

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

The information contained in this crosswalk is for reference purposes only.

* = If Medicare Secondary Payer or Medigap is involved, refer to the 5010 TR3.

** = Use if different than information given at the claim level. 7/6/2012 - KJT 1

Item No.	Claim Description	Loop	Field	Status	Data Element Description	Requirements
1	Type of Health Insurance	2000B	SBR09	R	Claim editing indicator code	Must = MB for Medicare Part B
			SBR01	R	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary)
			SBR02	S	Individual Relationship Code	Individual relationship code (18 = Self)
1a*	Insured's ID Number	2010BA	NM109	R	Subscriber Primary Identifier	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's Name	2010BA or 2010CA	NM103	R	Subscriber last name	Enter the patient's name as shown on their Medicare card (for Medicare the patient is always the subscriber)
			NM104	R	Subscriber first name	
			NM105	S	Subscriber middle name	
			NM107	R	Suffix (e.g., Jr. Sr.)	
3	Patient's Birth Date and gender	2010BA	DMG02	R	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8
			DMG03	R	Gender	
4*	Insured's name (When there is insurance primary to Medicare, Items 4, 6, 7, and 11 are required items.)	2330A	NM103	S	Other insured last name	Enter the insured's name. Required if any other payers are known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
			NM104	S	Other insured first name	
			NM105	S	Other insured middle name	
5	Patient's address and telephone number	2010BA	N301	R	Subscriber address line 1	Enter the patient's mailing address
			N302	S	Subscriber address line 2	
			N401	R	Subscriber city name	
			N402	R	Subscriber state	
			N403	R	Subscriber ZIP code	
6*	Patients relationship to insured if (Complete this Item only when Items 4, 7, and 11 are completed)	2320	SBR02	S	Required when MSP is involved 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship	

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7*	Insured's address and telephone number (Complete this Item only when Items 4, 6, and 11 are completed.)	2330A	N301	S	Other subscriber address line 1	Enter the mailing address of the insured. Required if other payers are known to potentially be involved in paying this claim and the information is available. If the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
			N302	S	Other subscriber address line 2	
			N401	S	Other subscriber city name	
			N402	S	Other subscriber state code	
			N403	S	Other subscriber ZIP code	
8	Patient marital status, student status, and employment status	NOT MAPPED				
9*	Other insured's	2330A	NM103	S	Other insured last name	Enter the name of the insured. Required if any other payers are known to potentially be involved in paying this claim. If the Insured is the patient this would be blank and information reported in the 2010BA LOOP does not repeat in the 2330A Loop.
	Name (Last, First, Middle Initial)		NM104	S	Other insured first name	
			NM105	S	Other insured middle name	
9a*	Other insured's policy or group number (If you enter a policy and/or group number in Item 9a, then Item 9d and Item 13 must also be completed)	2330A	NM108	S	Identification Code Qualifier (MI Member Identification Number)	Enter the Code Qualifier of the insured. Required if other payers are known to potentially be involved in paying this claim.
			NM109	S	Other insured identifier	Enter the policy number of the insured. Required if other payers are known to potentially be involved in paying this claim.
		2320	SBR01	S	Payer responsibility	P Primary S Secondary T Tertiary
			SBR03	S	Insured group or policy number	Enter the insured's group or plan number
9b*	Other insured's date of birth and sex	NOT MAPPED				
9c	Employer's name or school name (Medigap Address)	2330B	N401	S	Other payer city name	Enter the city, state and ZIP code of the insurer. Required if any other payers are known to potentially be involved in paying this claim.
			N402	S	Other payer state code	
			N403	S	Other payer ZIP code	
9d*	Insurance plan name or program name	2330B	NM108	S	Other payer identification Code Qualifier	Enter the insurer's Identification Code Qualifier: PI Payer Identification
			NM109	S	Payer last or organization name	
			NM103	S	Insured's group/policy no.	
10a, b, c	Is patient's condition related to employment?	2300	CLM11-1	S	Employment related indicator (EM)	Enter the name of the Insured's other insurance
	Auto Accident?		CLM11-1	S	Auto accident indicator (AA)	
	Place (State)		CLM11-4	S	Auto accident state	Required if Related cause code (CLM11-1,-2)=Auto Accident (AA) to identify the state in which the automobile accident occurred.
	Other Accident		CLM11-1	S	Other accident indicator (OA)	Required if Date of Accident (DTP01 = 439) is used and the service is employment related or the result of an accident.
11*	Insured policy group or FECA number	2320 or 2000B	SBR01	S	Payer responsibility P = Primary	

