

We are currently updating the OP Help Center content for the release of OP 14.19 or OP 19. OP 19 is a member of the certified OP 14 family of products (official version is 14.19.1), which you may see in your software (such as in Help > About) and in the Help Center tabs labeled 14.19. You may also notice that the version number in content and videos may not match the version of your software, and some procedural content may not match the workflow in your software. We appreciate your patience and understanding as we make these enhancements.

CMS-1500 Details

Last Modified on 08/20/2019 11:49 am EDT

Version 14.19

Overview

This article explains the Fields in the CMS-1500 form. The Form is shown in the PDF below and the Field descriptions are in the following section.

CMS-1500 Field Descriptions

The following table details the Fields of the most current CMS-1500 form, FORM 1500 (02-12), and provides the path for where the respective information is found in OP.

<u>CMS-1500 Field</u>	<u>Field Descriptor</u>	<u>OP Path to Field Contents</u>	<u>Additional Information</u>
Field 1	Claim Filing Type	Add/Edit Charges window > Other Items tab > Item 1 field. This is pre-populated based on the claim type indicated in the payer setup (Billing tab > Payers > select payer > Claims/Routing tab > Claim Type field).	
Field 1a	Insured's ID Number	Patient Chart button > Insurance > Edit Insurance Record tab > Subscriber ID field	
Field 2	Patient's Name	Patient Chart button > Basic Information > Last name, First Name, Middle Initial fields.	
Field		Patient Chart button > Basic Information >	

3 CMS- 1500 Field 4	Patient's Date of Birth	Birth date field	Additional Information
Field 5	Field Descriptor Insured's Name	OP Path to Field Contents Patient Chart button > Insurance > Edit Insurance Record tab > Subscriber Last name, First name, Middle Initial fields	
Field 5	Patient's Address	Patient Chart button > Basic Information > Primary Address fields, and Primary phone field	
Field 6	Patient Relationship to Insured	Patient Chart button > Insurance > Edit Insurance Record tab > Patient rel to Subscriber field	
Field 7	Insured's Address	Patient Chart button > Insurance > Address/Employer tab	If this is an insurance that does not validate, OP will pull the patient's address.
Field 8	Reserved for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 9	Other Insured's Name	Patient Chart button > Insurance > select Secondary Insurance Record > Edit Insurance Record tab > Subscriber Last name, First name, Middle Initial fields	This will only populate if a secondary insurance is ranked.
Field 9a	Other Insured's Policy or Group Number	Patient Chart button > Insurance > select Secondary Insurance Record > Edit Insurance Record tab > Subscriber ID field	This will only populate if a secondary insurance is ranked.
Field 9b	Reserved for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 9c	Reserved for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 9d	Insurance Plan Name or Program Name	Patient Chart button > Insurance > Edit Insurance Record tab > select Secondary Insurance record > Insurance Carrier field	This will only populate if a secondary insurance is ranked.

CMS-1500 Field	Is Patient's Condition Field Descriptor Related To	Add/Edit Charges window > Other Items tab > OP Path to Field Contents Item 10a, Item 10b, Item 10c fields	Additional Information
Field 10d	Claim Codes (Designated by NUCC)	This item currently does not print on the CMS-1500 form.	
Field 11	Insured's Policy Group or FECA Number	Patient Chart button > Insurance > Edit Insurance Record tab > Group number field	
Field 11a	Insured's Date of Birth, Sex	Patient Chart button > Insurance > Edit Insurance Record tab > Sex/birth date field	
Field 11b	Other Claim ID (Designated by NUCC)	This item currently does not print on the CMS-1500 form.	
Field 11c	Insurance Plan Name or Program Name	Patient Chart button > Insurance > Edit Insurance Record tab > Primary Insurance record > Insurance Carrier field	
Field 11d	Is there another Health Plan Benefit?	'Yes' will be marked if a secondary insurance is added and ranked in OP. 'No' will be marked if there is no secondary insurance ranked in OP.	
Field 12	Patient or Authorized Person's Signature	Patient Chart button > Insurance > Edit Insurance Record tab > Patient signature on file checkbox	
Field 13	Insured's or Authorized Person's Signature	Patient Chart button > Insurance > Edit Insurance Record tab > Patient signature on file checkbox	
Field 14	Date of Current Illness, Injury or Pregnancy (LMP)	Add/Edit Charges window > Other Items tab > Item 14 field	
Field 15	Other Date	This item currently does not print on the CMS-1500 form	
Field 16	Dates Patient Unable to Work in Current Occupation	Add/Edit Charges window > Other Items tab > Item 16 field	
		Add/Edit Charges window > Other Items tab > Item 17 field (Note: there are two Item 17 fields, only one may be populated for Print. If	The information in this box can be auto-populated

