HCFA 1500 Boxes and Where Information Is Pulled

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DrChrono pulls data from a patient's chart and your office settings to populate the CMS HCFA-1500 form. This article is a guide to identify which fields the data is pulled from so updates can be made if necessary.

Essential Background Information

For an individual appointment, you can generate a CMS HCFA-1500 form by clicking on the appointment and going to the **Billing** tab at the top. In the top right corner of this window, we can click **Other Forms** and select the first option, **HCFA-1500** if you are printing on regular plain, white paper. Select the HCFA-1500 (text) option if you are using the red, preprinted HCFA paper.

Figure 0

chedule Appointm	nent									
Appointment Bi	lling	Eligibility	Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Help	er
Institutional Claim	n					Patient SuperE	ill 🔻 Clinie	cal Note Billin	g Details	Other Forms
8 Billing	Status	Worker's Co	mp Claim	~	HCFA Box	10 - Is patient's	condition rel	ated to:	HCFA/1500	
ICD V	/ersion	ICD-10		~		Employment	No	~	HCFA/1500 New York: C	
Primary I	Insurer	- Default -		~		Auto Accident	No	~	New York: N	IF3
Secondary I	Insurer	- Default -		~		Other Accident	No	~		
Patient Pa	ayment	\$ 0	Copay: \$20	+		Oracet Data Tara	Oncet of C	urrent Sympto		
Pre Authorization Ap	oproval					Onset Date Type	Unset Of C	Jurient Sympto	ilis o 🔹	
Ref	ferral #					Onset Date				
Payment	Profile	Workers' Co	mp	~		Other Date Type	- Other Da	te Type -	~	
Billing	Profile	~	+			Other Date				
Billing Pi	ck List	Choose Cod	es from Pick List			HCFA documents	knee-joints	.jpg [Tue Oct 1	10:14:51 20	24]
Diagnosis Pi	ck List	Choose Cod	es from Pt Proble	ms						

The CMS 1500 will update dynamically based on the Payment Profile field.

Figure 1

8 Billing Status	~	HCFA Box 10 - Is patient's o	condition related	to:
ICD Version	ICD-10 ~	Employment	No v	
Primary Insurer	- Default -	Auto Accident	No v	
Secondary Insurer	- Default -	Other Accident	No v	
Patient Payment				
Pre Authorization Approval	Cash	Onset Date Type	Onset of Curren	t Symptoms o 🗸
Referral #	Insurance Insurance Out of Network	Onset Date]
Payment Profile	✓ Auto Accident	Other Date Type	- Other Date Typ	0e - V
Billing Profile	Workers' Comp	Other Date]
Billing Pick List	Choose Codes from Pick List	iHCFA documents		
Diagnosis Pick List	Choose Codes from Pt Problems			

This will direct the system to pull data from the corresponding Insurance item under the **Insurances tab** under the **Demographics** section in the patient chart:

Figure 2

Demographic	S						
✓ Sufficient patient of	lemographics to bill ins	surance.					
Important	Demographics	Insurances	Authorizations	Smoking Status	Flags	Balance	DrChrono Payments
	Secondary Ins	Tertiary Ins	Primary Hospital	Secondary Hospital	Auto Accident	Worker's Comp	Durable Med Eqpt

(Note that alongside **Insurances** there are various blue tabs, one of which is labeled **Demographics**. I will refer to this item as the **Demographics tab**, which exists within the Demographics **section**.)

HCFA 1500 items:

Carrier Block - Under **Account > Account Settings > Billing > HCFA/CMS-1500**, the first checkbox says **Payer Address.** If this box is checked, the Carrier Block will pull address data from the insurance information in the patient chart.

Box 1 - The checkbox will update based on which payer is selected in "Insurance Company" in the patient chart. Box 1a will pull data from the "Insurance ID Number."