Item No.	Claim Description	Loop	Field	Status	Data Element Description	Requirements	
					S = Secondary T = Tertiary *Note: If Medicare is Primary, use letter "P" and skip to item 12.		
		2320	SBRO3	S	Insured Group or Policy Number		
		2330A	NM108	S	Identification Code Qualifier (MI Member Identification Number)		
			NM109	S	Insured's identifier		
		2000B or 2320	SBR05	S	Insurance Type Code		
					Indicator's must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if 2000B SBR01 = "T" or "S"		
		2300	CLM01	S	Claim submitter's identifier		
				CLM02	S	Monetary amount	
		2320	AMT01		Amount qualifier code = D		
				AMT02		Monetary amount (Primary Paid Claim Level)	
		2320 or 2430	CAS01		Claim adjustment reason code (CO, PR, OA)	If there is an insurance primary to Medicare, enter the Insured's policy or group numbered. Required if other payers are known to potentially be involved in paying this claim.	
			CAS02		Claim adjustment reason codes		
			CAS03		Adjustment amount		
			CAS04		Adjustment quantity		
		2330B or 2430	DTP01		Primary insurance adjudication date		
				DTP02			Date time period qualifier
				DTP03			Date paid
		2300 or 2400	CN102		OTAF amount		
		2430	SVD01		Identification code		
				SVD02			Primary payer paid amount (line level)
				SVD03		Medical procedure identifier	
				SVD03-1		Service ID qualifier	
				SVD03-2		Service ID	
			SVD05		Quantity		
		2330B	NM101		Entity identifier code		
				NM102		Entity type code	
				NM103		Last name or organization	
				NM108		Identification code qualifier	
				NM109		Identification code	
11a*	Insured date of birth and sex	NOT MAPPED					

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11b*	Employer's name or school name (Medigap Address)	NOT MAPPED				
11c	Insurance plan name or program name	2320	SBR04	S	Other Insured Group Name	Enter the complete insurance plan or program name
		2330B	NM103	S	Other payer organization name	Enter the complete insurance plan name
		2330B	NM109	S	Other payer primary identifier	Enter the payer ID of the other insurer
12	Patient's or authorized person's signature (Release of Information)	2300	CLM09	R	Release of information code	This item authorized release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service when assignment is accepted on the claim.
		2320	O106	S	Release of information code	I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes. Required when the provider has not collected a signature and state or federal laws do not require a signature to be collected. Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.
13	Insured's or Authorized Person's Signature	2300	CLM09	R	Benefits Assignments Certification Indicator	This item authorizes payment of medical benefits to the physician.
		2320	QI03	S	Assignment of Benefits Indicator	N No; W Not applicable. Use code "W" when the patient refuses to assign benefits; Y Yes
14	Date if current illness, injury, pregnancy	2300	DTP03 (439)	S	Accident Date	Required if Related Cause code (CLM11-1, -2 or -3) = Auto Accident (AA) or Other (OA). Enter the date of current illness or injury.
		2300	DTP03 (431)	S	Onset of current illness or injury date	Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service
		2300	DTP03 (454)	S	Initial treatment date	Required on all claims involving spinal manipulation.
		2400**	DTP03 (454)	S	Initial Treatment Date	Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level
15	If patient has had same or similar illness. Give first date.	NOT MAPPED - NOT REQUIRED BY MEDICARE				
16	Dates patient unable to work in current occupation (from and to)	2300	DTP03 (360)	S	Initial disability period start	Enter the date(s) when patient is employed and unable to work in current occupation. An entry here may indicate employment related insurance coverage.
			DTP03 (361)	S	Initial disability period end	
17	Name of Referring physician or other source	2310A	NM103 (DN)	S	Referring provider last name	Required if claim involved a referral or services were ordered. When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A)
			NM104	S	Referring provider first name	

