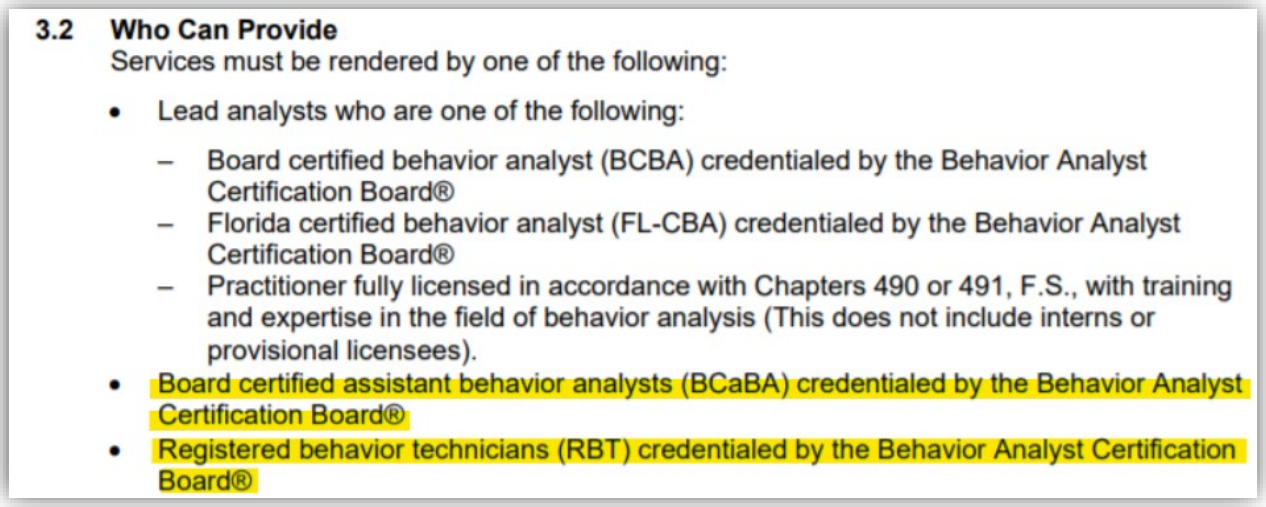
8.11.5 Application of Health Insurance Portability and Accountability Act (HIPAA) taxonomy designation. All claims for ABS CPT codes must include the HIPAA taxonomy designation of each provider type. Each provider on a claim form must be identified by the correct HIPAA taxonomy designation. The designations to be used are:

- 103K00000X Behavior Analyst for master's level and above;
- 106E00000X Assistant Behavior Analyst;
- 106S00000X Behavior Technician; or
- Other appropriate HIPAA taxonomy based on license/certification

Excerpt from Florida Medicaid Payor Policy Guidelines:

Note: Review for periodic updates to policy guidelines for the most up to date information.

With Florida Medicaid, BCaBA's and RBT's are also required to obtain certification and be linked to their group to bill for services as the rendering provider.



3.2 Who Can Provide

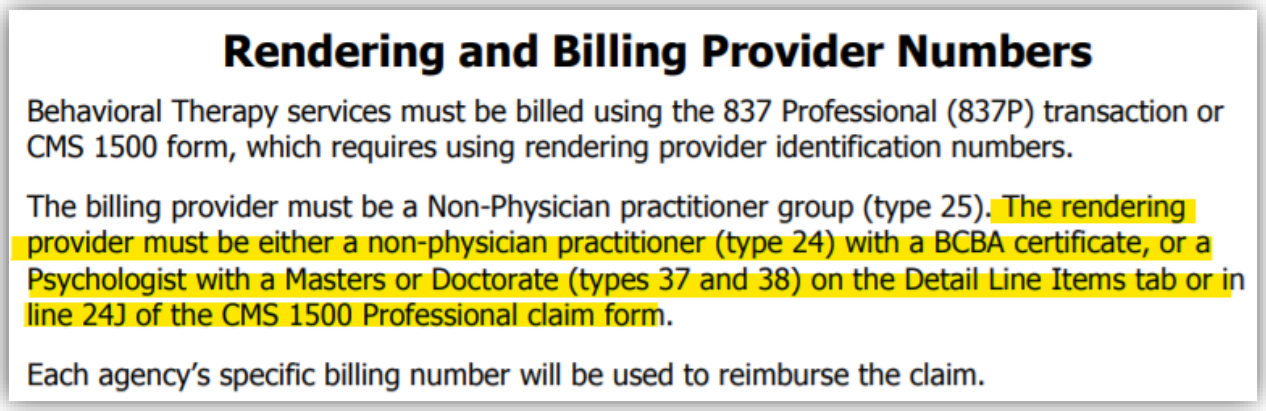
Services must be rendered by one of the following:

