

# Populating Item 14 on the New CMS-1500 (02-12)

The new CMS-1500 form (02-12) has new fields for qualifiers for Item 14—a 431 or a 484.

This document will detail:

- Information about Item 14
- How to populate Item 14

## Information about Item 14

Item 14 is used to report the “Date of Current Illness, Injury, or Pregnancy (LMP)”. Now, this item requires a qualifier to denote an illness/injury or pregnancy. The qualifier will go to the right of the date on the new CMS-1500 (02-12) form. According to the National Uniform Claim Committee (NUCC):

**ITEM NUMBER 14**

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			
MM	DD	YY	QUAL

**TITLE:** Date of Current Illness, Injury, or Pregnancy (LMP)

**INSTRUCTIONS:** Enter the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) date of the first date of the present illness, injury, or pregnancy. For pregnancy, use the date of the last menstrual period (LMP) as the first date.

Enter the applicable qualifier to identify which date is being reported.

431	Onset of Current Symptoms or Illness
484	Last Menstrual Period

Enter the qualifier to the right of the vertical, dotted line.

**DESCRIPTION:** The “Date of Current Illness, Injury, or Pregnancy” identifies the first date of onset of illness, the actual date of injury, or the LMP for pregnancy.

**FIELD SPECIFICATION:** This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YY, and 3 characters to the right of the vertical, dotted line.

**EXAMPLE:**

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			
MM	DD	YY	QUAL
09	30	2005	431

## Additional Information

Current Medicare specifications state for Item 14 - Enter either an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of current illness, injury, or pregnancy. For chiropractic services, enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date of the initiation of the course of treatment **and** enter an 8-digit (MM | DD | CCYY) or 6-digit (MM | DD | YY) date in item 19. **Additional information for form version 02/12: Although this version of the form includes space for a qualifier, Medicare does not use this information a qualifier will not be entered for Medicare paper claims.**

## How to populate Item 14

Once you have logged into eTHOMAS, go to a patient in which you need to populate Item 14. Go into the claim header of one of the claims you would like to change. The general rule is if you are reporting something you wouldn't normally report on all of this patient's claims a new header is appropriate. Choose this header on any claims in which you need to report the information.

### *To populate a qualifier of 431 Onset of Current Symptoms of Illness:*

To populate Item 14 with a 431 qualifier for Onset of Current Symptom or Illness, enter the date in the Illness/Injury Date field of the Claim Header and save your changes.

Claim Header

SJ - 60 BEAN, ALAN

Cash: 0.00 Ins: 245.00

Code: ILL Description: ILLNESS X Ray Taken

General All Fields

Illness/Injury Date(14): 11/01/2013 Injury date related to: L-Last menstrual cycle

Hosp. Admission(16): to: Referral(17):

Prior Auth(23): Facility(32):

Related to Accident(10) ☐ Auto ☐ Work ☐ Other State: MI Hour:

Add'l Claim Info(19):

SIGNED: SIGNATURE ON FILE		DATE: 12 04 13		
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)	15. OTHER DATE	MM	DD	YY
11 01 13	QUAL: 431			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a		

### *To populate a qualifier of 484 Last Menstrual Period:*

To populate Item 14 with a 484 qualifier for Last Menstrual Period, enter the date in the Illness/Injury Date field, then choose L – Last menstrual cycle in the *Injury date related to* drop-down menu and save your changes.

Claim Header

SJ - 60 BEAN, ALAN

Cash: 0.00 Ins: 245.00

Code: LMP Description: LMP X Ray Taken

General All Fields

Illness/Injury Date(14): 11/30/2013 Injury date related to: L-Last menstrual cycle

Hosp. Admission(16): to: Referral(17):

Prior Auth(23): Facility(32):

Related to Accident(10) ☐ Auto ☐ Work ☐ Other State: MI Hour:

Add'l Claim Info(19):

SIGNED: SIGNATURE ON FILE		DATE: 12 04 13		
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)	15. OTHER DATE	MM	DD	YY
11 30 13	QUAL: 484			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a		