

Health Care: Medical Billing - Training in Filling out 1500 CMS Forms for Ancillary Services

Name of Author

Name of Institution

Essaybox.org

Outline

Create information

- Diagnosis
- Procedures
- Services
- Supplies

Production of Word Document

- Instructions on how 1500 CMS form should be filled out
- Possible Mistakes that can occur

1500

Health Insurance Claim Form

Medicare
 Medicaid
 TriCare
 Champva
 Group Health Plan
 FECA Blk Lung
 Other

Patients Name (last name, first name, middle initial) _____ Date of birth _____ Sex _____

Patient's Address (N.o Street) _____ MM DD YY Male Female

City _____ State _____

Zip Code _____ Telephone Number _____

Date(s) of Services
 From _____ To _____
 MM DD YY MM DD YY
 01/01/2012 01/15/2012

Diagnosis	Procedures	Services	Supplies		
Chronic Obstructive Pulmonary Disease (COPD) –DRG 088	(1) Positive Airway Pressure	(1) Diagnostic tests	(1) Oxygen		
	(2) Oxygen replacement	(2) Medication administration	(2) Medication		
		(3) Respiratory Specialist			
		(4) Chest X-ray			
Procedure	Service code	Unit size	Rate	Total units provided	Total Units billed
1. Positive Airway Pressure Therapy	G8845	per liter	\$1,000	10 Liters	\$10,000
2. Oxygen Replacement Therapy	A4606	1	\$2,000	1	\$2,000

Production of Word Document

Instructions on how 1500 CMS form should be filled out

Step I. This form is best filled out in blocks beginning with the first section where the patient's insurance provider must be clearly identified. In the opening block there is written Medicare/Medicaid/ Champus etc. In this block carefully tick, which insurance the patient is eligible for.

Step II. Now correctly copy the patient's personal data from the section of his/ her chart carefully onto the form. Double check to make sure that there are no errors to be corrected, such as name; social security number; address or age.

Step III. Box 4 needs special attention. It is important to double-check this section because some patients have more than one insurance, which may be a family plan. Therefore, Medicare would need to have this information in order to correctly bill the client.

Step IV. Note section 9 carefully. This section should only be filled out unless the patient has consented towards assigning their Medigap to the institution, which rendered care during his/her illness.

Step V. Section 10. Fill out the boxes to indicate whether the incident was related to employment or an accident.

Step VI. Section 11. This is an attempt to have the patient correctly establish which insurance coverage is applied to the particular incident. Therefore, it must be distinctly marked Medicare/Medicaid or another private insurance.

Step VII. It is important to note that from section 12 - 13 is marked reserved for billing authorities. Therefore, it must be filled out properly by the billing specialist to ensure that the patient is not overcharged for services neither service providers are under paid. As such, the date

when symptoms of the illness began must be noted; while 14 and 15 requires that a record of whether the patient was previously treated for that illness at the institution must be given.

Step VIII. Sections 16 – 24 is where precise information regarding the illness and how the patient was attended must be carefully documented in order for the participating physician be appropriately remunerated as well services billed for the institution to retrieve payments. Hence, Physicians' names, services, dates of services, procedures, and cost must be accounted for in detail.

Step IX. Precise billing of Ancillary services for a patient with COPD now begins. In Box 21 the code for COPD must be entered. According to the International Center of Disease (ICD) coding guide a total of four codes can be entered in cases of uncertainty or if the patient has a number of diagnoses besides the one being treated at the time.

Step X. Boxes 22 and 23 are completed if the patient is a Medicaid recipient and a pre-authorization number is filled into 23 if the patient provided one to the institution

Step XI. Section 24 asks for the procedural codes, which have been provided by the American Medical Association for billing purposes. Pay close attention in differentiating services, which are coded ancillary as against nursing when accounting for ancillary charges distinctly.

Step XII. Finally, Remember to enter the Physician's Tax ID number in box 25, patient's account number in 26, insurance company number; 'yes' ticked for 27 and 28 -30 a display of charges based on CPT codes. Boxes 31- 33 require that the physicians' signature be on the form, the facility's address and the place where billing information is to be tendered.

Possible mistakes that can occur

Mistakes that are common in filling out 1500 CMC forms are two fold. They can occur as filling out wrong personal data for patient or physician and coding issues. The most common are coding issues which auditors call coding errors.

Personal Patient/ Physician information errors include incorrect insurance numbers; insurance companies and dates services were rendered. This is why it is important to cross check these information before the patient leaves the facility to make sure that all the information is accurate.

The billing specialist must be acquainted with the specific codes for each procedure service the patient/ client obtains during his/her stay either at the emergency or ward of the facility. There are 10 coding errors, which must be avoided at all times.

These are unbundling codes, miscoding diagnoses; misinterpreting and misunderstanding doctor's reports and orders; physicians not recording services on the required forms; coder and biller limitation pertaining to actual benefits of the insured; collecting co-pay upfront; under coding; insufficient information about the provider; coders do not have contemporary knowledge concerning changes occurring in the science and physicians incorrectly recording services.

References

Health Insurance Claim Form (2012). *1500 CMC Claim Form Sample Pdf*. Retrieved 3rd March,

2012 from <http://www.cms.hhs.gov/cmsforms/downloads/CMS1500805.pdf>

Medical Billing and Coding blog (2012). *10 Most Common Coding Mistakes*. Retrieved 3rd

March, 2012 from [http://mbc.blog.ultimatemedical.edu/2010/04/the-10-most-](http://mbc.blog.ultimatemedical.edu/2010/04/the-10-most-common-coding-mistakes/)

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