How to submit a CMS 1500 Form in eMedicaid

This guide will explain the process for completing a CMS 1500 form in the eMedicaid system, in order to bill for justice involved (JI) case management through the two Maryland Medicaid Reentry Programs.

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Helpful Links

eMedicaid login

Contact Information

eMedicaid Questions:
mdh.eMedicaidMD@maryland.go
Provider Relations Questions:
mdh.providerrelations@maryland.gov

Updated 3/19/26

ePREP and Enrollment Questions:
mdh.providerenrollment@maryland.gov
Medicaid Reentry Program Questions:
mdh.medicaidreentry@maryland.gov

Introduction

Background

You must be an enrolled Maryland Medicaid provider, in order to file a claim through eMedicaid. Use this guidance for enrolling as a Maryland Medicaid provider. Contact the Maryland Department of Health (MDH) Provider Enrollment office at mdh.providerenrollment@maryland.gov for further questions. Once you are enrolled, you must create an eMedicaid account through the link above.

What is the CMS 1500?

The CMS 1500 is a standardized claim form used by institutional healthcare providers to bill Medicare, Medicaid, and other insurance payers for inpatient and outpatient services. This form will be completed and submitted through eMedicaid for services that are provided through the two Maryland Medicaid Reentry Programs.

Please note that you should always bill a private insurance, or Medicare, before billing Medicaid. Medicaid will always be the payer of last resort. Pre-release services and post-release JI case management cannot be billed to third party insurance. You can submit a CMS 1500 form within 60 days of receiving a third party liability explanation of benefits.

Terminology

CPT Code

Current Procedural Terminology (CPT) codes are uniform codes used to identify specific medical procedures and services.

JI Case Management

Justice involved case management (JI case management) refers to case management services that meet the criteria outlined in SHO# 24-004 for juveniles participating in the Medicaid Reentry Program for Children and Young Adults, and Standard Terms and Conditions (Attachment L) for adults participating in the Medicaid Reentry SUD/SMI Program for Adults.

JI Correctional Facility Provider

This is the Maryland Medicaid provider type eligible to provide and bill for JI case management services.

MAID

Medical Assistance Numbers are provided to individuals when they enroll in Medicaid.

Other Insured's Policy

This is the policy governing Third Party Insurance. This policy typically refers to private health insurance, or Medicare, that individuals have alongside their Medicaid. Medicaid is always the payer of last resort.

Rendering Provider Number

This is the 11-digit Maryland Medicaid Provider Number that you will receive when you enroll as a Medicaid provider through ePREP.