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			NM105	S	Referring provider middle name	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**	NM103 (DN)	S	Referring provider last name	
			NM104	S	Referring provider first name	
			NM105	S	Referring provider middle name	
	Name of Ordering physician	2420E	NM103 (DK)	S	Ordering provider last name	
			NM104	S	Ordering provider first name	
			NM105	S	Ordering provider middle name	
17a	Other ID number of Referring physician	NOT MAPPED-No longer used due to NPI being implemented				
17b	NPI	2310A	REF02 (1C)	S	Referring provider primary ID	Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI of the referring/ordering physician listed in Item 17
			REF02 (1C)	S		
			REF02 (1C)	S	Ordering provider primary ID	
18	Hospitalization dates related to current service (From and To)	2300	DTP03 (435)	S	Related hospitalization admission date	DTP01 Admission or Discharge qualifier 435 or 096
			DTP03 (096)	S	Related hospitalization discharge date	Enter the date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. DTP (435) is required when 2300. CLM05-1 = 21, 51 or 61
19	Routine Foot Care	2300 or 2400**	DTP03 (304)	S	Date last seen	DTP01 Date last seen qualifier = 304 Enter the date patient was last seen by their M.D., D.O., or qualified nonphysician practitioner who is treating them for their complicating diagnosis (e.g., diabetes)
		2310D	NM109 (DQ)	S	Supervising provider NPI	NM101 Entity Identifier code = DQ
		2420D**	NM109 (DQ)	S		Enter "XX" in the NM109 to indicate an NPI is present in the NM109. Enter the NPI of his/her attending physician for the complicating diagnosis.
19	Hematocrit/ Hemoglobin	2400	MEA02 (TR)	S	Test Results	Enter the most current Hematocrit (HCT) Value for the injection of Aranesp or End Stage Renal Disease (ESRD) beneficiaries on dialysis. DTP01 Hemoglobin or Hematocrit = 738 Serum Creatine = 739 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

Item No.	Claim Description	Loop	Field	Status	Data Element Description	Requirements
						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.
	Homebound	2300	CRC01 (75)	S	Code Category	Required when an Independent laboratory renders an EKG tracing or obtains a specimen from a homebound patient.
CRC01 (75)			Certification condition Indicator			
CRC03 (1H)			Homebound Indicator			
	Not otherwise classified (NOC) Drug	2400	SV101-7	S	NOC Claim Description field	Enter the drug's name and dosage when submitting a claim for NOC drugs. Enter a concise description of an "unlisted procedure code" or an "NOC" code. Enter the specific name and dosage amount when low osmolar contrast material is billed, but only if HCPCS codes do not cover them. Non-specific codes may include in their descriptors terms, such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name.
	Shared Post Operative Care	2300	DTP03 (090)	S	Date-assumed care dates	Enter the date for global surgery claim when providers share post-operative care.
			DTP03 (091)	S	Date-relinquished care dates	
	Demonstration ID/Clinical Trial ID	2300	REF01	S	Reference identification qualifier (P4 = Project code)	Required on all claims where a demonstration project is being billed.
			REF02 (P4)	S	Demonstration ID - number	
	Chiropractic	2300	DTP03 (455)	S	Last X-Ray date	Required when claim involves spinal manipulation if an x-ray was taken. Enter the x-ray for the chiropractic services.
		2400**	DTP03 (455)	S		
	Purchased Tests	2420B	NM109 (QB)	S	Purchased Service Provider Identifier	Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI or the physician who is performing the technical or professional component of a diagnostic test that is subject to the anti-markup payment limitation.
	Patient refuses to assign benefits	2300	CLM08	S	Benefits Assignments Certification Indicator	When a patient refuses to assign benefits to the provider, enter code "W"
		2320	IO03	S		
	Claim Notes	2300	NTE02	S	Claim Notes description field	Enter any additional descriptions needed for that particular claim other than NOC codes
		2400		S		
20	Outside Lab charges	2400	PS101	S	Purchased Service Provider ID	Required if there are diagnostic tests subject to the anti-markup payment price limits. 2420B is required when a 2400 PS1 is present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.
		2400	PS102	S	Purchased Service charge amount	
		2420B	NM1	S	Purchase service provider	

