

Populating Item 17 the new CMS-1500 (02-12) Form

This document will detail:

- Item 17 information
- How to populate Item 17

Information about Item 17 (Name of Referring Provider or Other Source)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
	17b.	NPI

Item 17 of the CMS-1500 (02-12) claim form is reserved for the Referring Provider or Other Source. According to the National Uniform Claim Committee, NUCC, “if multiple providers are involved, enter **one** provider in the following priority order”:

1. Referring Provider qualifier of DN
2. Ordering Provider qualifier of DK
3. Supervising Provider qualifier of DQ

Populating Item 17 (Name of Referring Provider or Other Source)

If you need to report anything other than a referring doctor in Item 17, a few extra steps must be taken. dTHOMAS will self-refer on all claims unless told not to. This means that any claim that goes out without 17 filled out within the claim header will automatically populate with the doctor from the claim information. This means any claim that goes out without a Referring Physician ID filled out within the claim header will automatically populate with the doctor from the claim information

To populate a referring doctor other than the self-referral with a Referring Provider and a qualifier of DN

SIGNED SIGNATURE ON FILE		DATE	12 16 13
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY)	QUAL.	15. OTHER DATE QUAL.	MM DD YY
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a.	17b.	
DN DOCTOR 03		NPI DR03INDNPI	

Once you have logged into dTHOMAS, go to a patient, and then choose Header. From the claim header, enter the code in the Referring Physician ID field or use the F1 Key to get a list of Referring Physicians from your database.

```

INSURANCE CLAIM HEADER
REFERRING PHYSICIAN ID# 12 FACILITY ID#
ATTENDING/SUPERVISING ID# > DATE LAST SEEN
ORDERING PHYSICIAN ID# ACUTE MANIF DATE
DIAGNOSIS OT: 0 OUTSIDE LAB
0 PRIOR AUTH#
RESERVED LOCAL FIELD:
DIAGNOSIS / XRAY / SERVICE DATE XRAYS TAKEN (Y/N) N
DATES: IND ILLNESS/INJURY FIRST CONSULTED
TOTAL DISABILITY FROM TO
PARTIAL DISABILITY FROM TO
HOSPITAL ADMISSION FROM TO
RETURN TO WORK SIMILAR SYMPTOM
CONDITION RELATED TO ACCIDENT: AUTO WORK OTHER
ACCIDENT: STATE HOUR
MEDICAID CODES: INJURY EMERGENCY COB OTHER INS 5
#ATTACHMENTS: ADJ CLAIM REF NO NUM
BOX10D
Select: Change Delete Exit
    
```

To populate an Ordering Provider with a qualifier of DK

SIGNED SIGNATURE ON FILE		DATE	12 16 13
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY)	QUAL	15. OTHER DATE (MM/DD/YY)	QUAL
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17A	17B	17D
DK DOCTOR 03			DR03INDNPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			

To report a qualifier of DK, you will first need to turn off the Self- Referring feature for the Financial Code in which you are billing on that claim. To do so, from the Main Menu, choose 4 Code File Maintenance; 1 Financial Codes; locate the Financial Code you wish to change. Click C to change the code and tab down to the “No Self Referral” area and put a Y in the field to indicate that you do not want a Self- Referral for this Financial Code.

```

FINANCIAL CODE
CODE 01
FORM 16
DESCRIPTION COMMERCIAL INSURANCE <OTHER>
INSURANCE TYPE 4
PERSON/NONPERSON
REPORT DOCTOR?
NO SELF REFERRAL? Y
    
```

Once you have indicated “No Self Referral”, from the claim header, enter the code in the Ordering Physician field or use the F1 Key to get a list of Physicians from your database.

```

INSURANCE CLAIM HEADER
REFERRING PHYSICIAN ID#
ATTENDING/SUPERVISING ID#
ORDERING PHYSICIAN ID# 12
DIAGNOSIS 01
RESERVED LOCAL FIELD:
DIAGNOSIS / XRAY / SERVICE DATE
DATES: IND ILLNESS/INJURY
TOTAL DISABILITY FROM
PARTIAL DISABILITY FROM
HOSPITAL ADMISSION FROM
RETURN TO WORK
XRAY TAKEN <Y/N> N
FIRST CONSULTED
TO
TO
TO
SIMILAR SYMPTOM
CONDITION RELATED TO ACCIDENT: AUTO WORK OTHER
ACCIDENT: STATE HOUR
MEDICAID CODES: INJURY EMERGENCY COB OTHER INS 5
#ATTACHMENTS: ADJ CLAIM REF NO NUM
BOX10D
Select: Change Delete Exit
    
```