Figure 3

Primary Ins Secondary Ins	Tertiary Ins Prima	ary Hospital Seco	ondary Ho	spital /	Auto Accide	nt Worker's Comp	Durable Med Eqpt
Default Primary Insurance Subscriber is the Patient	Save to Insurance Histo	, ,	rnative I	nsurances	& Histor	у	
Insurance Company	Unitedhealthcare Community	Plà	Claims	Remittance	Eligibility		
		Service Type	~	~	~		
		Enrollment Required	No	Yes	No		
		Click here to view the c	urrent enrolln	nent status for th	e payer		
Carrier Payer ID	NYU01						
Alternate Eligibility Payer		*It's required when the i	nsurance cor	npany set for cla	im submission i	s different from the actual patient's	insurance
TPL Code		*If the Medicaid is Seco	ndary				
Insurance ID Number							

Box 2 - Data pulls from First Name and Last Name fields, found under Important tab in the patient chart.

Box 3 - Data pulls from Patient Date of birth and Patient Sex fields, found under the Demographics tab in the patient chart.

Box 4 - In Figure 3, there is a checkbox called **Subscriber is the Patient**. If this is selected, nothing will appear in Box 4. If it is de-selected, **Subscriber** fields will appear below **Primary Insurance Notes** on the page, allowing you to enter subscriber information when the patient is covered under someone else's insurance policy.

Figure 4

Primary Insurance Notes		
Subscriber is the Patient	Insured person is the same person as	s the Patient
Patient relationship to the Subscriber	~	
Subscriber first name		
Subscriber middle name		
Subscriber last name		
Subscriber's Sex	~	
Subscriber suffix		e.g. I, II, III, IV, Jr, Sr
Subscriber DOB		e.g. 8/8/1979
Subscriber SSN		
Subscriber Phone Number		
Subscriber Address		
Subscriber Zip Code		
Subscriber City		
Subscriber State	-Select a State-	
Subscriber Country	UNITED STATES ~	

Box 5 - Address information is found in the Demographics tab. Relevant fields are Street Address, Zip Code, City, State

Phone number pulls from the **Important** tab. (The system will prioritize the **Cell Phone** field, then the **Home Phone** field, then the **Office Phone** field.)

Box 6 - Pulls from Patient relationship to the Subscriber in the Insurances tab (Figure 4)

Box 7 - Subscriber address information, as shown in Figure 4, comes from the **Insurances** tab. Relevant fields are Subscriber Address, Subscriber Zip Code, Subscriber City, Subscriber State

Box 8 - This box is reserved for NUCC use

Box 9 - If there is information under Secondary Insurance for the patient, this box will display the Subscriber's name.

9a - displays whatever information is entered under **Insurance Group #** in the Secondary Insurance under the Insurances tab.

9b - this box is reserved for NUCC use

9c - this box is reserved for NUCC use

9d - Insurance Plan Name or Program Name - displays whatever information is entered under Insurance Company in the Secondary Insurance under the Insurance tab.

Box 10 - Items A, B, C in this Box will update automatically based on the Payment Profile of the appointment (figure 1) but can be manually edited using the Yes/No fields dedicated for this item:

HCFA Box 10 - Is patient's o	condition related to:
Employment	No v
Auto Accident	No v
Other Accident	No v
Onset Date Type	Onset of Current Symptoms o 🗸
Onset Date	
Other Date Type	- Other Date Type -
Other Date	

Auto Accident - Go to the **Insurances section** (Figure 3), click **Auto Accident**, and look for **Auto accident state of occurrence.** The state of occurrence is required when billing for services related to an accident, auto, or work comp.

10d - This box is reserved for Claim Codes. Valid NUCC Claim Codes can be found here.

Box 11 - The information here pulls from the **Insurance group number** field in the Primary Insurance under the Insurances tab.

11a - Pulls from Patient Date of Birth in Demographics if the patient is the subscriber. If not, Subscriber DOB is used

11b - Other claim id- for use with Property & Casualty Claims - list P & C claim number with qualifier Y4 (Agency Claim Number/Property Casualty Claim Number)

11c - Depending on the relevant insurance information for the appointment, this box will display what is in **Insurance Company** for Primary or Secondary Insurance, **Auto Accident Company** for Auto Accident, or **Insurance Provider** for Worker's Comp

11d - This box will be marked as **Yes** if the Primary Insurance is being used and there is data under Secondary Insurance

Box 12 - Under the Demographics tab, the second to last item is **Signature On File**. If **Consent on File** is selected in this field, the box will display **Signature on File**. The date will auto-populate when the HFCA 1500 form is generated.