- Lead analysts who are one of the following:
  - Board certified behavior analyst (BCBA) credentialed by the Behavior Analyst Certification Board®
  - Florida certified behavior analyst (FL-CBA) credentialed by the Behavior Analyst Certification Board®
  - Practitioner fully licensed in accordance with Chapters 490 or 491, F.S., with training and expertise in the field of behavior analysis (This does not include interns or provisional licensees).
- Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board®
- Registered behavior technicians (RBT) credentialed by the Behavior Analyst Certification Board®

Excerpt from Colorado Medicaid Payor Policy Guidelines:

Note: Review for periodic updates to policy guidelines for the most up to date information.

Colorado Medicaid states that the rendering providers must credential with them by having a BCBA certificate or be a Psychologist with a Masters or Doctorate. Therefore, billing the RBT® as the rendering provider does not apply.



Rendering and Billing Provider Numbers

Behavioral Therapy services must be billed using the 837 Professional (837P) transaction or CMS 1500 form, which requires using rendering provider identification numbers.

The billing provider must be a Non-Physician practitioner group (type 25). The rendering provider must be either a non-physician practitioner (type 24) with a BCBA certificate, or a Psychologist with a Masters or Doctorate (types 37 and 38) on the Detail Line Items tab or in line 24J of the CMS 1500 Professional claim form.

Each agency's specific billing number will be used to reimburse the claim.

Excerpt from California Payor Policy Guidelines:

Note: Review for periodic updates to policy guidelines for the most up to date information specific to the appropriate geographical Managed Care Organization (MCO).

16. What is the requirement of a QAS professional to provide supervision in the "two-tier" model? *(11/29/2017)*

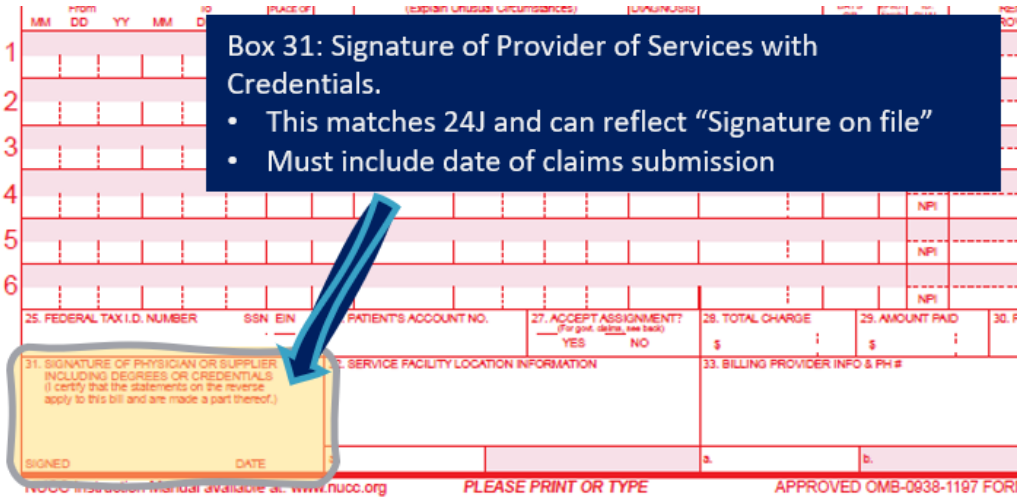
As outlined in the SPA 14-026, only the BCBA or BMC provides supervision to the QAS paraprofessional. However, during 2018, other QAS professionals, a BCaBA or a BMA may provide some of the direct supervision of the paraprofessional in an intervention setting.

QAS = Qualified Autism Service

BMC = Behavior Management Consultant

BMA = Behavior Management Assistant

SIGNATURE OF PROVIDER OF SERVICES



The Provider listed in Box 24J should match the signature in Box 31.

It is important to list the Provider's Credentials after the name in Box 31.

Item 31 - Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alpha-numeric date (e.g., January 1, 1998) the form was signed.

