

SOS Office Manager for Windows: Appendix - HCFA 1500 Cross Reference

BLOCK	SCREEN	FIELD	REMARKS
Top	Claim Batch Options	Carrier name/address	Print position on form is determined by Carrier Address Indent in the Insurance Claim Generation selections and options window.
1	Insurance Carrier Form, Additional	Claim Type	
1a	Policy:HCFA (Top)	Insured's ID Number	
(1a)	Policy:CHMP/WC/ECS	CHAMPUS Effective/Expiration date	On CHAMPUS paper claims, the dates print within block 1a
2	Patient Form	Last name, First name, middle initial	
3	Patient Form	Date of birth	
4	Policy:HCFA (Top)	Insured's Name	
5	Patient Form	First address line; City; State; Zip; Home phone number	
6	Policy:HCFA (Top)	Relation to insured	
7	Policy:HCFA (Top)	Insured: address	
8	Patient Form	Marital; Employed; Student	
9	*Other* Policy:HCFA (Top)	Insured: Name	On the form for the primary carrier all box 9 info will come from the first secondary policy screen. If printing a secondary claim, box 9 info comes from the primary policy screen.
9a	*Other* Policy:HCFA (Top)	Other insurance number or info for box 9, if blank then Group Number, if blank, then Insured's ID Block 11 or 1a	For Medicare patients with multiple coverage, the completion of box 9 as well as 10d is very specific and rather complicated. See your Medicare newsletters and Provider Manual.
9b	*Other* Policy:HCFA (Top)	Insured: DOB; Sex	
9c	*Other* Policy:HCFA (Top)	Insured: employer, Block 11b	Some carriers may require information quite different than employer or school in this field.
9d	*Other* Policy:HCFA (Top)	Insured: Plan Name, Block 11c	
10a	HCFA Setup:HCFA 10,27,32	Block 10: Employment	
10b	HCFA Setup:HCFA 10,27,32	Block 10: Accident	
10c	HCFA Setup:HCFA 10,27,32	Block 10: Accident	
10d	Policy:HCFA (Top)	Reserved for Local Use, box 10d	
11	Policy:HCFA (Top)	Insured's Policy Group or FECA Number	
11a	Policy:HCFA (Top)	Insured's Birth Date	

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11b	Policy:HCFA (Top)	Employer or School Name	
BLOCK	SCREEN	FIELD	REMARKS
11c	Policy, HCFA (Top)	Insurance Plan or Program Name	
11d	Policy, HCFA (Top)	Patient Has Another Health Benefit Plan	
12	Policy, HCFA (Bottom)	Block 12: Signature on File; Date	
13	Policy, HCFA (Bottom)	Block 13: Signature on File	
14	HCFA Setup, "HCFA 14,15,17,21" tab	Date of Current: illness / Accident / LMP; LMP checkbox	Indicate date. Check LMP option when appropriate, otherwise leave it unchecked.
15	HCFA Setup, "HCFA 14,15,17,21" tab	If Patient Has Had Similar Symptoms: Yes/No and Date	
16	HCFA Setup, "HCFA 16,18,20,22" tab	Dates Patient Unable to Work in Current Occupation	Some electronic claim formats also require that you specify the type of disability. The Type of Disability field appears on this window as well.
17	Referral Source Form for data input. HCFA Claim Setup, "HCFA 14,15,17,21" tab	Name of Referring Physician or Other Source	This field may be quite different than the source of the referral on the Patient Form. Be sure to put in the code for your referring physician in this window if you want it to print on the form.
17a	Referral Source, Carrier ID's tab for data input. Select on HCFA Setup	ID's	The ID selected for printing on the form is determined by your entry in "Ref / Facility ID Type" on the Additional tab of the Insurance Company form.
18	HCFA Setup , "HCFA 16,18,20,22" tab	Hospitalization Dates Related to Current Services	
19	Policy, HCFA (Bottom)	Block 19: Reserved for Local Use	This field is used for special purposes by different carriers. For example, FL Medicare expects the referring physician's address in this box.
20	HCFA Setup , "HCFA 16,18,20,22" tab	Outside Lab?	
20	Charge Entry Form, "Additional" tab	Lab charge	OMWin totals the amounts in this field for all charges on the claim and inserts the result in block 20.
21	HCFA Claim Setup, "HCFA 14,15,17,21" tab	Dx1, Dx2, Dx3, Dx4	
22	Policy, HCFA (Bottom) Alt: HCFA Setup , "HCFA 16,18,20,22" tab	Medicaid Resubmission	If there is an entry for this field in the Claim Setup, it will be used. If not, the one in the Policy screen will be used.
23	Policy, HCFA (Bottom) Alt: HCFA Setup , "HCFA 16,18,20,22" tab	Prior authorization number	If there is an entry for this field in the Claim Setup, it will be used. If not, the one in the Policy screen will be used.

