

CMS 1500 CLAIM INSTRUCTIONS

OVERVIEW

Printed claims and any associated documentation must be submitted as single-sided only.

The following is a block-by-block explanation of how to prepare a paper CMS 1500 claim form when Medicaid is the primary or only payer. Please refer to the [CMS 1500 Third-Party Liability Claim Instructions](#) or [CMS 1500 Medicare Crossover Instructions](#) if applicable.

Mandatory blocks must be completed. Conditionally mandatory blocks must be completed if applicable. Please do not write or type above block 1 of the claim form. Do not put social security numbers on the claim form.

CLAIM INSTRUCTIONS

BLOCK 1 HEADINGS

Place an "X" or check mark in the Medicaid block. If left blank, Medicaid will be considered the applicable program.

BLOCK 1a INSURED'S ID NO. (MANDATORY)

The recipient identification number is the nine-digit number found on the South Dakota Medicaid Identification Card. The three-digit generation number that follows the nine-digit recipient number is not part of the recipient's ID number and should not be entered on the claim. Do not enter a social security number.

BLOCK 2 PATIENT'S NAME (MANDATORY)

Enter the recipient's information in the following format: last name, first name, middle initial. Example: Doe, Jane, S

If there is a suffix, please enter after the last name. Example: Doe, Jr, John, S

The recipient's name must match the name on the recipient's Medicaid ID and the online portal.

BLOCK 3 PATIENT'S DATE OF BIRTH

If available, please enter in this format: MM-DD-YY

PATIENT'S SEX

Optional

BLOCK 4 INSURED'S NAME

Optional

BLOCK 5 PATIENT'S ADDRESS

Optional

- BLOCK 6** **PATIENT'S RELATIONSHIP TO INSURED**
Optional
- BLOCK 7** **INSURED'S ADDRESS**
Optional
- BLOCK 8** **PATIENT STATUS**
Optional
- BLOCK 9** **OTHER INSURED'S NAME**
Leave blank. If there is other insurance refer to [CMS 1500 Third-Party Liability Claim](#) or [Medicare Crossover Claim](#) instructions.
- BLOCK 10** **CONDITION RELATED TO**
A. Patient's Employment – If the patient was treated due to employment-related accident, place an "X" in the YES block, if not, place an "X" in the NO block or leave blank.

B. Auto accident-If the patient was treated due to an auto accident, place an "X" in the in the YES block, if not, place an "X" in the NO block or leave blank. If YES, put the state abbreviation under the PLACE Line. State identifier is optional.

C. Other accident- If other type of accident, place an "X" in the YES block, if not, place an "X" in the NO block or leave blank.

D. Claim Codes-Enter one of the following, if applicable:
For paper claims, enter "U" or "2" for Urgent Care (if necessary, the "U" or "2" may be added to Block 19 instead of 10d). Block 17b may be left blank. For electronic claims, enter "Y" in 24c (SV109) and use the situational loop 2300 REF*4N*1 for Urgent Care.
- BLOCK 11** **INSURED'S POLICY GROUP OR FECA NUMBER**
Leave blank when Medicaid is the only or primary payer. If there is other insurance refer to [CMS 1500 Third-Party Liability Claim](#) Instructions or [Medicare Crossover Claim](#) instructions.
- BLOCK 12** **PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE**
Optional
- BLOCK 13** **INSURED'S OR AUTHORIZED PERSON'S SIGNATURE**
Optional
- BLOCK 14** **DATE OF CURRENT ILLNESS**
Optional

BLOCK 15 IF PATIENT HAS HAD SAME ILLNESS OR SIMILAR ILLNESS
Optional

BLOCK 16 DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
Optional

**BLOCK 17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE AND THE NUCC CODE
(CONDITIONALLY MANDATORY)**

Please view NPI Requirements by provider type for ordered, referred, and prescribed services [here \(ORP Table\)](#). If the service was ordered, referred, or prescribed, enter the ordering, referring, or prescribing provider's NUCC defined qualifier code followed by the provider name:

DN Referring Provider
DK Ordering Provider
DQ Supervising Provider

17a. Leave Blank

17b. (CONDITIONALLY MANDATORY) Enter the NPI number of the ordering, referring, or prescribing provider listed in Block 17.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	
DK	John Q. Public	17b. NPI	1987654321

BLOCK 18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Optional

BLOCK 19 ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
MANDATORY for Transportation Providers
Transportation claims must list the origin and destination in this block.

