## The Revised 1500 Health Insurance Claim Form

The Office of Management and Budgets (OMB) has approved a revised CMS-1500 health insurance claim form (version 02/12) to replace the current form (version 08/05)

## **NUCC Approves Transition Timeline for 02/12 1500 Form**

The NUCC approved the following transition timeline at its in-person meeting in Chicago on August 1, 2013.

- 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.

**HEALTH INSURANCE CLAIM FORM** APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 MEDICAID (Medicare#) (Medicaid#) (ID#/DoD#) . PATIENT'S NAME (Last Name, F 8. RESERVED FOR NUCC US 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSURED'S NAME ( . EMPLOYMENT? (Current or Pre a. OTHER INSURED'S POLICY OR GROUP NUM SEX YES YES RESERVED FOR NUCC USE b. OTHER CLAIM ID (Designated by NUCC) YES . RESERVED FOR NUCC USE OTHER ACCIDENT? YES 10d. CLAIM CODES (Designated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If ves. complete items 9, 9a, and 9d. ent of medical benefits to the undersigned physician or supplier for 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM | DD | YY QUAL 8. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY YES NO ORIGINAL REF. NO. в. L c. L D. G. L H. L NP NP instruction Manual available at: www.nucc.org APPROVED OMB-0938-1197 FORM 1500 (02-12) PLEASE PRINT OR TYPE

**Header:** Replaced 1500 rectangular symbol with two-dimensional QR Code.

Item Number 1: Changed "TRICARE CHAMPUS" to "TRICARE" and changed "(Sponsor's SSN)" to "(ID#/DoD#)."

Changed "(SSN or ID)" to "(ID#) under "GROUP HEALTH PLAN."
Changed "(SSN)" to "(ID#)" under "FECA BLK LUNG."

Changed "(ID)" to "(ID#)" under "OTHER.'

**Item Number 8:** Deleted "PATIENT STATUS" and changed title to "RESERVED FOR NUCC USE."

Item Number 9b: Deleted "OTHER INSURED'S DATE OF BIRTH, SEX." Changed title to "RESERVED FOR NUCC USE." Item Number 9c: Deleted "EMPLOYER'S NAME OR SCHOOL. Changed title to "RESERVED FOR NUCC USE."

Item Number 10d: Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)."

Item Number 11b: Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "OTHER CLAIM ID (Designated by NUCC)." Added dotted line to accommodate a 2-byte qualifier

**Item Number 11d:** Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d."

Item Number 14: Changed title to "DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP). Added "QUAL." with a dotted line to accommodate a 3-byte qualifier.

Item Number 15: 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.

**Item Number 17:** Added a dotted line to accommodate a 2-byte qualifier.

Item Number 19: Changed title from "RESERVED FOR LOCAL USE" to "ADDITIONAL CLAIM INFORMATION (Designated by NUCC)."

Item Number 21: Changed instruction after title from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E)."

Added 8 additional lines for diagnosis codes.

Added "ICD Ind." and two dotted lines in to accommodate a 1-byte indicator.

Changed labels of the diagnosis code lines to alpha characters (A – L) and removed periods.

Item Number 22: Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION."

Item Number 30: Deleted "BALANCE DUE." Changed title to "Rsvd for NUCC Use."

Footer: Changed "APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)" to "APPROVED OMB-0938-1197 FORM 1500 (02/12)."