Field CMS- 1500 Field	Name of Referring Provider or Other Source <u>Field Descriptor</u>	both are populated, the Referring Provider field will super-cede). The Address book button in this field can be used to choose the provider's info, as long as that provider has an entry in the Address book. <u>OP Path to Field Contents</u>	by setting a Global Preferences <u>Additional Information</u> auto-populate
Field 17a	Referring, Order, or Supervising Provider Other ID #	Clinical OR Practice Management tab > Address Book button > Staff/Provider tab > Line 17a field	The information in this box can be auto-populated in conjunction with box 17 setting a Global Preferences to auto-populate PCP as Referring Provider.
Field 17b	Referring Provider or Other Source NPI	Add/Edit Charges window > Other Items tab > Item 17b field (Note: there are two Item 17b fields, only one may be populated for Print)	This will also pull from the Address Book entry of the Referring or Ordering Provider.
Field 18	Hospitalization Dates Related to Current Services	Add/Edit Charges window > Basic Info tab > Hospital dates from and to fields	
Field 19	Additional Claim Information (Designated by NUCC)	This item currently does not print on the CMS- 1500 form	
Field 20	Outside Lab?, \$ Charges	Add/Edit Charges window > Other Items tab > Item 20 field	
Field 21	Diagnosis or Nature of Illness or Injury, ICD Ind.	Add/Edit Charges window > Basic Information tab > Diagnosis Codes	
Field 22	Resubmission Code, Original Ref. No.	Add/Edit Charges window > Other Items tab > Item 22 fields (including Original reference # or Transaction # field)	

CMS-1500 Field	Field Descriptor	OP Path to Field Contents	If it is required for a CLIA ID to be present on a Additional Information
23	Prior Authorization Number	Add/Edit Charges window > Other Items tab > Item 23: Referral # field	CMS-1500 form, it must be entered here.
Field 24a	Date(s) of Service	Unshaded area: Add/Edit Charges window > Basic Information tab > Service date(s) from and to fields Shaded area: NDC # as entered in Charges area > NDC field	
Field 24b	Place of Service	Add/Edit Charges window > Basic Information tab > Place of service field	
Field 24c	EMG	Add/Edit Charges window > Basic Information tab > Charges area > EMG column	You may have to add the EMG column by using the 'Visible Columns' button.
Field 24d	CPT/HCPCS, Modifier	Add/Edit Charges window > Basic Information tab > Charges area > CPT and Mod field(s)	
Field 24e	Diagnosis Pointer	Add/Edit Charges window > Basic Information tab > Charges area > DX field(s) (DX1, DX2, DX3 etc.)	These are listed as A,B,C etc. and correspond with the Diagnosis Code box entries in Box 21.
Field 24f	\$ Charges	Add/Edit Charges window > Basic Information tab > Charges area > Charge field(s)	The Charge field equals the Unit Charge x Unit per CPT code line.
Field 24g	Days or Units	Add/Edit Charges window > Basic Information tab > Charges area > Units field(s)	

CMS-1500 Field	EPSDT Family Plan Field Descriptor	Add/Edit Charges window > Basic Information tab > Charges tab > Field Contents OP Path to Field Contents	Additional Information
Field 24i	ID Qual.	Billing tab > Payers button > click + in the Insurance field > select Insurance Carrier Provider > ID Type	
Field 24j	Rendering Provider ID #	Shaded area: Billing tab > Payers button > click + in the Insurance field > select Insurance Carrier Provider > Line 24j field Unshaded area: Practice Management tab > Staff/Providers button > Provider Info tab > select provider > Provider NPID field	
Field 25	Federal Tax ID Number	Practice Management tab > Staff/Providers button > Provider Info tab > select provider > Federal Tax ID field	
Field 26	Patient's Account No.	Patient Number as assigned in OP	
Field 27	Accept Assignment	Patient Chart button > Insurance > Edit Insurance Record tab > Provider accepts assignment checkbox	
Field 28	Total Charge	Total Charges indicated in Box 24f	
Field 29	Amount Paid	Total of Payments + Adjustments posted to claim	
Field 30	Rsvd for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 31	Signature of Physician or Supplier	Practice Management tab > Staff/Providers button > Provider Info tab > select provider > Signature Name field	
Field 32	Service Facility Location Information	Billing tab > Hospitals button	If Global Preference is selected to auto-populate service location when POS=11, Box 32 will prefill with office

<u>CMS-1500 Field</u>	<u>Field Descriptor</u>	<u>OP Path to Field Contents</u>	<u>location. Additional Information</u>
	Service/Facility Location NPI #	Billing tab > Hospitals button > Facility NPI/Tax ID	
Field 32b	Other ID #	Billing tab > Hospitals button > Facility ID	
Field 33	Billing Provider Info & Ph #	Practice Management tab > Staff/Providers button > Practice Info tab > select provider > Billing name and address fields	
Field 33a	Billing Provider NPI #	Practice Management tab > Staff/Providers button > Practice Info tab > select provider > Practice NPI field	
Field 33b	Billing Provider Other ID #	Billing tab > Payers button > click + in the Insurance field > select Insurance Carrier Provider > Line 33b field	

Additional Resource

You can view the full NUCC (National Uniform Claim Committee) CMS-1500 form Manual by clicking [here](#).

