

HIPAA ELECTRONIC CLAIM SUBMISSION REQUIREMENTS: CMS 1500 TO ANSI 837 5010 CROSSWALK

The CMS-1500 (02-12) claim form is being revised to accommodate cross-walking to the 5010 version. WPS has created the following cross-reference guide to help users become compliant with this new requirement. It is to be used as a guide for providers to discuss billing requirements with their vendors. This does not replace or supersede the data requirements of the TR3 005010X222A1, which can be obtained from <http://store.x12.org/store/>

Please call us at the numbers below to discuss any questions or concerns you may have regarding this information.

J5: 866-518-3285

J8: 866-234-7331

Item No.	Narrative	ANSI 837 version 5010	Loop	Data Element Description	Status	Requirements for version 5010
1	Type of health insurance	2-0050-SBR09	2000B	Claim filing indicator code	R	Must=MB for Medicare Part B claims
1A†	Insured's I.D. number	2-0150-NM109	2010BA	Subscriber primary identifier	R	Enter the patient's Medicare Health Insurance Claim Number (HICN) whether Medicare is the primary or secondary payer. (For Medicare the patient is always the subscriber.) (NM101) = (IL) (NM108) = (MI)
2	Patient's name (Last Name, First Name, Middle Initial)	2-0150-NM103 2-0150-NM104 2-0150-NM105	2010BA	Subscriber last name Subscriber first name Subscriber middle name or initial	R R S	Enter the patient's name as shown on their Medicare card. (For Medicare, the patient is always the subscriber.)
3	Patient's birth date Patient's sex	2-0320-DMG02 2-0320-DMG03	2010BA	Subscriber birth date Subscriber gender code	R R	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date Qualifier (DMG01)=D8 Enter the patient's sex. F=Female M=Male U=Unknown
4†	Insured name (Last name, First Name, Middle Initial)	2-3250-NM103 2-3250-NM104 2-3250-NM105	2330A	Other insured last name Other insured first name Other insured middle name	S S S	If there is insurance primary to Medicare, either through the patient's or spouse's employment or any other source, list the name of the insured here. Required if any other payers are known to potentially be involved in paying this claim.

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5	Patient's address (No., Street) City State Zip Code Telephone	2-0250-N301 2-0250-N302 2-0300-N401 2-0300-N402 2-0300-N403 Not available	2010BA	Subscriber address line Subscriber address line Subscriber city name Subscriber state code Subscriber postal zone or zip code	R S R R R	Enter the patient's mailing address. The patient's telephone number is not available.
6†	Patient relationship to insured	2-0050-SBR02 2-2900-SBR02	2000B 2320	Individual relationship code Individual relationship code	S S	Required when subscriber is the same as the patient. Must=Self (18) for Medicare. Required if any other payers are known to potentially be involved in paying this claim.
7†	Insured's address (No., Street) City State Zip Code Telephone number	2-3320-N301 2-3320-N302 2-3400-N401 2-3400-N402 2-3400-N403 Not available	2330A	Other subscriber address line Other subscriber address line Other subscriber city name Other subscriber state code Other subscriber postal zone or zip code	S S S S S	Enter the mailing address of the insured. Required if any other payers are known to potentially be involved in paying this claim and the information is available.
8	Reserved for NUCC use	Leave Blank				
9†	Other insured's name (Last name, First name, Middle Initial)	2-3250-NM103 2-3250-NM104 2-3250-NM105	2330A	Other insured last name Other insured first name Other insured middle name	S S S	Enter the name of the insured. Required if any other payers are known to potentially be involved in paying this claim.
9A†	Other insured's policy or group number	2-3250-NM109 2-2900-SBR03	2330A 2320	Other insured identifier Insured group or policy number	S S	Enter the policy number of the insured. Required if other payers are known to potentially be involved in paying this claim. Enter the insured's group or plan number.
9B†	Reserved for NUCC use	Leave Blank				
9C	Reserved for NUCC use	2-3400-N401 2-3400-N402 2-3400-N403	2330B	Other payer city name Other payer state code Other payer postal zone or zip code	S S S	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.
9D†	Insurance plan name or program name	2-3250-NM109 2-3250-NM103	2330B 2330B	Other payer primary identifier Other payer organization name	S S	Enter the insurer's unique identifier. Enter the name of the insured's other insurance.