MANDATORY for Not Otherwise Classified (NOC) Codes

If a provider bills an unlisted (or not otherwise classified) procedure code, a description of the procedure must be indicated in this field. Additional documentation may be required to be submitted as part of the claims review process upon request.

This block may also be used for additional information such as adding a "U" or a "2" for Urgent Care paper claims.

BLOCK 20 OUTSIDE LAB
Optional

BLOCK 21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (MANDATORY)

Enter "0" for ICD-10-CM.

Enter the codes on each line (A-L) to identify the patient's diagnosis and/or condition. Do not include the decimal point in the diagnosis code. The first diagnosis code listed will be the primary diagnosis, followed by all other diagnosis codes. List no more than 12 diagnosis codes.

BLOCK 22 MEDICAID RESUBMISSION NUMBER (MANDATORY FOR ADJUSTMENTS AND VOIDS ONLY)

This box must be left blank unless submitting an adjustment or void. Any inessential mark may cause the claim to process incorrectly. More information on submitting a void or adjustment please refer to the [CMS 1500 Void and Adjustments Instructions](#).

BLOCK 23 PRIOR AUTHORIZATION NUMBER (CONDITIONALLY MANDATORY)

Enter the South Dakota Medicaid prior authorization number assigned by SD Medicaid if applicable.

Otherwise, leave this box blank.

BLOCK 24 List only one servicing provider on each CMS 1500 claim form. If billing more than six services on a paper claim for a recipient, a separate claim form for the seventh and any additional services must be completed. The six service lines in this section are divided horizontally to accommodate submission of both the NPI and taxonomy code in 24J. The top shaded portion is the location for the reporting supplemental information. It is not intended to allow the billing of 12 lines of service.

SHADED PORTION OF BLOCK 24

The order of the shaded portion does not matter. The shaded portion is considered one block starting at 24A shaded through 24H shaded.

If using a drug-related procedure code, enter the N4 qualifier code followed by the 11-character NDC with no hyphens or spaces, the unit of measure qualifier and quantity in the shaded area above the dates of service. Use one of the following units of measure (must be uppercase).

F2 = International Unit
GR = Gram
ME = Milligram
ML = Milliliter
UN = Unit

Please view additional guidance for [NDC billing here](#).

Example:

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINT	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
01	01	19	01	01	19	22		N46529300101ML5				A	322	32	1	ZZ	123Z00000X
								J0583								NPI	1234567890

UNSHADED PORTION OF BLOCK 24

A. DATE OF SERVICE FROM – TO (MANDATORY)

Enter the appropriate date of service in month, day, and year sequence, using six digits in the unshaded portion. If billing a lab code, the date of service is the date the specimen was drawn.

From To
Example: 010119 010119

B. PLACE OF SERVICE (MANDATORY)

Enter the appropriate place of service code.

Code values:

- 01 Pharmacy
- 02 Telehealth Provided Other than in the Patient's Home
- 03 School
- 04 Homeless Shelter
- 05 IHS Free-standing Facility
- 06 IHS Provider-based Facility
- 07 Tribal 638 Free-standing Facility
- 08 Tribal 638 Provider-based Facility
- 09 Prison/Correctional Facility (Not covered)
- 10 Telehealth Provided in the Patient's Home
- 11 Office
- 12 Home
- 13 Assisted Living Facility
- 14 Group Home
- 15 Mobile Unit
- 16 Temporary Lodging
- 17 Walk-In Retail Health Clinic
- 18 Place of Employment – Worksite
- 19 Off Campus-Outpatient Hospital
- 20 Urgent Care Facility
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room-Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 27 Outreach Site/Street

- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance-Land
- 42 Ambulance-Air or Water
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Intellectual Disabilities
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 57 Nonresidential Substance Abuse Treatment Facility
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 Public Health Clinic
- 72 Rural Health Clinic
- 77 Audio-Only Service
- 81 Independent Laboratory
- 99 Other Place of Service

C. EMG

Enter a "Y" to indicate an emergency, otherwise leave blank.

