









OUT-OF-NETWORK INSURANCE CLAIMS FOR PSYCHOTHERAPY (CMS-1500) - REQUIRED FIELDS





The checklist provided below provides the minimum required fields you must complete in order to submit a “clean” claim with faster reimbursement.

	Information	CMS 1500 Field Number	Description	Example	<input checked="" type="checkbox"/>
1.	Insurance Claims Address	Upper Right Corner	Address of claims department for your insurance company	“Unitedhealthcare PO Box 809025 Dallas, TX 75380”	<input type="checkbox"/>
2.	Patient Name & Basic Info	2-5	Your name and address	John Smith 123 ABC Street Santa Rosa, CA 95401	<input type="checkbox"/>
3.	Relationship to Insured	6	The individual covered by the policy should always be “self,” including children	“ <input checked="" type="checkbox"/> Self”	<input type="checkbox"/>
4.	Member ID#	1a	Can be found on insurance card next to “ID number” or “Member ID”	“1098765432”	<input type="checkbox"/>
5.	Date of Service	24a	The date you attended psychotherapy	“10/31/2019”	<input type="checkbox"/>
6.	Other Coverage?	11d, 9a (if applicable)	Check “yes” only if you have additional coverage	“ <input checked="" type="checkbox"/> No”	<input type="checkbox"/>
7.	Patient Signatures	12 & 13	Sign if payment will go to provider. Don’t sign for patient reimbursement	No signatures if patient is being reimbursed (usually the case when coverage is out of network)	<input type="checkbox"/>
5.	Provider Phone#, Name, & Address	33	Phone #, Name, and Office address where service was provided	“(999)999-9999 Michael Kinsey, PhD 51 W. 86th Street Suite 104D New York, NY 10024”	<input type="checkbox"/>
6.	Provider’s Tax ID	25	Social Security # (SSN) or Employer ID # (EIN) of provider	“84-0000000”	<input type="checkbox"/>

*NB: The “Example” data is mostly made up, so please don’t include this on official claims
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7.	Diagnosis Code	21	Code assigned by provider according to presenting symptoms. Codes appear in ICD-10	"F33.1"	
8.	Place of Service	24b	Clinic and Office Settings are assigned the number "11" For other location types, refer to post	"11"	
9.	Diagnosis "Pointer"	24e	Used to match service with related diagnosis. Only varies when there are multiple diagnoses	"1"	
10.	Services / Procedures	24d	Type of service and duration of the service are assigned 5-digit numeric codes 45-minute psychotherapy is "90834"	"90834"	
11.	Number of Units / Days	24g	Some services contain several units. Psychotherapy is always 1 unit	"1"	
12.	Total Charge	28	Total amount billed, found on provider invoice	"\$265.00"	
13.	Amount Paid	29	-Enter Co-pay (<u>in</u> <u>-network</u>) or -Enter "\$0.00" If <u>provider</u> will be reimbursed out of network or -Enter full fee if <u>patient</u> will be reimbursed out of network	"\$15.00"	
14.	Patient's Account #	26	Use D.O.B. if unspecified by Provider	"10071970" (8-digit D.O.B without "/" or "-")	

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15.	Conditions related to...?	10	Check accordingly if reason for seeking treatment is related to a work, car, or other accident	<input checked="" type="checkbox"/> No” <input checked="" type="checkbox"/> No” <input checked="" type="checkbox"/> No”	
16.	Outside Labs	20	Only applicable if blood, urine, or other lab work was conducted as part of the encounter	<input checked="" type="checkbox"/> No”	
17.	Provider name & Credentials	31	The billing clinician name and degree	Michael Kinsey, Ph.D. 10/31/19	
18.	Provider Contact Info	33	Phone #, Name, and Office address where service was provided	(999)999-9999 Michael Kinsey, PhD 51 W. 86th Street Suite 104D New York, NY 10024	
19.	NPI #	33a	A unique number that every healthcare provider is assigned. This is public information and can be found through web search	“1871818518”	