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10 A- B- C-	Is patient's condition related to: Employment? (current or previous) Auto accident? Other accident?	2-1300-CLM11-1 2-1300-CLM11-2	2300	Employment related indicator (EM) Auto accident indicator (AA) Other accident indicator (OA)	S	Required if Date of Accident (DTP01=439) is used and the service is employment related or the result of an accident.
	Place (STATE)	2-1300-CLM11-4	2300	Auto Accident State or Province Code	S	Required if Related Cause (CLM11-1 or CLM11-2)=Auto Accident (AA) to identify the state in which the automobile accident occurred.
10D†	Claim Codes (Designated by NUCC)	Leave Blank.				
11†	Insured's policy group or FECA number	2-2900-SBR03	2320	Insured group or policy number	S	If there is insurance primary to Medicare, enter the insured's policy or group number. Required if other payers are known to potentially be involved in paying this claim.
11A†	Insured's date of birth and sex	Leave Blank.				
11B†	Other Claim ID (Designated by NUCC)	Leave Blank.				
11C†	Insurance plan name or program name	2-2900-SBR04 2-3250-NM103 2-3250-NM109	2320 2330B 2330B	Other insured group name Other payer organization name Other payer primary identifier	S S S	Enter the complete insurance plan or program name. Enter the payer ID of the other insurer.
11D	Is there another health benefit plan?	Leave Blank.				
12	Patient's or authorized person's signature Date	2-130-CLM09 2-3100-OI06† Not available	2300 2320	Release of information code Release of information code	R S	This item authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service or supplier when assignment is accepted on the claim.
13	Insured's or authorized person's signature	2-1300-CLM08 2-3100-OI03†	2300 2320	Benefits assignment certification Benefits assignment certification	R S	This item authorizes payment of medical benefits to the physician or supplier.

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Item No.	Narrative	ANSI 837 version 5010	Loop	Data Element Description	Status	Requirements for version 5010
14	Date of current: illness, injury, pregnancy	2-1350-DTP03 (439) 2-1350-DTP03 (431) 2-1350-DTP03 (454) 2-4550-DTP03 (454)	2300 2300 2300 2400*	Accident date Onset of Current Illness or injury Initial treatment date	S S S	Required if CLM11-1 or -2 =(AA) or (OA). Enter the date of current illness or injury. Required on all claims involving spinal manipulation.
15	Other Date	Leave Blank.				
16	Dates patient unable to work in current occupation (From and To)	2-1350-DTP03 (360) 2-1350-DTP03 (361)	2300	Initial disability period start Initial disability period end	S S	If the patient is employed and is unable to work in his/her current occupation, enter the date(s) when patient is unable to work..
17	Name of referring provider or other source	2-2500-NM103 (DN) 2-2500-NM104 2-2500-NM105 2-5000-NM103 (DN) 2-5000-NM104 2-5000-NM105 2-5000-NM103 (DK) 2-5000-NM104 2-5000-NM105 2-2500-NM103 (DQ) 2-2500-NM104 2-2500-NM105 2-5000-NM103 (DQ) 2-5000-NM104 2-5000-NM105	2310A or 2420F* 2420E 2310D 2420D*	Referring provider last name Referring provider first name Referring provider middle name Referring provider last name Referring provider first name Referring provider middle name Ordering provider last name Ordering provider first name Ordering provider middle name Supervising provider last name Supervising provider first name Supervising provider middle name Supervising provider last name Supervising provider first name Supervising provider middle name	S S S S S S S S S S S S S S S	Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician. All physicians who order services or refer Medicare beneficiaries must report this data. This is also used if Medicare policy requires you to report a supervising physician. When a claim involves multiple referring and/or ordering physicians, a separate claim should be submitted for each.
17A		Leave Blank.				
17B	NPI	2-2500-NM109 (DN) 2-5000-NM109 (DN) 2-5000-NM109 (DK) 2-2500-NM109 (DQ) 2-5000-NM109 (DQ)	2310A 2420F* 2420E 2310D 2420D*	Referring provider primary ID Referring provider primary ID Ordering provider primary ID Supervising provider ID Supervising provider ID	S S S S S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the referring, ordering, or supervising physician or non-physician practitioner listed in Item 17.

