

1020INSTRUCTIONS FOR COMPLETION OF HCFA 1500/CMS 1500

Only the mandatory fields on the HCFA 1500 are listed below. All other fields are to be left blank.

Box/Field Number on HCFA	Description
1a. Insured ID Number	Social Security Number. If unknown leave blank
2. Patient's Last Name, First Name	Last Name followed by First Name and Middle Initial
3. Patient's Date of Birth	Fill out MM DD YYYY
3. Patient's Sex	M or F
5. Patient's Address City, State, Zip Code	Make sure to fill out all known address information.
8. Reserved for NUCC Use	MHLA ID number - 17 character number assigned by County for patient
10d. Reserved for Local Use	Put 2 character Ethnicity and 2 character Language Code in this area. Sample: 0774
14. Date of Current: Illness/Injury	Fill in with Primary Visit Date if submitting Ancillary (LAB or Radiology) procedures.
19. Homelessness Code	Put 2 character Homelessness code in this field.
21. Diagnosis Codes (ICD-9/10)	Only codes allowed by County will be reimbursed.
23. Prior Authorization Number	Put 4 character code of MHLA
24a. Date(s) of Service	Fill out MM DD YY
24b. Place of Service	
24d. Procedure Code(s) and Modifier(s)	<p style="color: red;">Fill in principle procedure code on line number 1.</p> <p style="color: red;">When reporting Mental Health Screening or Mental Health Preventive Services (MHPS), the MODIFIER fields will be used to capture the PHQ-9 and/or the GAD-7 Questionnaire Scores. The two character code of "P1" should be used to indicate that the score belongs to the PHQ-9 questionnaire and two character code of "G1" should be used to indicate that the score belongs the GAD-7 questionnaire.</p> <p style="color: red;">When reporting procedure code H0002, the PHQ-9 Score will be indicated by inputting "P1" in the 1st modifier box. In the 2nd modifier box indicate the two characters PHQ-9 score. Note, include a leading zero for all score values under 10. For ex: Score of 0 should be input as "00".</p> <p style="color: red;">When reporting procedure code H2014, County is requesting that either the PHQ-9 and/or GAD-7 questionnaire scores be included, when applicable.</p> <ul style="list-style-type: none"> - If reporting one score, input either "G1" or "P1" in the 1st modifier box to show which questionnaire are being reported. In the 2nd modifier box, input the applicable two characters score. - If reporting two scores, input the Procedure Code H2014 on the applicable service line and input "G1" in the 1st modifier box and the two characters GAD-7 score in the 2nd modifier box. On the next service line, input the Procedure Code H2014, followed by "P1" in the 1st modifier box and the two characters PHQ-9 score in the 2nd modifier box. - If no questionnaire score is to be reported, then leave the Modifier fields blank.
24e. Diagnosis Pointer	

24f. Charges	
24g. Days or Units as applicable	
24j. NPI	Physician's NPI number in the appropriate area.
25. Federal Tax ID number	Clinic's Tax ID – This must match # on Partner Enrollment Form. Also, must be where services were rendered to patient. If your clinic has multiple sites, be sure to include the 1 character suffix assigned by County.
26. Patient's Account Number	Clinic's Internal Patient Account Number
27. Accept Assignment	Usually indicated as Y
28. Total Charges	Should equal summary of all charges indicated with Date of Service area.
31. Signature on File/Date	If signature of physician is not on claim, be sure to mark "On File".
32. Service Facility Location Info	Full Name and Address of Clinic where services were rendered to patient.
32a. NPI	Include the NPI number for the Clinic.
33. Billing Provider Info & PH	Full Name, Address and PHONE Number of site where HFCA was prepared. May be used to contact you if something wrong with claims.

All Manual Claims should be sent to:

American Insurance Administrators (AIA)

MHLA Program, P O Box 17908

Los Angeles, CA 90017-0908.

Phone: 800.303.5242 - Please ask for the MHLA Program