Note that this field automatically updates to **Consent On File** if the patient has signed the HIPAA Data Use Agreement when checking in on the Check In-app or OnPatient.com

Box 13 - For Auto Accident, if you de-select the checkbox**Claim representative is the insurer** in the **Insurances** tab and enter data for the Claim Representative in the subsequent fields, this Box will display **Signature on File.**

Box 14 - This box pulls from the Onset Date fields shown in Figure 5. (431- Onset of Current Symptoms or Illness; 484- Last Menstrual Period)

(431- Onset of Symptoms can also be edited in the Insurances tab, under Primary Insurance, below the HCFA Options header)

Box 15 - This box pulls from the Other Date fields shown in Figure 5.

(444- First Visit or Consultation can also be edited in the Insurances tab, under Primary Insurance, below the HCFA Options header)

Box 16 - Currently DrChrono does not support filling out Box 16, as it is not required for claims.

Box 17 - This box pulls from information found in the Demographics tab, under **Referring Doctor**. The fields **Referring Dr. First Name** and **Referring Dr. Last Name** will be used, and the identifier DN will be applied. If no information is available under **Referring Doctor**, information found under **Ordering Doctor** will be used instead, and the identifier DK will be applied.

17a - This item pulls from the fields **Referring Dr. Qualifier** and **Referring Dr. Number** under **Referring Doctor**. The identifiers for this item are as follows, and come from the selection in **Referring Dr. Qualifier**:

OB State License Number 1G Provider UPIN Number G2 Provider Commercial Number

17b - This item pulls from **Referring Dr. NPI Number**, or if no Referring Dr. data is present, **Ordering Dr. NPI Number**.

Supervising provider information can be shown by marking off **Display the claim's supervising provider** in box 17. (Figure 6) This option can be found in **Account Settings > Billing**. Selecting this option will cause box 17 to pull data from the supervising provider's information, once a supervisor is selected in the Appointment details. Relevant information for that supervising provider is **First Name**, **Last Name**, and **Rendering Provider NPI** - this information will be pulled from that provider's DrChrono Account Settings.

Figure 6 - Go to Account > Provider Settings > Medical Billing

Profile View General Email	Medical Billing eRx Info Services Usage	Sample Data Security Patient Pay
Receipt Options		
Medical Billing		
Default Billing Provider	~	
Billing NPI	Required for eRx & billing.	Group NPI can be same as rendering NPI #
Rendering Provider NPI	Individual Provider NPI #.	Leave blank if the same as billing NPI
Practice Official Name		
Practice Tax ID		
CLIA Number	Optional: For CLIA certifie	d labs
CLIA # Expiration	Optional: Expiration date of CLIA #	
Billing Taxonomy Code	Optional: Leave blank to le	et the system choose
Rendering Taxonomy Code	Optional: Leave blank to le	et the system choose
Individual Medicare PTAN		
Group Medicare PTAN		
Individual BCBS Number		
Group BCBS Number		
HCFA/CMS-1500		
Payer Address	Print payer address if possible in top right corner.	
Box 17) Suppress referring physician information in box 17.	
Box 17	Display the claim's supervising provider in box 17.	
Box 25] Mark the SSN checkbox instead of the EIN checkbox in Box 25.	
Box 31	Use the doctor's full name instead of first initial, last name in Bo	x 31.
Box 33	Use the doctor's name as the billing provider in Box 33.	
	Show Custom HCFA Address Options	

Box 17 does not update if the demographics of the patient chart are updated after the appointment is scheduled.

