National Government Services
A CMS Contracted Agent

Medicare

CMS-1500 Crosswalk to ANSI 837P

CMS 1500		ANSI X12N 837 004010X098A1				
Item No.	**Description**	**Loop**	**Field**	**IG Page**	**Data Element Description**	**Requirements**
1	Type of health insurance	2000B	SBR09	112	Claim editing indicator code	Must = MB for Medicare Part B
1a*	Insured ID number	2010BA	NM109	119	Subscriber primary identifier	Required for Medicare. Enter the patient's Medicare Health Insurance Claim Number (HICN) whether Medicare is Primary or Secondary. For Medicare the patient is always the subscriber. Entity Identifier Code (NM101) = Insured or Subscriber (IL), Identification Qualifier Code (NM108) = Member Identification Number (MI).
2	Patient name (Last, First, Middle Initial)	2010BA	NM103	118	Subscriber last name	Enter the patient's name as shown on their Medicare card (for Medicare the patient is always the subscriber)
		2010BA	NM104	118	Subscriber first name	
		2010BA	NM105	118	Subscriber middle name	
3	Patient's birth date and sex	2010BA	DMG02	125	Subscriber birth date	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8
		2010BA	DMG03	125	Subscriber gender code	Enter the patient's sex. F=Female M=Male U=Unknown
4*	Insured's name (Last, First, Middle Initial)	2330A	NM103	158	Patient last name	Medicare Secondary Payer (MSP). If the patient has insurance primary to Medicare, either through the patient or spouse, list the name of the insured. IF the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
		2330A	NM104	158	Patient first name	
		2330A	NM105	158	Patient middle initial	
5	Patient's address and telephone number	2010BA	N301	121	Subscriber address line 1	Enter the patient's mailing address
		2010BA	N302	121	Subscriber address line 2	
		2010BA	N401	122	Subscriber city name	
		2010BA	N402	123	Subscriber state code	
		2010BA	N403	123	Subscriber ZIP code	

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6*	Patients relationship to insured	2000B	SBR02	111	Individual relationship code	Required when subscriber is the same as the patient. Must = Self
		2320	SBR02	319		Required when subscriber is the different than the patient. Must = Relationship
7*	Insured's address and telephone number	2330A	N301	354	Insured's address line 1	Medicare Secondary Payer (MSP). If the patient has insurance primary to Medicare, either through the patient or spouse, list the address of the insured. IF the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
		2330A	N302	354	Insured's address line 2	
		2330A	N401	355	Insured's city name	
		2330A	N402	356	Insured's state code	
		2330A	N403	356	Insured's ZIP code	
8	Patient marital status, student status, and employment status	NOT MAPPED				
9*	Other insured's name (Last, First, Middle Initial)	2330A	NM103	351	Other insured last name	Required if enrolled in a Medigap policy. Enter the name of the enrollee in the Medigap policy.
		2330A	NM104	351	Other insured first name	
		2330A	NM105	351	Other insured middle name	
9a*	Other insured's policy or group number	2330A	NM109	351	Insured Identifier	Enter the policy and/or group number of the Medigap insured. Required if other payers are known to potentially be involved in paying this claim.
		2320	SBR03	320	Other insured's group or policy number	
9b*	Other insured's date of birth and sex	2320	DMG03	343	Other insured gender code	Enter the Medigap insured's sex. F=Female M=Male U=Unknown
		2320	DMG02	343	Other insured birth date	Enter the Medigap insured's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8
9c	Employer's name or school name	NOT MAPPED				
9d*	Insurance plan name or program name	2330B	NM109	361	Other payer primary identifier	Enter the Medigap insurer's unique identifier. Required if other payers are known to potentially be involved in paying this claim. Found on CMS Web site.
		2320	SBR04	320	Insured Group Name	
10a	Is patient's condition related to	2300	CLM11-1	176	Employment related indicator	Required if Date of Accident (DTP01 = 439) is used and the service is employment related.
			CLM11-2	176		