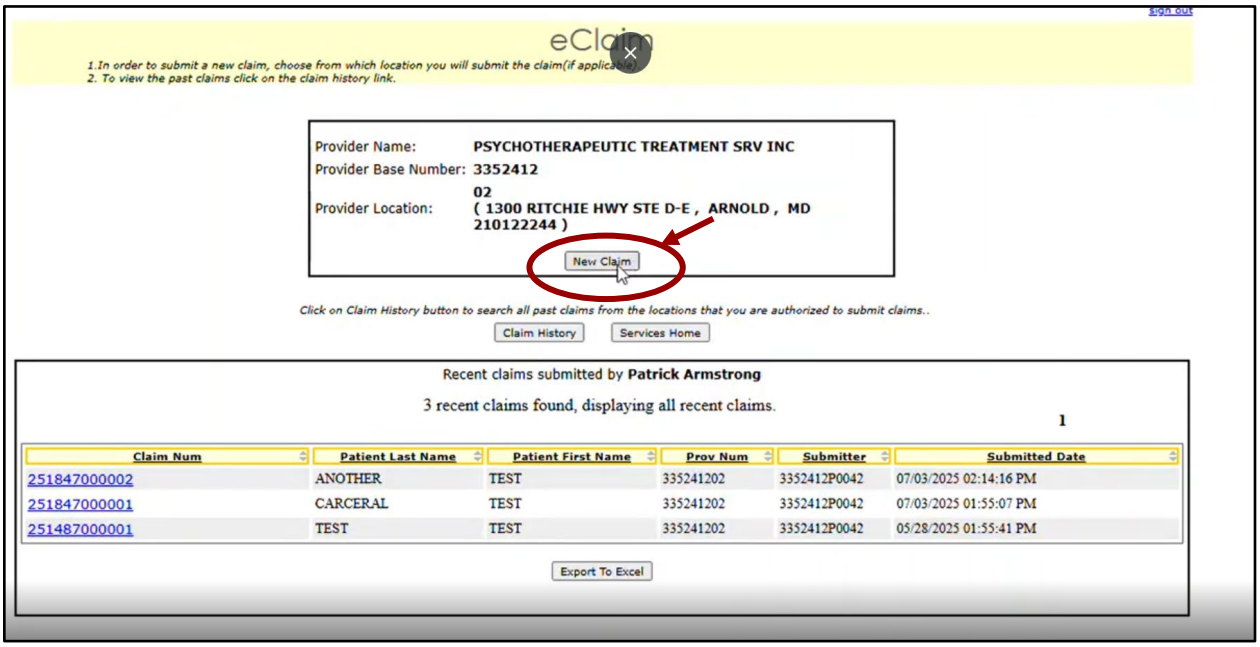
How To Access the Form

Log into eMedicaid by entering your login information. You will be prompted to receive a One Time Passcode (OTP) code that will be sent to your email address; enter this code into the eMedicaid prompt. Once you are logged in you will land on the eMedicaid Homepage, seen here:

Creating a New Claim

This section will review the steps needed to complete and submit a claim.

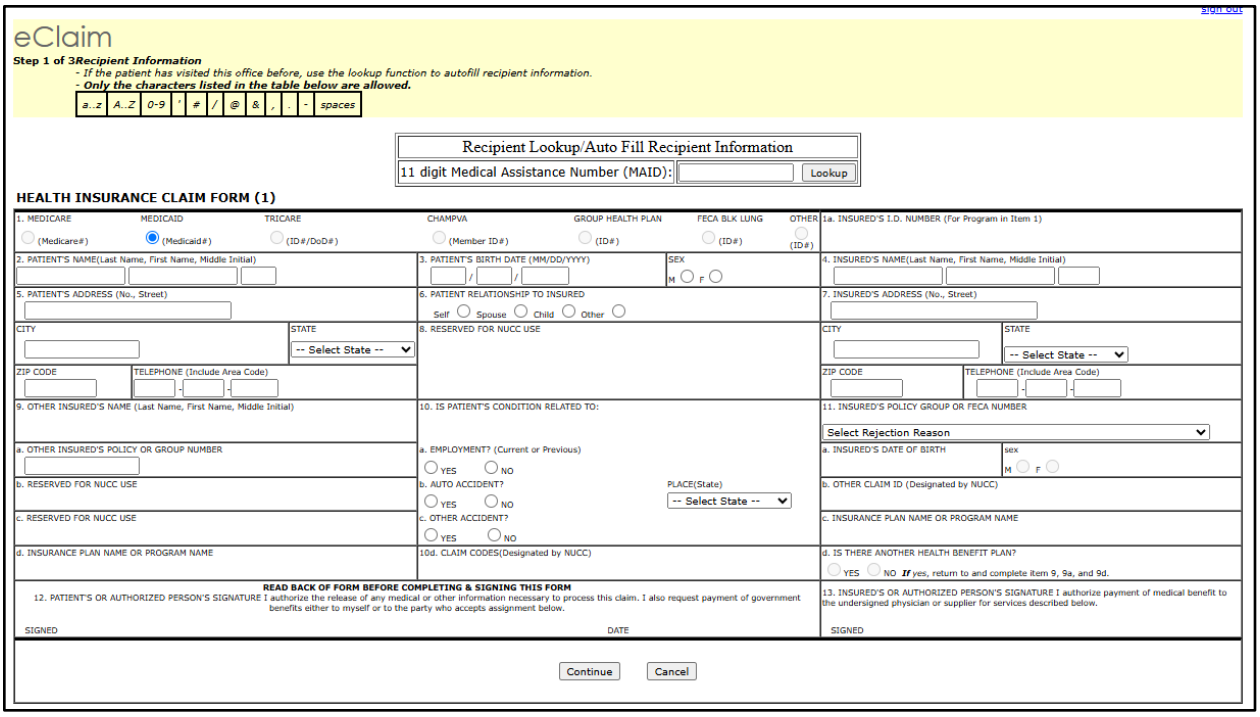
On the eMedicaid Homepage, click *eClaim(1500)*. You will be sent to a screen that shows your previously submitted claims, as shown below.



Click *New Claim*; this will prompt the system to generate a blank CMS 1500 form, shown below.

NOTE: Providers billing through the Medicaid Reentry SUD/SMI Program for Adults can submit multiple claims per participating individual as long as they only submit claims associated with one participant per CMS 1500 form.

