

# NUCC

National Uniform Claim Committee

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## Member Organizations

Alliance for Managed Care

American Academy of Physician Assistants

American Association for Homecare

American Medical Association

American National Standards Institute  
Accredited Standards Committee  
X12 Insurance Subcommittee

America's Health Insurance Plans

Blue Cross and Blue Shield Association

Centers for Medicare & Medicaid Services

Dental Content Committee

Health Information Management Systems Society

Health Level Seven

Medical Group Management Association

National Association of State Medicaid Directors

National Council for Prescription Drug Programs

National Uniform Billing Committee

Public Health Data Standards Consortium

Federal Perspective

State Perspective

State Medical Association

Minnesota Medical Association

Texas Medical Association

Veterans Health Administration

July 25, 2012

CMS, Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: Document Identifier/OMB Control Number \_\_\_\_\_  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Document Identifier: CMS-1500 (08/05) and CMS-1500 (02/12)**

Dear Sir or Madam,

The National Uniform Claim Committee (NUCC) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) our comments on the Agency Information Collection Activities; Proposed Collection; Comment Request published on May 29, 2012 in the Federal Register at page 31,615 Volume 77, Number 103.

The Health Insurance Claim Form (1500 Claim Form) was initially developed in the 1980's through work by the Uniform Claim Form Task Force, which was co-chaired by the American Medical Association (AMA) and the Health Care Financing Administration (HCFA), now CMS. The work of the Task Force resulted in the development of the 1500 Claim Form, which has become the single paper claim form for use by third-party payers.

The NUCC replaced the Task Force in 1995. The NUCC is a diverse group of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors. The mission of the NUCC is to support and advocate for the development, maintenance, and adoption of uniform data content of professional (non-institutional) claims and standardized administrative transactions in the health care industry. It accomplishes this mission in several ways; one being the maintenance of the 1500 Claim Form and its related materials. The maintenance work focuses on the ability to bring uniformity to the professional claim data content.

Despite the increased use in electronic claims submission, the NUCC understands that a large number of providers continue to use the 1500 Claim Form and vendors use the image in practice management systems. Because of its ongoing use, there remains a need to maintain the paper form to keep it relevant for claims submissions.

The NUCC began revision work on the 1500 Claim Form in 2009. The goal of this work was to align the paper form with some of the changes in

the electronic Health Care Claim: Professional (837), 005010X222 Technical Report Type 3 (5010) and 005010X222A1 Technical Report Type 3 (5010A1). In addition, changes to accommodate reporting needs of ICD-10-CM were also considered.

The NUCC held a public comment period in October 2009 to obtain feedback on its initial research on the use of certain current data fields and the need for changes. During the revision work, consideration was given to different approaches to revising the form. The NUCC decided to proceed with making “minor changes” to the existing form, which was defined as no physical changes to the existing form lines or underlying layout of the form. The limited scope of changes was based on feedback from NUCC members and their constituents who wanted to limit the amount of work and costs that would be required to implement a revised 1500 Claim Form.

A second public comment period was held in June 2011 to obtain feedback on the specific proposed changes to the form. Overall, the majority of responders were in support of the proposed revisions. After analyzing the comments and reviewing draft mock-ups of the changes, the NUCC approved a final version of the 1500 Claim Form in February 2012.

The revisions align electronic transaction requirements with the paper form, improve the reporting of diagnosis codes by expanding the number from 4 to 12, and allow for the indication that a diagnosis code is an ICD-9-CM or ICD-10-CM code. The NUCC believes that these changes will improve the quality of paper submitted claims.

In conclusion, the NUCC believes that we have thoroughly researched, solicited ample feedback, and weighed the various options for revising the claim form to accommodate 5010/5010A1 and ICD-10 requirements. We strongly recommend that CMS approve of and adopt the revised form in its current format. We also support the renewal of the current 08/05 version of the claim form to allow for its continued use during the transition period.

The NUCC appreciates this opportunity to provide you with our comments. Should you have any questions concerning our comments, please contact me directly at (312) 464-4059 or [nancy.spector@ama-assn.org](mailto:nancy.spector@ama-assn.org).

Sincerely,

A handwritten signature in black ink that reads "Nancy W. Spector". The signature is fluid and cursive, with the first name "Nancy" and last name "Spector" clearly legible.

Nancy W. Spector  
Chair, National Uniform Claim Committee