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24a	Charge Entry Form	Date To, or if applicable, Date From and Date To	If there is one date of service, the date will normally print in the "From" column. There is an insurance generation option for the single date to be placed in both From and To blocks on the claim.
BLOCK	SCREEN	FIELD	REMARKS
24b	Charge	POS	The exact code that prints on the form is determined by the entry for "POS Code Type" on the Carrier Form, Additional tab.
24c	Services	Type of Service	The default Type of Service (TOS) code is on the first tab of the Services Form. To enter a carrier-specific TOS, add an item on the Services:Carrier Exceptions tab, specifying the desired carrier and other related info, including the TOS to be printed on the claims.
24d	Services	CPT Code	See 24c. The default code and modifiers are on the first tab of the Services Form. If the code and/or modifiers are specific to a particular carrier, add an item to the Services:Carrier Exceptions tab
24e	Standard version: HCFA Setup. Pro version: Charge Entry	Dx1, or numbers (1 - 4) referencing codes in block 21.	If the carrier requires reference numbers rather than the primary dx, so indicate on the Carrier Form:Additional tab, "Use Pointers for Detail Line Dx's".
24f	Charge Entry	Fee	Note that it is the Fee, not the individual payor's charge split amount, that prints on the form.
24g	Charge Entry	Units	
24h	Charge Entry:Additional	EPSDT	
24i	Charge Entry:Additional	Emergency	
24j	Charge Entry:Additional	COB	
24k	Providers:Carrier Specific Prov ID's (or Charge Entry:Additional tab)	Provider ID (or Local Use on the Charge Entry:Additional tab)	This block normally contains the rendering provider's individual ID number. If you enter anything in Local Use on the Charge, it will be used, otherwise OMWin will look for a match on Provider and Carrier and use the ID. If neither has been entered, 24k will be left blank.
25	Provider:Additional	SS#, or Employer Tax ID	If both SS# and EIN are entered, OMWin will print the EIN.
26	Patient Form	ID	
27	Policy:HCFA (Bottom), or HCFA Setup: HCFA 10,27,32	Accept assignment	An entry on the Claim Setup screen takes priority over the setting on the Policy screen.
28	n/a	n/a	OMWin inserts the total of detail line charges here.

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29	Claim Batch Options	Leave "Amount Paid" and "Balance Due"...	OMWin will either print the true amount received or leave box 29 blank depending on your setting on the Insurance Carrier Form.
30	Claim Batch Options	Same as 29	Same as block 29
31	Provider Form	Name for Claim Form	Your entries will be truncated to fit in the space available on the form.
BLOCK	SCREEN	FIELD	REMARKS
32	Facility Form for data entry. Selection on HCFA Setup:HCFA 10,27,32 tab	Name, address, ID	The name prints on the top line, the street address on the second line, the city/ state/ zip on the third line. The ID selected for printing on the form is determined by your entry in "Ref / Facility ID Type" on the Additional tab of the Insurance Company form.
33	Supplier Form for data entry. Selection on Provider Form: Additional tab	Supplier name, address, phone.	Note that OMWin may severely truncate your entries in order to fit the space available on the form.
33 ID#	Supplier Form, defaults on General tab. Alternate carrier-specific ID's on the Carrier Specific Supplier ID's tab	Supplier PIN#/Grp#	If there is no carrier-specific number, then the default will be printed. The PIN# and Group# entries will be printed, so if only one is appropriate, do not enter both.