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			CLM11-3	176		
10b	Is patient's condition related to other accident	2300	CLM11-1	176	Auto accident indicator	Required if Date of Accident (DTP01 = 439) is used and the service is related to an auto accident.
			CLM11-2	176		
			CLM11-3	176		
10c	Is patient's condition related to auto accident	2300	CLM11-1	176	Other accident indicator	Required if Date of Accident (DTP01 = 439) is used and the service is accident related.
			CLM11-2	176		
			CLM11-3	176		
	Auto accident state	2300	CLM11-4	177	Auto accident state	Required if auto accident is reported in CLM11-1, 2, 3 = AA
10d	Reserved for local use	NOT MAPPED - Used for Commercial and Medicaid information				
11*	Insured policy group or FECA number	2320	SBR03	320	Insured Group or Policy Number	Medicare Secondary Payer (MSP). If the patient has insurance primary to Medicare, either through the patient or spouse, list the insured's policy or group number.
		2320	SBR05	321	Insurance Type Code	
		2320	SBR09	321	Claim Filing Indicator Code	
		2330A	NM109	352	Insured Identifier	
11a*	Insured date of birth and sex	2320	DMG02	343	Insured's Date of Birth	Medicare Secondary Payer (MSP). If the patient has insurance primary to Medicare, either through the patient or spouse, list the insured's Date of Birth and Gender.
		2320	DMG03	343	Insured's Gender	
11b*	Employer's name or school name	NOT MAPPED				
11c*	Insurance plan name or program name	2320	SBR04	320	Other Insured Group Name	Medicare Secondary Payer (MSP). If the patient has insurance primary to Medicare, either through the patient or spouse, list the Payer ID. Payer IDs found CMS Web site.
11d	Is there another health benefit plan?	NOT USED BY MEDICARE				
12	Patient's or authorized person's	2300	CLM09	175	Release of information code	Indicate the appropriate code for the patient's release of information. CLM09 = N (No) is not allowed.

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		2300	CLM10	176	Patient signature source code	Patient Signature Source Code (CLM10) is required except in cases where Release of Information CLM09 = N (No)
		2320	OI04	345	Patient signature source code	Patient Signature Source Code (CLM10) is Required except when "N" is used in OI06 Should be "B"
		2320	OI06	345	Release of information code	Indicate the appropriate code for the patient's release of information Should be "Y"
13	Insured's or authorized person's signature	2300	CLM10	175	Benefits assignments Certification indicator	Benefits Assignment Indicator is required. Y = Yes; N = No
		2320	O103	345		Benefits Assignment Indicator is required. Y = Yes; N = No
14	Date of current: illness, injury, pregnancy	2300	DTP03 (439)	194	Accident date	Required if Related Cause code (CLM11-1, -2 or -3) = Auto Accident (AA), Abuse (AB), Another Party (AP) or Other (OA).
		2300	DTP03 (431)	188	Onset of current illness or injury date	Required when available.
		2400**	DTP03 (431)	452		
		2300	DTP03 (454)	182	Initial treatment date	Required on all claims involving spinal manipulation.
		2400**	DTP03 (454)	458		
15	If patient has had same or similar illness. Give first date.	2300	DTP03 (438)	192	Onset of similar symptoms or illness	Required when claims involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.
		2400**	DTP03 (438)	452		
16	Dates patient unable to work in current occupation (From and To)	2300	DTP03 (360)	201	Disability begin from date (CCYYMMDD)	Enter the date when patient is employed and unable to work in current occupation. An entry here may indicate employment related insurance coverage.
		2300	DTP03 (361)	203	Disability end to date (CCYYMMDD)	

