TO: **All Providers**

RE: **CMS 1500 Form (version 02/12)**

The National Uniform Claim Committee (NUCC) has recently revised the 1500 Health Insurance Claim Form (version 08/05) in part to adequately accommodate and implement ICD-10-CM diagnosis codes.

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

The revised form (version 02/12) contains the following notable changes:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes.
- Expansion of the number of possible diagnosis codes to 12.
- Use of alpha characters as diagnosis pointers.
- Qualifiers to identify the following provider roles (on item 17):
    a. Referring
    b. Ordering
    c. Supervising

The following is the implementation timeline that Centers for Medicare & Medicaid Services (CMS) plans to use:

- **January 6, 2014:** Payers begin receiving and processing paper claims submitted on the revised 1500 Health Insurance Claim Form (version 02/12).

- **January 6 through March 31, 2014:** Dual use period during which payers continue to receive and process paper claims submitted on the old 1500

Health Insurance Claim Form (version 08/05) as well as the new 1500 Health Insurance Claim Form (version 02/12).

- **April 1, 2014:** Payers receive and process paper claims submitted **only** on the revised 1500 Health Insurance Claim Form (version 02/12).

The Connecticut Medical Assistance Program (CMAP) will mirror the CMS outlined implementation timeline of the 1500 Health Insurance Claim Form (version 02/12) and provide additional information as well as instructions for completing and submitting the form in upcoming provider publications. Additional information on the new claim form can be found on the NUCC Web site located at www.nucc.org.

Outline of Significant Changes

Provider Specific Claims Submission Instructions Chapter 8 of the Provider Manual will be updated and will provide written instructions and information on the new claim form. Outlined below are the significant changes to the new (version 02/12) form:

Item Number 17: *Name of Referring Provider or Other Source*

Enter the applicable qualifier to identify which provider is being reported.

- **DN** Referring Provider
- **DK** Ordering Provider
- **DQ** Supervising Provider

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Enter the qualifier to the left of the vertical, dotted line.

Enter the name (First Name, Middle Initial, Last Name) followed by the credentials of the professional who referred or ordered the service(s) or supply(ies) on the claim.

If multiple providers are involved, enter one provider using the following priority order:

1. Referring Provider
2. Ordering Provider
3. Supervising Provider

Do not use periods or commas. A hyphen can be used for hyphenated names.

Example:

Item Number 21: *Diagnosis or Nature of Illness or Injury*

Providers will enter the applicable ICD indicator to identify which version of ICD codes is being reported.

- 9 for ICD-9-CM
- 0 for ICD-10-CM

Claims for all health care services performed on or after October 1, 2014, will be required to use ICD-10 diagnosis codes.

No more than 12 ICD-9-CM or ICD-10-CM diagnosis codes can be listed.

Example:

Item Number 24E: *Diagnosis Pointer*

Providers will enter the diagnosis code reference letter (pointer) as shown in Item Number 21 on the new (version 02/12) claim form. When multiple services are performed, the primary reference letter for each service should be listed first. The reference letter(s) should be A – L or multiple letters as applicable. Alpha characters only are accepted.

Example:

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