In the case of a service that is provided incident to the service of a physician or non-physician practitioner, when the ordering physician or non-physician practitioner is directly supervising the service as in 42 CFR 410.32, the signature of the ordering physician or non-physician practitioner shall be entered in item 31. When the ordering physician or non-physician practitioner is not supervising the service, then enter the signature of the physician or non-physician practitioner providing the direct supervision in item 31.

NOTE: This is a required field; however, the claim can be processed if the following is true: if a physician, supplier, or authorized person's signature is missing, but the signature is on file; or if any authorization is attached to the claim or if the signature field has "Signature on File" and/or a computer generated signature.

Here are a few payor guidelines:

Note: Review for periodic updates to policy guidelines for the most up to date information.

United Healthcare Community Plan of Washington:

- Please note: Field 31 must have a rendering provider's name. Rendering supervisor (LBA/Licensed Clinician) will bill for all services by them or the LABA/CBTs/RBTs under the supervisory protocol.

*LBA = Licensed Behavior Analyst
*LABA = Licenses Assistant Behavior Analyst
*CBT= Certified Behavior Technician

Anthem Blue Cross Blue Shield:

Field 31: Full name and title of Physician or Supplier – actual signature or typed/printed designation is acceptable.

Nebraska Total Care:

Field #	Field Description	Instructions or Comments	Required or Conditional
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	If there is a signature waiver on file, you may stamp, print, or computer-generate the signature; otherwise, the practitioner or practitioner's authorized representative MUST sign the form. If signature is missing or invalid, the claim will be returned unprocessed. **Note:** Does not exist in the electronic 837P.	R

SERVICE LOCATION

Service location codes must be included on the CMS-1500 claim form to specify where services were rendered.

Below are common places of service for ABA Therapy services found on the CMS website:

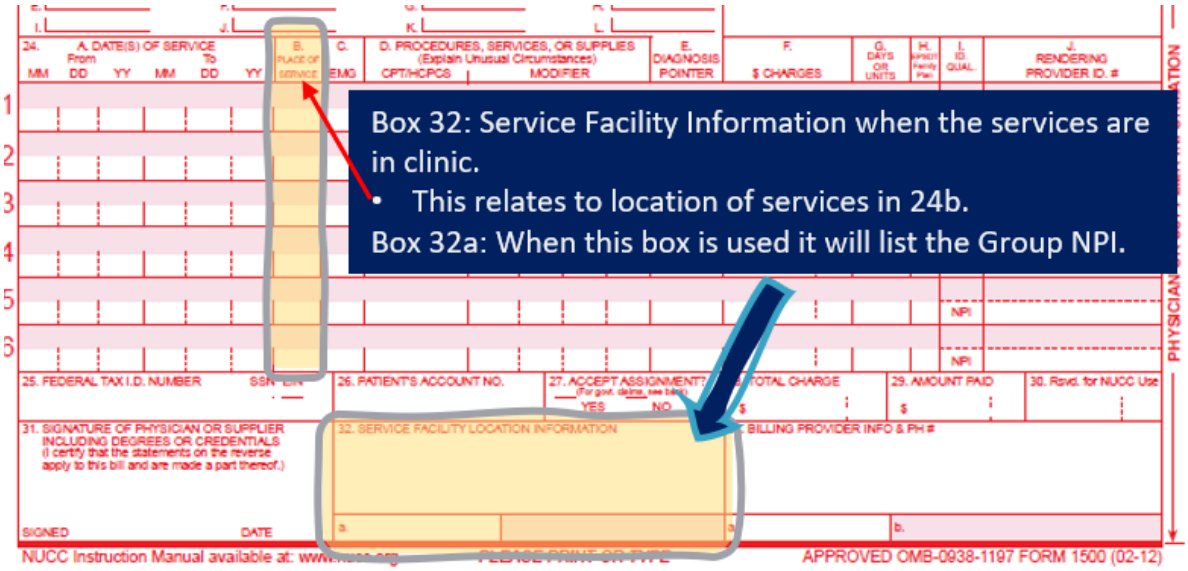
https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

Place of Service Code(s)	Place of Service Name	Place of Service Description
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
03	School	A facility whose primary purpose is education. (Effective January 1, 2003)
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.

What if there is more than one location on the claim form?

That is okay! Multiple locations can be billed on one claim form under ONE provider.