NOTE: Typically when using a DK qualifier, the procedure being billed out is a Durable Medical Equipment (DME) procedure so you will want to make sure that the procedure code you are using is marked as a DME procedure. You can do so by going to 4 Code File Maintenance from the Main Menu; 2 Procedure Codes. Locate the procedure code and C to change. Tab down to DME and input a Y.

```

POS 3 MLTPY X QTY N REQ MFY N BC : MF1 2 3
TOS 1 COUNT VISIT Y REQ REF PHY N MR : MF1 2 3
DX TAX N GENDER SPEC N MD : MF1 2 3
QTY 1 QLF BILL TO INS Y MALE/FEMALE AMA : MF1 2 3
TYPE INVENTORY N AGE SPEC N WC : MF1 2 3
CLASS 0 ALLOCATION N FRM 0 TO 0 PPOM: MFY
RECALL Y-REV N NON-SPECIFIC N
SPECIAL DME Y CMN #
MISC DT N HIT N
CLIA# EFFECTIVE
EXPIRES
    
```

To populate a Supervising Provider with a qualifier of DQ—Medicare Claims only

SIGNED SIGNATURE ON FILE		DATE	12 16 13
14 DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY)	QUAL	15 OTHER DATE (MM DD YY)	QUAL
17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17A	17B NPI
DQ DOCTOR 03		17A	DRO3INDNPI

To report a qualifier of DQ, you will first need to turn off the Self- Referring feature for the Financial Code in which you are billing on that claim. To do so, from the Main Menu, choose 4 Code File Maintenance; 1 Financial Codes; locate the Financial Code you wish to change. Click C to change the code and tab down to the “No Self Referral” area and put a Y in the field to indicate that you do not want a Self- Referral for this Financial Code. **A DQ qualifier will be reported for MR claims only.**

```

FINANCIAL CODE
CODE MR
FORM 16
DESCRIPTION MEDICARE
INSURANCE TYPE 2
PERSON/NONPERSON
REPORT DOCTOR?
NO SELF REFERRAL? Y
    
```

Once you have indicated “No Self Referral”, from the claim header, enter the code in the Attending/Supervising ID field or use the F1 Key to get a list of Physicians from your database.

```

INSURANCE CLAIM HEADER
REFERRING PHYSICIAN ID#
ATTENDING/SUPERVISING ID# 12 ->
ORDERING PHYSICIAN ID#
DIAGNOSIS OT: 0 OUTSIDE LAB
RESERVED LOCAL FIELD:
DIAGNOSIS / XRAY / SERVICE DATE
DATES: IND ILLNESS/INJURY
TOTAL DISABILITY FROM
PARTIAL DISABILITY FROM
HOSPITAL ADMISSION FROM
RETURN TO WORK
XRAY TAKEN (Y/N) N
FIRST CONSULTED
TO
TO
TO
SIMILAR SYMPTOM
CONDITION RELATED TO ACCIDENT: AUTO WORK OTHER
ACCIDENT: STATE HOUR
MEDICAID CODES: INJURY EMERGENCY COB OTHER INS 5
#ATTACHMENTS: ADJ CLAIM REF NO NUM
BOX10D
    
```

NOTE: Typically when using a DQ qualifier, the procedure being billed out should be marked as Routine Foot Care, if this is a podiatric procedure. You can do so by going to 4 Code File Maintenance from the Main Menu; 2 Procedure Codes. Locate the procedure code and C to change. Tab down to Special and input an RF.

```

POS 3 MLTPY X QTY N REQ MFY BC : MF1 2 3
TOS 1 COUNT VISIT N REQ REF PHY MR : MF1 2 3
DX TAX GENDER SPEC MD : MF1 2 3
QTY 1 QLF BILL TO INS MALE/FEMALE AMA : MF1 2 3
TYPE INVENTORY AGE SPEC WC : MF1 2 3
CLASS 0 ALLOCATION FRM 0 TO 0 PPOM: MFY
RECALL X-RAY HIT N NON-SPECIFIC N
SPECIAL RF DME N CMN #
HIT N EFFECTIVE
EFFECTIVE
EXPIRES
    
```