1500 Health Insurance Claim Form

Frequently Asked Questions
(as of 7/21/06)

1. Why was the 1500 Claim Form changed?

The 1500 Claim Form was revised to accommodate the reporting of the National Provider Identifier (NPI) Number. The NPI will be a single provider identifier, replacing the different provider identifiers health care systems currently use for each health plan with which you do business. The NPI, which implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), must be used by all HIPAA covered entities, such as health plans, health care clearinghouses, and health care providers.

With the release of the NPI Final Rule in January 2004, it became apparent to the health care industry that the 1500 Claim Form would need to accommodate both the NPI and other identifier numbers during a transition period and potentially indefinitely. Therefore, the form needed to be revised.

2. What was the revision process that the form went through?

The National Uniform Claim Committee (NUCC) began revising the current claim form in June 2004. The NUCC's Data/1500 Subcommittee worked on how to best revise the current form to accommodate the reporting of dual provider identifiers while limiting the changes to only those that were necessary so that the re-programming needed to be done by the industry could be kept to a minimum. The majority of the revisions made to the form were NPI-related. A few other minor changes that did not impact the overall layout of the form were made to accommodate special needs.

The NUCC's work to revise the claim form included two public comment periods to solicit feedback from the industry. The comment periods were held in December 2004 to February 2005 and June to July 2005. All comments received were reviewed and carefully considered when finalizing the form. The revised version of the 1500 Claim Form was approved by the NUCC at their August 2005 meeting.

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, except for Medicaid.

As part of their approval process, CMS conducted a 60-day public comment period that was announced in the *Federal Register* on December 2, 2005 and ended on January 31, 2006. CMS reviewed and responded to the comments they received. The form was then submitted to OMB for its approval. OMB conducted a 30-day public comment period that was announced in the *Federal Register* on February 24, 2006 and ended on March 27, 2006. The form was approved by OMB on June 29, 2006.

3. **When do I have to start using the revised form?**

   The NUCC has made modifications to its recommended timeline for transitioning to the revised 1500 Claim Form. The timeline is now:

   - **October 1, 2006**: Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.

   - **October 1, 2006 – March 31, 2007**: Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.

   - **April 1, 2007**: The current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

   The NUCC strongly recommends that providers contact their health plans and/or clearinghouses/vendors prior to submitting a claim on the revised form to ensure that they are prepared to accept the revised form.

4. **What are the specific changes that were made to the form?**

   For a list of the changes from the current (12/90) version to the revised (08/05) version, view the Change Log document posted on the NUCC's website, www.nucc.org.

5. **Why was the barcode at the top of the form removed?**

   The barcode was removed to allow for a larger space in the header for the payer address information. Scanners can be programmed to read the 1500 symbol in black ink and identify the revised form.

6. **Why is the NPI number reported in 17b and the Other ID number reported in 17a? This is not consistent with reporting the NPI number in 32a and 33a and reporting the Other ID number in 32b and 33b.**

   Keeping 17b for NPI in the bottom position makes its placement consistent with the NPI reporting location in lines 1-6 of Item Number 24. For programming scanners, the required information, such as the NPI, is on the baseline so the scanners read this information first. The shading on the form is used to identify all supplemental information, so there is consistency on the form that all shaded areas are for supplemental information.

   This question has been raised several times and the NUCC has discussed it multiple times over the course of the revisions to the form. We came to our conclusion following many thoughtful discussions and strongly feel that the approach we have used is the best, considering the limitations we had to not dramatically change the form.

   The NUCC also developed a Reference Instruction Manual for the revised 1500 Claim Form, which provides instructions on the information that is to be reported in the Item

Numbers. The reporting of NPI in the various fields is addressed in the instruction manual.

7. Why were the shaded lines added to Item Number 24?

Item Numbers 24I and 24J needed to be split to accommodate reporting of the NPI and Other ID numbers. Splitting 24 I and 24J created a complete line going across lines 1-6 in 24. We had also received input from the industry that the form needed to accommodate the reporting of supplemental information for various services, such as anesthesia, National Drug Codes, and product numbers. Therefore, we identified the upper portion of lines 1-6 with shading as the place to report supplemental information for each service line.

8. Can I report more than six services now that the form has additional lines in 24?

No. The form continues to accommodate the reporting of only six services. The shaded areas of lines 1-6 are to accommodate supplemental information being reported for the service.

9. Why was Type of Service removed from the form?

The feedback we received from the industry was that Type of Service was no longer required for a claim. We moved EMG to 24C where Type of Service had been located. This allowed for additional space in 24J to accommodate the reporting of the NPI and Other ID numbers.

10. Why was 24E changed from Diagnosis Code to Diagnosis Pointer?

Item Number 24E is for the reporting of the diagnosis code reference number (pointer) as shown in Item Number 21 to relate the date of service and procedure to the appropriate diagnosis code. There was confusion in the industry with the word Code in the title of the Item Number causing some to report the diagnosis code in 24E. We believe that changing the title will decrease the confusion as to what information is to be reported in the field.

11. Why isn't the NPI number being reported in 32b and 33b and the Other ID number reported in 32a and 33a since the NPI was reported in 17b and the Other ID was reported in 17a? It isn't consistent where to report the NPI number.

Item Numbers 17a and 17b were positioned as they were so that the NPI number was reported on the bottom as it is in lines 1-6 in 24. The NPI watermark was added in 32a and 33a to emphasize the reporting of NPI in this field. Item Numbers 32b and 33b were shaded to match with 17a and the supplemental area of lines 1-6 in 24. The consistency on the form is that all supplemental information, such as Other ID, is to be reported in the shaded areas.

12. Do I have to use a form that is in red ink or can I use a form that is copied or printed in black ink?

In order for the 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.

13. My payer has given me different instructions for completing certain Item Numbers on the form than what you have in your instruction manual. Who's 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 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 Health Insurance 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.

14. 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.

15. Do I have to report my NPI on all claims or just the claims for those payers that require it?

Once you receive your NPI, you should always report this identifier on all claims that you submit. Each payer will use their own business rules to determine whether or not they will use the NPI when adjudicating your claim. Payers should not reject a claim based solely on your reporting of your NPI.

16. Where can I find a crosswalk between the revised 1500 Claim Form and the 837P?

The NUCC Data Set provides a crosswalk between the 837P and the 1500 Claim Form. The Data Set is currently being updated to reflect the revised 1500 form. The updated Data Set will be posted on the NUCC website, www.nucc.org, once it is completed.