Version 14.10

Overview

This article explains each Field in the CMS-1500 form. The form is shown in the PDF below and the Field descriptions are in the following section.

CMS-1500 Field Descriptions

The following table details the Fields of the most current CMS-1500 form, FORM 1500 (02-12), and provides the path for where the respective information is found in OP14.

<u>CMS-1500 Field</u>	<u>Field Descriptor</u>	<u>OP Path to Field Contents</u>	<u>Additional Information</u>

CMS-1500 Field	Field Descriptor	OP Path to Field Contents	Additional Information
	Claim Filing Type	Add/Edit Charges window > Other Items tab > Item 1 field. This is pre-populated based on the claim type indicated in the payer setup (Utilities > Manage Practice > Insurance Payers > Double-click payer > Claims/Routing tab > Claim Type).	
Field 1a	Insured's ID Number	Account or Register > Insurance tab > Subscriber ID field	
Field 2	Patient's Name	Register > Patient tab > Last name, First Name, Middle Initial fields	
Field 3	Patient's Date of Birth	Register > Patient tab > Birthdate field	
Field 4	Insured's Name	Account or Register > Insurance tab > Subscriber Last name, First name, Middle Initial fields	
Field 5	Patient's Address	Register > Patient tab > Primary Address Fields, Primary phone field	
Field 6	Patient Relationship to Insured	Account or Register > Insurance tab > Patient rel to Subscriber field	
Field 7	Insured's Address	Account or Register > Insurance tab > Address/Employer tab	If this is an insurance that does not validate, OP will pull the patient's address.
Field 8	Reserved for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 9	Other Insured's Name	Account or Register > Insurance tab > Secondary Insurance record > Subscriber Last name, First name, Middle Initial fields	This will only populate if a secondary insurance is ranked.
Field 9a	Other Insured's Policy or Group Number	Account or Register > Insurance tab > Secondary Insurance record > Subscriber ID field	This will only populate if a secondary insurance is ranked.

CMS-1500 Field	Reserved for NUCC Use Field Descriptor	This item currently does not print on the CMS-1500 form OP Path to Field Contents	Additional Information
Field 9c	Reserved for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 9d	Insurance Plan Name or Program Name	Account or Register > Insurance tab > Secondary Insurance record > Insurance Carrier field	This will only populate if a secondary insurance is ranked.
Field 10 a-c	Is Patient's Condition Related To	Add/Edit Charges window > Other Items tab > Item 10a, Item 10b, Item 10c fields	
Field 10d	Claim Codes (Designated by NUCC)	This item currently does not print on the CMS-1500 form.	
Field 11	Insured's Policy Group or FECA Number	Account or Register > Insurance tab > Group number field	
Field 11a	Insured's Date of Birth, Sex	Account or Register > Insurance tab > Sex/birth date field	
Field 11b	Other Claim ID (Designated by NUCC)	This item currently does not print on the CMS-1500 form.	
Field 11c	Insurance Plan Name or Program Name	Account or Register > Insurance tab > Primary Insurance record > Insurance Carrier field	
Field 11d	Is there another Health Plan Benefit?	'Yes' will be marked if a secondary insurance is added and ranked in OP. 'No' will be marked if there is no secondary insurance ranked in OP.	
Field 12	Patient or Authorized Person's Signature	Account or Register > Insurance tab > Patient signature on file checkbox	
Field 13	Insured's or Authorized Person's Signature	Account or Register > Insurance tab > Patient signature on file checkbox	
Field 14	Date of Current Illness, Injury or Pregnancy (LMP)	Add/Edit Charges window > Other Items tab > Item 14 field	
Field 15	Other Date	This item currently does not print on the CMS-1500 form	

CMS-1500 Field	Dates Patient Unable to Work in Current Occupation Field Descriptor	Add/Edit Charges window > Other Items tab > Item 16 field OP Path to Field Contents	Additional Information
Field 17	Name of Referring Provider or Other Source	Add/Edit Charges window > Other Items tab > Item 17 field (Note: there are two Item 17 fields, only one may be populated for Print. If both are populated, the Referring Provider field will super-cede). The Address book button in this field can be used to choose the provider's info, as long as that provider has an entry in the Address book.	The information in this box can be auto-populated by setting a System Preference to auto-populate PCP as Referring Provider.
Field 17a	Referring, Order, or Supervising Provider Other ID #	Address Book > Staff/Provider tab > Line 17a field	The information in this box can be auto-populated in conjunction with box 17 setting a System Preference to auto-populate PCP as Referring Provider.
Field 17b	Referring Provider or Other Source NPI	Add/Edit Charges window > Other Items tab > Item 17b field (Note: there are two Item 17b fields, only one may be populated for Print)	This will also pull from the Address Book entry of the Referring or Ordering Dr.
Field 18	Hospitalization Dates Related to Current Services	Add/Edit Charges window > Basic Info tab > Hospital dates from and to fields	
Field 19	Additional Claim Information (Designated by NUCC)	This item currently does not print on the CMS-1500 form	
Field		Add/Edit Charges window > Other Items tab >	

