**Change Request Form for 1500 Claim Form and Instructions**

**please review the 1500 CLAIM FORM and INStructions criteria in its entirety before completing the request form.**

Questions about the 1500 Claim Form and 1500 Reference Instruction Manual can be emailed to [nuccinfo@nucc.org](mailto:nuccinfo@nucc.org). The request form is not needed to ask questions.

**1500 CLAIM FORM REQUEST CRITERIA**

The following criteria are used by the NUCC when considering requests for changes to the 1500 Claim Form.

**Note:** Revisions to the 1500 Claim Form occur infrequently (e.g., every 5 – 10 years) if at all due to the impact on the industry to implement a revised form. Requests for changes to the form will be reviewed and held until the next potential revision. In addition, form space constraints limit the ability to accommodate requests for revision.

* Data being requested has been added to the X12 Health Care Claim: Professional (837P) electronic transaction.
* The need to report the data is national and not local or state specific.
* The change to the form will not significantly impact current users.
* The request includes specific information on how the current form is negatively impacting claims processing or adjudication.
* The proposed change is within the scope of work being done to revise the form. (The NUCC may limit the scope of changes it will consider during a revision of the form, based on industry feedback of the impact of implementing the changes.)

**1500 INSTRUCTIONS REQUEST CRITERIA**

The following criteria are used by the NUCC when considering requests for changes to the 1500 Reference Instruction Manual.

* The instruction for reporting the data aligns with data reported in the X12 Health Care Claim: Professional (837P) electronic transaction.
* The need for the instruction is national and not local or state specific.
* The change to the instructions will not significantly impact current users of the instructions.
* The request includes specific information on how the current instructions are negatively impacting claims processing or adjudication.
* The request is to clarify current instructions.

**NUCC Review OF REQUESTS**

The applicant is responsible for submitting appropriate information and documentation that demonstrates the need for the change to the 1500 form or instructions. During its review, the NUCC may, but is not required to, complete independent research, which it may share with the requester.

**Additional Information**

* Updated versions of the 1500 Claim Form Reference Instruction Manual are released yearly on July 1.
* Any changes, clarifications, and errata for the instructions are posted to the NUCC website, at [www.nucc.org](http://www.nucc.org) under the 1500 Claim Form tab, with the issue and effective date of the change.
* Revision of the 1500 Claim Form is done infrequently (e.g., every 5 – 10 years) due to the impact on the industry to implement a revised form. Information will be posted on the NUCC website when the form is under review for revision.
* If a request for a change is denied, the requester may not submit a new request for the same or substantially similar change for a period of one (1) year from the date of denial.

**Instructions for Submitting Requests**

1. After reading the 1500 Claim Form and Instructions Criteria, complete all sections of the form and be as thorough as possible explaining the request.
2. Include specific information and documentation that supports the need for the change and how the criteria are met. Requests lacking supporting information or documentation will be returned to the requester and will not be reviewed by the NUCC until the necessary information or documentation, as the case may be, is provided.
3. **Submit completed forms to** [**nuccinfo@nucc.org**](mailto:nuccinfo@nucc.org)**.**

**Change Request Form for 1500 Claim Form and Instructions**

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| --- | --- |
| Date: |  |
| Requester Name or Organization: | Requester Contact Information: |
| Is the request for a change to the form or instructions?  \_\_\_\_\_ Form \_\_\_\_\_ Instructions | |
| Describe the change being requested. Include information that explains how the change will:   * Align with the X12 Health Care Claim: Professional (837P) electronic transaction (instruction revisions), Or Align with new data added to the X12 Health Care Claim: Professional (837P) electronic transaction (Form revisions), * Meet a national need and not local or state specific need, * Not significantly impact current users of the form or instructions, or * Not impact current claims processing or adjudication. | |
| Explain the reason for the request, such as why the current form or instruction is inadequate or what new item needs to be accommodated. | |
| Provide proposed language for the instruction change. | |