If you need to update this box after the appointment is scheduled, the information will need to be added to the **Billing Details** of an appointment. Access this screen by clicking **Billing Details** next to the **Other Forms** button we use to generate HCFA 1500s (see Figure 0) For the items in Box 17, click on the pencil icon next to **Providers** (Figure 7, Red Box)

Figure 7 - Billing Details

Johnny J. Medicare	- 01/17/2018	View Service	+ EOB	SuperBill	Clinical Note	🕀 Clone	HCFA/1500	HCFA/1	1500 (text)	Print Scree	en
Billing Status ICD Version	ICD-10	+					ID of original		Re-submis	sion 🔶	
Supervising Provider: Pt Payment Payment Profile	If different to provid S O Workers' Comp					Acu	Emergency S Delay R te Manifestatior	eason	No - Not Used	÷ - ÷	
Pt Payment Due Billing Profile Billing Pick List	Select Profile Choose from Pick	÷ +						t Date r Date	431: Onset - Other Dat		(HCFA box 14) (HCFA box 15 & 19)
Diagnosis Pick List Payer pre-auth #	Choose from Pt Pn						Employ Auto Act	cident	No No	+ +	
Do Not Transmit Referral # Billing Facility	Do not transmit au	thorization numbe	r to payer				Other Act	n Date	No Hospitalizat	¢ ion Info	
Purchased Serv Provider Appointment Notes							Discharge Start Care End Care	e Date			
Follow-up Date Billing Notes			+				EDI Billing	Note		MS-1500 Line 1	
							Pro	viders	Ref. G. W	ashington	Drd. A. J. Lincoln

Box 18 - Data should only be entered in this box if the patient's hospitalization is related to the current services. (See Box 24b / Figure 9 for information on how to edit Place of Service.) If the appointment is scheduled in an office using Place of Service 21 (inpatient hospital) or 22 (outpatient hospital), "Hospitalization Info" will appear in Billing Details (Figure 7, Orange Box)

Box 19 - This box pulls from Billing Details, on the **EDI Billing Note** This text box is fully customizable and allows for manual entry of additional information that needs to be transmitted to the payer. (Figure 7, Yellow Box)

Box 20 - Box 20 will be updated to Yes if the outside lab information is entered into the **Purchased Serv Provider field** (Figure 7, Green Box), which can be edited by clicking the corresponding pencil icon.

The last item in the box which comes up is Charge Amount, where a charge from using outside labs can be added.

Box 21 - Any ICD-10 codes applied to the appointment will display here in the order they are entered. A "0", to represent ICD-10 is being used will automatically populate. Up to 12 ICD10 codes can be entered.

Box 22 - This box pulls from the **Claim Type** and **ID of original claim** fields found in Billing Details. (Figure 7, Light Blue Box). If **Re-submission** is selected, bill frequency code 7 will be used, whereas if **Void claim** is selected, code 8 will be used. The billing frequency codes will be added automatically, based on whether re-submission/void claim is selected.

Box 23 - In Billing Details, the field **Payer pre-auth #** (Figure 7, Blue Box) can be edited to fill in this box. Other numbers such as a referral number, mammography certification number, or CLIA number can also be entered to print in this box.

(This item will also be shown under **Appointment > Billing** as **Pre Authorization Approval #**. Note that Box 18 and 19 can also be edited here.)

Box 24 - This Box will display procedure codes associated with the appointment

24a - The dates of service for each individual code. By default, the From and To date will display the date of the appointment. If further specification is needed for each code, you can go to Billing Details and modify the **Service Date** field.

Figure 8 - Billing Details, Coding section

Line	items transad	ctions																	
Pati	ient does not have ur	nallocated paymer	nt Appt. does not have	e unallocated payment															
#	ICD-10	Description						Line Ite	əm		ND	OC Code			Quan	itity	Units		
	Add ICD-10 colle									~	Ad	ld NDC code	+			1	UN (Unit)	-	+
1	Z00.8	Encounter for	other general examination				×												
2	M54.50	Low back pain	n, unspecified				×												
	Code/Check Date	Description	Mods/Posted Date	Service Date 😧	EPSDT	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type		
	Code/Check Date	Description	Mods/Posted Date	Service Date @	EPSDT	Qty/Min	Dx Pointers Totals:	Price	Billed \$0.00	Allowed \$0.00	Adjmt \$0.00	Ins 1 paid \$0.00		Pt Paid \$0.00		Pt Bal \$0.00			
	Code/Check Date	Description	Mods/Posted Date	Service Date 📀		Qty/Min		Price	\$0.00				\$0.00			\$0.00	Balance Due	5 (

24b - Place of Service will pull from the Office Details of the office in which the appointment was scheduled. This item can be specified on a per-office basis by going to **Account > Offices**, and clicking **Edit** on the office you wish to specify.