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18	Hospitalization dates related to current services (From and To)	2-1350-DTP03 (435) 2-1350-DTP03 (096)	2300	Related Hospitalization Admission Date Related Hospitalization Discharge Date	S S	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	Additional Claim Information (Designated by NUCC)	2-1350-DTP03 (304) 2-4550-DTP03 (304) 2-2500-NM109 (DQ) 2-5000-NM109 (DQ)	2300 2400* 2310D 2420D*	Last seen date Supervising provider ID	S S	Enter the date patient was last seen and the NPI of his/her attending physician when a physician providing routine foot care submits claims. Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of his/her attending physician when a physician providing routine foot care submits claim.
		2-4620-MEA02 (TR)	2400	Test results	S	Enter R1 or R2 in the MEA02 to qualify the Hemoglobin or Hematocrit test results. Enter the test results in the MEA03.
		2-2200-CRC01 (75) 2-2200-CRC02 (Y) 2-2200-CRC03 (IH)	2300	Code category Certification condition indicator Homebound indicator	S S S	Required when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.
		Electronic Equivalent Data Element	2300 2400*	Extra narrative data	S	Enter all applicable modifiers when modifier -99 (multiple modifiers) is entered on the service line. Enter the statement, "Testing for hearing aid," when billing services involving the testing of a hearing aid(s) is used to obtain intentional denials when other payers are involved. When dental examinations are billed, enter the specific surgery for which the exam is being performed.
		2-3700-SV101-7	2400	Description	S	Enter the drug's name and dosage when submitting a claim for Not Otherwise Classified (NOC) drugs. Enter a concise description of an "unlisted procedure code" or a "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.
		2-1800-REF02 (P4)	2300	Demonstration Project Identifier	S	Required on claims where a demonstration project is being billed.
		2-1350-DTP03 (090) 2-1350-DTP03 (091)	2300 2300	Assumed care date Relinquished care date	S S	Enter the date for a global surgery claim when providers share post-operative care.

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		2-5000-NM109 (QB)	2420B	Purchased Service Provider Identifier	S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the physician who is performing the technical or professional component of a diagnostic test that is subject to the anti-markup payment limitation.
		2-1350-DTP03 (455) 2-4550-DTP03 (455)	2300 2400*	Last X-Ray	S	Enter the x-ray date for chiropractic services (if an x-ray, rather than a physical examination was the method used to demonstrate the subluxation).
		2-1300-CLM08 2-3100-OI03	2300 2320	Benefits Assignment Certification Indicator	S S	When a patient refuses to assign benefits to the provider, enter code 'W'.
20	Outside lab? \$Charges	2-4880-PS101 2-4880-PS102 2-5000-NM1	2400 2420B	Purchased service provider identifier Purchased service charge amount Purchase service provider	S S	Required when billing for diagnostic tests subject to the anti-markup payment limitations. Loop 2420B is required when a 2400/PS1 segment is present. When submitting a PS1 segment, you must also submit the facility information in either loop 2310C or 2420C.
21	Diagnosis or nature of illness or injury	2-2310-HI01-02 2-2310-HI02-02 2-2310-HI03-02 2-2310-HI04-02 2-2310-HI05-02 2-2310-HI06-02 2-2310-HI07-02 2-2310-HI08-02 2-2310-HI09-02 2-2310-HI10-02 2-2310-HI11-02 2-2310-HI12-02	2300	Principal Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code	R S S S S S S S S S S S	Required on all claims. Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed. Enter the patient's diagnosis/condition. All physician and non-physician specialties use diagnosis codes to the highest level of specificity for the date of service. Enter the diagnoses in priority order.
22	Resubmission code Original ref. No.	Leave Blank				
23	Prior authorization number	2-1800-REF02 (G1)	2300	Prior authorization number	S	Enter the Quality Improvement Organization (QIO) prior authorization number for those procedures requiring QIO prior approval.