Providers billing for through the Medicaid Reentry Program for Children and Young Adults must submit separate claims for pre-release and post-release JI case management.



Step 1 of 3. Recipient Information

Recipient Lookup

If you have previously submitted a claim for a Medicaid participant, you can populate certain information into this form by following the steps below.

- Enter the participant's Medical Assistance Number (MAID) in the *Recipient Lookup/Auto Fill Recipient Information* search box.
- Click the *Lookup* button and the participant's information will populate into the form.
- Check Boxes 2 and 3 to confirm that the correct information was pre-populated.

Fill Out the Form

Box 1

Medicaid will be pre-selected for you.

Box 2

Enter the participant's name.

Box 3

Enter the participant's date of birth and sex.

Skip Box 4

Box 5

Enter the home address of the individual receiving the service, including zip code and telephone number.

Skip Boxes 6, 7 and 8

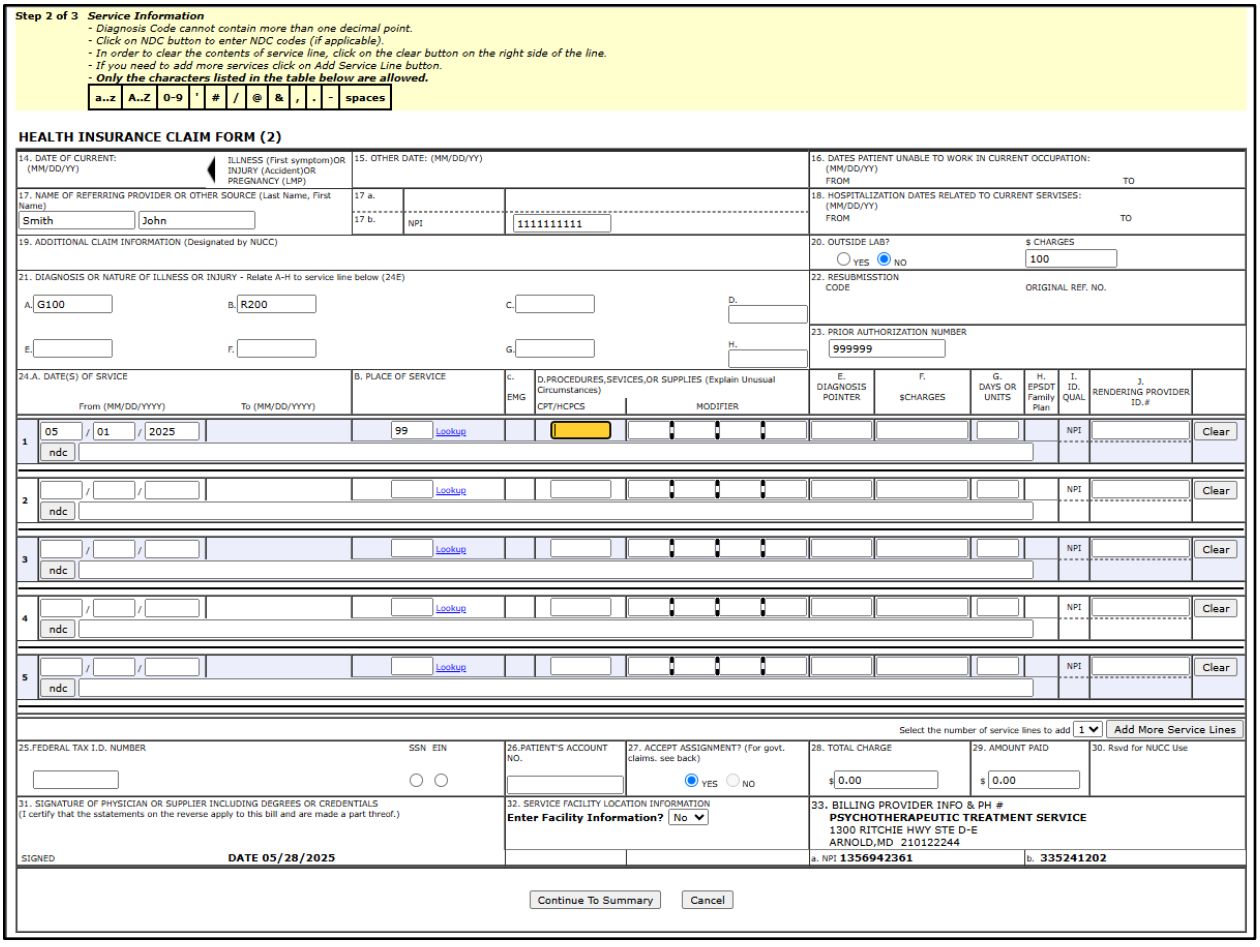
Box 9

A. Enter the participant's 11-digit MAID.
B. Skip
C. Skip
D. Skip

Skip Box 10 through 13

Click *Continue* to move on to the next page. The system will run a check to ensure you have entered all the required information. If you are missing required information, the system will indicate what is missing.

