- This *New CMS-1500 Medi-Cal Guide* will show you field by field what has changed on the new 02/12 version of the *CMS-1500* claim form by comparing each field against the old 08/05 version of the *CMS-1500*.

- Medi-Cal will begin accepting the new 02/12 version of the *CMS-1500* on January 6, 2014. Both the new and old claim forms will be accepted until March 31, 2014. **Beginning April 1, 2014, the new 02/12 version <u>only</u> of the *CMS-1500* will be accepted**.

- You will enter the same information in each field of the the new claim as you entered on the old claim form, with the following exceptions:

  - **You must now enter a comma between the recipient's last name and first name in the *Patient's Name* field (Box 2).**

  - **You must indent text 2 bytes in the *Name of Referring Provider or Other Source* field (Box 17).**

- Refer to the *CMS-1500 Completion* or *CMS-1500 Completion for Vision Care* manual section, as appropriate, for instructions to complete each claim field.

- The "same information" rule above is true even if the new field name indicates the field is Reserved for NUCC Use. Please continue to enter information in fields designated for NUCC use as you did on the old claim form. Additionally, documentation previously required in the *Reserved for Local Use* field (Box 19), is still required in the new field labeled *Additional Claim Information (Designated by NUCC).*

- Do not enter the ICD indicator in the *Diagnosis or Nature of Illness or Injury* field (Box 21) until later in 2014. Instructions will be supplied to you in a future *Medi-Cal Update* bulletin.

- Do not enter a qualifier in any of the new fields that designate "qualifier." Medi-Cal is not using qualifiers at present, including fields 14 and 17.

FIELD COMPARISONS

Header and Field 1

- Quick Response Code (QR Code) graphic replaced 1500 rectangular symbol
- "(NUCC)" added after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE"
- "02/12" replaced "08/05"
- "Tricare (ID#/DoD#)" replaced "TRICARE CHAMPUS (Sponsor's SSN)"
- "(ID#)" replaced "(SSN or ID)" under "GROUP HEALTH PLAN"
- "(ID#)" replaced "(SSN)" under "FECA BLK LUNG"
- "(ID#) replaced "(ID)" under "OTHER"

Old Form

New Form

Field 8

"RESERVED FOR NUCC USE" replaced "PATIENT STATUS" and other content

Old Form

New Form

Field 9b
"RESERVED FOR NUCC USE" replaced "OTHER INSURED'S DATE OF BIRTH" and other content

Old Form

b. OTHER INSURED'S DATE OF BIRTH	SEX	
MM DD YY	M ☐	F ☐

New Form

b. RESERVED FOR NUCC USE

Field 9c
"RESERVED FOR NUCC USE" replaced "EMPLOYER's NAME or SCHOOL NAME"

Old Form

c. EMPLOYER'S NAME OR SCHOOL NAME

New Form

c. RESERVED FOR NUCC USE

Field 10d
"CLAIM CODES (Designated by NUCC)" replaced "RESERVED FOR LOCAL USE"

Old Form

10d. RESERVED FOR LOCAL USE

New Form

10d. CLAIM CODES (Designated by NUCC)

Field 11b
"OTHER CLAIM ID (Designated by NUCC)" replaced "EMPLOYER'S NAME OR SCHOOL NAME"

Old Form

b. EMPLOYER'S NAME OR SCHOOL NAME

New Form

b. OTHER CLAIM ID (Designated by NUCC)

Field 11d
"If yes, complete items 9, 9a, and 9d" replaced "If yes, return to and complete it 9a-d"

Old Form

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☐ YES ☐ NO *If yes*, return to and complete item 9 a-d.

New Form

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☐ YES ☐ NO *If yes*, complete items 9, 9a, and 9d.

Field 14
- "DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)" replaced "DATE OF CURRENT"
- Deleted arrow
- Deleted text in field's right half
- "QUAL." added to field's right half

Old Form

14. DATE OF CURRENT:
MM   DD   YY   ◀ ILLNESS (First symptom) OR
                    INJURY (Accident) OR
                    PREGNANCY(LMP)

New Form

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

Field 17
Added dotted line in field's left half to accommodate a 2-byte qualifier

Old Form

> 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

New Form

> 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

Field 19
"ADDITIONAL CLAIM INFORMATION (Designated by NUCC)" replaced "RESERVED FOR LOCAL USE"

Old Form

> 19. RESERVED FOR LOCAL USE

New Form

> 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Field 21
- "Relate A-L service line below (24E)" replaced "Related Items 1, 2, 3, or 4 to Item 24E by Line)"
- Deleted arrow pointing to 24E
- Added "ICD Ind." and dotted lines to right upper corner to accommodate a 1-byte indicator
- Spaced evenly the diagnosis code lines and added eight diagnosis codes lines
- Changed labels of the diagnosis code lines to alpha characters A-L
- Deleted period within the diagnosis code lines

Old Form

> 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
>
> 1. |___ . ___| 3. |___ . ___|
>
> 2. |___ . ___| 4. |___ . ___|

New Form

> 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.
>
> A. |_____   B. |_____   C. |_____   D. |_____
>
> E. |_____   F. |_____   G. |_____   H. |_____
>
> I. |_____   J. |_____   K. |_____   L. |_____

Field 22
"RESUBMISSION CODE" replaced "MEDICAID RESUBMISSION CODE"

Old Form

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF. NO.

New Form

22. RESUBMISSION CODE	ORIGINAL REF. NO.

Field 30
"Rsvd for NUCC Use" replaced "Balance Due"

Old Form

30. BALANCE DUE
$

New Form

30. Rsvd for NUCC Use

Footer
"APPROVED OMB-0938-1197 FORM 1500 (02/12)" replaced "APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)"

Old Form

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

New Form

APPROVED OMB-0938-1197 FORM 1500 (02-12)