**Section 2017.40 Requirements for Use of HCFA Form 1500**

a) Health plans shall accept an appropriately completed HCFA Form 1500 from health care practitioners. Health care practitioners, other than dentists, shall use the HCFA Form 1500 when filing claims with health plans for professional services.

b) Health plans shall not require health care practitioners to use any coding system for the filing of claims for health care services other than the following:

1) current HCPCS Codes or current CPT Codes;

2) current ICD-CM Codes; and

3) For anesthesia services, current HCPCS Level 1 Codes.

c) Health plans shall not require health care practitioners to use any other descriptor with a code or to furnish additional information with the submission of an HCFA Form 1500 except 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 Box 19 of the HCFA Form 1500 to explain multiple modifiers.

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 health plan by inserting the word "amended" in the space provided.

e) Health care practitioners billing for services based on the amount of time involved shall define in Box 19 the time interval in Box 24 G of the HCFA Form 1500. If not defined, units will be assumed to be days of treatment.

(Source: Amended at 20 Ill. Reg. 8497, effective June 5, 1996)