

GUIDE TO COMPLETING CMS 1500 FORM FOR CHW/CHR CLAIMS USING THE SD MEDICAID CLAIMS PORTAL

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BEGINNING INSTRUCTIONS

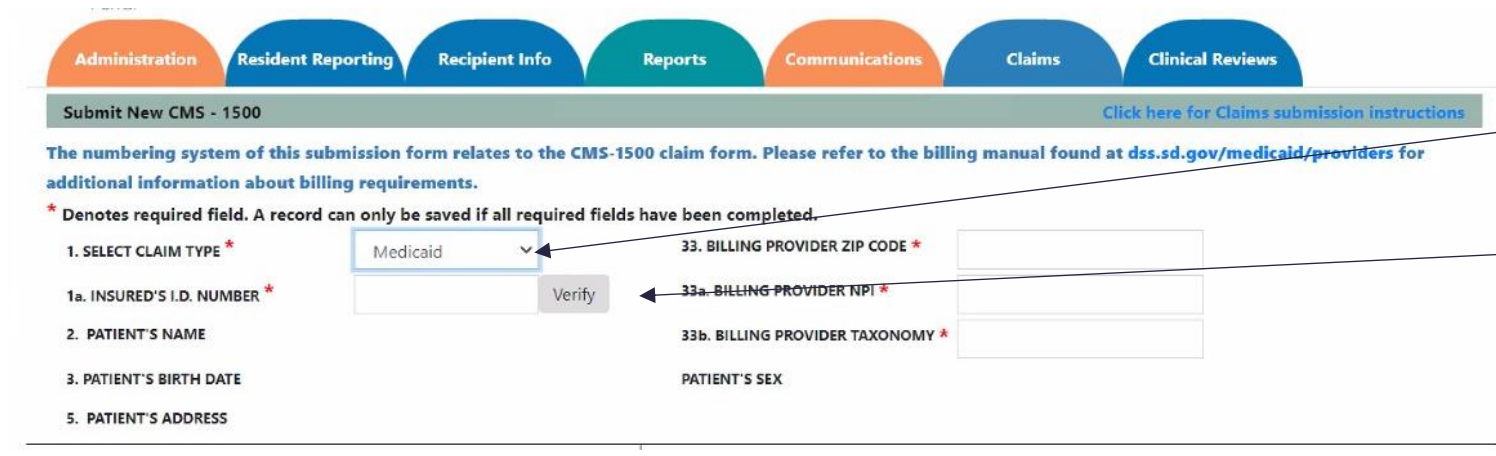
This guide is designed for you to fill in information for your specific program that will remain standard throughout in areas that are **blue**, i.e., ZIP: _____ as indicated beginning on page 2 of this guide. Sections marked with a **red** line through them do not need to be filled out to submit a CMS 1500 claim for CHW/CHR Services.



The screenshot shows the top navigation bar of the Provider Portal. It includes a "Provider Portal" icon on the left, a "You are logged in as Provider Admin" status bar, and a navigation menu with buttons for Administration, Resident Reporting, Recipient Info, Reports, Communications, Claims, and Clinical Reviews. The "Claims" button is highlighted with a blue arrow pointing to it from a text box on the right. Above the navigation bar are links for "User Guide" and "FAQ".

To access the CMS 1500 form, click on "Claims" and select the CMS 1500 option on the dropdown menu.

SUBMITTING CMS 1500 CLAIM



The screenshot shows the "Submit New CMS - 1500" form. It includes a navigation bar at the top with buttons for Administration, Resident Reporting, Recipient Info, Reports, Communications, Claims, and Clinical Reviews. Below the navigation bar is a green bar with the text "Submit New CMS - 1500" and a link "Click here for Claims submission instructions". The form contains several fields and instructions:

- 1. SELECT CLAIM TYPE ***: A dropdown menu with "Medicaid" selected. A blue arrow points to this field from a text box on the right.
- 1a. INSURED'S I.D. NUMBER ***: A text field with a "Verify" button next to it. A blue arrow points to this field from a text box on the right.
- 2. PATIENT'S NAME**: A text field.
- 3. PATIENT'S BIRTH DATE**: A text field.
- 5. PATIENT'S ADDRESS**: A text field.
- 33. BILLING PROVIDER ZIP CODE ***: A text field.
- 33a. BILLING PROVIDER NPI ***: A text field.
- 33b. BILLING PROVIDER TAXONOMY ***: A text field.
- PATIENT'S SEX**: A text field.

The form also includes a note: "The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information about billing requirements." and a note: "* Denotes required field. A record can only be saved if all required fields have been completed."

1 – Select Claim Type as "Medicaid"

1a – Enter the patient's Medicaid Number, and click Verify. The Patient's name, birth date, and address should all appear.

Administration
Resident Reporting
Recipient Info
Reports
Communications
Claims
Clinical Reviews

Submit New CMS - 1500
[Click here for Claims submission instructions](#)

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information about billing requirements.

* Denotes required field. A record can only be saved if all required fields have been completed.

1. SELECT CLAIM TYPE *

Medicaid

33. BILLING PROVIDER ZIP CODE *

1a. INSURED'S I.D. NUMBER *
Verify

33a. BILLING PROVIDER NPI *

2. PATIENT'S NAME

33b. BILLING PROVIDER TAXONOMY *

3. PATIENT'S BIRTH DATE

PATIENT'S SEX

5. PATIENT'S ADDRESS

9. OTHER INSURED'S NAME

9a. OTHER INSURED'S POLICY OR GROUP NUMBER

10. IS PATIENT'S CONDITION RELATED TO:

9d. OTHER INSURED PLAN NAME OR PROGRAM NAME

a. EMPLOYMENT?
☐ YES ☒ NO

11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *
☐ YES ☒ NO

b. AUTO ACCIDENT?
☐ YES ☒ NO

c. OTHER ACCIDENT?
☐ YES ☒ NO

33 – Enter the ZIP Code registered to your CHW/CHR Program's Type 2 NPI Number (i.e., 57501)
ZIP: _____

33a – Enter your CHW/CHR Program's Type 2 NPI Number as the Billing Provider NPI.
NPI: _____

33b – Enter CHW Taxonomy Code: 172V00000X.

