

CMS1500 HEALTH INSURANCE CLAIM FORM

IN FIELD #	YOU ENTER
1	✓ in the box to the left of Medicaid
1a	Patient's Medicaid or CareSource ID number
2	Patient's last name, first name, and middle initial
3	Patient's date of birth
4	Patient's name again
5	Patient's street address, city, state, ZIP code, and telephone number with area code
6	✓ in the box to the right of Self
7	Patient's street address, city, state, ZIP code, and telephone number with area code again
8	✓ in the box for the patient's marital status
9, 9a - 9d	<i>Leave blank</i>
10, 10a - 10C	<i>Leave blank</i>
11	<i>Leave blank</i>
11a	Patient's date of birth
11b	<i>Leave blank</i>
11c	CareSource
11d	<i>Leave blank</i>
12	SIGNED: Signature on File DATE: date form completed
13	Signature on File
14 – 20	<i>Leave blank</i>
21a	780
22 – 24	<i>Leave blank</i>
24a	Date the service was provided
24b	Home 12
24c	<i>Leave blank</i>
24d	Procedure code for the services provided (see Valid Service Codes below)
24e	1 (<i>This equates to 21a above</i>)
24f	Amount charged
24g	Number of units provided
24h – 24J	<i>Leave blank</i>
25	Provider's federal tax ID number
26	<i>Optional</i> – patient's account number
27	<i>Leave blank</i>
28	Total amount charged
29 – 30	<i>Leave blank</i>
31	SIGNED: Signature on File DATE: date form completed
32	Area agency name and address, if different than Box 33
32a – 32b	<i>Leave blank</i>
33	Area agency's name and remit address
33a	<i>Leave blank</i>
33b	Provider's federal tax ID number

VALID SERVICE CODES

Service Code	Modifier1	Modifier2	Description
A0010	UA	NULL	Non-Medical 1 way
A0010	UA	U2	Non-Medical 1 way (2nd)
A0080	UA	NULL	Trans per mile
A0080	UA	U2	Trans per mile (2nd)
A0090	UB	NULL	Trans per mile
A0090	UB	U2	Trans per mile (2nd)
A0200	UA	NULL	Non-Medical round trip
A0200	UA	U2	Non-Medical round trip (2nd)
G0151	NULL	NULL	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	NULL	NULL	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	NULL	NULL	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0154	NULL	NULL	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes
G0155	UA	NULL	Social Work Counseling
G0156	NULL	NULL	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0157	NULL	NULL	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	NULL	NULL	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	NULL	NULL	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program
G0160	NULL	NULL	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance
G0161	NULL	NULL	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m
H0045	NULL	NULL	Respite care services, not in the home, per diem
LIAB	NULL	NULL	NULL
S0215	NULL	NULL	Nonemergency transportation; mileage, per mile
S5100	UA	NULL	Enhanced 15 min
S5100	UA	U1	Intensive 15 min
S5100	UB	NULL	Enhanced 15 min
S5100	UB	U1	Intensive 15 min
S5101	NULL	NULL	Day care services, adult; per half day
S5101	UA	NULL	Enhanced Half Day
S5101	UA	U2	Intensive Half Day
S5101	UB	NULL	Enhanced Half Day
S5101	UB	U2	Intensive Half Day
S5102	NULL	NULL	Day care services, adult; per diem
S5102	UA	NULL	Enhanced Day
S5102	UA	U3	Intensive Day
S5102	UB	NULL	Enhanced Day
S5102	UB	U3	Intensive Day
S5121	UA	NULL	Chore Services

