

# Practice Perspectives

## The National Association of Social Workers

750 First Street NE

Suite 700

Washington, DC 20002-4241

SocialWorkers.org



Mirean Coleman,  
MSW, LICSW, CT  
Senior Practice Associate  
Mcoleman@naswdc.org

## New CMS-1500 Form Effective April 1, 2014\*

The National Uniform Claim Committee (NUCC) was created in 1995 to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from third-party payers. The committee recently announced revisions to the CMS-1500 form which is used by clinical social workers and other health care providers to submit claims for reimbursement of services. The Centers for Medicare and Medicaid Services (CMS) and the Office of Management and Budget (OMB) have approved the revised CMS-1500 paper claim form, OMB-0938-1197 FORM 1500 (02-12). These numbers are located at the bottom right hand corner of the revised form.

### Revisions

The CMS-1500 Form was revised to give clinical social workers and other providers the ability to indicate whether they are using International Classification of Diseases, ninth edition, Clinical Modification (ICD-9-CM) codes or its counterpart, the ICD-10-CM. This revision is important as the health care industry prepares for the implementation of the ICD-10-CM codes on October 1, 2014. (On April 1, 2014, ICD-10-CM implementation was delayed until October 1, 2015.) The revised form also allows expansion of additional diagnostic codes from four to twelve. Qualifiers were added to identify provider roles to include ordering, referring, or supervising.

### Transition Timeline

NUCC and CMS have approved the following transition timeline for implementation of the revised CMS-1500 Form:

- **January 6, 2014:** Third-party payers will begin receiving and processing paper claims submitted on the revised CMS-1500 Form, version 02/12.
- **January 6 thru March 31, 2014:** Clinical social workers may submit claims on the old CMS-1500 Form, version, 08/05, or the revised CMS-1500 Form, version 02/12.
- **April 1, 2014:** Clinical social workers should submit claims only on the revised CMS-1500 Form, version 02/12.

Clinical social workers are responsible for ensuring their claims are filed on the appropriate claim forms. If applicable, this information should be shared with practice management software vendors, billing services, or clearing houses retained by clinical social workers.

The revised CMS-1500 Form is available for purchase from the United States Government Printing Office or large office supply companies. A revised sample form is available at the end of this document. Additional information about the revised CMS-1500 Form is available at [www.nucc.org](http://www.nucc.org). The instruction manual for CMS-1500 Form Version 02/12 is available online at: [www.findacode.com/cms1500-claim-form/instructions-02-12/1500\\_claim\\_form\\_instruction\\_manual\\_2012\\_02.pdf](http://www.findacode.com/cms1500-claim-form/instructions-02-12/1500_claim_form_instruction_manual_2012_02.pdf). Questions about the NUCC's CMS-1500 instructions may be e-mailed to [info@nucc.org](mailto:info@nucc.org)  
\*Hyperlinks may change without notice.



# HEALTH INSURANCE CLAIM FORM

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

PICA    PICA

1. MEDICARE <input type="checkbox"/> (Medicare#) <input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> TRICARE <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code) ( )		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		8. RESERVED FOR NUCC USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		10. IS PATIENT'S CONDITION RELATED TO:	
b. RESERVED FOR NUCC USE		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10d. CLAIM CODES (Designated by NUCC)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
SIGNED _____ DATE _____		b. OTHER CLAIM ID (Designated by NUCC)	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		c. INSURANCE PLAN NAME OR PROGRAM NAME	
SIGNED _____ DATE _____		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.	

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. _____		15. OTHER DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17b. NPI _____		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____		A. _____ B. _____ C. _____ D. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. _____	
E. _____ F. _____ G. _____ H. _____		I. _____ J. _____ K. _____ L. _____		23. PRIOR AUTHORIZATION NUMBER	

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID, QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY To MM DD YY			CPT/HCPCS MODIFIER					NPI	
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ( )			
SIGNED _____ DATE _____				a. NPI _____ b. _____				a. NPI _____ b. _____			

CARRIER ↑ PATIENT AND INSURED INFORMATION ↓ PHYSICIAN OR SUPPLIER INFORMATION ↓

## Center for Workforce Studies & Social Work Practice Recent Publications

AVAILABLE AT [SOCIALWORKERS.ORG/PRACTICE/DEFAULT.ASP](http://SOCIALWORKERS.ORG/PRACTICE/DEFAULT.ASP)

### Children & Families

- *Social Work Services with Parents: How Attitudes and Approaches Shape the Relationship*

### Clinical Social Work

- *Major Changes in 2014 for Clinical Social Workers*
- *New Psychotherapy Codes for Clinical Social Workers*
- *Documenting For Medicare: Tips For Clinical Social Workers*
- *Opting Out of Medicare as a Clinical Social Workers*
- *Retiring? Tips For Closing Your Private Practice*
- *Risk Management In Clinical Practice*

### Education

- *Addressing the Educational Needs of Older Youth*
- *Gangs: A Growing Problem in Schools*

### Leadership and Organizations

- *Beyond Survival: Ensuring Organizational Sustainability*
- *NASW Leadership in Palliative & Hospice Social Work*
- *Organizational Integration of Cultural Competency: Building Organizational Capacity to Improve Service Delivery to Culturally Diverse Populations*
- *Organizing For Office Safety*

### Poverty

- *The Affordable Care Act: Implications for Low and Moderate-Income Women's Health and Well-Being*
- *Overcoming Economic Hardships*

### Workforce & Career Development

- *Accountable Care Organizations (ACOs): Opportunities for the Social Work Profession*
- *Career Coaching: A Valuable Resource For Social Workers*
- *Furthering Your Social Work Education: Obtaining A Doctorate*
- *Negotiating A Higher Salary*
- *Networking: Finding Opportunities for Career Development*
- *Securing The Social Work Job You Seek: Advice For The Interview Process*
- *Setting and Maintaining Professional Boundaries*
- *State Health Insurance Exchanges: What Social Workers Need to Know*
- *The Value Of Social Work Mentoring*
- *Transitioning Across State Lines: Licensing Tips Beyond 9 To 5: Working As A Consultant*

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