How to Complete a CMS 1500 Form on Paper

This guide will explain the process for filling out a CMS 1500 form on paper, or using an editable PDF document, to bill for justice involved (JI) case management through the two Maryland Medicaid Reentry programs.

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Accessing the Form

A printable CMS 1500 form is available here. You can also call the U.S. Government Printing Office at 1-866-512-1800 to purchase blank forms.

Contact Information

Provider Relations Questions:
mdh.providerrelations@maryland.gov
eMedicaid Questions:
mdh.eMedicaidMD@maryland.gov
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 using a CMS 1500 form. 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.

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.

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 a uniform code 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 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 Maryland Medicaid.

Other Insured's Policy

This is the policy governing Third Party Insurance (TPI). 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.

CMS 1500 Form

How to Fill Out the Form

This section will walk through the boxes that are required to complete and submit a claim through a CMS 1500 form.

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

Box 1

Check the box next to *Medicaid*.

Box 2

Enter the participant's name.

Box 3

Enter the participant's birth date 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 Boxes 10 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.

You do not need to put an end date for any of these services.

Column B - Place of Service

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

For JI case management 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 Box 21 was left blank, skip this column.

Column F - $ Charges

Write $561.05 for JI case management. 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 thirty (30) day period.

Skip Column H

Column I - ID. Qual

Write 1D.

Column J - Rendering Provider ID. #

Write the Maryland Medicaid Provider Number of the JI Correctional Facility Provider that rendered the service; this could be the number of an individual correctional facility, or the number of a correctional agency.

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 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

You must check *Accept Assignment* in order to submit this claim.

Box 28

Input the sum of charges listed in Column F of Box 24 above.

For example, if a single CMS 1500 form was submitted for an adult who received 90 days of JI case management through the Medicaid Reentry SUD/SMI Program for Adults; there would be three rows in Box 24, one for each unit of JI case management, and Box 28 would state $1683.15.

Skip Boxes 29 through 31

Box 32

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

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 enter the name and address of the facility where the participant was residing when they received the service, not the provider.

Skip Box a.

Box b.
Enter the Maryland Medicaid Provider Number of the facility, or correctional entity, in which the pre-release service was rendered. Correctional entities that only have one Maryland Medicaid Provider Number for the entire institution should put their provider number in this box.

Box 33

Enter the phone number and billing address of the correctional entity that is submitting this CMS 1500 form.

Skip Box a.

Box b.
Enter the Maryland Medicaid Provider Number of the correctional entity doing the billing.

Submitting the Form

Congratulations, you have successfully completed your CMS 1500 claim form!

If you filled out a PDF template, print and save the document. Any hard copies of CMS 1500 forms must be retained in your records for one year, while digital copies must be retained in your records for ten years, according to the Department of General Services State Records Center, Records Retention and Disposal Schedule Number 2428.

Create a cover page with the following information:

The cover page should contain the following text:
Attn: Claims Processing Unit
Intent: FFS Claims

Mail the form and cover page to MDH:

Maryland Department of Health
Medicaid Claims Unit
Room SS 18
P.O. Box 1935
Baltimore, MD 21203

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.