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

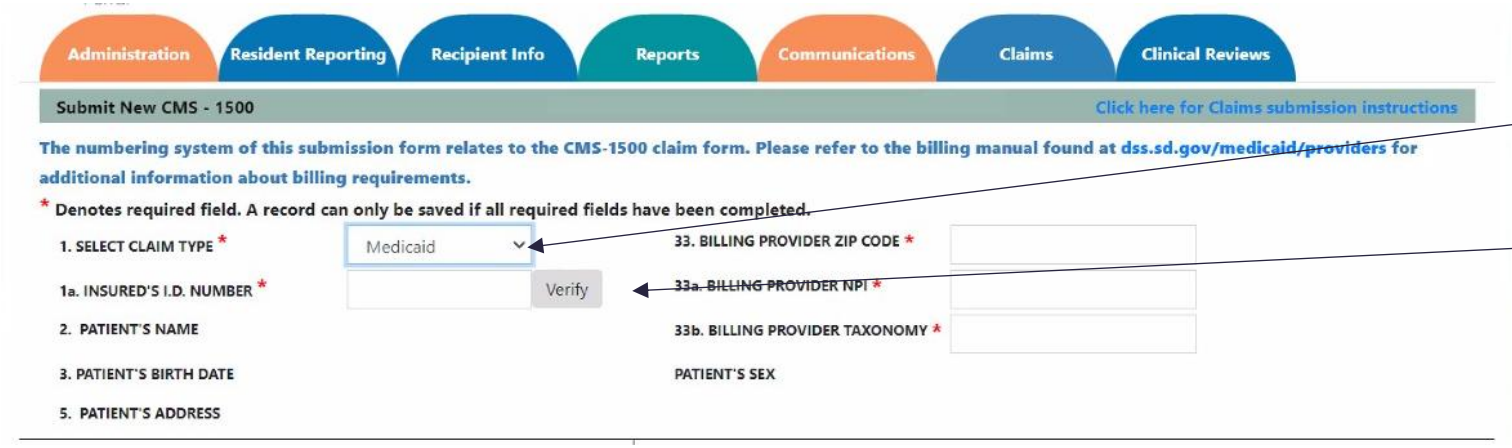
Last Updated: July 9, 2026

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.

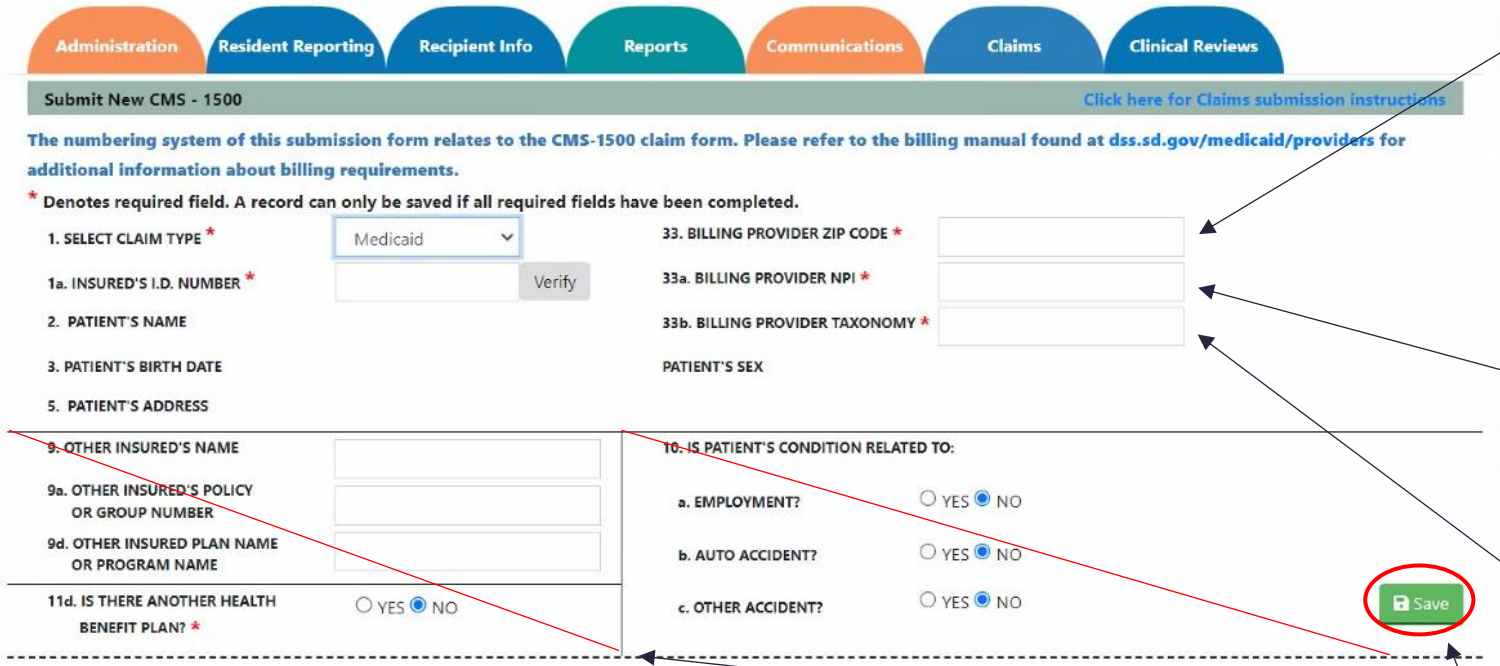
To access the CMS 1500 form, click on "Claims" and select the CMS 1500 option on the dropdown menu.

