

# Populating Item 17 on 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)

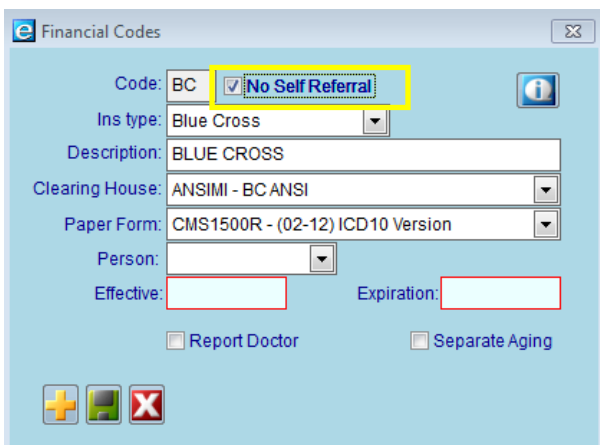
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
	17b.	NPI

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. eTHOMAS will self-refer on all claims unless told not to. A self-referral will prevent reporting an Ordering Provider or Attending/Supervising Provider in Item 17. To turn off self-referring feature go to Code Files | Insurance | Financial. Select the financial code to edit, and place a check mark in “No Self Referral” then save your changes.



The screenshot shows the 'Financial Codes' window. The 'Code' field is set to 'BC'. The 'No Self Referral' checkbox is checked and highlighted with a yellow box. Other fields include 'Ins type: Blue Cross', 'Description: BLUE CROSS', 'Clearing House: ANSIMI - BCANSI', 'Paper Form: CMS1500R - (02-12) ICD10 Version', 'Person:', 'Effective:', 'Expiration:', 'Report Doctor' (unchecked), and 'Separate Aging' (unchecked).

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

Once you have logged into eTHOMAS, go to a patient's header. From the claim header, enter the Doctor Code for the Referring Provider in the Referral field and save your changes.

The screenshot shows the 'Claim Header' window for patient 'SJ - 60 BEAN, ALAN'. The 'Code' is 'REF' and the 'Description' is 'REFERRING DOCTOR'. The 'Referral(17)' field is highlighted with a yellow box and contains the value '03'. Other fields include 'Illness/Injury Date(14)', 'Hosp. Admission(18)', 'Prior Auth(23)', 'Related to Accident(10)' (with options Auto, Work, Other), 'Add'l Claim Info(19)', 'Injury date related to:', 'Facility(32)', 'State: MI', and 'Hour:'.

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)	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a	17b	
DN DOCTOR 03	17b	NPI	DR03INDNPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			

*To populate an Ordering Provider with a qualifier of DK*

To populate Item 17 with a DK qualifier for Ordering Provider, click the "All Fields" tab, then enter the Doctor Code for the Ordering Provider in the Ordering Physician field and save your changes.

The screenshot shows the 'Claim Header' window for patient 'SJ - 60 BEAN, ALAN'. The 'Code' is 'ORD' and the 'Description' is 'ORDERING DOCTOR'. The 'Ordering Physician' field is highlighted with a yellow box and contains the value '03'. Other fields include 'DX/Ray/Serv Date', 'Illness/Injury Date(14)', 'Total Disability(16)', 'Part. Disability', 'Hosp. Admission(18)', 'Return To Work Date', 'Other Claim ID(11b)', 'Prior Auth(23)', 'Related to Accident(10)' (with options Auto, Work, Other), 'Resub Code(22)', 'Add'l Claim Info(19)', 'Subluxation', 'Category', 'Nature of Condition', 'State: MI', 'Acute Manifestation Date', 'Hour:', 'Other Date(15)', 'Injury date related to:', 'Referral(17)', 'Facility(32)', 'All Physician', 'First Consulted Date', 'Ref (Last Seen) Date', 'Box 10D', and 'Hospice Employee Indicator'.

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)	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a	17b	
DK DOCTOR 03	17b	NPI	DR03INDNPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			

Next, the procedure code you are billing out must **also** be marked DME.

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

To populate Item 17 with a DQ qualifier for Supervising Provider, click the “All Fields” tab, then enter the Doctor Code for the Attending Provider in the Att Physician field and save your changes. **A DQ qualifier will be reported for MR 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. QUAL	17b. NP
DQ DOCTOR 03		DR03INDNFI	

You may only report a Referring Provider, Attending Provider **or** Ordering Provider in Item 17. Be sure to fill in only one of the fields (Referral, Att. Physician or Ordering Physician) in the Header for paper claims. Referring Provider will always have priority over Attending or Ordering Provider on the CMS-1500 form. All three Providers may be reported electronically.