

## HCFA 1500 Instructions

The following boxes **MUST** be completed on each HCFA 1500 claim form submitted. Any omission may result in the denial of the claim until the information is provided. **Boxes 21 and 31 are critical.**

Box 1a:	Insured's Primary Insurance ID Number or Social Security Number
Box 2:	Patient's Name
Box 3:	Patient's Birth Date
Box 4:	Insured's Name
Box 5:	Patient's Address
Box 6:	Patient's Relationship to Insured
Box 8:	Patient Status
Box 11d:	Is there another Health Benefit Plan? If yes, complete Box 9 a-d.
Box 12:	Type in "Signature on File". Leave date blank.
Box 13:	Type in "Signature on File"
<b>Box 21:</b>	<b>Diagnosis...</b> related to claims being submitted. List up to four and indicate appropriate diagnosis for each claim in Box 24E.
Box 24:	Up to six claims may be submitted for a provider. A separate HCFA 1500 Claim Form is required for each unique service provider, e.g. physician, case manager, therapist.
Box 24A:	Date of Service
Box 24B:	Place of Service; usually "11" for office or "12" for home.
Box 24D:	Procedure or Service. This is the HCPCS or CPT code and modifier, if required, for services authorized in the contract (see examples).
Box 24E:	Diagnosis code from Box 21
Box 24F:	Total amount charged for service provided (this may or may not be the unit rate).
Box 24G:	Days or Units. Enter number of days for services with per diem rate. Otherwise, enter the number of units as defined by the HCPCS or CPT code (see examples).
Box 25:	Your Federal Tax ID Number
Box 28:	Total Charge for the claims itemized
Box 30:	Amount Due; usually the same as Box 28.
<b>Box 31:</b>	<b>Name and Credentials of Provider for service(s) being claimed.</b> Only one provider's services may be claimed on each HCFA 1500 Claim Form. Date claim form is completed.
Box 32:	Name and Address of Facility where Services were rendered.
Box 33:	Billing Name and Address

*The following examples may be helpful for completing Box 24 A-G. Report the actual number of units provided for each service provided; e.g. a case management contact that lasts one hour is four units. Any service that is an "encounter" is reported as one unit regardless of the actual time spent delivering the service.*

Service	HCPCS or CPT Code	Unit Definition
Assessment, Psychological	H0031	Encounter (not time specific)
Assessment, Health	T1001	Encounter (not time specific)
Psychiatric Evaluation	90801	Encounter (not time specific)
Targeted Case Management	T1017 <sup>1</sup>	15 minute unit
Outpatient Therapy	90806	45-75 minute unit
Treatment Planning	H0032	Encounter (not time specific)

<sup>1</sup> May require HK modifier (refer to contract)