SUBMITTING CMS 1500 CLAIM



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.



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

ZIP: _____

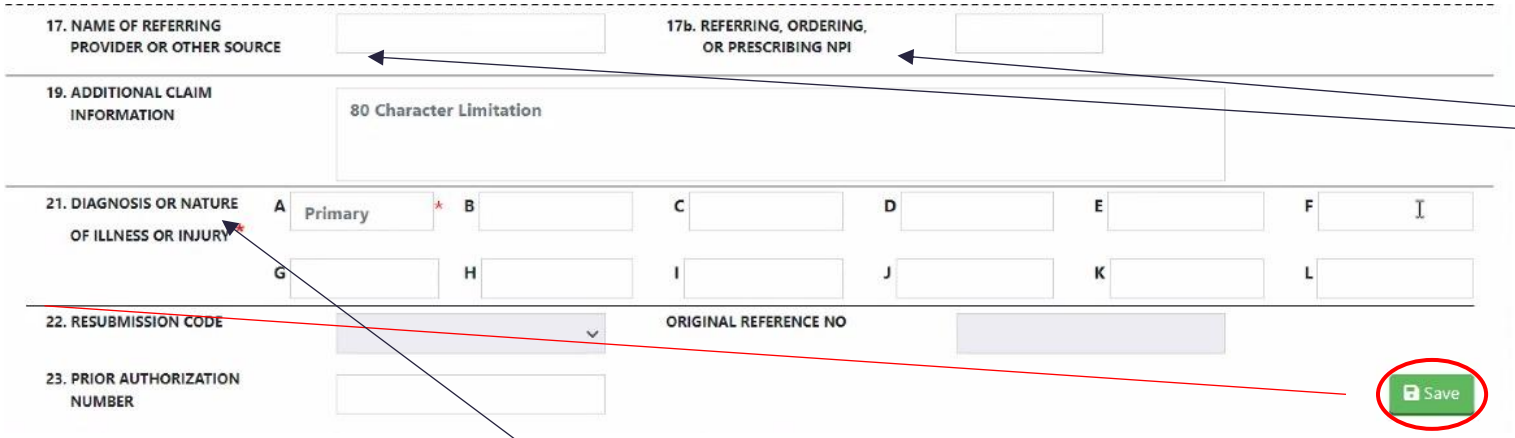
33a – Enter your CHW/CHR Program's Type 2 NPI Number as the Billing Provider NPI.

NPI: _____

33b – Enter CHW Taxonomy Code: 172V00000X.

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

Click Save.



