



The 02/12 1500 Claim Form: Understanding the Changes to the Form

Common Myth

The 1500 claim form (AKA – HCFA 1500 or CMS 1500) is developed by the federal government.

False.

- The 1500 claim form is developed and maintained by the NUCC.
- The form is in the public domain.
- The form is used by federal payer programs, e.g., Medicare, TRICARE, Black Lung, etc.



National Uniform Claim Committee

- The NUCC was formed in 1995 taking over for the Uniform Claim Form Task Force that initially developed the standard professional claim form
- NUCC assumed responsibility for the development and maintenance of the 1500 claim form
- Its members represent a broad base of payers, providers, standards developers, data content committees, public health organizations, and vendors
- The AMA is the Secretariat of the NUCC
- NUCC's Web site: www.nucc.org



1500 Claim Form Revision Work

- Goal: Align the 1500 with changes in the 5010 837P and accommodate ICD-10 reporting needs
- Work started in 2009
- Reviewed existing data and needs for new
- Held a public comment period in October 2009
- Defined the scope of the work to not change the existing look of the form or underlying layout
- Made changes and mock-up of the form
- Held a public comment period in June 2011 on proposed changes
- Completed final draft of form

1500 Claim Form Approval

- Updated form approved by NUCC in February 2012 (version 02/12)
- NUCC submitted updated form to CMS for approval
- CMS held a public comment period June 2012
- OMB held a public comment period October 2012
- NUCC received word of final approval in June 2013



HEALTH INSURANCE CLAIM FORM

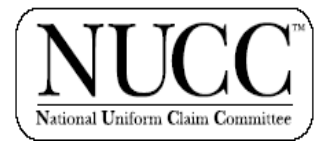
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)</small>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY M F									
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE QUAL. MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____ 17b. NPI _____									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____ 23. PRIOR AUTHORIZATION NUMBER _____									
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 H. ICD 9cm I. QUAL. J. RENDERING PROVIDER ID. #																			
25. FEDERAL TAX ID, NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.									
27. ACCEPT ASSIGNMENT? (For gov. plans, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____										32. SERVICE FACILITY LOCATION INFORMATION a. NPI _____ b. _____									
33. BILLING PROVIDER INFO & PH # ()																			

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



Form Changes – Header



HEALTH INSURANCE CLAIM FORM

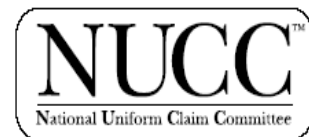
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

CARRIER ↑ ↓

- Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code)
 - Changed symbol to give visual difference for 02/12 form
- Changed 08/05 to 02/12



Form Changes – 1

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (ID#)
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- Changed “TRICARE CHAMPUS” to “TRICARE”
- Replaced “SSN” with “ID#”

Form Changes – 8

8. RESERVED FOR NUCC USE

- Deleted “PATIENT STATUS” and content of field
 - “PATIENT STATUS” is not reported in 837P so not needed on the 1500
- Changed title to “RESERVED FOR NUCC USE”

Form Changes – 9b

b. RESERVED FOR NUCC USE

- Deleted “OTHER INSURED’S DATE OF BIRTH, SEX”
 - “OTHER INSURED’S DATE OF BIRTH, SEX” is not reported in 837P so not needed on the 1500
- Changed title to “RESERVED FOR NUCC USE”

Form Changes – 9c

c. RESERVED FOR NUCC USE

- Deleted “EMPLOYER’S NAME OR SCHOOL”
 - “EMPLOYER’S NAME OR SCHOOL” not reported in 837P so not needed on 1500
- Changed title to “RESERVED FOR NUCC USE”

Form Changes – 10d

10d. CLAIM CODES (Designated by NUCC)

- Changed title from “RESERVED FOR LOCAL USE” to “CLAIM CODES (Designated by NUCC)”
 - Title changed to reflect usage of field

Form Changes – 11b

b. OTHER CLAIM ID (Designated by NUCC)

- Deleted “EMPLOYER’S NAME OR SCHOOL”
 - “EMPLOYER’S NAME OR SCHOOL” not reported in 837P so not needed on 1500
- Changed title to “OTHER CLAIM ID (Designated by NUCC)”
- Added dotted line in the left-hand side of the field to accommodate a 2-byte qualifier
 - Valid qualifiers are provided in the 02/12 Instruction Manual

Form Changes – 14

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			
MM	DD	YY	QUAL.

- Changed title to “DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)”
- Removed the arrow and text in the right-hand side of the field
- Added “QUAL.” with a dotted line to accommodate a 3-byte qualifier
 - Valid qualifiers are provided in the 02/12 Instruction Manual

Form Changes – 15

15. OTHER DATE				
QUAL.		MM	DD	YY

- Changed title from “IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE” to “OTHER DATE”
- Added “QUAL.” with two dotted lines to accommodate a 3-byte qualifier
 - Valid qualifiers are provided in the 02/12 Instruction Manual

Form Changes – 17

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

- Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier
 - Valid qualifiers are provided in the 02/12 Instruction Manual

Form Changes – 19

19. **ADDITIONAL CLAIM INFORMATION** (Designated by NUCC)

- Changed title from “RESERVED FOR LOCAL USE” to “ADDITIONAL CLAIM INFORMATION (Designated by NUCC)”
 - Title changed to reflect usage of field

Form Changes – 21

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				ICD Ind.	
A. _____	B. _____	C. _____	D. _____		
E. _____	F. _____	G. _____	H. _____		
I. _____	J. _____	K. _____	L. _____		

- Added “ICD Ind.” and two dotted lines to accommodate a 1-byte indicator
 - Indicators provided in the 02/12 Instruction Manual
- Added 8 additional lines for diagnosis codes
- Changed labels of the diagnosis code lines to alpha characters (A – L)
- Removed the period within the diagnosis code lines

Form Changes – 22

22. RESUBMISSION
CODE

ORIGINAL REF. NO.

- Changed title from “MEDICAID RESUBMISSION” to “RESUBMISSION.”
 - Title changed to reflect usage of field

Form Changes – 30

30. Rsvd for NUCC Use

- Deleted “BALANCE DUE.” Changed title to “Rsvd for NUCC Use.”
 - “BALANCE DUE” is not reported in 837P so not needed on 1500

Transitioning to the Updated Form

- The NUCC approved the following transition timeline:
 - January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
 - January 6 through March 31, 2014: Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
 - April 1, 2014: Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).
- This timeline aligns with Medicare's transition timeline.



What Users of the 1500 Need to Do

- Talk to your practice management system vendor about upgrades to your system for the form
- Use up your stock of 08/05 forms
- Order 02/12 forms
 - Talk to your current forms vendor
- Look at any payer-specific instructions you receive

NUCC Resources

Materials located under the 1500 Claim Form tab:

- NUCC Website: www.nucc.org
- Materials under the “1500 Claim Form” tab on the “02/12 1500 Claim Form” page
- The following resources are available:
 - Sample 02/12 1500 Claim Form
 - Change log of differences between the 08/05 and the 02/12 version
 - NUCC instruction manual and change log
 - 02/12 1500 Claim Form Map to the ASC X12 837P
 - Frequently Asked Questions

