

**1500 Health Insurance Claim Form Reference Instruction Manual
Change Log
Version 3.0 7/15 to Version 4.0 7/16**

The following is a list of changes that have been made to the 3.0 7/15 version of the 02/12 1500 Instruction Manual since its release in July 2015.

1500 Manual Location	Type of Change	Description of Change
Table of Contents	Added new information	Adding the following: ONLINE RESOURCES
Table of Contents	Revised language	<ol style="list-style-type: none"> 1. Changed "Appendix A: Provider Definitions" to "Appendix A: Definitions." 2. Updated page numbers.
Page 4	Added new information	Adding the following: ONLINE RESOURCES The NUCC Reference Instruction Manual, Change Log, and a form to request changes to the manual are available at: http://www.nucc.org .
Overall Instructions	Added new information	Added the following note. NOTE 2: Data content entered into fields may not fill all allotted space.
Carrier Block, Item Numbers 5, 7, 32, and 33 Instructions	Revised instruction	Changed the following sentence: When entering a 9-digit ZIP code, include the hyphen. To: Report a 5 or 9-digit ZIP code. Enter the 9-digit ZIP code without the hyphen.
Item Numbers 3, 5, 7, 11a, 14, 15, 16, 18, 21, 24A, 24B, 24F, 24G, 28, and 29 Field Specifications	Revised language	Changed the word "characters" to "digits."
Item Numbers 11, 24D, and 32b Description	Revised language	Changed the word "digits" to "characters."

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Item Number 17a Description	Revised instruction	Deleted the following language from the description, because taxonomy codes are not an option to be reported in this field. DESCRIPTION: The non-NPI ID number of the referring, ordering, or supervising provider is the unique identifier of the professional or the provider designated taxonomy code .
Item Number 21 Instructions 2 nd sentence		Edited the language as below. Bolded words are added. Strikethrough words are deleted. Enter the indicator between the vertical, dotted lines in the upper right-hand area portion area of the field.
Item Number 22 Instructions 2 nd sentence	Revised language	Deleted "(e.g., code)." Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code) .
Item Number 24E Instructions 4 th sentence	Revised language	Edited the following sentence to reflect that ICD-10 became mandated on October 1, 2015. ICD-9-CM (or ICD-10-CM, once mandated) or ICD-9-CM diagnosis codes must be entered in Item Number 21 only .
Item Number 24F Instructions	Revised language	Edited the language as below. Bolded words are added. Strikethrough words are deleted. INSTRUCTIONS: Enter the charge amount for each listed service. Enter the number right justified in the left-hand dollar left-hand dollar area of the field. Do not use commas when reporting dollar amounts. Negative dollar amounts are not allowed. Dollar signs should not be entered. Enter 00 in the right-hand cents right-hand cents area of the field if the amount is a whole number.
Item Number 24H Instructions Change made in 1/16	Revised language	Added headings and separated the instructions for reporting data in the shaded and unshaded areas. Instructions now read: <u>Unshaded Area</u> If there is no requirement (e.g., state requirement) to report a reason code for EPDST, enter Y for "YES" or N for "NO" only. If the service is Family Planning, enter Y ("YES") or N ("NO") in the bottom, unshaded area of the field. <u>Shaded Area</u> If there is a requirement to report a reason code for EPDST, enter the appropriate reason code as noted below. (A Y or N response is not entered with the code.) The two character code is right justified in the shaded area of the field.

