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 only of the CMS-1500 will be accepted.**

You will enter the same information in each field of 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

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>MEDICARE</td>
<td>MEDICAID</td>
<td>TRICARE</td>
<td>CHAMPVA</td>
<td>GROUP HEALTH PLAN</td>
<td>FECA BLK LUNG</td>
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<tr>
<td></td>
<td>1500</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

New Form

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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</thead>
<tbody>
<tr>
<td>1</td>
<td>MEDICARE</td>
<td>MEDICAID</td>
<td>TRICARE</td>
<td>CHAMPVA</td>
<td>GROUP HEALTH PLAN</td>
<td>FECA BLK LUNG</td>
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</tbody>
</table>

Field 8
“RESERVED FOR NUCC USE” replaced “PATIENT STATUS” and other content

Old Form

8. PATIENT STATUS
Single □ Married □ Other □
Employed □ Full-Time □ Part-Time □ Student □ Student □

New Form

8. RESERVED FOR NUCC USE
Field 9b
"RESERVED FOR NUCC USE" replaced “OTHER INSURED’S DATE OF BIRTH” and other content

Old Form

<table>
<thead>
<tr>
<th>b. OTHER INSURED’S DATE OF BIRTH</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM</td>
<td>DD</td>
</tr>
</tbody>
</table>

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 ILLNESS, INJURY, or PREGNANCY (LMP)

**New Form**

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

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)

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
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</thead>
</table>

New Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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</thead>
<tbody>
<tr>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
</tr>
<tr>
<td>I</td>
<td>J</td>
<td>K</td>
<td>L</td>
</tr>
</tbody>
</table>
Field 22
"RESUBMISSION CODE" replaced "MEDICAID RESUBMISSION CODE"

Old Form

<table>
<thead>
<tr>
<th>22. MEDICAID RESUBMISSION CODE</th>
<th>ORIGINAL REF. NO.</th>
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</table>

New Form

<table>
<thead>
<tr>
<th>22. RESUBMISSION CODE</th>
<th>ORIGINAL REF. NO.</th>
</tr>
</thead>
</table>

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

Old Form

<table>
<thead>
<tr>
<th>30. BALANCE DUE</th>
<th></th>
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</table>

$ |

New Form

<table>
<thead>
<tr>
<th>30. Rsvd for NUCC Use</th>
<th></th>
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</thead>
</table>

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

Old Form

<table>
<thead>
<tr>
<th>NPI</th>
<th></th>
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</thead>
</table>

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

New Form

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</tr>
</thead>
</table>

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