

THE MARYLAND DEPARTMENT OF HEALTH

Health Homes

Billing Instructions: CMS 1500 Form

Maryland Medical Assistance

Updated May 2019

Health Home providers that choose to submit Health Home claims using the CMS 1500 form may refer to the table below for instructions to complete the form. For Medical Assistance processing, **THE TOP RIGHT SIDE OF THE CMS-1500 MUST BE BLANK**. Notes, comments, addresses or any other notations in this area of the form will result in the claim being returned unprocessed. Questions may be directed to mdh.healthhomes@maryland.gov

Please Note: CMS 1500 form (08-05) version is discontinued; only the revised CMS 1500 form (02-12) version is to be used if processing paper claims.

Block Number	Title	Action
1	Type of Insurance	Check only the “ Medicaid ” box.
1a	Insured’s ID Number	Leave blank for Health Homes.
2	Patient’s Name	Enter the recipient’s name as it appears on their Medical Assistance Card.
3	Patient’s Birth Date/Sex	Enter the recipient’s date of birth and sex .
4	Insured’s Name	Leave blank for Health Homes.
5	Patient’s Address	Enter the recipient’s complete mailing address with zip code and Telephone number .
6	Patient’s Relationship to Insured	Leave blank for Health Homes.
7	Insured’s Address	Leave blank for Health Homes.
8	RESERVED FOR NUCC	Leave blank for Health Homes.
9	Other Insured’s Name	Leave blank for Health Homes.
9a	Other Insured’s Policy or Group Number	Enter the recipient’s 11-digit Maryland Medical Assistance number .
9b	RESERVED FOR NUCC	Leave blank for Health Homes.
9c	RESERVED FOR NUCC	Leave blank for Health Homes.
9d	Insurance Plan Name or Program Name	Leave blank for Health Homes.

10a – 10c	Is the Patient’s Condition Related to:	Check “ Yes ” or “ No ” to indicate whether employment, auto liability, or other accident applies to one or more of the services described in <i>Block 24</i> . If unknown, leave blank.
10d	Claim Codes (Designated by NUCC)	Leave blank for Health Homes.
11a 11d	Insured’s Policy Group or FECA	Leave blank for Health Homes.
12	Patient’s or Authorized Person’s Signature	Enter “ <i>Signature on File</i> ,” as well as the billing date .
13	Insured’s or Authorized Person’s Signature	Leave blank for Health Homes.
14	Date of Current Illness, or Injury, or Pregnancy	Optional.
15	Other Date	Optional.
16	Dates Patient Unable to Work in Current Occupation	Optional.
17	Name of Referring Physician or Other Source	Leave blank for Health Homes.
17a–17b		Leave blank for Health Homes.
18	Hospitalization Dates Related to Current Services	Optional.
19	Additional Claim Information (Designated by NUCC)	Leave blank for Health Homes.
20	Outside Lab Charges	Leave blank for Health Homes.

21	Diagnosis or Nature of the Illness or Injury	Enter the appropriate behavioral health or substance use disorder diagnosis code that initially qualified the recipient for PRP, MT, or OTP service (i.e. the primary diagnosis code) on line “A”. Other diagnoses are optional. <i>Effective April 1, 2014 Medical Assistance (MA) will only accept the revised CMS-1500 form (02-12) version with ICD-9 codes. Do not report ICD-10 codes for claims with dates of service prior to October 1, 2015.</i>
22	Resubmission Code	Leave blank for Health Homes.
23	Prior Authorization Number	Leave blank for Health Homes.
24 A	Date(s) of Service From MM DD YY	Health Home monthly service claims should use the date of service for the last Health Home service delivered in the month for which the claim is submitted. This date may be found in the Monthly service report on eMedicaid. Enter each separate date of service as a 6-digit numeric date (e.g. 07 01 07) for month, day, and year under the “From” and “To” headings. Ranges of dates are not accepted on this form. Services provided on the same day should have the same “From” and “To” date of service.
24 B	Place of Service	Optional.
24 C	EMG	Leave blank for Health Homes.
24 D	Procedures, Services or Supplies	Enter the 5-character procedure code that describes the service provided. Health Homes Intake Assessment code: W1760 Health Homes Monthly Services code: W1761
24 E	Diagnosis Pointer	Enter “A” to indicate the primary diagnosis listed in <i>Block 21</i> that relates to the service. For Health Homes use only the “A” to identify the primary diagnosis code.
24 F	\$ Charges	Enter the total charge billed for the procedure code (not the cost per unit of service). For Health Home services, the charge will always be \$98.87 .
24 G	Days or Units	Enter the units of service . For both the Health Homes Intake Assessment and the Health Homes Monthly Services, the unit will always be “1.”
24 H	EPSDT Family Plan	Leave blank for Health Homes.

24 I	ID. Qualifier	Enter “ <i>NPI</i> ” if it is not already printed on the form.
24 J	Rendering Provider ID. #	Enter the Health Home provider’s 10-digit NPI for each service provided.
25	Federal Tax I.D. Number	Enter the Federal Tax ID number for the billing provider entered in Block 33 . <i>Be sure to check the box labeled “EIN” to identify this number as the Federal Tax ID number.</i>
26	Patient’s Account Number	Optional. An alphabetic, alpha-numeric, or numeric patient account identifier (up to 13 characters) used by the provider’s office can be entered. <i>If recipient’s MA number is incorrect, this number will be recorded on the Remittance Advice.</i>
27	Accept Assignment?	Providers must check “ Yes ” to agree to accept Medicare and/or Medicaid assignment as a condition of participation.
28	Total Charge	Enter the sum of the charges shown on all lines of Block 24 F .
29	Amount Paid	Leave blank for Health Homes.
30	Rsvd For NUCC Use	Leave blank for Health Homes.
31	Signature of Physician or Supplier	Enter “ <i>Signature on File</i> ” and the claim date . <i>The claim date must be in this field in order for the claim to be reimbursed.</i>
32	Service Facility Location Information	Enter the complete name and address of the Health Home site .
32a	NPI	Enter the Health Home’s 10-digit NPI . This should be the same number entered in Block 24 J .
32b	(shaded area)	Enter the Health Home provider’s 9-digit Maryland Medicaid number , which must be prefixed with “ ID ” in order for the claim to be reimbursed (i.e. ID012345678).
33	Provider Billing Info. & PH #	Enter the provider’s name, street, city, and zip code to which the claim may be returned, as well as a phone number . The billing provider should match the federal tax ID number entered in Block 25 .
33a	NPI	Enter the 10-digit NPI of the “pay-to” billing provider listed in Block 33 .
33b	(shaded area)	Enter the Health Home provider’s 9-digit Maryland Medicaid provider number , which must be prefixed with “ ID ” in order for the claim to be reimbursed (i.e. ID012345678).