

The Revised CMS-1500 Form ... at a Glance

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). TFP Data Systems, the designated provider of the form, worked directly with the National Uniform Claim Committee (NUCC) on the form's development and distribution.

The revisions, which better align the CMS-1500 with certain changes in the electronic Health Care Claims, are:

<ol style="list-style-type: none"> 1 1500 symbol replaced with a scannable QR code that takes the user to the NUCC CMS-1500 landing page. 2 1 – Minor changes to the wording of payer ID number requirements. 3 8 - Changed to "RESERVED FOR NUCC USE" ("PATIENT STATUS" removed from the form). 4 9b and 9c – Replaced with "RESERVED FOR NUCC USE" ("EMPLOYER'S NAME OR SCHOOL NAME" removed from the form). 5 10d – Changed to "CLAIM CODES (Designated by NUCC)." 6 11b – Changed to "OTHER CLAIM ID (Designated by NUCC)." 7 14 – Minor changes to layout of field. 8 15 – Removed "IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE." 9 17 – Added a field to report a qualifier to identify which provider is being reported. 10 21 – Added eight additional lines for diagnosis or nature of illness/injury. 11 30 – Replaced with "Rsvd for NUCC Use" ("BALANCE DUE" removed from the form). 	
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File Claims with Complete Confidence

The TFP-supported CMS-1500 offers some distinct advantages for healthcare customers. It is 100% compliant and printed to exact specifications. It also uses soy-based OCR "dropout" red ink and SFI (Sustainable Forestry Initiative) 20# paper for greater scanning accuracy. As a result, we're so confident of our CMS-1500 form's acceptance by insurance carriers that we offer **Anti-Rejection Protection™***

Our forms are fully compliant and rejection-proof to ensure quicker payment by insurance companies.

Please be aware that the revised form is available for testing and preparation purposes only, and should not be used for official claims submission at this time.

*If a CMS-1500 form manufactured by TFP is rejected by an insurance carrier due to improper formatting or print quality, TFP will provide a full replacement order of the purchaser's forms. To qualify, the purchaser must notify his/her forms provider no later than 20 days after the rejection letter is issued. Upon review of the rejection letter and confirmation that the rejected forms were manufactured by TFP, TFP will send a full replacement order of the affected items. This Anti-Rejection Protection™ limited warranty applies to rejections based on the form itself being invalid due to ink quality or formatting, such as data elements being improperly positioned or misaligned. This protection does not apply to missing or incorrect entries provided by the user.

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The New CMS-1500 Form

August 2012



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What You Need to Know About the Revised 1500 Claim Form

Q: Why was the 1500 Claim Form changed?

A: The form was revised to align the paper form with some of the changes in the electronic Health Care Claims: Professional (837), 005010X222 Technical Report Type 3 (5010) and 005010X222A1 Technical Report Type 3 (5010A1).

Q: What is the latest revision?

A: The most recent is "Revision 02/12."

Q: What are the specific changes that were made to the form?

A: The most significant changes were the addition of eight diagnosis codes in Item Number 21 and the addition of the QR Code at the top left of the form. For a complete list of the changes from the current (08/05) version to the revised (02/12), view the Change Log Document at:

http://www.nucc.org/images/stories/PDF/version_0212_1500_change_log.pdf

Q: Why was the QR Code added to the top of the form?

A: The QR Code includes a link to an NUCC landing page that provides information about the form. It also helps align the form for the reader.

Q: How can I obtain the revised form?

A: The proposed changes have not yet been approved by the Office of Management and Budget (OMB) but are expected by December 2012. For more information, contact TFP Data Systems at 1500form@tfpdata.com or call 800-482-9367 ext. 58029.

Q: Where are completed forms sent?

A: Completed claim forms are to be sent to the insurance company, payer, or other entity responsible for paying the claim.

Q: Can information be preprinted on our claim forms so it doesn't have to be reentered each time?

A: The information preprinted on forms should be left to each individual provider and should be information that will remain the same regardless of the payer the forms are being submitted to. One example may be the Billing Provider Information. Providers should check with their payers to make sure they accept claim forms with preprinted information.

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FAQs about the Revised 1500 Claim Form

Q: What font size should I use when completing the revised form?

A: The recommended font size is 10.

Q: Can only forms printed in red ink be used or can providers use a form that is copied or printed in black?

A: For the form to be read by a scanner, the form must be in OCR 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.

Q: Some payers give different instructions from those in the NUCC manual. Which are correct?

A: The NUCC's goal in developing the 1500 Claim Form Reference Instruction Manual is to help standardize the manner in which the form is completed. However, 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.*

IMPORTANT NOTES

Medical claim forms are a great selling opportunity. Per federal regulations, every doctor and private practice provider must use the CMS 1500 to submit claims for reimbursement of medical services. They're buying these forms from somewhere – why not you?

After targeting the big users (medical facilities, doctors' offices), determine whom you need to contact to secure sales. Office managers and administrative assistants are common buyers for private practitioners.

Beyond the CMS 1500, the healthcare claim forms market also includes the UB-04 for hospitals and other institutions and the ADA Claim Form for dentists.

Please take note of these recommended dates for transitioning to the revised (02/12) 1500 Claim Form:

- **June 1, 2013** – Health plans, clearinghouses and other information support vendors to handle and accept the revised form.
- **June 1 – October 1, 2013** – Providers can use either the current form or the revised form. Health plans, clearinghouses and billing vendors to accept and process either version of the form.
- **October 1, 2013** – The current form is discontinued, and only the revised form is to be used. All rebilling of claims to be with the revised form from this date forward, even though earlier submissions may have been on the current form.

Early adopters of the revised (02/12) 1500 Claim Form may choose to transition to the form earlier, based on trading partner agreement. The NUCC strongly recommends that providers contact their health plans, clearinghouses, and/or vendors before submitting a claim with the revised form.