Item No.	Claim Description	Loop	Field	Status	Data Element Description	Requirements
21	Diagnosis or nature of illness or injury	2300	HI01-02 (BK dos prior to 10/1/15) (ABK dos after 10/1/15)	R	Principal Diagnosis code	HI01-1 BK/ABK = Principal Diagnosis
			HI02-02 (BF dos prior to 10/1/15) (ABF dos after 10/1/15)			HI02-1 to HI12-1 BF/ABF = Diagnosis code
			HI03-02 (BF) (ABF)			Required on all claims. Enter the patient's diagnosis/condition. All physician specialties must use an ICD-9 code number (dos prior to 10/1/15) ICD-10 code number (dos after 10/1/15) and code to the highest level of specificity. Enter up to twelve codes in priority order. An independent laboratory must enter a diagnosis only for limited coverage procedures. Decimal point is assumed.
			HI104-02 (BF) (ABF)			
			HI105-02 (BF) (ABF)			
			HI06-02 (BF) (ABF)	S	Diagnosis code	
			HI07-02 (BF) (ABF)			
			HI08-02 (BF) (ABF)			
			HI09-02 (BF) (ABF)			
			HI10-02 (BF) (ABF)			
21	Diagnosis or nature of illness or injury	2300	HI11-02 (BF) (ABF)	S	Diagnosis code	Required on all claims. Enter the patient's diagnosis/condition. All physician specialties must use an ICD-9 code number (dos prior to 10/1/15) ICD-10 code number (dos after 10/1/15) and code to the highest level of specificity. Enter up to twelve codes in priority order. An independent laboratory must enter a diagnosis only for limited coverage procedures. Decimal point is assumed.
			HI12-02 (BF) (ABF)			
			HI12-02 (BF) (ABF)			

Item No.	Claim Description	Loop	Field	Status	Data Element Description	Requirements	
			HI12-02 (BF) (ABF)				
22	Medicaid resubmission code Original ref. No.	NOT REQUIRED FOR MEDICARE					
23	Prior authorization number	2300B	REF02 (G1)	S	Prior authorization or referral number	Enter the Quality Improvement Organization (QIO) prior authorization number for those procedures requiring QIO prior approval. Only bill one unique QIO number per claim.	
	IDE number	2300	REF02 (LX)	S	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. When more than one IDE applies, must be split into separate claims.	
	HHA/Hospice provider number for CPO services	2300	REF02 (1J)	S	Care Plan Oversight Number	For physicians performing care plan oversight services, enter the NPI of the number of the home health agency (HHN) or hospice when CPT code G0181 (home health) or G0182 (hospice) is billed.	
	CLIA number	2300	REF02 (X4)	S	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. Required for any laboratory that referred test to another laboratory covered by the CLIA Act that is billed	
		2400	REF02 (X4)				
		2400**	REF02 (F4)				
	Ambulance Point of Pickup	2310E	NM101		Entity identifier code = PW	Enter the name and complete address, including ZIP code, of the location where the patient was picked up.	
			NM102		Entity type qualifier		
		2310F	NM101		Entity identifier code = 45	*One-way trip: Enter the name and complete address, including ZIP code, of the location where the patient was picked up. This ZIP code must match the ZIP code entered in Item 23.	
			NM102		Entity type qualifier		
2310E or 2310F		N301		Address information line 1	* Round-trip: Enter the name and complete address, including ZIP code, of the location where the patient was picked up for the round trip. Enter each portion of the round trip on a separate line with the appropriate modifiers (Item 24A-24G of the claim form). This ZIP code must match the ZIP code entered in Item 23.		
		N302		Address information line 2			
		N401		City name			
	N402		State code				
N403		ZIP code	Note: A separate claim form for each portion of a round trip service is required when the ZIP code of the initial pick up point in Item 23 is not equal to the ZIP code of the return trip pick up point in Item 32.				
24A	Dates of service(s)	2400	DTP03 (472)	R	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	R	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	S			