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17	Name of Referring physician or other source	2310A	NM103 (DN)	283	Referring provider last name	Required if claim involved a referral. When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A) loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separate claim must be billed for each ordering/referring physician.
		2420F**		542		
		2310A	NM104	283	Referring provider first name	
		2420F**		542		
		2310A	NM105	284	Referring provider middle name	
		2420F**		543		
	Name of Ordering physician	2420E	NM103 (DK)	530	Ordering provider last name	
		2420E	NM104	530	Ordering provider first name	
		2420E	NM105	530	Ordering provider middle name	
17a	Other ID number of Referring physician	2310A	REF02	289	Referring provider other identifier	Enter the other ID of the Referring physician (use to be UPIN)
		2420F**	REF02	548		
		2420E	REF02	537	Ordering provider other identifier	Enter the other ID of the Ordering physician (use to be UPIN)
17b	NPI number of Referring physician	2310A	NM109	282	Referring provider secondary identifier	Enter the assigned NPI of the Referring physician
		2420F**	NM109	547		
		2320E	NN109	383	Ordering provider secondary identifier	Enter the assigned NPI of the Ordering physician
		2420E**	NM109	536		
18	Hospitalization dates related to current services (From and To)	2300	DTP03 (435)	208	Related hospitalization admission date	Enter the date when a medial service is furnished as a result of, or subsequent to, a related hospitalization.
		2300	DTP03 (096)	210	Related hospitalization discharge date	
19	Reserved for local	2300	DTP03(304)	186	Date last seen	Enter the date patient was last seen by the attending physician

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		2400**	DTP03 (304)	445		
		2310E	NM109 (DQ)	316	Supervising/Attending provider NPI	Enter the Supervising/Attending physician NPI who is performing a purchased interpretation of diagnostic tests. Only bill one supervising/attending provider per claim. When billing podiatry, routine foot care claims must contain the **Date Last Seen** and **Supervising Provider** Information.
		2420D**	NM109 (DQ)	527		
		2400	DTP01 (738)	447	Most Recent Hemoglobin or Hematocrit or Both Test Date	Enter the most current Hematocrit (HCT) Value for the injection of Aranesp or End Stage Renal Disease (ESRD) beneficiaries on dialysis. Use the segment MEA01=TR (for test results), MEA02=R1 (for hemoglobin) or R2 (for hematocrit), and MEA03=the test results. The test results should be entered as follows: TR= test results, R1=hemoglobin or R2=hematocrit (a 2-byte alpha-numeric element), and the most recent numeric test result (a 3-byte numeric element [xx.x]). Results exceeding 3-byte numeric elements (10.50) are reported as 10.5.
		2400	DTP01 (739)	447	Most Recent Serum Creatine	
		2400	DTP02	447	Date Format Qualifier	
		2400	DTP03	447	Test Date Performed	
		2400	MEA01	465	Hemoglobin or Hematocrit Test (Reading) Results	
		2400	MEA02 (R1)	465	Hemoglobin Test Result Qualifier	
		2400	MEA02 (R2)	465	Hematocrit Test Result Qualifier	
		2400	MEA03	465	Hemoglobin or Hemotocrit Measurement Value	
		2300	CRC03 (HI)	263	Homebound indicator	Required when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.
		2300	NTE02	246	Extra narrative data	Enter note on ANY additional information to process the claim.

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		2400**	NTE02	488		
		2300	DTP03 (090)	213	Date-assumed care dates	Enter the date for a global surgery claim when providers share postoperative care.
		2300	DTP03 (091)	213	Date-relinquished care dates	
		2300	REF02 (P4)	242	Demonstration Project Identifier	Enter demonstration ID number "30" for all national emphysema treatment trial claims.
		2300	DTP03 (455)	197	Last X-Ray date	Required when claim involves spinal manipulation if an x-ray was taken.
		2400**	DTP03 (455)	454		
20	Outside lab? $ Charges	2400	PS101	489	Purchased Service Provider ID	Required if there are diagnostic tests subject to purchase price limits. Multiple purchased tests may be submitted EMC only.
		2400	PS102	489	Purchased Service Charge	
21	Diagnosis or nature of illness or injury	2300	HI01-02 (BK)	266	Principal diagnosis code	Required on all claims. Enter the patient's diagnosis/condition. All physician specialties must use an ICD-9 code number and code to the highest level of specificity. Enter up to four codes in priority order. An independent laboratory must enter a diagnosis only for limited coverage procedures.
		2300	HI02-02 (BF)	266	Second Diagnosis Code	
		2300	HI03-02 (BF)	267	Third Diagnosis Code	
		2300	HI04-02 (BF)	267	Fourth Diagnosis Code	
		2300	HI05-02	267	Fifth diagnosis code	

