TO: Providers Indicated

SUBJECT: Transition to the CMS-1500 Health Insurance Claim Form (02-12) version

In response to guidelines recommended by the National Uniform Claim Committee (NUCC) and set forth by the Centers for Medicare and Medicaid Services (CMS), the South Carolina Department of Health and Human Services (SCDHHS) is implementing the revised CMS-1500 Health Insurance Claim Form (02-12) version effective January 6, 2014.

Although the CMS-1500 form (02-12) is effective January 6, 2014, use of the revised form is optional until March 31, 2014. The transitional dual acceptability period of the current and the revised forms is described as follows:

- January 6, 2014 – March 31, 2014: Providers can use either the current CMS-1500 form (08-05) version or the revised CMS-1500 form (02-12) version.
- April 1, 2014: The current CMS-1500 form (08-05) version is discontinued; only the revised CMS-1500 form (02-12) version is to be used.

**Note:** All rebilling of claims should use the revised CMS-1500 form (02-12) version from this date forward, even though earlier submissions may have been submitted on the prior CMS-1500 form (08-05) version.

With the release of the revised CMS-1500 form (02-12) version, many field names have changed to “Reserved for NUCC Use.” The NUCC has provided instructions regarding how to complete the revised CMS 1500 form (02-12) version, but these are not a national mandate. Individual payers are permitted to use the fields on the CMS 1500 form (02-12) versions that best serve their purposes, even if these are different than the text or direction suggested by the NUCC.

For Providers’ convenience, SCDHHS has provided multiple means of obtaining completion instructions for the revised CMS-1500 (02-12) version of the claim form.

- Each provider manual on the SCDHHS website (http://www.scdhhs.gov/provider-manual-list) will contain field-by-field completion instructions in Section 3, Billing Procedures.
- Educational resources are available on the Healthy Connections Medicaid E-Learning website (http://medicaidelearning.com) to assist providers in the use of the revised form.
- A sample of the revised CMS 1500 form (02/12) version is attached to this bulletin for informational purposes only. **The SCDHHS will not supply the CMS 1500 claim form to providers. Providers should purchase the form in its approved format from the private vendor of their choice.**

If you have questions regarding this bulletin or need assistance with completing the form, please contact the SC Medicaid Provider Service Center at 1-888-289-0709. Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program

/s/
Anthony E. Keck
Director

Attachments
HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE
2. MEDICAID
3. TRicare
4. CHAMPVA
5. GROUP HEALTH PLAN (SPD)
6. FECA BLUELING (ID)
7. OTHER

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S DATE OF BIRTH DD MM YYYY
4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No., Street)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. ___________ B. ___________ C. ___________ D. ___________

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. DATES OF SERVICE

25. FEDERAL TAX I.D. NUMBER EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE $ _______________

29. AMOUNT PAID $ _______________

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

INCLUDING DEGREES OR CREDENTIALS

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # (Designated by NUCC)

SIGNATURE OF PHYSICIAN OR SUPPLIER

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

IF COMPLETED CORRECTLY

Please print or type

OMB APPROVAL PENDING