

SPPN Instructions for Completing the CMS 1500 Claim Form

The form 1500 must be used to bill for services. Please note that each claim form is for only one rendering provider. If there are multiple providers, each provider must complete a separate form. All items must be completed unless otherwise noted in these instructions. The 1500 field descriptions and instructions are included below.

CMS 1500 Field Location	Required Field?	Description and Requirements
1a	Required	Client's BHRS assigned ID number or SSN or CIN number when billing services
2	Required	Patient's Name
3	Required	Patient's Birth date – Enter member's date of birth and check the box for male or female.
5	Required	Patient's Address – Enter member's complete address and telephone number.
6	If Applicable	Patient's Relationship to Insured – Only Self or Child is applicable.
12	Required	Enter "Signature on File" and Date
13	Required	Enter "Signature on File" and Date
21	Required	Diagnosis – Enter all letters and/or numbers of the ICD-10-CM code for each diagnosis, including fourth and fifth digits if present. The first diagnosis listed in section 21.1 indicates the primary reason for the service provided
23	Required	Enter authorization number
24A	Required	Dates of Service – Enter the date the service was rendered in the "from" and "to" boxes in the MMDDYY format. If services were provided on only one date, they will be indicated only in the "from" column. If the services were provided on multiple dates (i.e., DME rental, hemodialysis management, radiation therapy, etc), the range of dates and number of services should be indicated. "To" date should never be greater than the date the claim is received by the Health Plan.

CMS 1500 Field Location	Required Field?	Description and Requirements
24B	Required	Place of Service – Enter one code indicating where the service was rendered. A – Office Visit H – Home T – Telehealth 8 – Telehealth Home 11 – Phone – Client at Home 12 – Phone – Client not at Home
24D	Required	Procedure or cpt code – Enter the duration of the service in the modifier column. NOTE: the duration must match the duration on the progress note
24F	Required	Charges – Enter the charge for service in dollar amount format.
24G	Required	Units – Enter the number units.
24J	Required	Rendering Provider ID #/ NPI – Enter the Rendering Provider's NPI number
25	Required	Federal Tax ID Number – Enter the Federal Tax ID for the billing provider.
28	Required	Total Charge – Enter the total for all services in dollar and cents. Do not include decimals. Do not leave blank.
31	Required	Name of rendering provider – This should match with box 24J
32	Required	Service Facility Location Information – this should match box 33
32a	Required	Service Facility Location Information – Enter the NPI of the facility where the services were rendered.
33	Required	Should match box 32
33a	Required	Should match 32a

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