On the resulting **Edit Office** page, click on the blue **Billing** tab (see Figure 9). The second item on this screen is **Facility Code**. By default, it will be 11 - Office, but it can be changed to anything you need.

Figure 9 - Go to Account > Offices > Edit > Billing tab

Primary Doctor for Offic	e:
Edit Office	
Basic Billing Online Sch	edule Providers eRx
Billing name	Leave it blank if same to account settings.
Facility Code	✓
Billing Provider Office	✓ Professional medical billing only.
Use facility NPI number in box 32a of HCFA form	0
Facility NPI number	Used in HCFA box#32a and UB04 box#56
Facility provider number	
Billing Tax ID # (professional)	Leave it blank if same to account settings.
Billing NPI number	Leave it blank if same to account settings.
CLIA Number	CLIA # for billing. Leave it blank if same to account setting.
CLIA Expiration Date	Expiration date for CLIA number.
Use alternate pay to address for EDI	use alternate "pay to" address in EDI billing if checked.
Use alternate pay to address for HCFA	use alternate "pay to" address in HCFA form block 33 if checked.
Use alternate pay to address in Patient Statement	use alternate "pay to" address in patient statement if checked.
Pay to Address	
Pay to Zip Code	
Pay to State	~
Pay to City	
Pay to Country	✓

Box 24c - In the appointment's Billing Details, the item immediately below **the ID of Original Claim** is labeled **Emergency Service** (Figure 7, Purple Box). If Yes is selected, a Y will display in Box 24c. The delay reason selected under the Emergency Service drop-down will transmit on the EDI/827 file in loop 2300 CLM 20 Segment.

Shaded Areas of Box 24 - NDC codes attached to the appointment and corresponding data will display in the shaded area above each line item.

Box 24d - This box will display the code identifier for any CPT or HCPCS codes attached to the appointment, and corresponding modifiers for these codes.

Box 24e - This box will display any Diagnosis Pointers entered for any codes in lowercase letters. The letters

correspond to diagnosis codes entered in box 21.

Box 24f - Any charges entered in the **Price** box will display in Box 24f. Base prices will be multiplied by values entered in the "Quantity/Minutes" field for each code.

Box 24g - This box will display the value entered in **Quantity/Minutes** for each code. This field is most commonly used for multiple visits, units of supplies, anesthesia units or minutes, or oxygen volume.

Box 24h - This box pulls from the **EPSDT Services** (Early & Periodic Screening, Diagnosis, and Treatment) field in the patient chart, in the Demographics tab. This field is applied on a per-patient basis.

Box 24i - This box will remain static with the NPI identifier.

Box 24j - This box will display the NPI of whichever provider is listed as the rendering provider of this appointment. The provider can specify their NPI number by going to **Account > Account Settings > Billing** (Figure 6), and entering data into the **Rendering Provider NPI** field.

Box 25 - By default, this box will display data that is entered in the Practice Tax ID field found in Account > Account Settings > Billing. However, as shown in Figure 6, there is a checkbox that reads Mark the SSN checkbox instead of the EIN checkbox in Box 25. If there is an SSN on file for your DrChrono account, you will see that displayed in Box 25 when that checkbox is checked.

• If you check off the checkbox and Box 25 does not update accordingly, this means that we at DrChrono do not have your SSN on file. To resolve this, create a support case.

Box 26 - The Patient Account number in this box is automatically generated from the DrChrono system.

Box 27 - This box can be updated on a per-payer basis by going to **Billing > Insurance set up**, and deselecting the **Accept Assignment** box.