Service Code	Modifier1	Modifier2	Description
S5121	UB	NULL	Pest Control
S5125	NULL	NULL	Attendant care services; per 15 minutes
S5125	U8	NULL	Attendant - Personal Care
S5130	UA	NULL	Homemaker
S5135	UA	NULL	In Person Activities
S5135	UA	U5	Travel Attendant
S5160	NULL	NULL	Emergency response system; installation and testing
S5160	UA	NULL	ERS System installation & testing
S5160	UB	NULL	ERS System installation & testing
S5161	NULL	NULL	Emergency response system; service fee, per month (excludes installation and testing)
S5161	UA	U1	ERS Rental Monthly
S5161	UA	U2	ERS Rental Partial Month
S5161	UA	U3	ERS Rental Second Pendant
S5161	UB	U1	ERS Rental Monthly
S5161	UB	U2	ERS Rental Partial Month
S5161	UB	U3	ERS Rental Second Pendant
S5162	UA	NULL	ERS Device
S5162	UB	NULL	ERS Device
S5165	NULL	NULL	Home modifications; per service
S5165	UA	NULL	Environmental Accessibility Adaptations
S5165	UB	NULL	Environmental Accessibility Adaptations
S5170	NULL	NULL	Home delivered meals, including preparation; per meal
S5170	UA	NULL	Home Delivered Meal
S5170	UA	U6	Therapeutic Meal
S5170	UA	U7	Kosher Meal
S5170	UB	NULL	Home Delivered Meal
S5170	UB	U2	Therapeutic Meal
S5170	UB	U3	*Alternative Meal
S5170	UB	U7	Kosher Meal
S9123	NULL	NULL	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9124	NULL	NULL	Nursing care, in the home; by licensed practical nurse, per hour
S9127	NULL	NULL	Social work visit, in the home, per diem
S9128	NULL	NULL	Speech therapy, in the home, per diem
S9129	NULL	NULL	Occupational therapy, in the home, per diem
S9131	NULL	NULL	Physical therapy; in the home, per diem
S9470	UA	NULL	Nutritional Consultation
T1002	NULL	NULL	RN services, up to 15 minutes
T1002	HQ	NULL	RN Services
T1003	NULL	NULL	LPN/LVN services, up to 15 minutes
T1003	HQ	NULL	LPN Services
T1019	NULL	NULL	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may
T1019	HQ	NULL	Personal Care (1st Hour)
T1019	UA	NULL	Personal Care
T1019	UA	U1	Consumer Directed Personal Care
T1019	UA	U2	Personal Care
T1019	UA	U3	Consumer Directed Personal Care (2nd)
T1019	UA	U4	Consumer Directed PC (OT)
T1999	UA	NULL	Equip Repair

Service Code	Modifier1	Modifier2	Description
T1999	UA	U1	Amb
T1999	UA	U2	Amb 2nd
T1999	UA	U3	Amb 3rd
T1999	UA	U4	Non-Amb
T1999	UA	U5	Non-Amb 2nd
T1999	UA	U6	Non-Amb 3rd
T1999	UA	U7	Hyg & Disp
T1999	UA	U8	Hyg & Disp 2nd
T1999	UA	U9	Hyg & Disp 3rd
T1999	UA	UC	Nutritional Supplements
T2003	UA	NULL	Trans one way
T2003	UA	U2	Trans one way (2nd)
T2003	UA	U4	Trans 1 way (2nd)
T2003	UA	U5	Trans 1 way
T2003	UB	NULL	Trans one way
T2003	UB	U2	Trans one way (2nd)
T2025	UA	NULL	Telephone Assistant
T2025	UA	U1	Enhanced Community Living
T2025	UA	U2	Trans MD trip (2nd)
T2025	UA	U3	Trans round trip (2nd)
T2025	UA	U5	Trans MD trip
T2025	UA	U6	Trans 1 way
T2025	UB	U2	Choices Home Care Attendant
T2025	UB	U4	Trans MD trip (2nd)
T2025	UB	U5	Trans MD trip
T2029	NULL	NULL	Specialized medical equipment, not otherwise specified, waiver
T2029	UB	NULL	Equip Repair
T2029	UB	U1	Amb
T2029	UB	U4	Non-Amb
T2029	UB	U7	Hyg & Disp
T2029	UB	UC	Nutritional Supplements
T2031	U1	NULL	Tier 1 Day
T2031	U2	NULL	Tier 2 Day
T2031	U3	NULL	Tier 3 Day
T2038	U4	NULL	Community Transition (for nursing home residents enrolling in the waiver)
T2038	UA	NULL	Community Transition Services
WAIV	NULL	NULL	NULL