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			(BF)			
		2300	HI06-02 (BF)	266	Sixth Diagnosis Code	
		2300	HI07-02 (BF)	267	Seventh Diagnosis Code	
		2300	HI08-02 (BF)	267	Eighth Diagnosis Code	
22	Medicaid resubmission code Original ref. No.	NOT REQUIRED FOR MEDICARE				
23	Prior authorization number	2300	REF02 (G1)	226	Prior authorization or referral number	Enter the professional review organization (PRO) prior authorization number for those procedures requiring PRO prior approval. Only bill one unique PRO number per claim.
	IDE number	2300	REF02 (LX)	236	Investigational device exemption number	Required when claim involves an FDA assigned investigational device exemption (IDE) number. Post market Approval number should also be placed here when applicable.
	HHA/Hospice provider number for CPO services	2310D 2420C**	NM101 (FA) REF02 (LU)	311	HHA/hospice provider number for CPO services	For physicians performing care plan oversight services, enter the Medicare provider number of the home health agency (HHA) or hospice. Provider submitting CPO claims must submit the Facility (FA) qualifier in the entity Identifier Code (NM101) leaving the Identification Code Qualifier (NM108) and the Identification Code (NM109) blank. The CPO PIN should be submitted in a Reference Identification (REF) segment of the same loop & use the Location Number (LU) qualifier. This is to distinguish the CPO PIN from the Facility PIN. Only bill one unique HHA/Hospice provider number per claim. DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION

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						OF NPI.
		2310D 2420C**	NM109 (FA)			Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the home health agency (HHA) or hospice.
	CLIA number	2300	REF02 (X4)	232	CLIA certification number	Required on claims for any laboratory performing tests covered by the CLIA act. Enter the 10-digit CLIA (Clinical Laboratory Improvement Amendment) certification number for laboratory services billed by an entity performing CLIA covered procedures. Only bill one unique CLIA number per claim.
		2400**	REF02 (X4)	475		
		2400**	REF02 (F4)	477	Referring CLIA number	Required for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed.
	Ambulance ZIP Code	2310D	NM101 (77)	303	Point of Pick Up	Ambulance Companies must enter a single ZIP code for the point of pick up.
			N301	307		
			N302	308		
			N401	308		
	Mammography Certification Number	2300	REF02 (EW)	226	Mammography certification number	If the supplier is certified mammography screening center, enter the FDA approved certification number.
		2400**	REF02 (EW)	474		
24a	Dates of service(s)	2400	DTP03 (472)	435	Service date	Enter the service date for each procedure, service or supply. If a single date the Date/Time qualifier (DTP02) = CCYYMMDD (D8) If a range of dates the Date/Time Qualifier (DTP02) = CCYYMMDD-CCYYMMDD (RD8)
24b	Place of service	2300	CLM05-1	173	Place of service code	Enter the appropriate Place of Service code. Identify the location, using a place of service code for each item used or service performed.
		2400**	SV105	404		
24c	Type of service	NOT REQUIRED FOR MEDICARE				

