

CMS-1500 (08/05) Paper Billing Instructions for Medical Day Care Providers

Block Number	Title	Action
2	Patient's Name	Enter the patient's name (last name, first name, middle initial) as it appears on the Medical Assistance card .
9a	Other Insured's Policy or Group Number	Enter the patient's (recipient's) 11-digit Maryland Medical Assistance number exactly as it appears on the MA card. The MA number must appear in this Block regardless of whether or not a recipient has other insurance. Medical Assistance eligibility should be verified on each date of service by calling EVS. EVS is operational 24 hours a day, 365 days a year at the following number: 1-866-710-1447.
11	Insured's Policy Group or FECA Number	Enter "K". This indicates that Medical Day Care is not covered by any other insurance.
24A	Date(s) of Service	Enter each separate date of service as a six digit numeric date (e.g. 06/01/04) under the " From " heading. Leave the space under the " To " heading blank. Each date of service on which a service was rendered must be listed on a separate line. Ranges of dates ARE NOT accepted on this form.
24B	Place of Service	Enter "99".
24D	Procedures, Services or Supplies	Enter the five-character procedure code that describes the service provided.
24F	\$ Charges	Enter the usual and customary charge. Do not enter the Maryland Medicaid maximum fee unless that is your usual and customary charge. If there is more than one unit of service on a line, the charge for that line should be the total of all units.
24G	Days or Units	Enter "1", the number of days must be for a single day of service. Multiple days of billing should be billed on separate lines.
24I	ID. Qualifier	Enter the ID Qualifier ID .
24J (gray shaded area)	Rendering Provider #	Enter the 9-digit Medicaid Provider Number of the provider rendering the service. In some instances, the rendering number may be the same as the payee provider number in Block #33. Enter the provider's NPI in the un-shaded area .
28	Total Charge	Enter the sum of the charges shown on all lines of Block 24 F.
31	Signature of Provider and Date	The provider's signature and date are required. The claim date MUST be entered in this field in order for the claim to be reimbursed.
33	Billing Provider Info & Phone #	Enter the name, complete street address, city, state, and zip code of the provider. This should be the address to which claims may be returned.
33a	NPI	Enter the NPI number of the billing provider in Block #33. Errors or omissions of this number will result in non-payment of claims. Errors or omissions of this number will result in non-payment of claims.
33b	ID Qualifier and Legacy #	Enter the ID Qualifier ID , followed by the 9-digit MA provider number of the billing provider in Block #33. Errors or omissions of this number will result in non-payment of claims.

NOTE: There are only 13 fields that must be completed by medical day care providers on the CMS 1500 (08/05). Block numbers that are not described above should be left blank.