D. **PROCEDURE CODE (MANDATORY)**

Enter the appropriate five characters Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure codes for the service provided. Enter the appropriate procedure modifier, or modifiers, if applicable. Use the same procedure code only once per date of service. A procedure code may be listed more than once per date of service if an applicable modifier is included.

If using a drug-related HCPCS code, you must enter the NDC code (refer to Block 24-Shaded). Click here for [National Drug Code Identification](#) information.

Other Provider Preventable Conditions (OPPC) must be billed with a modifier. OPPC includes surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery. OPPCs can occur in any care setting and should be billed on the CMS 1500 form. Below are the procedure code modifiers that must be billed

as the primary modifier by the facility/provider that performed the service, if applicable:

- “PB” Surgical or other invasive procedure on wrong patient
- “PC” Wrong surgery or other invasive procedure on patient
- “PA” Surgical or other invasive procedure on wrong body part

E. DIAGNOSIS POINTER (MANDATORY)

Enter the reference letter (A – L) which corresponds to the applicable diagnosis code(s) entered in Block 21. The Diagnosis Pointer relates to the reason the service was performed. A maximum of four diagnosis pointers may be entered per line. Do not enter the diagnosis code in 24E.

F. CHARGES (MANDATORY)

Enter the provider’s usual and customary charge for this service or procedure in the unshaded portion. For example, if the usual and customary charge is \$50.00 enter 50 to the left of the dotted line, with no dollar sign. Enter 00 to the right of the dotted line.

If billing more than one unit of a procedure code, enter the total charges for all units of the procedure code being billed. For example, if the usual and customary charge is \$50.00 a unit and five units are being billed enter 250.00.

Example:

24. A. DATE(S) OF SERVICE							B. PLACE OF SERVICE	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY		EMG		MODIFIER						
01	01	19	01	01	19	20		A6154		B	250	00	5	ZZ	123Z00000X
														NPI	1234567890

G. DAYS OR UNITS (MANDATORY)

Enter the number of units or times that the procedure or service was provided for this recipient during the period covered by the dates in block 24A.

This must be a whole number. Partial numbers and decimals will not be accepted and may result in denials or incorrect payments. Billed units shall not exceed 999. Date spans where the units exceed 999 must be split into two separate lines with non-overlapping dates.

H. EPSDT – FAMILY PLANNING (CONDITIONALLY MANDATORY)

Enter an “F” in the unshaded portion of the field if billing for family planning visits, medication, devices, or surgical procedures.

For more information regarding Family Planning, please refer to the [Family Planning Manual](#).

If services were provided because of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) referral, enter an “E” in the unshaded portion of the field, if not, leave blank.

I. ID. QUAL (CONDITIONALLY MANDATORY)

Enter ZZ in the shaded portion of 24I when populating shaded portion of 24J with a taxonomy code.

J. TAXONOMY AND RENDERING PROVIDER ID # (CONDITIONALLY MANDATORY)

1. **Shaded Portion:** Enter the Type 1 taxonomy code (Type 1 is the servicing/individual provider).
2. **Unshaded Portion:** Enter the Type 1 ten-byte NPI number (Type 1 is the servicing/individual provider).

When there is no Type 1 provider, enter the Type 2 taxonomy code and NPI number (Type 2 is the billing/entity/organization provider).

The NPI requirements for each provider type are available [here](#).