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24d	Procedures, services or supplies	2400	SV101-2	401	Procedure code	In Product/Service ID Qualifier (SV101-1) enter (HC) for HCPCS Codes. Enter the procedures, services or supplies using the Healthcare Common Procedure Coding System (HCPCS). When reporting a "not otherwise classified" (NOC) code, include a narrative description in the claim notes (NTE) segment Item 19.
		2400	SV101-3	401	Procedure modifier 1	
		2400	SV101-4	402	Procedure modifier 2	
		2400	SV101-5	402	Procedure modifier 3	
		2400	SV101-6	402	Procedure modifier 4	
24e	Diagnosis code	2400	SV107-1	405	Diagnosis code pointer	Enter the diagnosis code reference number shown in Item 21 to relate the date of service and the procedures performed to the primary diagnosis.
		2400	SV107-2	405	Diagnosis code pointer	
		2400	SV107-3	405	Diagnosis code pointer	
		2400	SV107-4	405	Diagnosis code pointer	
24f	$ Charges	2400	SV102	402	Line item charge amount	Enter the charge for each service.
24g	Days or units	2400	SV104 (UN)	403	Units of service	Enter the number of days or units. If a decimal is needed to report units, include it in this element. For anesthesia, show the elapsed time (minutes). Convert hours into minutes and enter the total minutes required for the procedure.
		2400	SV104 (MJ)	403	Anesthesia/Oxygen minutes	
24h	EPSDT Family Plan	NOT REQUIRED FOR MEDICARE				
24i	EMG	NOT MAPPED				
24j	Rendering Provider ID. #	2310B	NM109 (82)	290	Rendering provider Secondary identifier	Enter the Provider NPI when the performing provider/supplier is a member of a group practice.
		2420A**	NM109 (82)	501		
25	Federal Tax ID number	2010AA	REF02 (EI, SY)	91	Billing Provider Secondary ID	Enter the Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
26	Patient's account number	2300	CLM01	171	Patient account number	Enter the patient's account number assigned by the provider of service's accounting system. As a service, any account number will be returned to you up to 20 characters.
27	Accept assignment	2300	CLM07	174	Medicare assignment code	A = Assigned, B = Assignment accepted on Clinical Lab services only, C = Not assigned P = Patient refuses to assign benefits.

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28	Total charge	2300	CLM02	172	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02 (F5)	220	Total patient amount paid	Required if the patient has paid any amount towards the claim for covered services only.
30	Balance due	NOT REQUIRED FOR MEDICARE				
31	Signature of physician or supplier including degrees or credentials Date signed	2300	CLM06	174	Provider or supplier signature indicator	Y = Provider signature is on file N = Provider signature is not on file.
		DATE IS NOT MAPPED				
32	Name and address of facility where services were rendered (if other than home)	2310D	NM103 (FA,TL,77, LI)	304	Service facility name	Enter the name, address, city, state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify the supplier's name, address, ZIP code. Required when the location of health care service is different than that carried in the Billing Provider Name (2010AB) loops. Required if the service was rendered in a health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address. If an independent laboratory is billing enter the place where the test was performed and the carrier assigned PIN. The reference lab identification number should also ber reported here. Only bill one unique facility number per claim.
		2420C**	NM103 (FA,TL,77, LI)	515	Service facility location	
		2310D	N301	307	Service facility address 1	
		2420C**	N301	518	Service facility address 1	
		2310D	N302	307	Service facility address 2	
		2420C**	N302	518	Service facility address 2	
		2310D	N401	308	Service facility city	
		2420C**	N401	519	Service facility city	
		2310D	N402	309	Service facility state	
		2420C**	N402	520	Service facility state	
		2310D	N403	309	Service facility ZIP code	
		2420C**	N403	520	Service facility ZIP code	
32a	NPI	2310D	NM109	305	Laboratory/Facility Primary Identifier	Enter the NPI of the Service Facility.

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		2420C**	NM109	514	Laboratory/Facility Primary Identifier	
32b		NOT USED				
33	Physician's supplier's billing name, address, ZIP code & phone number	2010AA	NM103 (85,87)	85	Provider last or organizational name	Enter the provider or service/supplier's billing name, address, ZIP code and telephone number.
		2010AB**	NM103	100		
		2010AA	NM104	85	Provider first name	
		2010AB**	NM104	100		
		2010AA	NM105	85	Provider middle initial	
		2010AB**	NM105	100		
		2010AA	N301	88	Provider address 1	
		2010AB**	N301	103		
		2010AA	N401	89	Provider city	
		2010AB**	N401	104		
		2010AA	N402	90	Provider state	
		2010AB**	N402	104		
		2010AA	N403	90	Provider ZIP code	
		2010AB**	N403	105		
		2010AA	PER04	97	Provider phone number	
33a	NPI	2010AA	NM109	92	Provider Medicare number	Enter the NPI for the Group Number or for the performing provider of service/supplier who is a member of a group practice.
		2010AB**	NM109	107		
33b		NOT USED				