

**1500 Health Insurance Claim Form Change Log
6/17/2013**

The following is the list of changes between the 1500 Claim Form 08/05 version and the 02/12 version.

Location	Change
Header	Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code).
Header	Added “(NUCC)” after “APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE.”
Header	Replaced “08/05” with “02/12.”
Item Number 1	Changed “TRICARE CHAMPUS” to “TRICARE” and changed “(Sponsor’s SSN)” to “(ID#/DoD#).”
Item Number 1	Changed “(SSN or ID)” to “(ID#)” under “GROUP HEALTH PLAN.”
Item Number 1	Changed “(SSN)” to “(ID#)” under “FECA BLK LUNG.”
Item Number 1	Changed “(ID)” to “(ID#)” under “OTHER.”
Item Number 8	Deleted “PATIENT STATUS” and content of field. 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 in the left-hand side of the field 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).” 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.

Location	Change
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 in the left-hand side of the field 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)."
Item Number 21	Removed arrow pointing to 24E.
Item Number 21	Added "ICD Ind." and two dotted lines in the upper right-hand corner of the field to accommodate a 1-byte indicator.
Item Number 21	Added 8 additional lines for diagnosis codes. Evenly spaced the diagnosis code lines within the field.
Item Number 21	Changed labels of the diagnosis code lines to alpha characters (A – L).
Item Number 21	Removed the period within the diagnosis code lines.
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)."
Back	Updates to the language.