

CMS-1500 Claim Form Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. How do CPT modifiers affect CMS-1500 reimbursement?**
 - A. Modifiers never affect payment; they are cosmetic.**
 - B. Modifiers always replace CPT codes.**
 - C. Modifiers convey special circumstances that can change payment amounts or indicate separate services; they must be used correctly per payer rules.**
 - D. Modifiers are only relevant for dental claims.**

- 2. Where would you document prior authorization numbers on CMS-1500?**
 - A. Through payer-specific indicators or notes and authorization numbers field**
 - B. In the patient name field**
 - C. In the service location**
 - D. Not documented**

- 3. What block is used to enter the policy and group number of the Medigap insured preceded by MEDIGAP, MG, MGAP?**
 - A. Block 9a**
 - B. Block 9b**
 - C. Block 11**
 - D. Block 10**

- 4. Block 16 requests what information?**
 - A. The National Provider Identifier (NPI) number.**
 - B. The name of the referring or ordering physician.**
 - C. The patient's contact information.**
 - D. The treating facility license number.**

- 5. How can you indicate whether a service was performed in a hospital outpatient department versus a private office on CMS-1500?**
 - A. Place of Service code only.**
 - B. Place of Service code and facility name/address fields indicating service location.**
 - C. Facility name only.**
 - D. Diagnosis code indicates location.**

- 6. Which block is designated for writing the Coordination of Benefits Agreement Medigap-based identifier?**
- A. Block 9a**
 - B. Block 9c**
 - C. Block 11b**
 - D. Block 10b**
- 7. Which block requires entering the ID qualifier 1C in the shaded portion?**
- A. Block 24h**
 - B. Block 24i**
 - C. Block 24j**
 - D. Block 24g**
- 8. Which block is used to enter the total charges for all services?**
- A. Block 27**
 - B. Block 24j**
 - C. Block 29**
 - D. Block 28**
- 9. Block 10a-c indicates what?**
- A. Block 10a-c**
 - B. Block 9a**
 - C. Block 11**
 - D. Block 12**
- 10. The facility's name and ZIP code are captured in which block?**
- A. Block 32**
 - B. Block 31**
 - C. Block 33**
 - D. Block 34**

Answers

SAMPLE

1. C
2. A
3. A
4. A
5. B
6. B
7. A
8. A
9. A
10. A

SAMPLE

Explanations

SAMPLE

1. How do CPT modifiers affect CMS-1500 reimbursement?

- A. Modifiers never affect payment; they are cosmetic.**
- B. Modifiers always replace CPT codes.**
- C. Modifiers convey special circumstances that can change payment amounts or indicate separate services; they must be used correctly per payer rules.**
- D. Modifiers are only relevant for dental claims.**

CPT modifiers on a CMS-1500 claim signal that something about the service is different from the standard CPT code, and that difference can affect how much the payer pays or whether the service is paid separately. They are not cosmetic; they convey special circumstances such as separate or bilateral procedures, professional versus technical components, or time-based distinctions, and they must align with each payer's rules. When used correctly, modifiers can lead to adjusted reimbursement to reflect the true work performed, time, or modality, or to bill an additional service that would be bundled otherwise. Because payer policies vary, selecting and applying modifiers requires supporting documentation and adherence to the specific payer's guidelines to avoid denial or mispayment.

2. Where would you document prior authorization numbers on CMS-1500?

- A. Through payer-specific indicators or notes and authorization numbers field**
- B. In the patient name field**
- C. In the service location**
- D. Not documented**

Documenting prior authorization numbers on the CMS-1500 is done by placing the authorization information in the payer-specific indicators or notes area along with the dedicated authorization numbers field. This placement ensures the payer can see the preauthorization reference when reviewing the claim and that the service has the proper authorization to support payment. The authorization details belong with the claim's authorization data, not with the patient's name or the service location, so these other fields would not reliably convey the needed preauthorization information. If the authorization number isn't documented when required, the claim can be delayed or denied, so using the designated area for authorization ensures proper processing.

3. What block is used to enter the policy and group number of the Medigap insured preceded by MEDIGAP, MG, MGAP?

- A. Block 9a**
- B. Block 9b**
- C. Block 11**
- D. Block 10**

The information for a Medigap policy is entered in the field that captures the Other Insured's Policy or Group Number. This is the place on the CMS-1500 form where you record the secondary payer's identification details, so you would put the Medigap policy or group number there, preceded by the payer name such as MEDIGAP, MG, or MGAP to identify the secondary insurer. Placing it elsewhere could mix primary and secondary payer data and complicate processing, since that specific field is designated for the secondary policy number and helps coordinate benefits with the Medigap coverage.

