

HCFA 1500 Boxes and Where Information is Pulled

07/08/2024 7:31 pm EDT

DrChrono will pull data from a patient's chart and your office settings to populate the CMS HCFA-1500 form. The following is a guide to identify which fields the data will be 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

The screenshot shows the 'Schedule Appointment' window with the 'Billing' tab selected. The 'Other Forms' dropdown menu is open, displaying a list of options. The 'Payment Profile' field is set to 'Auto Accident'. The 'HCFA Box 10 - Is patient's condition related to employment?' section is visible, with 'Employment' set to 'No', 'Auto Accident' set to 'Yes', and 'Other Accident' set to 'No'. The 'Onset Date' is '12/03/2017' and 'Other Date' is '12/04/2017'. The 'Billing Status' is 'Worker's Comp Claim' and the 'ICD Version' is 'ICD-10'. The 'Patient Payment' is '0.00'. The 'Payment Posted Date' is '12/07/2017'. The 'Pre Authorization Approval #' and 'Referral #' fields are empty. The 'Billing Profile' field has a dropdown arrow and a plus sign. The 'Billing Pick List' and 'Diagnosis Pick List' fields have buttons that say 'Choose Codes from Pick List' and 'Choose Codes from Pt Problems' respectively. The 'Credit Card Payment' field has a green button that says 'Process Credit Card'.

Field	Value
Billing Status	Worker's Comp Claim
ICD Version	ICD-10
Patient Payment	0.00
Payment Notes	
Payment Posted Date	12/07/2017
Pre Authorization Approval #	
Referral #	
Payment Profile	Auto Accident
Billing Profile	
Billing Pick List	Choose Codes from Pick List
Diagnosis Pick List	Choose Codes from Pt Problems
Credit Card Payment	Process Credit Card

Field	Value
Employment	No
Auto Accident	Yes
Other Accident	No
Onset Date Type	Last Menstru
Onset Date	12/03/2017
Other Date Type	Initial Visit D
Other Date	12/04/2017

- HCFA/1500 02/12
- HCFA/1500 02/12 (text)
- New York: C4
- New York: C4.2
- New York: C4.3
- New York: C4 AUTH
- New York: NF3
- CA WC: 5021 Rev 4
- CA WC: Form PR-2
- CA WC: Form PR-4
- CA WC: Form RFA

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

Figure 1

The screenshot shows a medical billing interface. On the left, there are several input fields: 'Billing Status' (dropdown), 'ICD Version' (dropdown, set to ICD-10), 'Patient Payment' (text input, \$ 50.00), 'Pre Authorization Approval #' (text input), 'Referral #' (text input), 'Payment Profile' (dropdown menu with options: Cash, Insurance, Insurance Out of Network, **Auto Accident**, Workers' Comp), 'Billing Profile' (dropdown), 'Billing Pick List' (button: Choose Codes from Pick List), 'Diagnosis Pick List' (button: Choose Codes from Pt Problems), and 'Credit Card Payment' (button: Process Credit Card). On the right, under the heading 'HCFA Box 10 - Is patient's condition related to:', there are several dropdown menus: 'Employment' (No), 'Auto Accident' (No), 'Other Accident' (No), 'Onset Date Type' (Onset of Current Symptoms or), 'Onset Date' (text input), 'Other Date Type' (- Other Date Type -), and 'Other Date' (text input).

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

The screenshot shows a patient chart interface. At the top, it says 'Primary Provider: Dr. John McNabb'. Below that are buttons for 'New Referral', 'Fax Demographics', 'Print Demographics', and '+ Schedule New Appointment'. A navigation bar contains tabs: 'Important', 'Demographics', 'Insurances', 'Eligibility', 'Authorizations', 'Smoking Status', 'Flags', 'Balance', and 'onpatient Payments'. Below the navigation bar, a red warning message reads: 'BILLING WARNING: Missing Date of Birth for patient'. Below the warning is a row of tabs: 'Primary Ins', 'Secondary Ins', 'Tertiary Ins', 'Auto Accident', 'Worker's Comp', and 'Durable Med Eqpt'. The 'Primary Ins' tab is highlighted with a red border. Below the tabs, there are links: 'Primary Insurance', 'Save to Insurance History', and 'Patient Insurance History'.

(Please 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 Insurance
Save to Insurance History
Patient Insurance History

Subscriber is the Patient Insured person is the same person as the Patient

Insurance Company *contact support if you can't find an insurance company.

Carrier Payer ID

TPL Code *If the Medicaid is Secondary

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

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

Subscriber Country

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:

Figure 5 - Click on the Appointment, then go to the Billing tab

HCFA Box 10 - Is patient's condition related to:

Employment	<input type="text" value="No"/>
Auto Accident	<input type="text" value="Yes"/>
Other Accident	<input type="text" value="No"/>
Onset Date Type	<input type="text" value="Onset of Current Symptoms or"/>
Onset Date	<input type="text"/>
Other Date Type	<input type="text" value="- Other Date Type -"/>
Other Date	<input type="text"/>

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 HCFA 1500 form is generated.