9 – 11d will not need to be changed for any CHW/CHR claims.
Click Save.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17b. REFERRING, ORDERING, OR PRESCRIBING NPI													
19. ADDITIONAL CLAIM INFORMATION	80 Character Limitation													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	A	Primary	B	C	D	E	F	I	G	H	I	J	K	L
22. RESUBMISSION CODE					ORIGINAL REFERENCE NO									
23. PRIOR AUTHORIZATION NUMBER														

17 – Enter the name of the referring provider – i.e., “Dr. Blanche Devereaux”

17b – Enter the Type 1 NPI number of the referring provider entered in 17.
NPI Registry:

<https://npiregistry.cms.hhs.gov/search>

21 – Enter, at minimum, a Primary Diagnosis Code in box A. Additional secondary diagnosis codes can be added as well in boxes B through L.

Review approved Social Determinants of Health (SDoH) Diagnosis Codes using the Medicaid Diagnosis Lookup Tool - <https://dss.sd.gov/medicaid/providers/diagnosistool.aspx>.

Once diagnosis code(s) have been entered, click save.

The next section provides columns to enter in multiple claims for services provided over multiple dates. The screenshot below shows the columns as displayed in the portal. See page 5 for a detailed description of how to complete this section.

24.	1 *	2	3	4	5	6
A. FROM DOS *						
TO DOS *						
B. PLACE OF SERVICE *						
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *						
PROCEDURE MODIFIER						
NDC						
NDC QUANTITY						
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *						
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID						
\$ DED/COINS						
G. DAYS OR UNITS OF SERVICE *						
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI						
RENDERING TAXONOMY						
	✓ Validate ✗					

24.

1 *

A. FROM DOS *

TO DOS *

B. PLACE OF SERVICE *

C. EMERGENCY

D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *

PROCEDURE MODIFIER

NDC

NDC QUANTITY

NDC UNIT OF MEASURE

E. DIAGNOSIS POINTER *

F. \$ CHARGES *

\$ CONTRACTUAL (CTR)

\$ OTHER PAID

\$ DED/COINS

G. DAYS OR UNITS OF SERVICE *

H. EPSDT/FAMILY PLANNING

J. RENDERING PROVIDER NPI

RENDERING TAXONOMY

✓ Validate

✗

24A – From Date of Service (DOS) to DOS will be the date services were provided. Services cannot extend beyond one date per column.

24B – Enter the 2-digit code for the place of service. Refer to the following link for all approved 2-digit codes for place of service: <https://www.cms.gov/medicare/coding-billing/place-of-service->

24D – Enter the appropriate CPT code based on the visit:
98960 – 1 patient 98961 – 2-4 patients 98962 – 5-15 patients

24D (second line) – If applicable, enter modifier based on delivery method / referral agency type:
GT – telemedicine with audio-visual 93 – audio-only HF – SUD agency referral

24F – Based on Units of Service entered in 24G, enter charges in 24F. The following table includes the calculated amount based on the CPT code used and Units of Service:

	July 1, 2025 – June 30, 2026 DOS rates				July 1, 2026 – June 30, 2027 DOS rates			
CPT Code	1	2	3	4	1	2	3	4
98960	\$34.15	\$68.30	\$102.45	\$136.60	\$34.63	\$69.26	\$103.89	\$138.52
98961	\$17.08	\$34.16	\$51.24	\$68.32	\$17.32	\$34.64	\$51.96	\$69.28
98962	\$11.95	\$23.90	\$35.85	\$47.80	\$12.12	\$24.24	\$36.36	\$48.48

24G – Enter number of Units of Service. No more than 4 units of any combination of 98960, 98961, or 98962 are billable on a single date of service. A patient is limited to 104 units of services in a plan year from July 1 to June 30.

Units	1	2	3	4
Time	16-45 min	46-75 min	76-105 min	106 min plus

24J – Enter your CHW/CHR Program’s Type 2 NPI Number as the Rendering Provider NPI.

NPI: _____

24J (second line) – Enter CHW Taxonomy Code: 172V00000X as the rendering taxonomy. Click Validate*

*If you are submitting more than one visit for this Medicaid patient, repeat section 24 in the next column to the right for the next visit.

25. FEDERAL TAX I.D.

26. PATIENT'S ACCOUNT NO.

28. \$ TOTAL CHARGE *

29. \$ TOTAL AMOUNT PAID

32. SERVICE FACILITY LOCATION ZIP CODE *

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

+ Add Attachment

Update

Update

Save

Submit Cancel

28 – Total Charge will calculate based on charges entered above.

32 – Enter the ZIP Code registered to your CHW/CHR Program's Type 2 NPI Number (i.e., 57501)

ZIP: _____

Click Save.

Click Submit.

Once you click submit, you will need to review and confirm the message at the top of the page to fully submit the claim.

A claim is not considered submitted successfully to Medicaid for review until you receive a message that says: Claim saved successfully. Claim reference number: XXXXXXXXXXXXXXXXXXXX.

Write down this claim reference number for future reference to see if your claim was accepted.