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Item Number 24H Instructions and Examples Change made in 7/16	Revised instructions	<p>Revised the instructions to read as follows. Added additional examples.</p> <p>INSTRUCTIONS: For reporting of Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) and Family Planning services, refer to specific payer instructions.</p> <p><u>EPSDT</u> When EPSDT services are reported on this claim, identify the status of the referral by entering one of the following reason codes right justified in the shaded area of the field.</p> <p>The following codes for EPSDT are used in 5010A1:</p> <p style="padding-left: 40px;"> AV Available – Not Used (Patient refused referral.) S2 Under Treatment (Patient is currently under treatment for referred diagnostic or corrective health problem.) ST New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.) NU Not Used (Used when no EPSDT patient referral was given.) </p> <p><u>Family Planning</u> When there is a requirement to report this is a Family Planning service, enter Y for “YES” in the unshaded area of the field.</p> <p>When there is no requirement to report this is a Family Planning service, leave the field blank.</p> <p>DESCRIPTION: The “EPSDT/Family Plan” identifies certain services that may be covered under some state plans.</p> <p>FIELD SPECIFICATION: This field allows for the entry of 1 character in the unshaded area and 2 characters right justified in the shaded area.</p> <p>EXAMPLES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">EPSDT:</td> <td style="width: 25%; text-align: center;">Family Planning – Yes:</td> <td style="width: 25%; text-align: center;">Family Planning – No:</td> <td style="width: 25%; text-align: center;">EPSDT and Family Planning:</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">S2</td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">Y</td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;"></td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">ST</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">Y</td></tr> </table> </td> </tr> </table>	EPSDT:	Family Planning – Yes:	Family Planning – No:	EPSDT and Family Planning:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">S2</td></tr> </table>	H. EPSDT Family Plan	S2	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">Y</td></tr> </table>	H. EPSDT Family Plan	Y	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;"></td></tr> </table>	H. EPSDT Family Plan		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">H. EPSDT Family Plan</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">ST</td></tr> <tr><td style="padding: 2px; background-color: #e0e0e0;">Y</td></tr> </table>	H. EPSDT Family Plan	ST	Y
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Item Number 24J Instructions 1 st sentence	Revised language	<p>Edited the language as below. Bolded words are added. Strikethrough words are deleted.</p> <p>The individual rendering the service is should be reported in 24J.</p>
Item Number 28 Instructions 1 st sentence	Revised language	<p>Edited the language as below. Bolded words are added. Strikethrough words are deleted.</p> <p>Enter the amount number right justified in the dollar area of the field.</p>
Item Number 29	Revised language	<p>Edited the language as below. Bolded words are added. Strikethrough words are deleted.</p> <p>INSTRUCTIONS: Enter total amount the patient and/or other payers paid on the covered services only.</p> <p>Enter the amount number right justified in the left-hand dollar area of the field. Do not use commas when reporting dollar amounts. Negative dollar amounts are not allowed. Dollar signs should not be entered. Enter 00 in the right-hand cents area if the amount is a whole number.</p>
Item Numbers 32 and 33 Headings	Revised language	<p>Changed "A" and "B" in headings to "a" and "b" to match form label.</p>
Item Numbers 32a and 33a Field Specification	Revised language	<p>Changed the sentence:</p> <p>This field allows for the entry of 10 characters.</p> <p>To:</p> <p>This field allows for the entry of a 10-digit NPI number.</p>
Item Numbers 32b and 33b Instructions 1 st sentence	Revised language	<p>Deleted "2-digit."</p> <p>Enter the 2-digit qualifier identifying the non-NPI number followed by the ID number.</p>
Item Number 33, 33a, and 33b Field Specification	Revised language	<p>Change the sentence:</p> <p>This field allows for the entry of the following: 3 characters for area code, 9 characters for phone number, and 87 characters in the Billing Provider Info area.</p> <p>To:</p> <p>This field allows for the entry of the following: 3 characters for area code, 9 characters for phone number, and 3 lines of 29 characters in the Billing Provider Info area.</p>

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Appendix A	Revised language	<p>Changed title from "Provider Definitions" to "Definitions."</p> <p>Edited the language as below. Strikethrough words are deleted.</p> <p>The following definitions apply to the provider terms used on the 1500 Claim Form.</p> <p>Added the heading "PROVIDER TERMS."</p>
Appendix A	Added information	<p>Added the following.</p> <p>INDIVIDUAL TERMS</p> <p>Patient An individual who has received, is receiving, or intends to receive health care services. (Health care services as defined by federal and state regulations.)</p> <p>Dependent An individual who has insurance coverage under the policy of another individual.</p> <p>Subscriber An individual or entity that is the holder of an insurance policy (including health, property and casualty, auto, workers' compensation, or other liability) for the purposes of health care services.</p> <p>Insured An individual or entity that has insurance coverage.</p>