

STANDARDIZED HEALTH CLAIM FORM MODEL REGULATION

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Drafting Note: This regulation is for use by states that have current statutory authority to prescribe a stan (c)-5.79b an e a6 (o)[6 (s) 14 d.(n

- A. "ASC X12N standard format" means the standards for electronic data interchange within the health care industry developed by the Accredited Standards Committee X12N Insurance Subcommittee of the American National Standards Institute.
- B. "CDT1 Codes" means the current dental terminology prescribed by the American Dental Association.
- C. "CPT
- E. "HCFA Form 1450" means the health insurance claim form maintained by HCFA for use by institutional care practitioners.

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- I. "ICD9-CM Codes" means the diagnosis and procedure codes in the International Classification of Diseases, Ninth revision, clinical modifications published by the U.S. Department of Health and Human Services
- J. "Institutional Care Practitioner" means:
 - (1) A hospice licensed under [insert state statute defining a hospice];
 - (2) A hospital licensed under [insert state statute defining a hospital]; and
 - (3) Skilled nursing facility, extended care facility, intermediate care facility, convalescent

Section 5. Requirements for Use of HCFA Form 1500

- A. Health care practitioners, other than dentists, shall use the HCFA Form 1500 and instructions provided by HCFA for use of the HCFA Form 1500 when filing claims with issuers for professional services. Health care practitioners that bill patients directly shall provide a properly completed HCFA Form 1500 in addition to any other explanatory information used to bill the patient when requested by the patient.
- B. Issuers may only require health care practitioners to use the following coding system for the initial filing of claims for health care services:
 - (1) HCPCS Codes; and
 - (2) ICD9-CM Codes.
- C. Issuers may only require health care practitioners to use other explanations with a code or to furnish additional information with the initial submission of a HCFA Form 1500 under the following circumstances:
 - (1) When the procedure code used describes a treatment or service that is not otherwise classified; or
 - (2) When the procedure code is followed by the CPT modifier 22, 52 or 99. Health care practitioners may use item 19 of the HCFA Form 1500 to explain multiple modifiers, unless item 19 is used for other purposes in accordance with the instructions for this form.
- D. Health care practitioners may use Box 19 of the HCFA Form 1500 to indicate the form is an amended version of a form previously submitted to the issuer by inserting the word "amended" in the space provided.
- E. Health care practitioners billing for services based on the amount of time involved shall indicate on line 19 the time interval in item 24 G of the HCFA Form 1500, if the time interval is not already defined. The HCPCS code is not defined by either HCPCS or in line 19, units will be assumed to be days of treatment.
- F. Health care practitioners shall provide the unique physician identification number, as assigned by HCFA, in box 17a and the federal tax identification number or social security number to complete Item 25 of the HCFA Form 1500, as required by the HCFA instructions.

Section 6. Requirements for Use of HCFA Form 1450

- A. Institutional care practitioners shall use the HCFA Form 1450 and instructions provided by HCFA for use of the HCFA Form 1450 when filing claims with issuers for health care services. Institutional care providers that bill patients directly shall provide a properly completed HCFA Form 1450 in addition to any other explanation information used to bill the patient when requested by the patient.
- B. Issuers may only require institutional care practitioners to use the following coding system for the initial filing

- (1) ICD9-CM Codes;
- (2) Revenue Codes;
- (3) HCPCS Codes; and
- (4) The information outlined in Section 5 of this regulation, if the charges include direct

Section 10. Separability

If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application of the provision to other persons or circumstances shall not be affected thereby.