Step 2 of 3. Service Information



Updated 3/19/26

Skip Boxes 14 through 20

Box 21

A. If you have a 5-digit ICD-10-CM diagnosis code enter it in line A; if not, skip ahead to Box 24. Please note that Box 21 is not needed for JI case management, and can be skipped when billing for T2023, as this service does not require a diagnosis code. However, diagnosis codes may be needed for Medication Assisted Treatment (MAT) through the Medicaid Reentry SUD/SMI Program for Adults.

Skip Boxes 22 and 23

Box 24

Column A - Date(s) of Service

For JI case management, enter the date of the third contact. For other services, enter the first date of the month. Enter dates as 6-digit numeric (e.g. June 1, 2023 would be 06/01/23) under the FROM heading; leave the space under the TO heading blank.

Skip the *ndc* line.

Column B - Place of Service

Write 09, which indicates Prison/Correctional Facility, for services provided pre-release.

For JI case management services provided post-release, enter the appropriate code from the list in Appendix A, based on where the participant was located when they received that service.

Skip Column C

Column D - Procedure, Services, or Supplies

Write T2023 under *CPT/HCPCS* to indicate JI case management. Providers participating in the Medicaid Reentry SUD/SMI Program for Adults may bill for other services, in which case they would put the appropriate code in this box.

Write the appropriate telehealth modifier under *Modifier;* audio-only services should be billed with a UB modifier, and audio-visual services should be billed with a GT modifier.

Column E - Diagnosis Pointer

If you entered a diagnosis code in Box 21, line A, write A here.
If line B of Box 21 was left blank, skip this column.

Column F - $ Charges

For JI case management, write $561.05. The standard rate for JI case management is $561.05 per unit, where 1 unit equals three case management contacts provided within one 30 day period.

Column G - Days or Units

State the number of units billed. Reminder: a unit of JI case management services is a 30 day period.

Skip Columns H through J

Providers billing through the Medicaid Reentry SUD/SMI Program for Adults can submit multiple claims per participating individual. In order to do so, simply repeat these steps for each service provided to a single participant. If the participant received 90 days of pre-release JI case management, for example, each unit of case management would appear as a new row in Box 24. You can submit claims for multiple allowable Medicaid services, as long as you only submit claims associated with one participant per CMS 1500 form.

Providers billing through the Medicaid Reentry Program for Children and Young Adults must submit separate claims for pre-release and post-release JI case management.

Skip Box 25

Box 26

Enter the number that the institution uses to identify the participant. This would be the SID for individuals residing in a facility managed by the Department of Public Safety and Correctional Services (DPSCS) or the ASSIST ID for individuals residing in a facility managed by the Department of Juvenile Services (DJS).

Box 27

The checkbox for *Yes* should be selected.

Box 28

This amount is automatically calculated for you.

Skip Boxes 29, 30, and 31

Box 32

If you are billing for post-release services, skip this box.

Click *Yes* for pre-release services. Enter the facility address where the participant was when they received that service.

If the provider was in a different facility than the participant, and provided that service via telehealth, then put the name and address of the facility where the participant was residing when they received the service.

Box a. An alternative number will be automatically put into the NPI field. This is not an NPI number or your agency's NPI number.

