



The CMS1500 form is a form that is used to bill professional claims (non-institutional) for services types such as Outpatient Therapy, Evaluation & Management, Innovations and Enhanced. The instructions below give detailed line by line instructions on how to complete the CMS1500 form.

Professional claims may be submitted to Eastpointe via 837P or the AlphaMCS Provider Portal.

Out of Network Providers may submit paper claims. Paper CMS1500 forms should have all relevant information completed prior to sending the claims to Eastpointe. Paper claims should be submitted to Eastpointe at

Eastpointe
Claims Department
450 Country Club Road
Lumberton, NC 28360

All CMS1500 claims submitted via paper and the Provider Portal should follow the instructions below.

CMS 1500 INSTRUCTIONS

BOX NUMBER	Description	Information Required
Box 2-8	Patient demographics	This information will be automatically populated once a patient search is completed and a patient is selected
Box 9	Other Insured's name	If applicable, enter private insurance information. (Only if service being claims is also billable to third party carrier/this also applies to boxes 9a-9d)
Box 9a	Other Insurance Policy or Group #	If applicable, enter private insurance information.
Box 9b	Other Insured's DOB/sex	If applicable enter private insured information.
Box 9c	Employer's or School name	Enter if known
Box 9d	Insurance Company Name/Payer ID	If applicable, enter private insurance information
Box 10	Is Patient's condition Related to: a. Employment b. Auto Accident c. Other Accident	Check the appropriate answers to the three questions.
Box 11	Insurance ID	Auto Populated from Patient information
Box 11a	Insured's DOB/sex	Auto Populated from Patient information
Box 11b	Employer's or School name	Enter information if applicable
Box 11c	Insurance Plan or Program Name	Enter information if applicable
Box 11d	Other health Coverage?	Choose yes or no
Box 12	Patient signed/date	Choose appropriate answer from drop down box and enter date of release
Box 13	Insured or Authorized persons signature (assignment of benefits)	by checking "sign" box, you are attesting that you have a signature on file that the patient has agreed for payments to come to you as the provider
Box 21	Diagnosis Codes	Enter the diagnosis code(s) beginning with the primary/principal. This box has an autotype feature to recognize either ICD-9 codes or descriptions. Choose the appropriate diagnosis.
Box 22	Resubmission Code	If applicable, enter number 10 for a replacement claim or number 12 to void a claim and the original Eastpointe claim number found on your remittance advice where the claim was paid or denied as the reference number.
Box 23	Prior Authorization #	Use only when applicable
Box 24a	Date(s) of Service "From" and "To"	Enter the 8 digit dates of service. Format 00/00/0000. You may enter multiple dates for one service type
Box 24b	Place of Service	Enter the appropriate code from the drop down box. The "Place of Service" crosswalk is located at www.Eastpointe.net on the Claims & Billing webpage.
Box 24d	Service Code	Enter the appropriate 5 digit CPT/HCPCS code. If service requires a modifier, enter it in the next box. You may enter up to 4 modifiers per code when required.
Box 24e	Diagnosis Codes	Enter 1,2,3, or 4 from box 21 to indicate the appropriate diagnosis for the service being delivered.

Box 24f	Charges	Enter the usual and customary charge for each service or client/provider specific rate if one exists.
Box 24g	Days or Units	Enter the number of visits/units applicable to the service being billed
Box 24h and 24i	COB Payment/COB Reason	Enter if applicable
Box 24j	Rendering Provider ID	Enter Rendering Provider's NPI number and Taxonomy code
Box 25	Federal Tax ID/Type	Auto Populated from Provider information
Box 26	Patient Account Number	Auto Populated from Patient information
Box 28	Total Charges	Calculated by system
Box 29	Amount Paid	Enter any first party payments collected or due to you.
Box 31	Signature and Date	Check the signed box and date(this is an electronic signature)
Box 32	Service Facility Location	Auto Populated from Provider information
Box 33	Physician or Supplier's Billing Name, Address, Zip+4, and Phone #	Auto Populated from Provider information

You have the option to "Save" or "Submit" once you complete a CMS 1500 form. You may choose to "save" and go back later to finish or update information. Claims may be saved for 30 days. Once information is accurate and complete to the best of your knowledge, you may click "Submit". This is actually submitting a claim into the Eastpointe billing/claims system. If you receive a syntax error(missing elements/date), you must complete all **red** marked errors before a claim will be accepted into the billing system.

