The Updated 1500 Claim Form: Understanding Its Changes and the Work to Implement It

Tuesday, September 17, 2013
Speakers

- Kelly Butler, Emdeon, moderator
- Nancy Spector, AMA
- Claudette Sikora, CMS
- Gloria Davis, NextGen Healthcare
Objectives

- Provide an overview of the NUCC and its work
- Provide an overview of the approval process
- Describe the updates
- Discuss the transition timeline
- Provide an overview of Medicare’s implementation and transition timeline
- Present the work done by one practice management vendor to implement the updated form
Updates to the 1500 Claim Form:

Nancy Spector
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.
The NUCC was formed in 1995 taking over for the Uniform Claim Form Task Force that initially developed the standard professional claim form.

It 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
02/12 1500 Claim Form

HEALTH INSURANCE CLAIM FORM

PATIENT AND INSURED INFORMATION

NCPID: 

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED 06/20-11F FORM 1500 02/12/15
Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code)

Changed 08/05 to 02/12
Form Changes – 1

- Changed “TRICARE CHAMPUS” to “TRICARE”
- Replaced “SSN” with “ID#”
Deleted “PATIENT STATUS” and content of field.

Changed title to “RESERVED FOR NUCC USE.”
Form Changes – 9b

- Deleted “OTHER INSURED’S DATE OF BIRTH, SEX.”
- Changed title to “RESERVED FOR NUCC USE.”
Form Changes – 9c

- Deleted “EMPLOYER’S NAME OR SCHOOL.”
- Changed title to “RESERVED FOR NUCC USE.”
Form Changes – 10d

- Changed title from “RESERVED FOR LOCAL USE” to “CLAIM CODES (Designated by NUCC).”
Form Changes – 11b

- Deleted “EMPLOYER’S NAME OR SCHOOL.” 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.
Form Changes – 14

- 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.
Form Changes – 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.
Form Changes – 17

- Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier.
Form Changes – 19

- Changed title from “RESERVED FOR LOCAL USE” to “ADDITIONAL CLAIM INFORMATION (Designated by NUCC).”
Form Changes – 21

- Added “ICD Ind.” and two dotted lines to accommodate a 1-byte indicator.
- 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

- Changed title from “MEDICAID RESUBMISSION” to “RESUBMISSION.”
Deleted “BALANCE DUE.” Changed title to “Rsvd for NUCC Use.”
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
The following resources are available on the NUCC’s Web site:

- Sample 02/12 1500 Claim Form
- Change log of differences between the 08/05 and the 02/12 version
- NUCC instruction manual
- 02/12 1500 Claim Form Map to the ASC X12 837P
- Frequently Asked Questions
Medicare’s Updates to the 1500 Claim Form:

Claudette Sikora
Background
National Uniform Claim Committee and CMS

- The National Uniform Claim Committee (NUCC) has revised the CMS 1500 claim form.
- CMS participates in this revision process through its Medicare and Medicaid representatives to the NUCC.
- A significant change to the revised form affecting Medicare is the inclusion of ICD-9 and ICD-10 indicators which will more fully accommodate the validation of ICD-9-CM and ICD-10-CM diagnosis codes.
The White House Office of Management and Budget (OMB) and the CMS 1500 Claim Form

- The CMS 1500 claim form, and its revisions, must be approved by the White House Office of Management and Budget (OMB) in order to be used by Federal Agencies.

- CMS supports the revision process by obtaining the approval of the White House Office of Management and Budget (OMB).

- The OMB approval process includes two public review periods during which the form is published in the Federal Register.

- The OMB approved the revised form (02/12) on June 10, 2013.
The Government Printing Office and the Revised CMS 1500 Claim Form

Target Print Date

- CMS further supports the revision by coordinating the printing of the revised form by the Government Printing Office (GPO).

- The GPO anticipates a tentative print completion date of late October 2013 for the revised CMS 1500 claim form (version 02/12).
The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met.

Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper.

Medicare requires that the paper format used for professional claims be the CMS 1500 form.

For more information regarding ASCA exceptions:
- Chapter 24, CMS Claims Processing Manual, Pub. 100-04
- Available through the Manuals link at www.cms.gov
Medicare plans to implement the revised CMS 1500 claim form (version 02/12) as follows:

- **January 6, 2014:** Medicare begins receiving and processing paper claims submitted on the revised CMS 1500 claim form (version 02/12).

- **January 6 through March 31, 2014:** Dual use period during which Medicare continues to receive and process paper claims submitted on the old CMS 1500 claim form (version 08/05).

- **April 1, 2014:** Medicare receives and processes paper claims submitted only on the revised CMS 1500 claim form (version 02/12).
Changes to Medicare Instructions

- Medicare will require providers to include on the revised form:
  - ICD-9 or ICD-10 indicators as appropriate
  - Referring, ordering, or supervising provider qualifiers as appropriate

- Medicare instructions
  - Found in Chapter 26, CMS Medicare Claims Processing Manual, Pub. 100-04
  - Available through the Manuals link @ www.cms.gov)}
More Information and Updates

More information and updates regarding Medicare’s plans for implementing the revised CMS 1500 claim form are available through the

All Fee-for-Service Providers link @ www.cms.gov
Implementation of CMS1500 (0212)
Practice Management Vendor Perspective

- Background on Paper Forms in NextGen
  - Claim Print Library
    - Support both current form and new form
    - Can set the form by Payer
    - Common Settings no matter the COB
    - Settings for boxes based on Primary, Secondary and Tertiary
    - Settings based on Patient State
    - Claim View
Implementation of CMS1500 (0212)
Practice Management Vendor Perspective

- Participated in NUCC 1500 comment period in 2009
- April, 2013 began the Gap Analysis of the 1500 based on NUCC approval of the 1500 (version 0212)
- Determined what PM releases to have available by June 2013 based on timeline given by NUCC
- 3 separate PM releases to have the new form available
- ADA 2012 project was being done at the same time
Implementation of CMS1500 (0212)
Practice Management Vendor Perspective

- Gap Analysis (April – May 2012)
  - Reviewed existing development tasks open for current form to add to new form
  - Reviewed each Box change on new form
  - Created specification and requirements for changes
  - Used what we learned with the current form changes back in 2005 as basis for analysis of new form

- Specification Review with EDI Team and Development completed June, 2012
Implementation of CMS1500 (0212)
Practice Management Vendor Perspective

Development

- Began on one release in July, 2012
- As developer checked in updates, BA reviewed, tested and gave input
- Process continued until January, 2013 when given to QA
- ICD10 was being developed so ICD10 integration into new form was handled separately
- Regression testing of complete form done by 10 EDI analysts along with QA
Implementation of CMS1500 (0212)
Practice Management Vendor Perspective

Development

—March 2013, completed QA of Claim View and Claim Print Library Functionality
—Added New Form to second release with delivery to clients in June, 2013
—ICD10 support in new form completed in August, 2013 (release specific)
—July 2013, New form approved, added OMNIBUS and alignment of actual form
—August 2013- Completed new form in three releases
Specific Box and Form Changes

- Any boxes that changed from a specific usage in the current form to “Reserved for NUCC use” we removed the ability to set options for that box. (Exceptions noted below)
  - Box 9B and C
Specific Box and Form Changes

- **Box 10D – Claim Codes** - The claim codes identify additional information about the patient’s condition or claim
  - Added a free text field on encounter to enter claim code as needed (a number of existing development tasks for payers asking for specific values to be set.
  - Workers Comp Condition Codes
Specific Box and Form Changes

- **Box 11B – Other Claim ID**
  - Added Y4- Property and Casualty Number and field to store number on the patient’s insurance record

- **Box 12/13 – Removed hard coded logic based on Patient State**

- **Box 14/15 Date of Current Illness/Other Date**
  - Mapped the current 837 Professional qualifiers to the values being set
Specific Box and Form Changes

- Box 17 Name of Referring Provider or Other Source
  - DN Referring Provider
  - DK Ordering Provider
  - DQ Supervising Provider
  - Based on Qualifier above what provider to print in box
Specific Box and Form Changes

- **Box 19 Additional Claim Information**
  - Workers Compensation Claims to report supplemental claim information (PWK)
  - Taxonomy Code

- **Box 21 Diagnosis or Nature of Illness or Injury**
  - Ability to print ICD9 or ICD10
  - 12 Codes Values A-L
  - No longer create separate claims based on 4 or 8 diagnoses
  - Continuation claims
Specific Box and Form Changes

- **Box 24E Diagnosis Pointers**
  - Change from 1-4 to Alpha A-L (correspond with Box 21)

- **Box 21 Diagnosis or Nature of Illness or Injury**
  - Ability to print ICD9 or ICD10
  - 12 Codes
  - No longer create separate claims based on 4 or 8 diagnoses
  - Continuation claims
Specific Box and Form Changes

- Box 30 – Reserved for Local Use
  - The current (many, many options) form options were kept (just in case)
- Box 32 – Service Facility Location Information
  - Changes to Handle when services rendered in patient home
- Box 33 – Billing Provider Information
  - Ability to print either Billing Provider Street Address or Pay-To Provider address
Specific Box and Form Changes

- Various Paper Qualifiers for boxes
  - Box 17a Other ID
  - Box 19 Additional Claim Info
  - Box24i Rendering Provider ID
  - Box32b Service Facility Location
  - Box 33 – Billing Provider
Other Changes

- When changing Claim Print Library notify of changes

- Identify new form is printed versus old form
  - 1500(2005)
  - 1500(2012)
Questions?