Revised 1500 Claim Form Instructions

The National Uniform Claim Committee (NUCC) released a revised 1500 Claim Form, which is commonly referred to as the CMS-1500. The revised CMS-1500 (02/12) replaced the former CMS-1500 (08/05). Use of the revised form was required as of April 1, 2014. A sample form is attached for your review.

Important Revisions to the 1500 Claim Form

The revised 1500 Claim Form expands the length of some existing fields, incorporates several new fields, and accommodates use of your taxonomy. Some important fields that have been revised or added are listed below:

Field	Formerly Used For	What Changed?
17	Add the 2-Digit Qualifier in Box 17 for the referring (DN), ordering (DK) or supervising (DQ) provider. (Required for these provider types only)	No Change
17a Shaded	Insert non-NPI ID qualifier for state license number (OB), provider UPIN (1G), provider commercial (G2) or location number for supervising provider only (LU) (Optional)	No Change
17b	Enter the individual NPI number of the referring, ordering or supervising provider (Required for these provider types)	No Change
21 A-L	Diagnosis Codes 1-4	Lengthened Boxes for longer diagnosis codes and more boxes for more specific coding (For ICD-10).
24I	Formerly N5 or G2	Now populate the ZZ qualifier for taxonomy code submission.
24J Shaded	The Rendering Provider's Primary Taxonomy Code or your Passport Health Plan Legacy Provider ID Number	The Rendering Provider's Primary Taxonomy Code
24J Un-shaded	The Rendering Individual Provider's NPI Number	No Change
32	Insert standard USPS address (physical location)	No Change
32a	Insert Service Facility NPI	No Change
32b	Not Required	No Change
33A	The Billing Group Provider's NPI Number	No Change
33B	The ZZ Qualifier and Billing Provider's Primary Taxonomy Code or N5 with your Passport Health Plan Legacy Provider ID Number	The ZZ qualifier with the Billing Provider's Primary Taxonomy Code

For additional information about the 1500 Claim Form, please visit the NUCC's website at www.nucc.org. The NUCC offers a helpful Instruction Manual titled 1500 Health Insurance Claim Form Reference Instruction Manual for 02/12 Version, which features walkthroughs of each field of the 1500 Claim Form. You can currently access the guide in PDF form at the following location: http://www.nucc.org/images/stories/PDF/claim_form_manual_v1-3_7-06.pdf

We would also like to remind you of the requirements for electronic transactions. As a reminder, Passport Health Plan strongly recommends the continued use of plan identification numbers in addition to NPI.

PASSPORT HEALTH PLAN
BY MOLINA HEALTHCARE

REVISED

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE ☐ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☒ (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): ABC1234567800 ← Member I.D. Number (No Suffix for CompSelect®/ Comprehensive Major Medical [CMM])

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

3. PATIENT'S BIRTH DATE MM DD YY: 03 20 71 SEX M ☒ F ☐

4. INSURED'S NAME (Last Name, First Na): Doe, John B.

5. PATIENT'S ADDRESS (No., Street): 1234 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street): 1234 Main Street

CITY: Anytown STATE: NJ

8. RESERVED FOR NUCC USE

CITY: Anytown STATE: NJ

ZIP CODE: 08999 TELEPHONE (Include Area Code): (856) 555-2222

ZIP CODE: 08999 TELEPHONE (Include Area Code): (856) 555-2222

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, Mary

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: 15974

a. OTHER INSURED'S POLICY OR GROUP NUMBER: 72431

a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☒

a. INSURED'S DATE OF BIRTH MM DD YY: 03 20 71 SEX M ☒ F ☐

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ☐ NO ☒ PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ☐ NO ☒

c. INSURANCE PLAN NAME OR PROGRAM NAME: AmeriHealth PPO

d. INSURANCE PLAN NAME OR PROGRAM NAME: HMO, Inc.

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☒ NO ☐ *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of [illegible] myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

Optional: Referring Provider's two-character qualifier ID

Optional: Referring Provider's Current Provider ID

Required: Insert 2-digit Qualifier

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 10 28 06 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Josephine Smith, M.D.

17a. G2 0123456789

17b. NPI 999999999

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM: 11 01 06 TO: 11 04 06

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ207LP2900X

Required: Referring Provider's NPI

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. 401 B. 251.8 C. D. E. F. G. H. I. J. K.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: 123456789 ← Referral/Preauthorization Number

Individual Rendering Provider ID

ZZ qualifier ID and Billing Provider's Primary Taxonomy Code

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 11 02 06	11 02 06	21	6	99205		A	$50 00	1		ZZ	Ind. taxonomy
										NPI	Ind. NPI
2 11 03 06	11 03 06	21	6	20600	25	B	$250 00	1		ZZ	Ind. taxonomy
										NPI	Ind. NPI
3										NPI	
4										NPI	
5										NPI	
6										NPI	

Modifier (if applicable)

Provider's Federal Tax ID # (Billing Entity)

Physical Address Only No P.O. Box

25. FEDERAL TAX I.D. NUMBER: 22-1234567 SSN ☐ EIN ☒

Required: Service Facility NPI

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☐

28. TOTAL CHARGE $ 100 00

29. AMOUNT PAID $ 0 00

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Richard B. Smith, M.D.

SIGNED DATE 1/5/15

32. SERVICE FACILITY LOCATION INFORMATION

ABC Hospital
123 Street
Anytown, NJ 08999

a. 0000001234 b. G21234567002

33. BILLING PROVIDER INFO & PH # (856) 555-5555

ABC Medical Group
8 North American Street
Anytown, NJ 08999

Group Billing Provider NPI

a. 2222222222 b. ZZ1233X10000

Billing taxonomy with ZZ

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

837 P Data Field Requirements

837 P BILLING TAXONOMY LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2000A	Billing/Pay-To Provider Specialty Information	PRV	01	BI

Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2000A	Billing/Pay-To Provider Specialty Information	PRV	02	PXC

Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2000A	Billing/Pay-To Provider Specialty Information	PRV	03	Taxonomy Code

837 P BILLING PROVIDER LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2010AA	Billing Provider	NM1	08	XX

Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2010AA	Billing Provider Secondary Identification	REF	01	SY
				EI

837 P RENDERING PROVIDER LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2310B	Rendering Provider	NM1	08	XX

837 P RENDERING TAXONOMY LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2310B	Rendering Provider Specialty Information	PRV	01	PE

837 P RENDERING TAXONOMY LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2310B	Rendering Provider Specialty Information	PRV	02	PXC

837 P RENDERING TAXONOMY LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2310B	Rendering Provider Specialty Information	PRV	02	Taxonomy Code

837 P SERVICE FACILITY LOOP				
Loop ID	Loop Name	Segment Name	PRV Qualifier	PRV Value
2310C	Service Facility Location	NM1	01	77

Please let us know if you have any questions regarding these instructions. In addition, if you have any questions regarding the NPI, the application process, or reporting your NPIs to us, please contact your Provider Relations representative.

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