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	IDE number	2-1800-REF02 (LX)	2300	Investigational device exemption number	S	Enter the Investigational Device Exemption (IDE) number when an investigational device is used in an FDA-approved clinical trial. Post Market Approval number should also be placed here when applicable. When more than one IDE applies, they must be split into separate claims.
	HHA/Hospice provider number for CPO services	2-1800-REF02 (1J)	2300	Care Plan Oversight Number	S	For physicians performing care plan oversight services, enter the NPI of the home health agency (HHA) or hospice when CPT code G0181 (HH) or G0182 (Hospice) is billed.
	CLIA number	2-1800-REF02 (X4) 2-4700-REF02 (X4) 2-4700-REF02 (F4)	2300 2400* 2400	CLIA number Referring CLIA number	S S	Enter the 10-digit CLIA (Clinical Laboratory Improvement Act) certification number for laboratory services billed by an entity performing CLIA covered procedures. Required for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed.
	Ambulance	2-2500-NM101 (PW) 2-2650-N301, 02 2-2700-N401, 02, 03 2-5000-NM101 (PW) 2-5140-N301, 02 2-5200-N401, 02, 03	2310E 2420G*	Ambulance Pick-up Location Ambulance Pick-up address line Ambulance Pick-up city,state/zip Ambulance Pick-up Location Ambulance Pick-up address line Ambulance Pick-up city,state/zip	S	Required when billing for ambulance or non-emergency transportation services. If the location is in an area where there are no street addresses, enter a description of where the service was rendered. (for example, 'crossroad of State Road 34 and 45).
24A	Dates of service(s)	2-4550-DTP03 (472)	2400	Service date	R	Enter the service date for each procedure, service or supply. If a single date DTP02=D8 CCYYMMDD If a range of dates DTP02=RD8 CCYYMMDD-CCYYMMDD
24B	Place of service	2-1300-CLM05-1 2-3700-SV105	2300 2400*	Place of Service Code Place of Service Code	R S	Enter the appropriate place of service code. Identify the setting, using a place of service code, for each item used or service performed.
24C	EMG	Leave Blank				

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24D	Procedures, services or supplies CPT/HCPCS Modifier	2-3700-SV101-2 2-3700-SV101-3 2-3700-SV101-4 2-3700-SV101-5 2-3700-SV101-6	2400	Procedure code Procedure modifier Procedure modifier Procedure modifier Procedure modifier	R S S S S	In Product/Service ID Qualifier (SV101-1) enter (HC) for HCPCS Codes. Enter the procedures, services or supplies using the CMS Healthcare Common Procedure Coding System (HCPCS). When applicable, show HCPCS code modifiers with the HCPCS code. When reporting an "unlisted procedure code" or "not otherwise classified" (NOC) code, include a narrative description in the appropriate segment (SV101-7).
24E	Diagnosis pointer	2-3700-SV107-1 2-3700-SV107-2 2-3700-SV107-3 2-3700-SV107-4	2400	Diagnosis code pointer Diagnosis code pointer Diagnosis code pointer Diagnosis code pointer	R S S S	A submitter must point to the primary diagnosis for each service line. Use remaining diagnosis pointers in declining level of importance to service line.
24F	\$ Charges	2-3700-SV102	2400	Line item charge amount	R	Enter the charge for each service.
24G	Days or units	2-3700-SV104	2400	Service unit count	R	Enter the number of days or units. SV103 = UN. If a decimal is needed to report units, include it in this element, e.g. 15.6. For anesthesia (SV103 = MJ), show the elapsed time. Convert hours into minutes and enter the total minutes required for the procedure.
24H	EPSDT Family Plan	Leave Blank				
24I	ID Qual.	NO LONGER USED DUE TO FULL IMPLEMENTATION OF NPI				
24J	Rendering Provider ID. #	2-2500-NM109 (82) 2-5000-NM109 (82)	2310B 2420A*	Rendering provider identifier	S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the rendering provider's NPI number. This is required when the information is different than that in 2010AA-billing provider.
25	Federal tax ID number	2-0350-REF02	2010AA	Billing Provider Tax Identification Number	R	Enter the provider of service or supplier Federal Tax ID (Employer Identification Number) or Social Security Number. Enter (SY) for the SSN or (EI) for the EIN in REF01.
	SSN indicator EIN indicator	2-0350-REF01		Social Security number Employer's identification number	R	