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

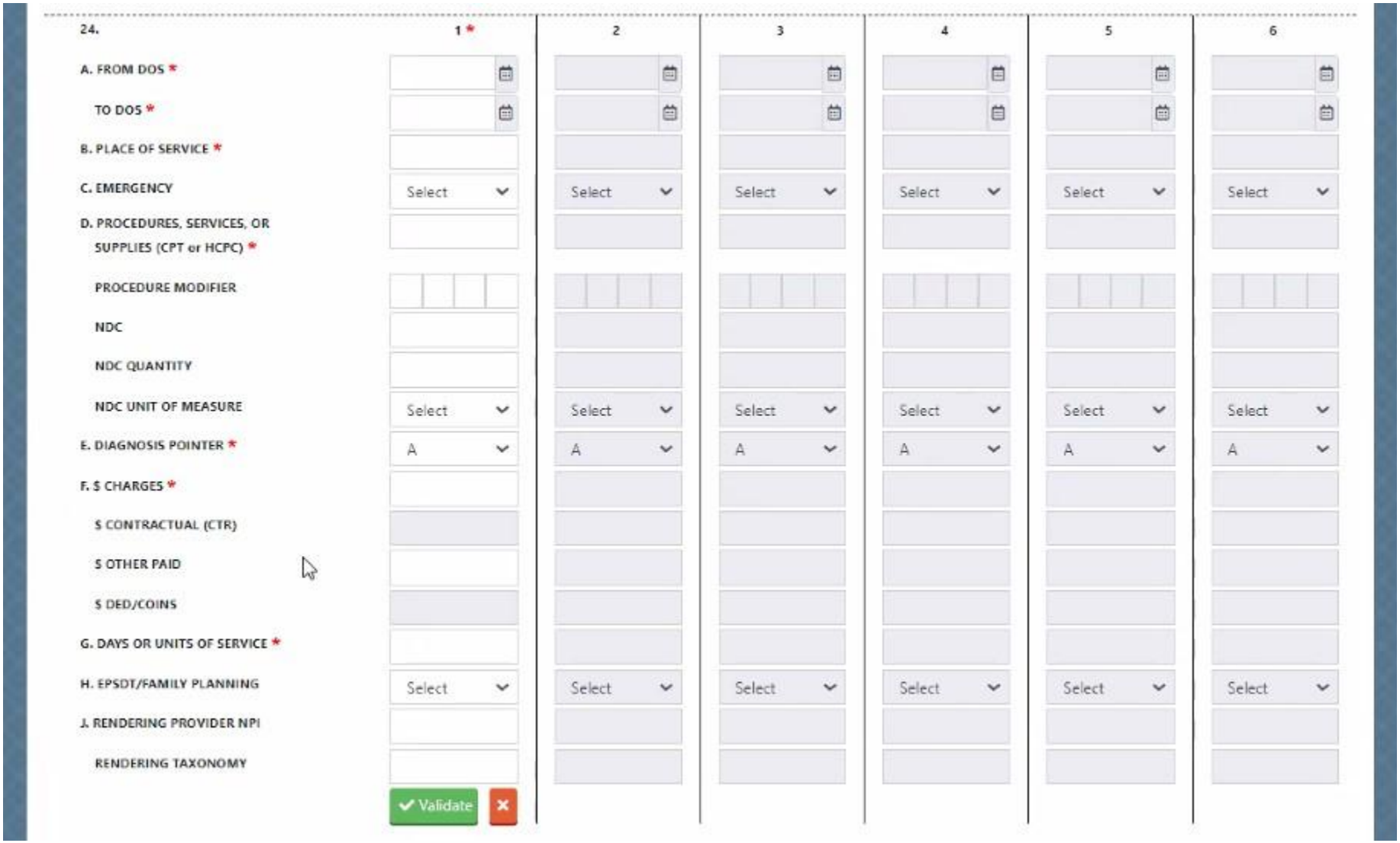
17b – Enter the Type 1 NPI number of the referring provider entered in 17. NPI Registry: https://npiregistry.cms.hhs.gov/search