Please note that this field will automatically update 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**:

0B 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 > Account Settings > Medical Billing

Account Settings

Profile General Email **Billing** eRx Info Services Usage Payment Info Sample Data Security

Medical Billing

Billing NPI: 0000000000 Required for eRx & billing. Group NPI can be same as rendering NPI #

Rendering Provider NPI: 0001000000 Individual Provider NPI #. Leave blank if the same as billing NPI

Practice Official Name: Avengers Health Initiative

Practice Tax ID: 333-44-5555

CLIA Number: 99999000000 Optional: For CLIA certified labs

CLIA # Expiration: 12/21/2017 Optional: Expiration date of CLIA #

Billing Taxonomy Code: 20000000000 Optional: Leave blank to let the system choose

Rendering Taxonomy Code: 40000000000 Optional: Leave blank to let the system choose

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 Box 31.

Box 33 Use the doctor's name as the billing provider in Box 33.

Please note that Box 17 will 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/1500 (text) Print Screen

Billing Status [dropdown]
ICD Version ICD-10
Supervising Provider: [dropdown]
Pt Payment \$ 0
Payment Profile Workers' Comp
Pt Payment Due [input]
Billing Profile Select Profile [dropdown]
Billing Pick List Choose from Pick List
Diagnosis Pick List Choose from Pt Problems
Payer pre-auth # [input]
Do Not Transmit Do not transmit authorization number to payer
Referral # [input]
Billing Facility [input]
Purchased Serv Provider [input] [pencil icon]
Appointment Notes [input]
Follow-up Date [input]
Billing Notes [input] [plus icon]

Claim Type Re-submission
ID of original claim [input]
Emergency Service No
Delay Reason - Not Used -
Acute Manifestation Date [input]
Onset Date 431: Onset c [input] (HCFA box 14)
Other Date - Other Date [input] (HCFA box 15 & 19)
Is patient's condition related to
Employment No
Auto Accident No
Other Accident No

Hospitalization Info
Admission Date [input]
Discharge Date [input]
Start Care Date [input]
End Care Date [input]

EDI Billing Note (HCFA/CMS-1500 Line 19)
 Custom NTE EDI Billing Note [input]

Providers Ref. G. Washington Ord. A. J. Lincoln [pencil icon]

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

#	ICD-10	Description	Line Item	NDC Code	Quantity	Units
		No ICD-10 codes found for this appointment.		Add NDC code	1	UN (Unit)

#	ICD-9 to Convert	Description
		No ICD-9 codes found for this appointment.

Code/Check Date	Description	Mods/Posted Date	Service Date	PSDT	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
							Totals:	\$40,000.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	\$0.00	Not Submitted
99201			From date To date		1.00	1 0 0 0	40000.00	\$40,000.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	\$0.00	Not Submitted

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

Edit Office

Basic Billing Online Schedule

Billing name	<input type="text"/>	Leave it blank if same to account settings.
Facility Code	23 - Emergency Room - Hospital	
Billing Provider Office	S.H.I.E.L.D.	Professional medical billing only.
Use facility NPI number in box 32a of HCFA form	<input type="checkbox"/>	
Facility NPI number	000022200000	Used in HCFA box#32a and UB04 box#56
Facility provider number	000033300000	
Billing Tax ID # (professional)	888888555555	Leave it blank if same to account settings.
Billing NPI number	777777777777	Leave it blank if same to account settings.
CLIA Number	888899995555	CLIA # for billing. Leave it blank if same to account setting.
CLIA Expiration Date	12/27/2017	Expiration date for CLIA number.
Use alternate pay to address for EDI	<input type="checkbox"/>	use alternate "pay to" address in EDI billing if checked.
Use alternate pay to address for HCFA	<input checked="" type="checkbox"/>	use alternate "pay to" address in HCFA form block 33 if checked.
Use alternate pay to address in Patient Statement	<input type="checkbox"/>	use alternate "pay to" address in patient statement if checked.
Pay to Address	<input type="text" value="9312 Harding Place"/>	

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.

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, please contact support by submitting a ticket at drchrono.com/help

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.

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

Add/Edit Payer

Payer name	[Dropdown]	Filing limit days	[Text Input]
Payer id	[Dropdown]	Accept assignment	<input checked="" type="checkbox"/>
Specialty	[-Same as Account Settings -]	Send facility provider number	<input type="checkbox"/> Print Office Facility Provider Number in box #32b in HCFA form
Billing npi	Rendering NPI Number	Processing days	30
Eligibility npi	Group NPI Number	Referring doctor	[Dropdown]
Provider name	Practice Name	Ordering doctor	[Dropdown]
Tax id number	Tax ID Number	Rendering taxonomy code	[Text Input]
Group Provider #	[Text Input]	Billing taxonomy code	[Text Input]
Group provider number qualifier	-- Qualifier --	Payer grouping	[Text Input]
Individual Provider #	[Text Input]	Print license numbers in hcfa	<input type="checkbox"/> Print license number on Procedures lines and box #31 in HCFA form
Individual provider number qualifier	-- Qualifier --		
Balance billing	No		

Close Save

Please 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.

***** Important note ***** - if you are rendering services at a location other than your office (example: outpatient OR, assisted living facility, skilled nursing facility, etc.) please make sure you update the 3rd 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 will automatically use 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

Edit Office

Basic Billing Online Schedule

Billing name Leave it blank if same to account settings.

Facility Code

Billing Provider 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, please use the attached guide as a reference. It is active as of July 2021; updates should be retrieved from NUCC <https://www.nucc.org/>.