CMS-1500 Claim Examples for Community Support Services

These examples are for illustration purposes only. Actual codes billed should reflect who rendered the services.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER			E. DIAGNOSIS POINTER	F. $CHARGES	G. DAYS OR UNITS
01	**12**	**09**	**01**	**12**	**09**	**11**		**H0036**	**HA**	**HO**		**1**	**73.00**	**4**
01	**12**	**09**	**01**	**12**	**09**	**11**		**H0036**	**HA**	**UB**		**1**	**47.36**	**8**
01	**12**	**09**	**01**	**12**	**09**	**11**		**H0036**	**HA**	**HN**		**1**	**41.16**	**4**
01	**12**	**09**	**01**	**12**	**09**	**11**		**H0036**	**HQ**	**U7**		**1**	**23.48**	**4**