Detailed Descriptions of CMS-1500 Elements

Box 1 - Insurance Type: The information in this box will be automatically pulled in when billing is submitted.

Box 1a - Insured's Social Security Number: This number will be populated upon completing a patient search and selecting the appropriate patient.

Box 2 - Patient's Name - Beside this field is a "search" button. Use the "search" button to find your patient and a lot of information will autopopulate for you on the claim form.

Box 3 - Patient's Sex - This information will auto-populate after patient is selected.

Box 4 - Insured Name - This information will auto-populate after patient is selected.

Box 5 - Patient's Address - This information will auto-populate after patient is selected.

Box 6 - Patient's relationship to Insured - This information will auto-populate after patient is selected.

Box 7 - Insured's Address - This information will auto-populate after patient is selected.

Box 8 - Patient Status - This information will auto-populate after patient is selected.

Box 9 (a-d) - Other Insurance Information - If applicable, fill in the Policyholder's name, policy number, insurance company name, policyholder's date of birth, sex, employer/school name. If there is no other insurance, these fields should be left blank.

Box 10 - Patient Condition Sources - This box has three fields that must be addressed. They each ask if the patient's medical condition is a result of an accident that occurred during employment, as the result of an auto accident, or an a result of another type of accident. If applicable, select yes, otherwise select "no" .

Box 11 - Insurance ID - The information will auto-populate after patient is selected.

Box 11a - Insured's Date of Birth/Sex - This information will auto-populate after patient is selected.

Box 11b - Employer/School Name - Enter information if applicable.

Box 11c - Insurance Plan or Program Name - Enter information if applicable.

Box 11d - Other Health Coverage - Choose "yes" or "no".

Box 12 - Patient signature on File - Indicate whether the patient has signed a release that allows for protected health information information to be released to process billing. The first field will be automatically showing a "yes" selection. The field next to the signature indicates the date the patient signed the release of information. if this date is not known, use the earliest billing date available, Dates must be entered in an eight digit format (00/00/0000)

Box 21 - Diagnosis Code(s) - Enter the diagnosis code(s) beginning with the primary/principal diagnosis. Remember to key diagnosis code(s) accurately utilizing ICD-9 coding conventions. Make sure that decimals are in the appropriate places. This field also utilizes an auto-type feature which allows you to start typing either the ICD-9 code or the description/name of the diagnosis and a pop up box will start showing you choices to choose from for the diagnosis.

Box 22 - Replacement/Void Claims - If you need to replace or void a previous claim, you will utilize this box. Enter number 10 for a replacement claim or number 12 to void a claim and the original Eastpointe claim number found on your remittance advice relative to the claim that was paid or denied.

Box 23 - Prior Authorization Number - This is an optional field. If you choose to populate this field enter the 10 digit authorization number for the services being billed.

To Enter Items into Box 24, you must first click "ADD" at the bottom of the box

Service Dates - Enter the eight digit service start date in the "from" box and the eight digit service end date in the "to" box.

Place of Service - Enter the appropriate place of service code from the drop down menu. You can view a hard copy of the Place of Service Crosswalk as www.eastpointe.net on the Claims & Billing webpage.

Service Code - Enter the appropriate 5 digit CPT-4 or HCPCS code. If service requires a modifier, enter the modifiers in the modifiers fields.

Rendering NPI - Enter the rendering providers NPI

Diagnosis Code(s) - Enter 1, 2, 3, or 4 from box 21 to indicate the appropriate diagnosis for the service being delivered/billed.

Charges - Enter the usual and customary charge for each service or client/provider specific rate if applicable.

Days/Units - Enter the number of visits/units applicable to the service being billed.

Taxonomy Code - Enter the rendering provider's taxonomy code

COB amount - Enter only if there is Coordination of Benefits information to be entered.

COB reason - Enter only if there is Coordination of Benefits information to be entered.

Please note that you may enter more than one service/date by clicking on "ADD" at the bottom of Box 24

Box 25 - Federal Tax ID/Type - This information will be auto-populated based upon Provider Login

Box 26 - Patient Account Number - This information will be auto populated based upon patient selected

Box 28 - Total Charges - This amount will be calculated by the system.

Box 29 - Amount Paid - Enter any first party(patient or responsible party) payments collected or due to you.

Box 31 - Signature and Date - Check the signed box and enter date(this is electronically signing the claim)

Box 32 - Service Facility Location - This information will be auto populated based upon Provider login

Box 33 - Physician or Supplier's Billing Name/Address/zip+4/phone # - This information will be auto populated based upon Provider login