



Community Health Partnership Services

Required Claim Data Elements

Billing Provider Information

Provider Name	Enter the Provider Name. Must match W-9
TIN/EIN/SSN	Enter the Taxpayer Identification Number (TIN), Employee Identification Number (EIN) or Social Security Number (SSN). Must match W-9
Billing Provider Taxonomy	Enter the Taxonomy for the Billing Provider
Billing Provider NPI	Enter the National Provider Identifier (NPI)
Billing Provider Street Address	Enter the Billing Provider Street Address. Must match W-9
Billing Provider City	Enter the Billing Provider City. Must match W-9
Billing Provider State	Enter the Billing Provider State. Must match W-9
Billing Provider Zip Code	Enter the Billing Provider Zip Code. Must match W-9

Rendering Provider Information *(required if different than billing provider)*

Provider Name	Enter the Provider Name
Rendering Provider Taxonomy	Enter the Taxonomy for the Rendering Provider
Rendering Provider NPI	Enter the National Provider Identifier (NPI)
Rendering Provider Street Address	Enter the Rendering Provider Street Address
Rendering Provider City	Enter the Rendering Provider City
Rendering Provider State	Enter the Rendering Provider State
Rendering Provider Zip Code	Enter the Rendering Provider Zip Code

Patient Information

Client Last Name	Enter the Last Name of the client exactly as it appears on the client services card or other proof of eligibility
Client First Name	Enter the First Name of the client exactly as it appears on the client services card or other proof of eligibility
Client Street Address	Enter the Street Address of the client
Client City	Enter the City of the client
Client State	Enter the State of the client
Client Zip Code	Enter the Zip Code of the client
Client DOB	Enter the client's Date of Birth
Client Gender	Enter the client's Gender
Client Insured ID	Enter the Insured ID of the client exactly as it appears on the client services card or other proof of eligibility

Claim Information

Place of Service	Only Enter the two (2) digit numeric value as the Place of Service (POS) Refer to the list of POS codes published by CMS here
Diagnosis Code	Enter the Diagnosis Code(s) Refer to the following free resources for ICD-10-CM coding information: CDC ICD-10-CM and CMS ICD-10
Service From Date	Enter the first date or service for the billing period the service was provided
Service To Date	Enter the last date of service for the billing period the service was provided
Service Code	Enter the appropriate procedure code (CPT/HCPCS) for the service(s) being billed Refer to the Reentry Initiative covered procedure code list here
Modifier	Enter any applicable modifiers
Diagnosis Pointer	Enter the pointer to the applicable diagnosis code
Billed Amount	Enter the billed amount for the line
Units	Enter the number of units