

## Important Information Related to Claims Payment

Billing as described below will lead to a more effective claims submission process

### Your Form 1500 claim should include the following information:

- 1) The **group/agency name, address, and phone number** (Box 33)
- 2) The **group/agency NPI number** (Box 33a)
- 3) The **group/agency taxonomy** (Box 33b)

The diagram shows a portion of the Form 1500 with three callout boxes and arrows pointing to specific fields:

- A box labeled "Group name, address and phone" has an arrow pointing to Box 33, "BILLING PROVIDER INFO & PHONE NUMBER".
- A box labeled "Group NPI #" has an arrow pointing to Box 33a, "NPI".
- A box labeled "Group Taxonomy #" has an arrow pointing to Box 33b, "Taxonomy".

Other visible fields on the form include: 25. FEDERAL TAX I.D. NUMBER, SSN, EIN; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT? (YES/NO); 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. Rev'd for NUCC Use; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS; 32. SERVICE FACILITY LOCATION INFORMATION.

At the bottom of the form, it says: "NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)"

- *Do not* put the name of the Rendering Clinician on the claim form.
- It is important to bill with the *CPT codes* shown on the group/agency fee schedule in order for claims to be processed and paid correctly.
- For Community Mental Health Centers/Licensed Outpatient Agencies (CMHCs) contracted and credentialed at the group/agency level for outpatient services, *authorizations for services* will be issued at the group/agency level, not under the specific treating clinician's name. The authorization will cover services rendered by any of the clinicians of the group.

If your claims are not submitted following the guidelines above or if information is incomplete, you run the risk of receiving claims denials.