No April Fools: Effective Today, Healthcare Payors Are No Longer Accepting the "Old" CMS-1500 Claim Form

In anticipation of the October 1, 2014 conversion to the new ICD-10 diagnostic coding set, effective today, Noridian Healthcare Solutions, the Medicare Administrative Contractor for California and other Western states, will no longer be accepting/paying claims submitted on the "old" CMS–1500 claim form, which is known as Version 08/05.

This is no April Fools joke. The new CMS-1500 form (Version 02-12) became available as of January 6, 2014, but its use was optional until today. As of today, April 1, the grace period is over, and the transition is no longer voluntary. The old CMS-1500 form (08-05) is discontinued and no longer accepted, and the new, revised CMS-1500 form (02-12) is the only form that will be accepted and for which claims will be paid.

Ironically, although the conversion to the new claim form has been understood as an essential prerequisite for the implementation of ICD-10 as of this coming October 1, the transition took effect on the eve of President Obama's anticipated signing into law of the Protecting Access to Medicare Act of 2014, which would push back the ICD-10 compliance deadline by one year (to 2015). The bill has passed both the House of Representatives and the Senate and awaits the President's signature.

What will happen to healthcare providers who miss this change and keep using the old CMS-1500? Their claim forms will not be processed, and instead will be returned, with instructions to submit the new 02/12 version of the CMS-1500 form. Even pre-April 1 claims that need to be corrected will need to be re-billed on the new form.

In reviewing the new form, there are a number of meaningful changes. Item 17 requires identification of the type of provider by a new qualifier, identifying whether other providers have performed services as any of the Referring Provider, Ordering Provider, and/or Supervising Provider. Item 21 has been expanded to allow for 12 diagnosis codes (from the prior 4), now displayed side by side, with diagnosis pointers now on an alphabetic range (A–L) in place of the former numeric 1-4.

Although the claim form was approved by the Centers for Medicare and Medicaid Services (CMS), the large private insurers (in California, Blue Shield, Anthem Blue Cross, Aetna, Cigna, UnitedHealth, and HealthNet) are following Medicare's lead and implementing the new 02/12 form effective today as well. Healthcare providers should ensure that their billers are aware of this change and using the new form and instructions.

For more information, see the following:

- CMS Medicare Learning Network (MLN) Matters (MM) 8509
- CMS-1500 Instructions for 02/12 Version
- CMS-1500 Tutorial for 02/12 Version

• CMS-1500 Form Version 02/12 Completion Tips

For advice on billing and reimbursement of healthcare claims, please contact Nelson Hardiman at 310-203-2800 or info@nelsonhardiman.com

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