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26	Patient's account No.	2-1300-CLM01	2300	Patient control number	R	Enter the patient's account number assigned by the provider's of service or supplier's accounting system. As a service, any account numbers entered will be returned to the provider up to 20 characters.
27	Accept assignment?	2-1300-CLM07	2300	Assignment or Plan Participation Code	R	A=Assigned B=Assignment accepted on Clinical Lab services only C=Not Assigned
28	Total charge	2-1300-CLM02	2300	Total claim charge amount	R	Enter the total charges for the services.
29	Amount paid	2-1750-AMT02 (F5)	2300	Patient amount paid	S	Required if the patient has paid any amount towards the claim for covered services only.
30	Rsvd for NUCC Use	Leave Blank				
31	Signature of physician or supplier including degrees or credentials Date signed	2-1300-CLM06 Not available	2300	Provider or supplier signature indicator	R	A 'Y' value indicates the provider signature is on file; an 'N' value indicates the provider signature is not on file.
32	Service facility location information	2-2500-NM103 (77) 2-2650-N301 2-2700-N401, 02, 03	2310C	Laboratory or Facility Name Laboratory or Facility Address Laboratory or Facility City/State/ZIP	S	Required when the location of service is different than that carried in Loop ID-2010AA. If a modifier is billed indicating the service was rendered in a Health Professional Shortage Area (HPSA) or Physician Scarcity Area (PSA), the physical location where the service was rendered shall be entered. If an independent laboratory is billing, enter the place where the test was performed. Complete this information for all laboratory work performed outside a physician's office. Providers of service shall identify the supplier's name, address and NPI when billing for anti-markup tests.
		2-5000-NM103 (77) 2-5140-N301 2-5200-N401, 02, 03	2420C*	Laboratory or Facility Name Laboratory or Facility Address Laboratory or Facility City/State/ZIP	S	

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	Mammography	2-1800-REF02 (EW) 2-4700-REF02 (EW)	2300 2400*	Mammography certification #	S	If the supplier is a certified mammography screening center, enter the FDA approved certification number.
32A		2-2500-NM109 (77) 2-5000-NM109 (77)	2310C 2420C*	Laboratory/Facility Primary Identifier	S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the service facility.
32B				NO LONGER USED		NO LONGER USED DUE TO FULL IMPLEMENTATION OF NPI
33	Billing Provider Info & PH #	2-0150-NM103 (85) 2-0150-NM104 2-0150-NM105 2-0250-N301 2-0250-N302 2-0300-N401 2-0300-N402 2-0300-N403 2-0400-PER04	2010AA	Provider last or organizational name Provider first name Provider middle initial Provider's address Provider's address Provider's city Provider's state Provider's zip code Provider's phone number	R S S R S R S S S	Enter the provider of service/supplier's billing name, address, zip code and telephone number. <i>2010AB should only be sent when the address for payment is different than the address in 2010AA..</i>
33A		2-0150-NM109 (85)	2010AA	Billing provider Identifier	R	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the billing provider or group.
33B		NO LONGER USED				

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