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
11	02	20	11	02	20	11		97153	HM
11	03	20	11	03	20	11		97153	HM
11	04	20	11	04	20	11		97153	HM
11	05	20	11	05	20	12		97153	HM



Here are a few payor guidelines:

Note: Review for periodic updates to policy guidelines for the most up to date information.

Alliance Payor:

6. Box 32

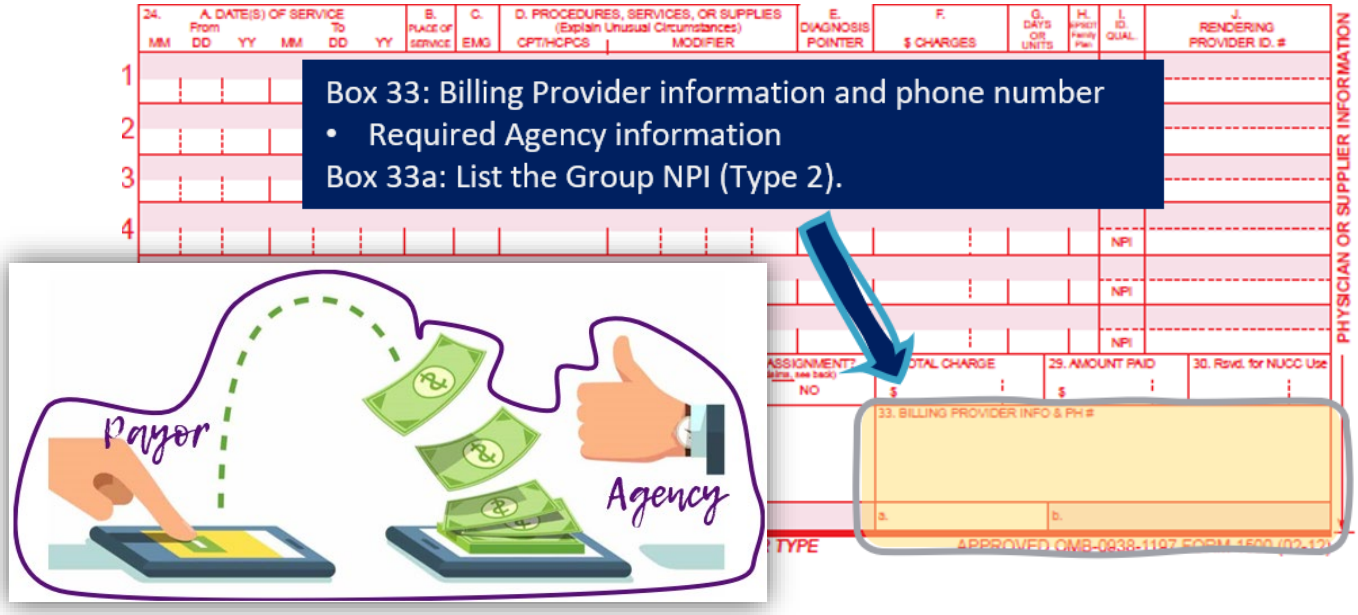
Providers are required to indicate where services were rendered if not in the office; however, the NPI number is not required in boxes 32a and 32b.

Nebraska Total Care:

Field #	Field Description	Instructions or Comments	Required or Conditional
32	SERVICE FACILITY LOCATION INFORMATION	REQUIRED if the location where services were rendered is different from the billing address listed in field 33. Enter the name and physical location. (P.O. Box numbers are not acceptable here.) First line – Enter the business/facility/practice name. Second line– Enter the street address. Do not use commas, periods, or other punctuation in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Third line – In the designated block, enter the city and state. Fourth line – Enter the zip code and phone number. When entering a 9-digit zip code (zip+4 codes), include the hyphen.	C
32a	NPI – SERVICES RENDERED	Typical Providers ONLY: REQUIRED if the location where services were rendered is different from the billing address listed in field 33. Enter the 10-character NPI ID of the facility where services were rendered.	C

BILLING PROVIDER

In Box 33, an organization is indicating who the billing provider is and instructing the payor where to send reimbursement.



