Completing the CMS-1500 Claim Form

A basic guide for psychologists
The CMS-1500 insurance claim is used by Medicare for reimbursement and is accepted throughout the U.S. by most private insurance companies. The copy below relates to the graphic at left and is intended as general guidance for completing the form.

All Medicare Administrative Contractors (MAC) have extensive instructions on their Web sites on how to complete forms. Please use the following information simply as a basic guide and refer to your MAC Web site for further instructions.

SECTION 1 of the form identifies who is receiving the care. You input patient information in this section.

SECTION 2 identifies the policy holder whose insurance is paying for the care that you provided. If the patient’s insurance company is the one being billed, input the information requested, even if some of it has already been noted in Section 1.

SECTION 3 addresses the diagnosis for which you are treating the patient. ICD-9-CM codes are now required for billing. Insurance companies typically will not accept a DSM-4 code, so be sure to use the proper ICD-9-CM code. The ICD-9-CM book includes specific information regarding when to code a service to the fourth or fifth digit. The ICD book is also very helpful when you are billing for services under the health and behavior codes since the book includes all of the medical diagnoses.

SECTION 4 identifies what services were provided to the patient. This section includes:

- **Date of service.** Up to six dates can be listed.
- **Place of service.** This can be the office, hospital or other facility.
- **CPT®.** The Current Procedural Terminology, or CPT, code identifies what service was provided. As an example, 90806 would indicate 45 to 50 minutes of psychotherapy provided in an office.
- **Units.** Some services require billing in units. For example, when a health and behavior service is rendered, it is billed in 15-minute increments. If a patient is seen for 30 minutes, the number of units will equal two.
- **Modifiers.** Psychologists typically do not use modifiers, which indicate special circumstances related to billing. However, they sometimes are required for testing services. Modifiers are found in the CPT book.
- **NPI.** Your National Provider Identifier, or NPI, identifies you as the person who provided the service.
- **Fee.** Regardless of what the insurance company may pay or Medicare may reimburse, be sure to indicate your actual typical fee. It does not matter what the patient pays.

SECTION 5 is the finance section. It indicates who provided the service and where the check should be sent. The signature of the person who provided the service is required here, as is the provider’s NPI.