

Populating Item 15 on the New CMS-1500 (02-12) Form

This document will detail:

- Information about Item 15
- How to populate Item 15

Information about Item 15 (Other Date)

The National Uniform Claim Committee (NUCC) claim form specification state to use Item 15 to identify additional date information about the patient's condition. Report the information that is required by the payer receiving claims.

15. OTHER DATE	MM	DD	YY
QUAL			

Populating Item 15 (Other Date)

Qualifier 439

To populate Item 15 with a 439 qualifier for Accident, enter the date in the Illness/Injury Date field, then check Auto, Work, or Other under the Related to Accident field. **If Auto is selected, you must also select the state the accident occurred. Remember to save your changes.**

Claim Header

SJ - 60 BEAN, ALAN
Cash: 0.00 Ins: 245.00

Code: ACC Description: ACCIDENT X Ray Taken

General All Fields

Illness/Injury Date(14): 10/30/2013 Injury date related to:

Hosp. Admission(18): 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 (EMP)	15. OTHER DATE	MM	DD	YY
10 30 13	QUAL: 439	10	30	13
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a		

Qualifier 304

To populate Item 15 with a 304 qualifier for Last Visit or Consultation, go to the All Fields tab in the Header, enter the date in the Ref (Last Seen) Date field and save your changes.

Claim Header

SJ - 60 BEAN, ALAN

Cash: 0.00 Ins: 245.00

Code: FOOT Description: FOOT X Ray Taken

General All Fields

DX/Ray/Serv Date: Illness/Injury Date(14): Total Disability(16): Part Disability: Hosp. Admission(18): Return To Work Date: Other Claim ID(11b): Prior Auth(23): Related to Accident(10): Resub Code(22): Add'l Claim Info(19): Subluxation: Nature of Condition: Category: Acute Manifestation Date: State: MI Hour:

Other Date(15): Injury date related to: Referral(17): Facility(32): Att Physician: Ordering Physician: First Consulted Date: Ref (Last Seen) Date: 10/01/2013 Box 100: Hospice Employee Indicator:

SIGNED SIGNATURE ON FILE		DATE	12 04 13
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)	15. OTHER DATE	QUAL	304
MM DD YY	MM DD YY		
			10 01 13
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a	

Additional Information

There are 2 other qualifiers that can populate Item 15 – 454 for Initial Treatment Date and 455 for Last X-ray, however present specifications from Medicare state that Item 15 is not used. They go on to say to use Item 19 to report this information.

Item 15 - Leave blank.

Item 19 - Enter either a 6-digit (MM | DD | YY) or an 8-digit (MM | DD | CCYY) date patient was last seen and the NPI of his/her attending physician when a physician providing routine foot care submits claims.

NOTE: Effective May 23, 2008, all provider identifiers submitted on the CMS-1500 *claim form* MUST be in the form of an NPI.

Enter either a 6-digit (MM | DD | YY) or an 8-digit (MM | DD | CCYY) x-ray date for chiropractor services (if an x-ray, rather than a physical examination was the method used to demonstrate the subluxation). By entering an x-ray date and the initiation date for course of chiropractic treatment in item 14, the chiropractor is certifying that all the relevant information requirements (including level of subluxation) of Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, is on file, along with the appropriate x-ray and all are available for *A/B MAC (B)* review.

Qualifier 454

To populate Item 15 with a 454 qualifier for Initial Treatment date (for all insurances aside from Medicare), go to the All Fields tab in the Header and enter the date in the First Consulted Date field. Keep in mind that on paper claims only one date can populate Item 15.

The screenshot shows the 'Claim Header' window with the 'All Fields' tab active. The 'First Consulted Date' field is highlighted with a yellow box. The window title is 'Claim Header' and the patient information is 'SJ - 60 BEAN, ALAN'. The 'Code' is 'OV' and the 'Description' is 'OFFICE VISIT'. The 'Cash' is '0.00' and the 'Ins' is '245.00'. The 'X Ray Taken' checkbox is unchecked. The 'First Consulted Date' field is highlighted with a yellow box. Other fields include 'DX/Ray/Serv Date', 'Illness/Injury Date(14)', 'Total Disability(16)', 'Part. Disability', 'Hosp. Admission(18)', 'Return To Work Date', 'Other Claim ID(11b)', 'Prior Auth(23)', 'Related to Accident(10)', 'Resub Code(22)', 'Add'l Claim Info(19)', 'Subluxation', 'Nature of Condition', 'State', 'Category', 'Acute Manifestation Date', 'Other Date(15)', 'Injury date related to', 'Referral(17)', 'Facility(32)', 'Att Physician', 'Ordering Physician', 'Ref (Last Seen) Date', 'Box 10D', and 'Hospice Employee Indicator'.

If Chiropractic or procedure code is marked Spinal Manipulation, Item 15 will populate in this order:

1st – 454 First consulted date

2nd – 439 Illness/Injury Date (Auto/Work/Other checked)

3rd – 304 Ref (Last Seen) Date

For all other practice types and non-spinal manipulation claims, Item 15 will populate in this order:

1st – 439 Illness/Injury Date (Auto/Work/Other checked)

2nd – 304 Ref (Last Seen) Date

Electronically, any/all of these dates will populate if they are chosen in the header.

As payers update their specifications for the new CMS-1500 (02-12) form, we will be making additional programming changes. These dates and qualifiers **do** report electronically.