

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 (MM/DD/YY)	QUAL
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a.	17b.
DN DOCTOR 03		NPI	D03INDNPI
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			

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#	
ORDERING PHYSICIAN ID#		DATE LAST SEEN	
DIAGNOSIS OT:	0	ACUTE MANIF DATE	
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	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)		15. OTHER DATE (MM/DD/YY)	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17A	17B
DK DOCTOR 03		DR03INDNPT	
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	PERSON/NONPERSON
REPORT DOCTOR?	N
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	0
RESERVED LOCAL FIELD:	
DIAGNOSIS / XRAY / SERVICE DATE	
DATES: IND ILLNESS/INJURY	
TOTAL DISABILITY FROM	
PARTIAL DISABILITY FROM	
HOSPITAL ADMISSION FROM	
RETURN TO WORK	
CONDITION RELATED TO ACCIDENT:	
MEDICAID CODES:	
#ATTACHMENTS:	
ADJ CLAIM REF NO	
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	BILL TO INS	Y	MALE/FEMALE	N	AMA	:	MF1	2	3
TYPE		INVENTORY	Y	AGE SPEC	N	WC	:	MF1	2	3
CLASS	0	ALLOCATION	N	FRM 0 TO 0	N	PPOM:	:	MFY		
RECALL		X-RAY	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	PERSON/NONPERSON
REPORT DOCTOR?	N
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	
PRIOR AUTH#	
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
ACCIDENT:	STATE
MEDICAID CODES:	INJURY
EMERGENCY	
COB	
OTHER INS	5
#ATTACHMENTS:	ADJ
CLAIM REF NO	
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	N	BC	MF1	2	3
TOS	1	COUNT VISIT	N	REQ REF PHY	N	MR	MF1	2	3
DX		TAX	N	GENDER SPEC	N	MD	MF1	2	3
QTY	1	BILL TO INS	N	MALE/FEMALE	N	AMA	MF1	2	3
TYPE		INVENTORY	N	AGE SPEC	N	WC	MF1	2	3
CLASS	0	ALLOCATION	N	FRM 0 TO 0	N	PPOM:	MFY		
RECALL		X-RAY	N	NON-SPECIFIC	N				
SPECIAL	RF	DME CMN #	N						
HISC DI		HIT	N						
CLIA#						EFFECTIVE			
						EXPIRES			