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24C	EMG	NOT REQUIRED FOR MEDICARE				
24D	Procedures, service or supplies	2400	SV101-2	R	Procedure code	In Product/Service ID Qualifier (SV101-1) enter (HC) for HCPCS codes. Enter the procedures, services or supplies using the HCPCS. When reporting a not otherwise classified (NOC) code or "unlisted procedure code" include a narrative description in the claim notes (NTE) Item 19.
			SV101-3	S	Procedure modifier 1	
			SV101-4	S	Procedure modifier 2	
			SV101-5	S	Procedure modifier 3	
			SV101-6	S	Procedure modifier 4	
24E	Diagnosis code	2400	SV107-1	R	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. A submitter must point to the primary diagnosis for each service line. Use the remaining diagnosis pointers in declining level of importance to service line.
			SV107-2	S	Diagnosis code pointer	
			SV107-3	S	Diagnosis code pointer	
			SV107-4	S	Diagnosis code pointer	
24F	\$ Charge	2400	SV102	R	Line Item charge amount	Enter the charge for each service
24G	Days or Units	2400	SV104	R	Units of service	Enter the number of days or units. SV103=UN. If a decimal is needed to report units, include it in this element. For anesthesia (SV103+MJ), show the elapsed time (minutes). Convert hours into minutes and enter the total minutes required for the procedure.
24H	EPSDT Family Plan					
24I	ID Qual.	NOT MAPPED				
24J	Rendering Provider	2310B	NM109	S	Identification Code	NM101 Rendering identifier code=82. Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the rendering Provider's NPI. This is required when the information is different than in the 2010AA-Billing Provider (Item 33) for example when the performing provider/supplies is a member of a group practice.
		2420A**	NM109	S		
25	Federal Tax ID number	2010AA	REF02	R	Billing Provider Tax ID	Enter the provider of service Federal Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
	SSN Indicator		REF01	R	Social Security number	
	EIN Indicator		REF01	R	Employer's ID number	
26	Patient's Account number	2300	CLM01	R	Provider Assigned 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	R	Assignment or Plan Participation code	A=Assigned B=Assignment accepted on Clinical Lab services only C=Not assigned
28	Total Charges	2300	CLM02	R	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02	R	Total patient amount paid	AMT01 Amount qualifier code=F5 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	2300	CLM06	R	Provider or supplier signature indicator	Y=Provider signature is on file N=Provider signature is not on file
	Date signed	DATE IS NOT MAPPED				

