CMS-1500 Claim Form Guide for Counseling Professionals

Box 1. Payer (Payer ID - Payer IDs are unique and are used to submit claims electronically through a clearinghouse. You can get this through the insurance company or clearinghouse you are using).

Purpose: Identify the patient's insurance type.

What to Enter:
Check the appropriate insurance program.

Example:
☑ Other (Commercial Insurance)

Box 1a. Insured's ID Number

Purpose: Patient's insurance member ID.

What to Enter:
Insurance ID exactly as it appears on the insurance card.

Example:
ABC123456789

Box 2. Patient's Name

Purpose: Identifies the client receiving services.

What to Enter:
Last Name, First Name, Middle Initial.

Example:
Smith, John A.

Box 3. Patient's Birth Date and Sex

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Purpose: Identifies demographic information.

What to Enter:
Month, Day, Year and gender marker.

Example:
05 / 14 / 1992
☑ M

Box 4. Insured's Name

Purpose: Policy holder's name.

What to Enter:
Name of the insured if different from patient.

Example:
Smith, Jennifer L.

Common Counseling Scenario:
Child client covered under parent's insurance.

Box 5. Patient's Address

Purpose: Mailing address of client.

What to Enter:
Street, city, state, ZIP, and phone number.

Example:
123 Main Street
Denver, CO 80202
(303) 555-1234

Box 6. Patient Relationship to Insured

Purpose: Indicates relationship to policy holder.

What to Enter:
Check one box.

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Example:
☑ Self

or

☑ Child

Box 7. Insured's Address

Purpose: Policy holder's address.

What to Enter:
Complete for the patient.

Example:
Same as patient or policy holder's address.

Box 8. Reserved for NUCC Use

Purpose: Not used.

What to Enter:
Leave blank.

Box 9. Other Insured's Name

Purpose: Secondary insurance information.

What to Enter:
Name of secondary insurance holder.

Example:
Johnson, Robert

If no secondary insurance:
Leave blank.

Box 9a. Other Insured's Policy Number

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Purpose: Secondary insurance member ID.

Example:
XYZ987654321

Boxes 9b and 9c

Purpose: Reserved.

What to Enter:
Leave blank.

Box 9d. Insurance Plan Name

Purpose: Secondary insurance plan name.

Example:
Aetna Secondary PPO

Box 10a. Employment Related?

Purpose: Determines whether services relate to work injury.

Example:
☑ No

Box 10b. Auto Accident?

Purpose: Determines accident-related services.

Example:
☑ No

Box 10c. Other Accident?

Purpose: Determines if another accident caused condition.

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Example:
☑ No

Box 10d. Claim Codes

Purpose: Rarely used.

What to Enter:
Leave blank unless payer instructs otherwise.

Box 11. Insured's Policy Group or FECA Number

Purpose: Group number from insurance card.

Example:
GRP-123456

Box 11a. Insured's Birth Date and Sex

Purpose: Policy holder demographics.

Example:
02 / 18 / 1970
☑ F

Box 11b. Other Claim ID

Purpose: Usually not required.

What to Enter:
Follow payer instructions.

Box 11c. Insurance Plan Name

Purpose: Name of primary insurance.

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Example:
Blue Cross Blue Shield PPO

Box 11d. Another Health Benefit Plan?

Purpose: Identifies secondary coverage.

Example:
☑ No

Box 12. Patient Signature

Purpose: Authorizes release of information.

What to Enter:
Patient signature or Signature on File (SOF) if permitted.

Example:
Signature on File

Box 13. Insured's Signature

Purpose: Authorizes payment assignment.

What to Enter:
Signature or SOF.

Example:
Signature on File

Box 14. Date of Current Illness or Injury

Purpose: Date symptoms began or client first became aware of condition.

Example:
01 / 10 / 2025

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Counseling Example:
Date client reports anxiety symptoms significantly worsened.

Box 15. Other Date

Purpose: Rarely required.

What to Enter:
Usually leave blank.

Box 16. Dates Patient Unable to Work

Purpose: Disability-related claims only.

What to Enter:
Leave blank unless requested.

Box 17. Referring Provider

Purpose: Referral source.

What to Enter:
Name of referring provider.

Example:
Dr. Sarah Johnson

If no referral required:
Leave blank.

Box 17a. Referring Provider Credentials

Purpose: Legacy identifier.

What to Enter:
Usually blank.

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Box 17b. Referring Provider NPI

Purpose: Referring provider's NPI.

