

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

## Non-Physician Medical Practitioners (NMP) Billing Example: CMS-1500

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non ph cms

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This section is to assist providers in completing the *CMS-1500* claim when a Non-Physician Medical Practitioner (NMP) renders services. Refer to the *Non-Physician Medical Practitioners (NMP)* section of this manual for detailed policy information. Refer to the *CMS-1500 Completion* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

**Billing Tips:** When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts. If requested information does not fit neatly in the *Reserved for Local Use* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**NMP-Rendered Service**

*Figure 1. Billing for NMP-rendered service.*

*This is a sample only. Please adapt to your billing situation.*

In this example, a Certified Nurse Midwife (CNM) is administering a Tetanus toxoid injection (HCPCS code X6954). Enter code X6954 with modifier SB (indicating the service was rendered by a CNM) in the *Procedures, Services or Supplies* field (Box 24D).

CNM services are billed by and will be reimbursed to the CNM's supervising physician, who in this case is a member of a group (Medical Alternatives). The supervising physician's NPI is entered in the *Rendering Provider ID* field (Box 24J). The group name is entered in the *Billing Provider Info and Phone Number* field (Box 33) and NPI in Box 33A.

**Note:** The nine-digit ZIP code entered in this box must match the billing provider's nine-digit ZIP code on file for claims to be reimbursed correctly.

Enter the NMP's name, NPI and type of NMP (for example, PA, CNM, NP) in the *Reserved for Local Use* field (Box 19).

In the *Date(s) of Service* field (Box 24A), the date of the office visit, November 1, 2007 is entered on claim line 1 as 110107. Enter Place of Service code 11 (office) in Box 24B.

Enter the date of the injury that resulted in the need for the tetanus injection in the *Date of Current Illness, Injury or Pregnancy (LMP)* field (Box 14). This information is optional but facilitates claim processing.

Enter the usual and customary charges in the *Charges* field (Box 24F). Enter a 1 in the *Days or Units* field (Box 24G) for code X6954.

<div style="text-align: right;">1500</div> <h2 style="text-align: center;">HEALTH INSURANCE CLAIM FORM</h2> <p style="text-align: center;">APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05</p>																																																																																																																																																																																																																																																																										
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