



Provider Bulletin



Xerox State Healthcare
2 Pillsbury Street
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To: All Providers

From: Xerox and NH Medicaid

Date: October 2014

Transition to CMS 1500 (2/12) Form

On September 29, 2014 the NH Medicaid Program began its transition to use of the CMS-1500 (2/12) form. NH Medicaid will continue to accept the (08/05) version of the CMS 1500 form through November 30, 2014. After the transition completion date of November 30, 2014 Professional Claims will only be accepted on the CMS-1500 (2/12) version. This Provider bulletin is intended to help providers in their transition to the new form and provide resources for on-going support.

Summary of Changes:

QR Code – The 1500 symbol on the CMS 1500 form has been replaced with a scan ready QR code that takes the user to the NUCC (National Uniform Claim Committee) CMS 1500 landing page.

Field 1 – The wording referring to payer ID number requirements has been refined.

Field 8, 9b and 9c – ‘Patient Status’, ‘Other Insured’s Date of Birth, Sex’ and ‘Employer’s Name or School Name’ have been replaced with ‘Reserved for NUCC Use’. Please do not enter information here.

Field 10d – This field has been reserved for ‘Claim Codes (designated by NUCC)’. When applicable according to the public or private payers’ most current instruction, applicable claim codes can be entered here.

Field 11b – This field, ‘Other Claim ID (Designated by NUCC)’, was renamed ,but continues to be not applicable for NH Medicaid.

Field 14 – The layout of this field has been modified slightly.

Field 15 – Field description ‘If Patient has had same or similar illness, give first date’ has been removed. This field can now be used to record another date related to the patient’s condition or treatment as needed.

Field 17 – This field has been added to identify to the professional who referred or ordered the services or supplies on the claim. A qualifier is also expected when this field is utilized as below:

- DN – Referring Provider
- DK – Ordering Provider
- DQ – Supervising Provider

Field(s) 21A-L – Providers can add up to 12 Diagnosis Codes compared to the previous 4. Decimal points are not required and claims with dates of service prior to 10/2015 can utilize ICD9 or ICD10 codes; dates of service after 10/2015 must be billed with ICD-10 diagnosis codes. **It is important to note this may require a change to printer layouts for printed claims to accommodate additional fields.**



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In order to differentiate the use of ICD10 versus ICD9 code use, providers should enter a 9 for ICD9 or 0 for ICD10 between the vertical lines in the upper right hand portion of the field.

Field(s) 24e – This field now utilizes diagnosis pointers that are alpha characters (A-L) and not numeric characters (1-4) to reference diagnosis codes in field 21 to procedure codes in 24d. Up to 4 codes can be used per line. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow.

Additional Resources:

Providers requiring additional assistance with this form or with other NH Medicaid questions can contact the NH Provider Relations group at 1-866-291-1674 or refer to nhmmis.nh.gov for additional resource links including the CMS 1500 (2/12) Claim Form billing instructions.

In addition the NUCC has released an updated 1500 Health Insurance Claim Form Reference Instruction Manual, which is available under the "1500 Claim Form" tab via their website at www.nucc.org.

Please reference the NUCC manual, this Provider Bulletin, and applicable information in NH Medicaid's Provider Billing Manuals to insure CMS-1500 claims are submitted accurately.