Example:
1234567890

Usually blank

Box 18. Hospitalization Dates

Purpose: Related inpatient hospitalization dates.

Example:
Leave blank for routine outpatient counseling.

Box 19. Additional Claim Information

Purpose: Payer-specific notes.

Example:
Telehealth services provided.

Often Left Blank

Box 20. Outside Lab?

Purpose: Laboratory charges.

Example:
☑ No

Box 21. Diagnosis Codes

Purpose: Lists ICD-10 diagnoses supporting medical necessity.

What to Enter:
Up to 12 diagnosis codes.

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Examples:

A. F41.1 Generalized Anxiety Disorder

B. F33.1 Major Depressive Disorder, Recurrent, Moderate

C. Z63.0 Relationship Distress with Spouse or Intimate Partner

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Box 22. Resubmission Code

Purpose: Corrected claims only.

Example:
Leave blank for original submission or if required, select Original (1).

Box 23. Prior Authorization Number

Purpose: Authorization number when required.

Example:
AUTH123456

Service Line Section (Box 24)

Box 24A. Dates of Service

Purpose: Date session occurred.

Example:
06/15/2026

Box 24B. Place of Service

Purpose: Location where service occurred.

Common Counseling POS Codes

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Code	Description
02	Telehealth (other than home)
10	Telehealth in patient's home
11	Office
12	Home
53	Community Mental Health Center

Example:
11

Box 24C. EMG

Purpose: Emergency indicator.

Example:
Leave blank.

Box 24D. CPT/HCPCS Code

Purpose: Procedure code.

Common Counseling CPT Codes

CPT	Service
90791	Psychiatric Diagnostic Evaluation
90832	Psychotherapy 30 minutes
90834	Psychotherapy 45 minutes
90837	Psychotherapy 60 minutes
90846	Family Therapy Without Client
90847	Family Therapy With Client
90853	Group Therapy

Example:
90837

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Box 24D Modifier

Purpose: Indicates special circumstances.

Common Counseling Modifiers

Modifier	Use
95	Telehealth
GT	Some payer-specific telehealth claims

Example:
90837-95

Box 24E. Diagnosis Pointer

Purpose: Connects service to diagnosis.

Example:
A

Meaning CPT code is linked to Diagnosis A from Box 21.

Box 24F. Charges

Purpose: Amount billed.

Example:
$150.00

Box 24G. Units

Purpose: Number of service units.

Example:
1

Most counseling sessions = 1 unit.

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Box 24H. EPSDT/Family Plan

Purpose: Rarely used in counseling.

What to Enter:
Leave blank unless payer requires.

Box 24I. ID Qualifier

Purpose: Usually left blank.

Box 24J. Rendering Provider NPI

Purpose: Clinician's NPI.

Example:
1234567890

Box 25. Federal Tax ID Number

Purpose: Practice EIN or SSN.

Example:
12-3456789

☑ EIN

Box 26. Patient Account Number

Purpose: Internal practice tracking number.

Example:
PT-100245

Optional.

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Box 27. Accept Assignment?

Purpose: Accept payer's allowed amount.

Example:
☑ Yes

Box 28. Total Charge

Purpose: Total charges billed.

Example:
$150.00

Box 29. Amount Paid

Purpose: Amount previously paid.

Example:
$0.00

or patient's collected payment amount.

Box 30. Reserved for NUCC Use

Purpose: Leave blank.

Box 31. Signature of Provider

Purpose: Certifies services were provided.

What to Enter:
Provider signature or Signature on File or Electronically Signed

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Example:
Steven Glasser, PhD, LPC
06/20/2026

Box 32. Service Facility Location

Purpose: Location where services occurred.

Example:

Glasser Counseling Services
123 Therapy Lane
Grand Junction, CO 81501

NPI: 1234567890

Box 33. Billing Provider Information

Purpose: Practice billing information.

Example:

Glasser Counseling Services
123 Therapy Lane
Grand Junction, CO 81501
(970) 555-1234

33a. NPI: 1234567890

33.b Taxonomy code

Mental Health Counselor: 101YM0800X — Typically used by Licensed Professional Counselors (LPCs) or Licensed Mental Health Counselors (LMHCs).

Addiction (Substance Use Disorder) Counselor: 101YA0400X — Used by certified or licensed addiction specialists.

Clinical Counselor: 101YP2500X — Often selected by advanced practitioners or Licensed Professional Clinical Counselors (LPCCs).

School Counselor: 101YS0200X — Used for educational and academic counseling settings.

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