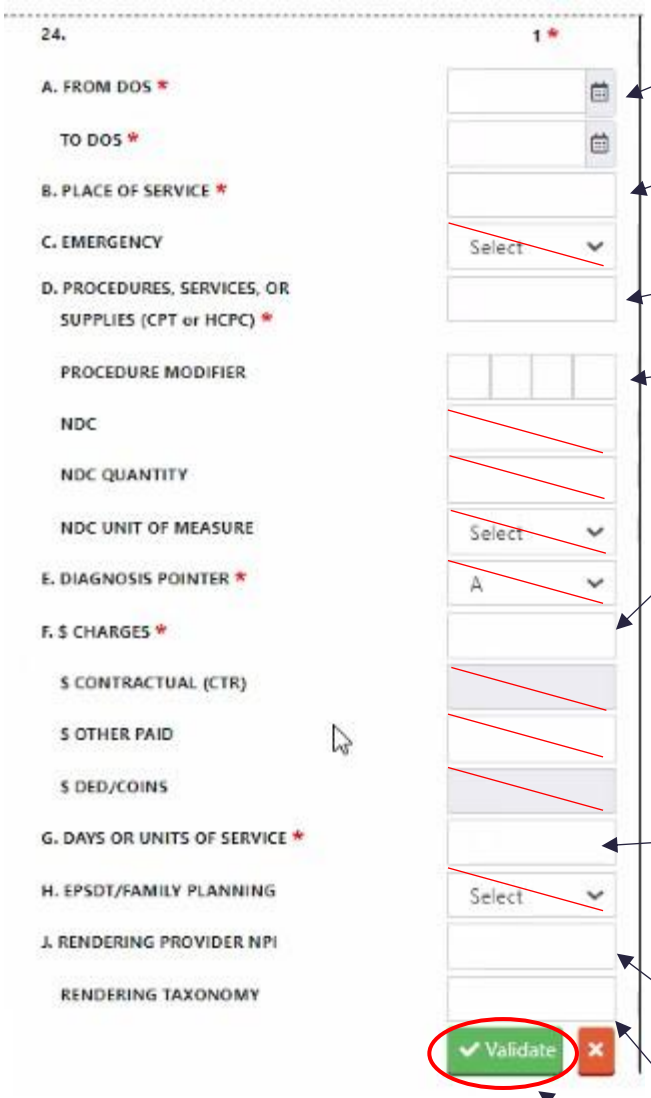
21 – Enter, at minimum, a Primary Diagnosis Code in box A. Additional secondary diagnosis codes can be added as well in boxes B through L.

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.





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.

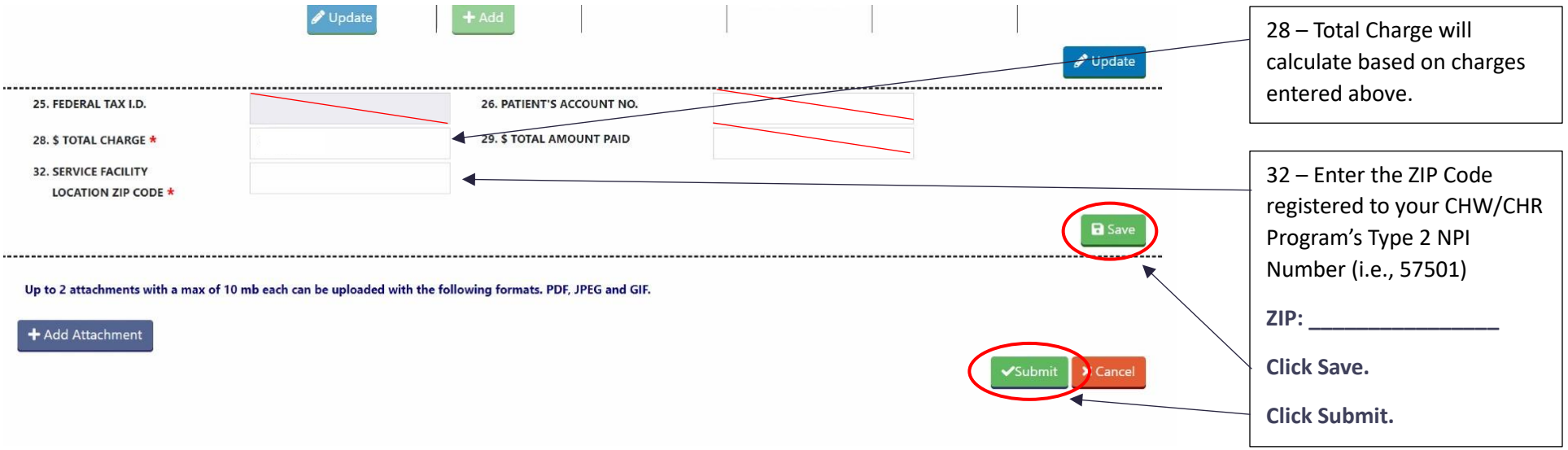
Units	**1**	**2**	**3**	**4**
Time	16-45 min	46-75 min	76-105 min	106 min plus

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.



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: XXXXXXXXXXXXXXXXXX.

<u>Write down this claim reference number for future reference to see if your claim was accepted.</u>