4. Block 16 requests what information?

- A. The National Provider Identifier (NPI) number.**
- B. The name of the referring or ordering physician.**
- C. The patient's contact information.**
- D. The treating facility license number.**

Block 16 is where you enter the National Provider Identifier (NPI) for the provider submitting the claim. The NPI is a unique 10-digit number assigned to health care providers for standard identification in HIPAA-compliant electronic transactions. This block uses that numeric identifier so the payer can precisely identify the billing provider, regardless of name variations or spellings. The physician's name or other patient details are captured in different sections of the form, so Block 16 focuses specifically on the NPI.

5. How can you indicate whether a service was performed in a hospital outpatient department versus a private office on CMS-1500?

- A. Place of Service code only.**
- B. Place of Service code and facility name/address fields indicating service location.**
- C. Facility name only.**
- D. Diagnosis code indicates location.**

You indicate where a service happened by using the Place of Service code, which shows the general type of location (for example, an office versus a hospital outpatient setting). To remove any ambiguity and clearly show the exact site within that location, you also fill in the facility name and address fields that indicate the service location. This combination ensures the payer knows whether the service occurred in a hospital outpatient department or a private office, and exactly where within the facility it took place. Relying on the Place of Service code alone could leave some ambiguity for complex setups or multi-location practices, and using only the facility name wouldn't convey the general category of location. The diagnosis code does not indicate where the service occurred, so it doesn't help identify the service site.

6. Which block is designated for writing the Coordination of Benefits Agreement Medigap-based identifier?

- A. Block 9a
- B. Block 9c**
- C. Block 11b
- D. Block 10b

Coordination of benefits information for a Medigap plan is captured in the area of the CMS-1500 form that holds data about another insured. Within that section, there are separate spaces for different types of identifiers. The specific space reserved for a Medigap COB identifier is the subfield designated for Coordination of Benefits. Entering the Medigap-based identifier here keeps it linked to the secondary coverage and allows payer systems to properly coordinate benefits with Medicare. Other data in that same area, such as the primary policy number or other insured details, belong in their own subfields, so using the coordination-of-benefits subfield avoids mixing different identifiers and supports accurate processing.

7. Which block requires entering the ID qualifier 1C in the shaded portion?

- A. Block 24h**
- B. Block 24i
- C. Block 24j
- D. Block 24g

The thing being tested is where the provider's identification data and its qualifier are entered on the CMS-1500. The shaded portion in Block 24 is specifically set aside for the identification qualifier and the actual ID number of the rendering/referring provider. The code 1C is the qualifier that tells the payer what type of ID follows, so you place 1C in that shaded area and then enter the corresponding provider ID in the adjacent space within the same shaded area. Other parts of Block 24 (the other subfields) are used for dates, procedures, or other service details and do not contain this ID qualifier/ID pairing, so they aren't the place to enter 1C.

8. Which block is used to enter the total charges for all services?

- A. Block 27**
- B. Block 24j
- C. Block 29
- D. Block 28

The total charges for all services are entered in Block 27. This field is specifically used to capture the provider's overall billed amount for the claim, which is the sum of all line-item charges for the services rendered. It establishes the starting point for the claim's financials before any payments, adjustments, or patient responsibility are applied. Other blocks on the form handle dates, payer information, patient details, payments, and balances, but they do not represent the aggregate charge amount.

9. Block 10a-c indicates what?

- A. Block 10a-c**
- B. Block 9a**
- C. Block 11**
- D. Block 12**

Block 10a-c is the part of the CMS-1500 form used to report information about another insured when the patient has secondary or additional coverage. This section collects details needed to coordinate benefits, such as the other insured's name and related policy information. If there's no secondary coverage, this area is left blank. Other blocks on the form serve different data, so they don't indicate the other insured information.

10. The facility's name and ZIP code are captured in which block?

- A. Block 32**
- B. Block 31**
- C. Block 33**
- D. Block 34**

On the CMS-1500 form, the block that is reserved for facility information is the place where the facility's name and ZIP code are captured. This block is specifically intended to hold the facility's identifying details, keeping them distinct from patient data, insured information, and provider signatures. Because the other blocks are used for different parties or pieces of data, they do not contain the facility's name and ZIP code. So, the facility's name and ZIP code belong in the block set aside for facility information.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cms1500claimform.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE