1500 Health Insurance Claim Form

Frequently Asked Questions
(as of 6/30/23)

1. Why was the 1500 Claim Form changed?

The 1500 Claim Form was revised to accommodate reporting needs for ICD-10 and to align with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Report Type 3.

During its work, the NUCC was made aware by the health care industry of two priorities that were included in the revisions to the 1500 Claim Form. The first was the addition of an indicator in Item Number 21 to identify the version of the diagnosis code set being report, i.e., ICD-9 or ICD-10. The need to identify which version of the code set is being reported was important during the implementation period of ICD-10. The second priority was to expand the number of diagnosis codes that can be reported in Item Number 21, which was increased from 4 to 12. Additional revisions will improve the accuracy of the data reported, such as being able to identify the role of the provider reported in Item Number 17 and the specific dates reported in Item Number 14.

2. What are the specific changes that were made to the 1500 Claim Form?

For a complete list of the changes from the current (05/08) version to the revised (02/12) version, view the Change Log document posted on the NUCC's website under the "1500 Claim Form" tab, www.nucc.org.

3. What was the revision process that the 1500 Claim Form went through?

The NUCC began revising the current 1500 Claim Form in 2009. The NUCC's Data/1500 Subcommittee worked on how to best revise the current form to accommodate various needs that were identified and to better align with the Version 5010 837P electronic claim transaction. Efforts were made to keep the changes minimal to limit the amount of re-programming that would need to be done by the industry.

The NUCC's work to revise the form included two public comment periods in October 2009 and June 2011 to solicit feedback from the industry. All comments received were reviewed and carefully considered when finalizing the form. The revised version of the form was approved by the NUCC in February 2012.

Following the NUCC's approval, the form was submitted to the Centers for Medicare & Medicaid (CMS) for their approval process with the Office of Management and Budget (OMB). OMB approval of a form is required for it to be used in government programs; in this case, government health care payers.

As part of their approval process, CMS conducted a 60-day public comment period that was announced in the *Federal Register* in May 2012. CMS reviewed and responded to the comments they received. The form was then submitted to OMB for its approval and conducted an additional 30-day public comment period in October 2012 that was also announced in the *Federal Register*. The form was approved by OMB on June 11, 2013.

4. **What is the symbol at the top of the 1500 Claim Form?**

   The symbol is a Quick Response code or "QR" code. If you take a picture of it with a smartphone and the necessary app, it will take you to the NUCC website. Scanners can be programmed to read the symbol and identify that the 1500 Claim Form is the 02/12 version.

5. **Why was Patient Status in Item Number 8 eliminated?**

   The data that was reported in this field are not reported in the 837P, which is why the field was eliminated. The NUCC intends to align reporting requirements of the paper 1500 Claim Form with the electronic 837P transaction whenever possible.

6. **Why was Other Insured's Data of Birth, Sex in Item Number 9b eliminated?**

   The data that was reported in this field are not reported in the 837P, which is why the field was eliminated. The NUCC intends to align reporting requirements of the paper 1500 Claim Form with the electronic 837P transaction whenever possible.

7. **Why was Employer's Name or School in Item Number 9c eliminated?**

   The data that was reported in this field are not reported in the 837P, which is why the field was eliminated. The NUCC intends to align reporting requirements of the paper 1500 Claim Form with the electronic 837P transaction whenever possible.

8. **Why was Item Number 10d changed from Reserved for Local Use to Claim Codes? Can I still report other data in this field?**

   The NUCC has limited this field to the reporting of various claim codes, such as Condition Codes. Requests for any additional codes that the industry would like to have reported here should be brought to the NUCC. The need to report other data in this field should also be brought to the NUCC, so the Committee can determine the appropriate place to report that data. Requests for the NUCC can be submitted at: nuccinfo@nucc.org.

9. **Why was Employer's Name or School in Item Number 11b eliminated?**

   The data that was reported in this field are not reported in the 837P, which is why the field was eliminated. The NUCC intends to align reporting requirements of the paper 1500 Claim Form with the electronic 837P transaction whenever possible.

10. **Why Item Number 11b changed to Other Claim ID?**

    The NUCC received input on the need to report Property and Casualty Claim Number. It was determined that a broader need could be addressed by using the existing field and creating the ability to report a qualifier to indicate the type of number being reported. This format allows for the flexibility to add additional qualifiers and types of numbers in the future.

11. Why was a qualifier added to Item Number 14?

A qualifier was added to Item Number 14 in order to specifically identify which date is being reported in the field.

12. Why was Item Number 15 changed to Other Date?

The NUCC received input that the reporting of a date for Same or Similar Illness was not needed. There was interest by the industry to be able to report other dates associated with the claim. The ability to report a qualifier to indicate which date is being reported was added. This format allows for the flexibility to add additional qualifiers for other dates in the future.

13. Why was a qualifier added to Item Number 17?

A qualifier was added to Item Number 17 in order to specifically identify the role of the provider being reported in the field.

14. Why was Item Number 19 changed from Reserved for Local Use to Additional Claim Information? Can I still report other data in this field?

The NUCC renamed this field in an effort limit the use of it as an open text field. Specific needs for reporting data in this field should be brought to the NUCC, so the Committee can determine the need and develop uniform instructions for the reporting of the information. Requests for the NUCC can be submitted at: nuccinfo@nucc.org.

15. Why was a place added in Item Number 21 to report an indicator?

There was a transition period during the implementation of ICD-10 and an indicator was needed to identify which codes were reported on the claim; ICD-9 vs. ICD-10.

16. Why were additional lines added in Item Number 21 to report more diagnosis codes?

The NUCC received input from the industry that the ability to report up to 12 diagnosis codes on a claim was a priority.

17. Why were the line labels in Item Number 21 changed from numbers to letters?

The line labels are the diagnosis pointers that are reported in 24E. Each service line (24) can point to up to four diagnosis codes. Changing to letters was necessary because an entry of "12" in 24E could be interpreted as both "1" and "2" or "12". In addition, there was not enough space in 24E to allow the reporting of 2-digit pointers and still accommodate up to four pointers.

18. Why was "Medicaid" removed from the title of Item Number 22?

"Medicaid" was removed so the field is no longer specific to Medicaid resubmissions. The field can now be used for resubmissions with any payer.

19. Why was Balance Due in Item Number 30 eliminated?

The data that was reported in this field are not reported in the 837P, which is why the field was eliminated. The NUCC intends to align reporting requirements of the paper 1500 Claim Form with the electronic 837P transaction whenever possible.

20. Now that there are open fields, can they be used to report any data, even though they are marked "Reserved for NUCC Use?"

No. These fields cannot be used to report additional data. If there are needs to report additional data on the 1500 Claim Form, the request should be brought to the NUCC, so the Committee can determine the need and develop uniform instructions for the reporting of the information. Requests for the NUCC can be submitted at: nuccinfo@nucc.org.

21. Why wasn't "Pay-to Address" added to the 1500 Claim Form with the revisions?

The NUCC had lengthy discussions about the need to accommodate "Pay-to Address" on the 1500 Claim Form. The final conclusion was that payers will use the address they have on file for the provider to send payment. If the payer does not have the provider's address on file, they would want to contact them before sending a payment to an address submitted on the form. Therefore, the NUCC determined that it was unnecessary to accommodate "Pay-to Address" on the form. In addition, the 1500 Claim Form lacks the space to add another address field. The current Service Facility Location and Billing Provider address locations are necessary. A Pay-to Address cannot be substituted for a Service Facility Location address or Billing Provider address since all three addresses could need to be reported for one claim.

22. Why aren't there fields on the 1500 Claim Form to report coordination of benefits (COB) data?

The NUCC has analyzed the ability of the 1500 Claim Form to accommodate COB and has concluded that it cannot do this. The paper claim form simply does not have enough space to allow for the reporting of all COB data. The common method used today to submit COB claims is to attach a copy of the explanation of benefits (EOB) to the 1500 Claim Form. The decision was made not to add any COB data elements to the 1500 Claim Form since only some of the data could be accommodated and, therefore, an EOB would still need to be included.

23. Do I have to use a 1500 Claim Form that is in red ink or can I use a form that is copied or printed in black ink?

In order for the 1500 Claim Form to be read by a scanner, the form must be in red ink. The red ink that is specified for the form allows scanners to drop the form template during the imaging of the paper. This "cleaner" image is easier and faster to process with data capture automation such as ICR/OCR (Intelligent Character Recognition/Optical Character Recognition) software. Your vendor may choose not to process claim forms that are submitted in black ink.

24. My payer has given me different instructions for completing certain Item Numbers on the 1500 Claim Form than what you have in your instruction manual. Whose instructions should I follow?

The NUCC's goal in developing the 1500 Claim Form Reference Instruction Manual is to help standardize nationally the manner in which the 1500 Claim Form is completed. We do recognize, however, that some payers will give their providers different instructions on how to complete certain Item Numbers on the form. On the title page of the instruction manual, it states:

> The NUCC has developed this general instructions document for completing the 1500 Claim Form. This document is intended to be a guide for completing the 1500 Claim Form and not definitive instructions for this purpose. Any user of this document should refer to the most current federal, state, or other payer instructions for specific requirements applicable to using the 1500 Claim Form.

25. My organization wants to insert its own specific instructions into the NUCC Reference Instruction Manual. Can we do this?

No. Any payer-specific or other organization-specific modifications to instructions must be maintained in a separate document that references the NUCC Reference Instruction Manual.

26. Where can I find a crosswalk between the 02/12 1500 Claim Form and the 837P?

A crosswalk between the 02/12 1500 Claim Form and the 837P is available on the NUCC website, www.nucc.org.