BLOCK 25 FEDERAL TAX ID NUMBER (MANDATORY)

Enter the number assigned to the provider by the federal government for tax reporting purposes. This is also known as a tax identification number (TIN) or employer identification number (EIN).

BLOCK 26 PATIENT'S ACCOUNT NO.

Optional. Enter your office's patient account number, up to ten numbers, letters, or a combination thereof is allowable. Examples: AMX2345765, 9873546210 and YNXDABNMLK. Information entered here will appear on your Remittance Advice when payment is made.

BLOCK 27 ACCEPT ASSIGNMENT

Leave blank. South Dakota Medicaid will only pay the provider.

BLOCK 28 TOTAL CHARGES

Optional

BLOCK 29 AMOUNT PAID

Leave blank when Medicaid is the only or primary payer. If there is other insurance refer to [Third-Party Liability](#) or [Medicare Crossover](#) instructions.

BLOCK 30 BALANCE DUE

Leave Blank

BLOCK 31 SIGNATURE OF PHYSICIAN OR SUPPLIER (MANDATORY)

The claim form must be signed by the provider or provider's authorized representative, using handwriting, typewriter, signature stamp, or other means. Enter the date that the form is signed.

BLOCK 32 SERVICE FACILITY LOCATION INFORMATION

Enter name, address, city, state, and nine-digit zip code (including the hyphen) of the location where services were rendered or the provider was located if provided via telemedicine.

32a. Enter the NPI number of the service facility location or rendering provider.

32b. Enter the qualifier code ZZ along with the associated taxonomy code.

BLOCK 33 BILLING PROVIDER INFO & PHONE # (MANDATORY)

Enter information regarding the provider that is requesting to be paid for services rendered. Enter the billing provider's name and mailing address as shown on the South Dakota Medicaid enrollment record. The telephone number is optional but is helpful if a problem occurs during processing of the claim.

ID NO.

33a. Enter the billing NPI number of the billing provider.

If you are enrolled as an Individual Billing Provider you may use your servicing NPI in 33a.

33b. Enter ZZ along with the entity or individual billing provider's taxonomy code that is associated with the NPI in 33a. Do not enter a space, hyphen, or other separator between the qualifier and number.

Claims of unenrolled billing NPIs cannot be processed. Please ensure that your billing NPI is active and enrolled with SD Medicaid for the date of service on the claim.

QUICK ANSWERS

1. I have a denial for a taxonomy code, what do I do?

Confirm your taxonomy on your South Dakota Medicaid enrollment record in SD Medicaid Provider Enrollment Portal and compare it to the populated taxonomy in 24J and 33b.

2. How do I verify if I have a Type 1 or Type 2 NPI?

Visit <https://nppes.cms.hhs.gov>. Click on search NPI Registry and enter your NPI.

3. What happens if I do not enter a qualifier in Block 17?

The claim will deny for “PCP/NPI number missing/invalid” if a provider is listed without the corresponding qualifier.

4. Do I need to enroll all servicing providers?

Yes. Instructions for adding a servicing provider are available on the [Provider Enrollment User Guide](#).

5. I have a denial because of private health insurance, what do I do to fix the claim?

Refer to the [CMS 1500 Third-Party Liability Claim](#) Instructions.

6. I have a denial because of Primary Care Provider Missing/Invalid, what do I do to fix the claim?

This means the recipient is in a Care Management Program, the recipient must be seen by their Care Management provider or you must have a referral from the recipient’s Care Management provider and list the NPI of the recipient’s Care Management provider in Block 17b. If you have entered an NPI in Block 17B and receive this denial, please verify the NPI for any errors. Use the Eligibility Inquiry on the South Dakota Medicaid online portal to find information about the recipient’s PCP or HHP.

7. I have a denial stating, “recipient not eligible,” what does this mean?

This means the recipient is not eligible on the date of service. Providers are responsible for checking a recipient’s Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using the Eligibility Inquiry on South Dakota Medicaid’s [online portal](#).