

Populating Item 10d on the new CMS-1500 (02-12) Form

This document will detail:

- What information is reported in Item 10d
- Where to find a list of Condition Codes for Item 10d
- How to populate Item 10d in eTHOMAS

The National Uniform Claim Committee (NUCC) has outlined the use of Item 10d

The instructions for populating information onto the CMS-1500 claim forms can be found on NUCC's website at www.nucc.org. From the main page of the website, click on 1500 Claim Form and then select 02/12 1500 Claim Form. Find the 02/12 1500 Instructions. Open the link and you will be brought to a .pdf outlining the instructions for the new claim form.

Scroll down the document to the page relating to Item 10d. Here is the information relating to Item 10d:

ITEM NUMBER 10d

10d. CLAIM CODES (Designated by NUCC)

TITLE: Claim Codes (Designated by NUCC)

INSTRUCTIONS: When applicable, use to report appropriate claim codes. Applicable claim codes are designated by the NUCC. Please refer to the most current instructions from the public or private payer regarding the need to report claim codes.

When required by payers to provide the sub-set of Condition Codes approved by the NUCC, enter the Condition Code in this field. The Condition Codes approved for use on the 1500 Claim Form are available at www.nucc.org under Code Sets.

When reporting more than one code, enter three blank spaces and then the next code.

FOR WORKERS COMPENSATION CLAIMS: Condition Codes are required when submitting a bill that is a duplicate or an appeal. (Original Reference Number must be entered in Box 22 for these conditions). Note: Do not use Condition Codes when submitting a revised or corrected bill.

DESCRIPTION: The "Claim Codes" identify additional information about the patient's condition or the claim.

FIELD SPECIFICATION: This field allows for the entry of 19 characters.

EXAMPLE:

10d. CLAIM CODES (Designated by NUCC)

W2

The instructions state to only use this area when applicable. Item 10d is used "...to provide the sub-set of Condition Codes". The NUCC approved Condition Codes can be found on NUCC's website (www.nucc.org) and selecting Code Sets from the main page and then selecting Condition Codes.

You will be presented with a list of Condition Codes. Please check NUCC's website for an up-to-date list of Condition Codes.

The screenshot shows the NUCC website with a search bar and a navigation menu. The 'Condition Codes' section is highlighted, listing codes for abortion and worker's compensation claims. The abortion codes are AA through AI, and the worker's compensation codes are W2 through W5. A disclaimer at the bottom states that these codes have been posted on the NUCC website with the permission of the National Uniform Billing Committee (NUBC).

NUCC
National Uniform Claim Committee

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Condition Codes

The following is the list of Condition Codes for abortion that are valid for use on the 1500 Health Care Claim Form and in the 837 Professional.

- AA Abortion Performed due to Rape
- AB Abortion Performed due to Incest
- AC Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality
- AD Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself
- AE Abortion Performed due to Physical Health of Mother that is not Life Endangering
- AF Abortion Performed due to Emotional/psychological Health of the Mother
- AG Abortion Performed due to Social or Economic Reasons
- AH Elective Abortion
- AI Sterilization

The following is the list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form and in the 837 Professional.

- W2 Duplicate of original bill
- W3 Level 1 appeal
- W4 Level 2 appeal
- W5 Level 3 appeal

These codes have been posted on the NUCC website with the permission of the National Uniform Billing Committee (NUBC).

As you can see, the Condition Codes are very limited in scope. At this time, the Condition Codes encompass abortion and worker's compensation claims. If using Condition Codes for worker's compensation claims for a duplicate or an appeal, make sure to also fill in Item 22 of the CMS-1500 (02-12) Form with the Original Reference Number. **Do not use Condition Codes when submitting a revised or corrected bill.** If you need to report multiple Condition Codes, separate each code with three (3) blank spaces.

How to populate Item 10d in eTHOMAS

Locate the patient in which you wish to enter a Condition Code(s). Locate the claim in which to enter a Condition Code and go into that claim header. Note: If this is a new condition, you may want to create a new header to attach to that claim.

From the Claim Header, enter the appropriate Condition Code(s) in Box 10D

Claim Header

01 - 150 GENIUS, JACOB
Cash: 0.00 Ins: -37.00

Code: 121913 Description: ☐ X Ray Taken

General		All Fields	
DX/Ray/Serv Date:	<input type="text"/>	Other Date(15):	<input type="text"/>
Illness/Injury Date(14):	<input type="text"/>	Injury date related to:	<input type="text"/>
Total Disability(16):	<input type="text"/>	Referral(17):	<input type="text"/>
Part. Disability:	<input type="text"/>	Facility(32):	<input type="text"/>
Hosp. Admission(18):	<input type="text"/>	Att Physician:	<input type="text"/>
Return To Work Date:	<input type="text"/>	Ordering Physician:	<input type="text"/>
Other Claim ID(11b):	<input type="text"/>	First Consulted Date:	<input type="text"/>
Prior Auth(23):	<input type="text"/>	Ref. Date:	<input type="text"/>
Related to Accident(10):	<input type="checkbox"/> Auto <input type="checkbox"/> Work <input type="checkbox"/> Other	Box 10D:	<input type="text"/>
		Hospice Employee Indicator:	<input type="text"/>
Resub Code(22):	<input type="text"/>		<input type="text"/>
Add'l Claim Info(19):	<input type="text"/>		
Subluxation:	<input type="text"/>	Nature of Condition:	<input type="text"/>
Category:	<input type="text"/>	State:	MI
		Acute Manifestation Date:	<input type="text"/>
		Hour:	<input type="text"/>

If this is a worker's compensation and you are submitting a duplicate or an appeal, you will need to include the Original Reference Number in 22 (Resub Code) in the Header.