

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

The following is a list of changes that have been made to the 4.0 7/16 version of the 1500 Instruction Manual since its release in July 2016.

1500 Manual Location	Type of Change	Description of Change																																																																																									
Instructions and Examples of Supplemental Information in Item Number 24	Added new instructions and example	<p>Added the following as an additional type of supplemental information that can be entered in the shaded areas of Item Number 24.</p> <ul style="list-style-type: none"> • Device Identifier of the Unique Device Identifier for supplies <p>Added the following qualifier.</p> <p>DI Device Identifier of the Unique Device Identifier (UDI)</p> <p>Added the following instruction.</p> <p><u>UDI Replacement of NDC for Supplies</u></p> <p>National Health Related Items Code (NHRIC) and National Drug Code (NDC) numbers assigned to some supplies/devices are being replaced with a Unique Device Identifier (UDI). When required to report a supply and that supply's NHRIC/NDC has been replaced by a UDI, report the Device Identifier (DI) portion of the UDI.</p> <p>Added the following example.</p> <p>UDI REPLACEMENT OF NDC:</p> <table border="1" data-bbox="680 1203 1923 1305"> <thead> <tr> <th colspan="6">24. A. DATE(S) OF SERVICE</th> <th>B. PLACE OF SERVICE</th> <th>C.</th> <th colspan="3">D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)</th> <th>E.</th> <th colspan="2">F.</th> <th>G.</th> <th>H.</th> <th>I.</th> <th>J.</th> </tr> <tr> <th colspan="2">From</th> <th colspan="2">To</th> <th>EMG</th> <th>EMG</th> <th>CPT/HCPCS</th> <th>MODIFIER</th> <th>DIAGNOSIS POINTER</th> <th colspan="2">\$ CHARGES</th> <th>UNITS</th> <th>Part</th> <th>QUAL.</th> <th colspan="3">RENDERING PROVIDER ID #</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YY</th> <th>MM</th> <th>DD</th> <th>YY</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>DI</td> <td>123456789123456789123456789123456789</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N</td> <td>G2</td> <td>12345678901</td> <td></td> </tr> <tr> <td>10</td> <td>01</td> <td>05</td> <td>10</td> <td>01</td> <td>05</td> <td>11</td> <td></td> <td>E0110</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N</td> <td>NPI</td> <td>0123456789</td> <td></td> </tr> </tbody> </table>	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E.	F.		G.	H.	I.	J.	From		To		EMG	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		UNITS	Part	QUAL.	RENDERING PROVIDER ID #			MM	DD	YY	MM	DD	YY													DI	123456789123456789123456789123456789													N	G2	12345678901		10	01	05	10	01	05	11		E0110						N	NPI	0123456789	
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E.	F.		G.	H.	I.	J.																																																																										
From		To		EMG	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES		UNITS	Part	QUAL.	RENDERING PROVIDER ID #																																																																													
MM	DD	YY	MM	DD	YY																																																																																						
DI	123456789123456789123456789123456789													N	G2	12345678901																																																																											
10	01	05	10	01	05	11		E0110						N	NPI	0123456789																																																																											

1500 Manual Location	Type of Change	Description of Change
Item Number 26 Instructions	Added clarifying note	<p>Added:</p> <p>Note: While the patient’s account number is a required data element in the 837P claim transaction, it is strongly encouraged but not required on a paper claim. Payers or their vendors may choose to enter a default into the field if no number is reported by the provider for reporting in the 835 remittance. If no default number is used within the internal processing system, payers would report a single zero on an 835 remittance per the 835 TR3.</p>
Item Numbers 32 and 33 Instructions	Corrected copy/paste error	<p>Corrected the following sentence. The requirement remains to report a 9-digit ZIP code for Service Facility Location and Billing Service Provider.</p> <p>Report a 5 or 9-digit ZIP code. Enter the 9-digit ZIP code without the hyphen.</p> <p>To:</p> <p>Report a 9-digit ZIP code. Enter the 9-digit ZIP code without the hyphen.</p>
Appendix D	Revised language	Revised the information and form for submitting requests for changes to the 1500 Claim Form and 1500 Instructions.