INSTRUCTIONS FOR COMPLETING THE CMS 1500 FORM FOR DDA WAIVER SERVICES

THE FOLLOWING SEVENTEEN (17) BLOCKS MUST BE COMPLETED TO PROCESS THIS FORM

BLOCKS 11, 21.1, 24B, 24E, 24J, AND 28 ARE FIXED WITH THE NECESSARY INFORMATION.

INCOMPLETE FORMS WILL BE RETURNED. MAIL FORM(S) TO THE ADDRESS IN BLOCK 33

Block #	Description	Required Data
2	Patient's Name Last Name, First Name, Middle Initial	Enter name as provided on the Medicaid Identification Card
9a	Other Insured's Policy or Group Number	Enter ma number as provided on the Medicaid Identification Card
11	Insured's Policy Group or FECA Number	Form is fixed with the necessary letter "k"
21.1	Diagnosis or Nature of Illness or Injury	Form is fixed with the necessary number "315.9"
24a	Date(s) of Service	Enter date of service using six digits, MM/DD/YY, under the heading "from"
24b	Place of Service	Form is fixed with the necessary number "99"
24d	Procedures, Services, or Supplies	Enter one of DDA's exclusive procedure codes
24e	Diagnosis Pointer	Formed is fixed with the necessary number "1"
24f	$ Charges	Enter your approved amount or enter the actual amount for the Behavioral Procedure
24g	Days or Units	Enter the unit of service which is always "1" with the exception of Behavioral Procedures that vary
24i	ID Qualifier	Form is fixed with the necessary qualifier "1D"
24j	Rendering Provider ID #	The necessary information will be filled in when blocks 33a and 33b are completed.

Fill in the same blocks in "24" for the next five lines if the Patient has additional claims.

28	Total Charge	Form is fixed to add all charges in column F
31	Signature of Physician or Supplier with date	Type in name of approved individual for your organization Select the date from the drop box
33	Billing Provider Info & PH #	Enter the name, complete street adress, city, state, zip code and phone number of the provider. ALL PAPER CLAIMS ARE TO BE MAILED TO: DHMH - DDA - FBU - 4th FLOOR, 201 WEST PRESTON STREET, BALTIMORE, MD. 21201
33a	Billing Provider Info & PH #	Enter your provider number after the "5"
33b	Billing Provider Info & PH #	Enter your provider number after the "1D"

PRINT THE FORM AND MAIL TO THE ADDRESS IN BLOCK 33. MAKE A COPY FOR YOUR RECORDS.