Here are a few payor guidelines:

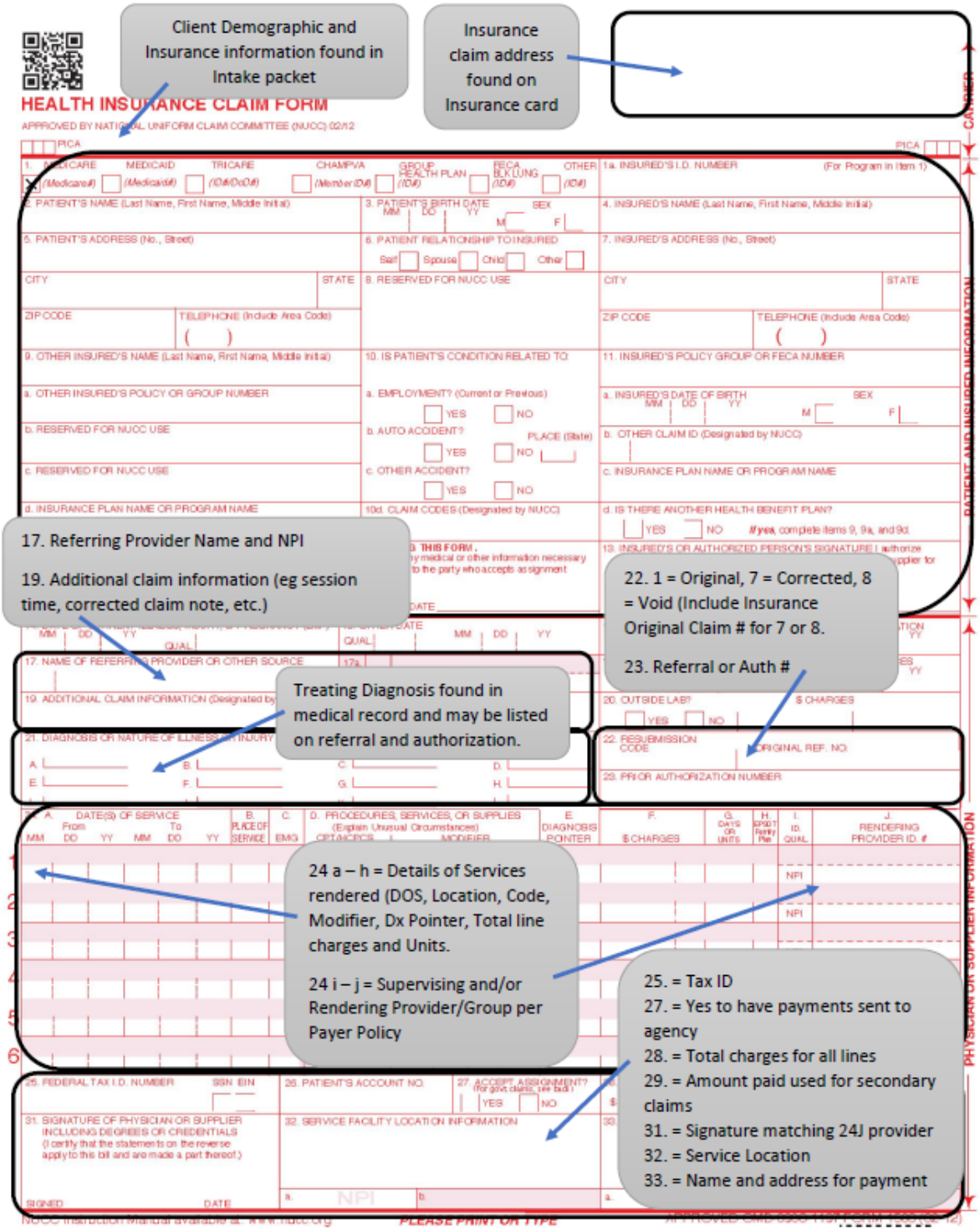
Note: Review for periodic updates to policy guidelines for the most up to date information.

Cigna:

33	Billing provider info and PH #	Enter the billing provider's name, street, city, state, ZIP+4 code, and telephone number.
33A	NPI	Enter the NPI of the billing provider.
33B	Other ID #	Enter the TPI number of the billing provider.

Beacon Health Options:

33	Physician's/supplier's billing: name, address, zip code and phone number	Required	Enter the appropriate billing information.
33a	NPI#	Required	Enter the NPI of the billing provider or group.
33b	Other ID#	Not Required	If populated, a qualifier is required.



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- Part 2 = Payor Contracts and the Connection to Rendering Provider
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For additional information on working with health insurance funders, check out our book at www.capecodcollab.com – Revenue Cycle Management for ABA Therapy.