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32	Name and address of facility where services were rendered (if other than home or office).	2310C	NM103 (77)	S	Laboratory or Service Facility Name	<p>NM101 Entity Identifier code=77 - Service Location Required when the location of the service is different than that carried in 2010AA-Billing Provider (Item 32). 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.</p> <p>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 were performed. Complete this information for all laboratory work performed outside a physician's office. If the service was referred to an outside lab, enter the reference labs name and address. Providers of service must identify the supplier's name, address and NPI when billing for anti-markup tests. If the acquisition provider is out of jurisdiction, you should use the billing provider's NPI. Only bill one unique facility number per claim.</p>
			N301		Laboratory or Service Facility address 1	
			N302		Laboratory or Service Facility address 2	
			N401		Laboratory or Service Facility city	
			N402		Laboratory or Service Facility state	
			N403		Laboratory or Service Facility ZIP code	
		2420C**	NM103 (77)	S	Laboratory or Service Facility Name	
			N301		Laboratory or Service Facility address 1	
			N302		Laboratory or Service Facility address 2	
			N401		Laboratory or Service Facility city	
			N402		Laboratory or Service Facility state	
			N403		Laboratory or Service Facility ZIP code	
	Ambulance	2310E	S	NM101 (PW)	Ambulance Pick-up Location	
				N301	Ambulance Pick-up Address 1	
				N302	Ambulance Pick-up Address 2	
				N401	Ambulance Pick-up City	
				N402	Ambulance Pick-up State	
				N403	Ambulance Pick-up ZIP code	
		2420G**	S	NM101 (PW)	Ambulance Pick-up Location	
				N301	Ambulance Pick-up Address 1	
				N302	Ambulance Pick-up Address 2	
				N401	Ambulance Pick-up City	
				N402	Ambulance Pick-up State	
				N403	Ambulance Pick-up ZIP code	
2310F		S	NM101 (45)	Ambulance Pick-up Location		
			N301	Ambulance Pick-up Address 1		
			N302	Ambulance Pick-up Address 2		
			N401	Ambulance Pick-up City		
			N402	Ambulance Pick-up State		
			N403	Ambulance Pick-up ZIP code		
2420H**	S	NM101 (45)	Ambulance Pick-up Location			
		N301	Ambulance Pick-up Address 1			

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			N302		Ambulance Pick-up Address 2		
			N401		Ambulance Pick-up City		
			N402		Ambulance Pick-up State		
			N403		Ambulance Pick-up ZIP code		
	Mammography	2300	REF02 (EW)	S	Mammography certification #	REF01 Reference identifier code=EW - Mammography Certification Number. If the Supplier is certified mammography screening center, enter the FDA-approved certification number.	
		2400**	REF02 (EW)				
32a	NPI	2310C	NM109 (77)	S	Laboratory/Facility Primary Identifier	Enter the NPI of the Service Facility. Enter "XX" in the NM108 to indicate the NPI is present in the NM109.	
			2420C**		NM109 (77)		Purchased service provider identifier
			2400		PS101		Identification code qualifier =QB
			2420B		NM101		Identification code=XX
		2300	NM108		Identification code		
			NM109		Identification code qualifier =QB		
			NM108		Identification code		
			NM109		Identification code		
			REF01		Reference Identification qualifier =EW		
			REF02		Mammogram FDA number		
32b	NOT USED						
33	Physician's supplier's billing name, address, zip code & phone number	2010AA or 2010AB	NM103 (85)	R	Provider last or organizational name	NM101 Entity Identifier code=85- Billing Provider	
			NM104	S	Provider first name	NM101 Entity Identifier=87-Pay-to-provider	
			NM105	S	Provider middle initial		
			N301	R	provider address 1	NM102 Entity Type code 1 Person 2 Non-Person Entity	
			N401	S	Provider city	Enter the provider or service/supplier's billing name, address, zip code and telephone number. Must be a physical address with nine-digit ZIP code.	
			N402	R	Provider state		
			N403	S	Provider ZIP code		
			PER04	S	Provider phone number		
33a	NPI	2010AA	NM109 (85)	R	Provider ID	NM101 Entity Identifier code=85-Billing Provider NM101 Entity Identifier code=87-Pay-to-provider Enter the NPI for the Group Number or for the performing provider of service/supplier who is a member of a group practice. Enter "XX" in the NM108 to indicate an NPI is present in the NM109	
33b	NOT USED						