

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.

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)."