20 CMS-	Outside Lab?, \$ Charges	Item 20 field	
1500 Field	Field Descriptor of Illness or Injury, ICD Ind.	Add/Edit COP Path to Field Contents fo tab > Diagnosis Codes	Additional Information
Field 22	Resubmission Code, Original Ref. No.	Add/Edit Charges window > Other Items tab > Item 22 fields (including Original reference # or Transaction # field)	
Field 23	Prior Authorization Number	Add/Edit Charges window > Other Items tab > Item 23: Referral # field	If it is required for a CLIA ID to be present on a CMS-1500 form, it must be entered here.
Field 24a	Date(s) of Service	Unshaded area: Add/Edit Charges window > Basic Info tab > Service date(s) from and to fields Shaded area: NDC # as entered in Charges area > NDC field	
Field 24b	Place of Service	Add/Edit Charges window > Basic Info tab > Place of service field	
Field 24c	EMG	Add/Edit Charges window > Basic Info tab > Charges area> EMG column	You may have to add the EMG column by using the 'Visible Columns' button.
Field 24d	CPT/HCPCS, Modifier	Add/Edit Charges window > Basic Info tab > Charges area > CPT and Mod field(s)	
Field 24e	Diagnosis Pointer	Add/Edit Charges window > Basic Info tab > Charges area > DX field(s) (DX1, DX2, DX3 etc.)	These are listed as A,B,C etc. and correspond with the Diagnosis Code box entries in Box 21.

CMS-1500 Field	Charge Field Descriptor	OP Path to Field Contents	Additional Information
			The Charge field on the Unit per CPT code line.
Field 24g	Days or Units	Add/Edit Charges window > Basic Info tab > Charges area > Units field(s)	
Field 24h	EPSDT Family Plan	Add/Edit Charges window > Basic Info tab > Charges area > EPSDT field(s)	
Field 24i	ID Qual.	Utilities > Manage Practice > Insurance Payers > Select Insurance > Insurance Carrier Provider Information > ID Type	
Field 24j	Rendering Provider ID #	Shaded area: Utilities > Manage Practice > Insurance Payers > Select Insurance > Insurance Carrier Provider Information > Line 24j field Unshaded area: Utilities > Manage Practice > Staff/Provider Directory > Provider Info tab > Provider NPID field (for each provider)	
Field 25	Federal Tax ID Number	Utilities > Manage Practice > Staff/Provider Directory > Provider Info tab > Federal Tax ID field	
Field 26	Patient's Account No.	Patient Number as assigned in OP14	
Field 27	Accept Assignment	Account or Register > Insurance tab > Provider accepts assignment checkbox	
Field 28	Total Charge	Total Charges indicated in Box 24f	
Field 29	Amount Paid	Total of Payments + Adjustments posted to claim	
Field 30	Rsvd for NUCC Use	This item currently does not print on the CMS-1500 form.	
Field 31	Signature of Physician or Supplier	Utilities > Manage Practice > Staff/Provider Directory > Provider Info tab > Signature Name field	
			If System Preference is

CMS-1500 Field	Field Descriptor Information	OP Path to Field Contents	Additional Information
Field 32	Service Facility Location	Utilities > Manage Practice > Hospital Facilities	selected to auto-populate location when POS=11, Box 32 will prefill with office location.
Field 32a	Service Facility Location NPI #	Utilities > Manage Practice > Hospital Facilities > Facility NPI/Tax ID	
Field 32b	Other ID #	Utilities > Manage Practice > Hospital Facilities > Facility ID	
Field 33	Billing Provider Info & Ph #	Utilities > Manage Practice > Staff/Provider Directory > Practice Info tab > Billing/Pay-To Information > Billing name and address fields	
Field 33a	Billing Provider NPI #	Utilities > Manage Practice > Staff/Provider Directory > Practice Info tab > Practice NPI field	
Field 33b	Billing Provider Other ID #	Utilities > Manage Practice > Insurance Payers > Select Insurance > Insurance Carrier Provider Information > Line 33b field	

Additional Resource

You can view the full NUCC (National Uniform Claim Committee) CMS-1500 form Manual by clicking [here](#).