

CLTS Claim Form Outline

Member Information	Key Information
1. Participant Identification	<ul style="list-style-type: none"> 10-digit number from the authorization form (if this is not listed on the authorization form, contact your County Waiver Agency (CWA))
2. Participant Last Name	<ul style="list-style-type: none"> Participant's Last Name from the authorization form
3. Primary Diagnosis Code	<ul style="list-style-type: none"> Enter the primary diagnosis code, if applicable
4. Participant Date of Birth	<ul style="list-style-type: none"> Participant's Date of Birth from the authorization form
5. Participant First Name	<ul style="list-style-type: none"> Participant's First Name from the authorization form
6. Patient Account (invoice) No.	<ul style="list-style-type: none"> Optional; prints on provider remittance advice (PRA) for provider's internal claim identification purposes

Provider Information	Key Information
7. Provider Tax No./EIN/SSN	<ul style="list-style-type: none"> Nine-digit number from the authorization form
8. Business Name	<ul style="list-style-type: none"> Facility where the services were rendered (found on the left side of authorization form)
9. Business Address	<ul style="list-style-type: none"> Facility's street address (found on the left side of authorization form) No P.O. Box
10. City/State/ZIP Code	<ul style="list-style-type: none"> Facility's City, State, and ZIP Code (found on the left side of authorization form)
11. Provider Billing NPI No.	<ul style="list-style-type: none"> 10-digit NPI No. that starts with 1 or 2 Required for medical services
12. Billing Provider Name	<ul style="list-style-type: none"> Provider's billing name (found on the right side of the authorization form) Billing Provider Name must be filled in even if the information is the same as the facility/servicing information in Box 8
13. Billing Address	<ul style="list-style-type: none"> Provider's billing address (found on the right side of the authorization form) Billing Address must be filled in even if the information is the same as the facility/servicing information in Box 9
14. City/State/ZIP Code	<ul style="list-style-type: none"> Provider's City, State, and ZIP Code (found on the right side of the authorization form) Provider's City, State, and ZIP Code must be filled in even if the information is the same as the facility/servicing information in Box 10

Claim Information	Key Information
15. Date of Service (MM/DD/YY)	<ul style="list-style-type: none"> From date/to date of service (date span or individual date of service covered under the authorization number) Do not submit claims in advance (future dates) Do not submit two different years on the same claim
16. Type of Bill	<ul style="list-style-type: none"> Three- or four-digit Bill Type should only be used for Institutional claims (billed with Revenue Codes) Personal Care services MUST be submitted with 0323
17. Service Code: Revenue Code	<ul style="list-style-type: none"> Three- or four-digit service code from the authorization form Do not key the five-digit HCPCS/CPT code in this field
18. Service Code: HCPCS/CPT Code	<ul style="list-style-type: none"> Five-digit service code from the authorization form Do not key the three- or four-digit Revenue code in this field
19. Mod (1)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
19. Mod (2)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
19. Mod (3)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
19. Mod (4)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
20. Authorization Number	<ul style="list-style-type: none"> Unique number assigned to specific date of service and service code listed on the authorization form One like authorization number per claim
21. Rendering Provider NPI No.	<ul style="list-style-type: none"> 10-digit Rendering Provider NPI number that starts with a 1 or 2 is required for Mental Health services Rendering Provider NPI number is optional for all other services
22. Units Billed	<ul style="list-style-type: none"> Number of units within the authorized units
23. (\$) Total Charge	<ul style="list-style-type: none"> Total dollar amount billed for claim line
24. (\$) Total Charges	<ul style="list-style-type: none"> Total dollar amount of all claim lines billed
25. Authorized Signature	<ul style="list-style-type: none"> Provider signature, printed name, and date of signature (required)
26. Disclaimer Code	<ul style="list-style-type: none"> Two- or three-digit code provided by your County Waiver Agency (CWA)

NOTE: Please review the claim form for any special handling claim instructions.