Payer name	+	Send insured signature	Print insured person signature in box #13 i
Payer id	ŧ		HCFA form authorizing insurance payments to billing provider
Insurance plan type	~		
Specialty		Send facility provider number	Print Office Facility Provider Number in bo #32b in HCFA form
Billing npi	~	Send facility	Π
Eligibility npi	~	information ()	
Provider name	~	Processing days	
Tax id number	~	Referring doctor	+
Group Provider #		Ordering doctor	+
Group provider number qualifier	~	Rendering taxonomy code	
Individual Provider #		Billing taxonomy code	
Individual provider	. 🗸	Payer grouping	
number qualifier		Print license numbers	
Balance billing	~	in hcfa	Print license number on Procedures lines and box #31 in HCFA form
Filing limit days		Do not bill patients for	
Accept assignment	[]]	balance	

Figure 10 - Billing > Insurance Set Up > "Edit" Icon

Note that in Figure 10, many of the items previously discussed can be overwritten on a per-payer basis.

Box 28 - This box will calculate the sum total of charges in box 24f.

Box 29 - This box will update as patient payments are logged into the system, only if Box 27 is marked as**No**. Patient payments can be logged in **Appointment Details > Billing**.

Box 30 - This field is reserved for NUCC use and will not populate data in DrChrono.

Box 31 - This box will pull data from fields under **Account Settings > Profile** for your DrChrono account. Make sure that the account has the correct **First Name** and **Last Name** fields entered here.

- Under Account Settings > Billing (Figure 6) there is a checkbox that allows a user to toggle between writing out the full first name, or only using the first initial.
- The date in Box 31 will display whatever date the HCFA 1500 form was generated.

Box 32 - All of the information entered in this Box can be edited by going to **Account > Offices**, and clicking the **Edit** pencil icon for the office in which the appointment was scheduled.

The relevant fields are Office Name, Address, City, State, Zip Code, and Facility NPI Number.

Box 32a - By default, this box will display whatever data is on file for **Rendering Provider NPI**, found in **Account Settings > Billing** (Figure 6).

By going to Account > Offices, clicking Edit, and then going to the blue Billing tab (Figure 9). The checkbox Use facility NPI number in box 32a of the CMS 1500 form will allow data from the Facility NPI number field to display in box 32a.

Box 32b - By default, this box will not populate with data. If you need to have the facility information populate this field. See our article here.

Box 33 - By default, this box will populate based on what is entered in the Practice Official Name field, found in **Account Settings > Billing** (Figure 6). Further down on that page, however, there is a checkbox for **Box 33** which would allow you to use the doctor's name instead.

If you are rendering services at a location other than your office (outpatient OR, assisted living facility, or skilled nursing facility) make sure you update the third line titled **Billing Provider Office** to show what office location you would like correspondence and/or payments to be sent. If this section is blank, the system automatically uses the information in box 32, which is the service location, and correspondence and/or payments could be sent to the service facility instead of your office location.

You can access this by navigating to Account > Offices > Billing Tab in the alternate service location

Primary Doctor for Office:							
Edit Office							
Basic	Billing	Online Schedule Providers eRx					
Billing name							Leave it blank if same to account settings.
	I	Facility Code				~	
	Billing Pr	ovider Office				~	Professional medical billing only.

The Address and Phone number items will pull from Account > Offices, under the Basic tab on the Edit Office screen. If you click on the Billing tab (Figure 9), you will find a checkbox that states Use alternate pay to address for HCFA. Checking this box allows you to enter alternate data, which will then be displayed in Box 33.

Box 33a - By default this box will pull from the Billing NPI number in Account Settings > Billing (Figure 6), but this item can be overwritten in Account > Offices > Edit > Billing by entering data in the Billing NPI number (Figure 9)

Box 33b - By default, this box will not populate with data, but in the **Edit Payer** (Billing > Insurance setup) screen (Figure 10), the **Group Provider #** and **Group Provider # Qualifier** fields can be used to populate data into this box as required by a payer.

For an in-depth explanation of the content of each box as it exists outside of DrChrono, use the attached guide as a reference. It is active as of July 2021; updates should be retrieved from NUCC https://www.nucc.org/.