

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:

1	1500 symbol replaced with a scannable QR code that takes the user to the NUCC CMS-1500 landing page.	1	HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
2	1 – Minor changes to the wording of payer ID number requirements.	2	1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (CHAMPVA) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)
3	8 – Changed to "RESERVED FOR NUCC USE" ("PATIENT STATUS" removed from the form).	3	2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No., Street) 8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. OTHER ACCIDENT? d. INSURANCE PLAN NAME OR PROGRAM NAME 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
4	9b and 9c – Replaced with "RESERVED FOR NUCC USE" ("EMPLOYER'S NAME OR SCHOOL NAME" removed from the form).	4	9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. OTHER ACCIDENT? d. INSURANCE PLAN NAME OR PROGRAM NAME 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
5	10d – Changed to "CLAIM CODES (Designated by NUCC)."	5	10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. OTHER ACCIDENT? d. INSURANCE PLAN NAME OR PROGRAM NAME 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
6	11b – Changed to "OTHER CLAIM ID (Designated by NUCC)."	6	11. INSURED'S POLICY GROUP OR FECA NUMBER 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
7	14 – Minor changes to layout of field.	7	14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
8	15 – Removed "IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE."	8	15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
9	17 – Added a field to report a qualifier to identify which provider is being reported.	9	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
10	21 – Added eight additional lines for diagnosis or nature of illness/injury.	10	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS E. F. \$ CHARGES G. DATE OR UNITS H. I. ID. QUAL. J. RENDERING PROVIDER ID. # 25. FEDERAL TAX ID. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use
11	30 – Replaced with "Rsvd for NUCC Use" ("BALANCE DUE" removed from the form).	11	30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # 34. Rsvd for NUCC Use