Box 33

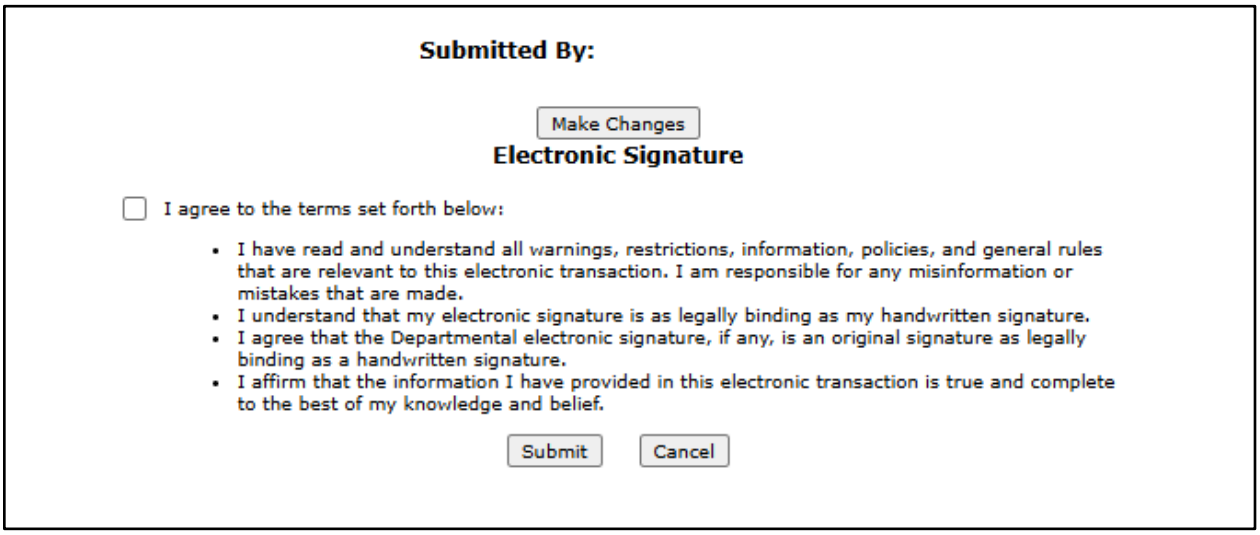
This information should be prepopulated with information from your eMedicaid account.

Step 3 of 3: Summary & Error Check

Click *Continue*. The system will run a check to ensure you have entered all the required information. If you are missing required information, the system will indicate what is missing.

Click on *Make Changes* to edit the form if there are any edits that you would like to make, or any missing information that needs to be input.

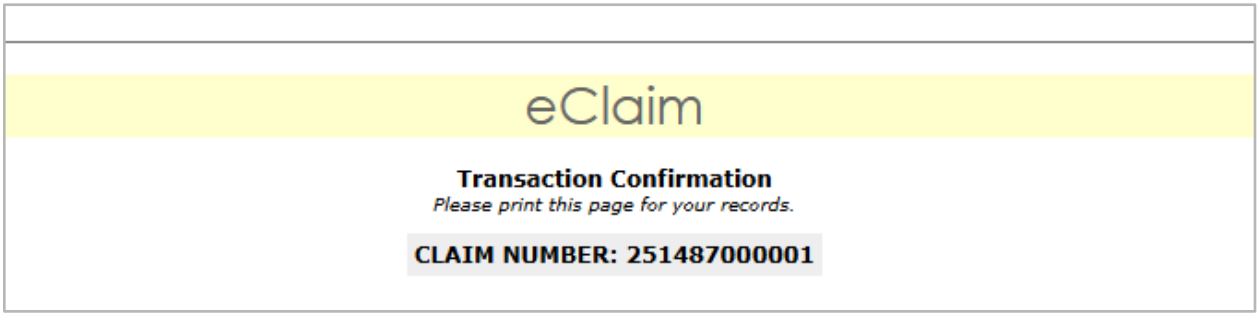
Submit the Form



Click the checkbox next to *I agree to the terms set forth below* and click *Submit* to file the claim.

Confirmation

You will be provided with a Claim Number, as shown in the example below; be sure you keep a record of this Claim Number for future reference. You can use the Claim Number to search for this claim in eMedicaid.



At the bottom of the claim, there will be three buttons: *New Claim for This Location* will allow you to fill out a new claim, *Claim Home* will take you to the page where you can see your claim submission history, and *Services Home* will take you to the eMedicaid Homepage.

Appendix A: Places of Service for Post-release Services

Table 1. Place of Service Codes for Post-release Services

Code	Name	Description
02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. (Effective January 1, 2017) (Description change effective January 1, 2022, and applicable for Medicare April 1, 2022.) **Special Considerations:** Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. (This code is effective January 1, 2022, and available to Medicare April 1, 2022.) **Special Considerations:**

		Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). (Revised, effective April 1, 2004.)
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1,

		2013 but no later than May 1, 2013)
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
27	Outreach Site/ Street	A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
99	Other Place of Service	Other place of service not identified above.