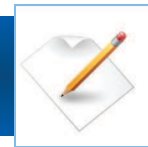


# CMS-1500 Claim Form/American National Standards Institute (ANSI) Crosswalk for Paper/Electronic Claims



There are two ways to file Medicare claims to CGS - electronically or through a paper form created by the Centers for Medicare & Medicaid Services (CMS-1500). The required information is the same regardless of whether you file electronically or if you qualify for an exception to file paper claims. This document illustrates how each element on paper claims corresponds with the loops and segments for electronic claims.

Each individual loop on an electronic claim has a segment component where the data is entered. The loops and segments contain the readable information that provides the clearinghouse the identifying information for the claim that was filed. The loops on an electronic claim are organized by categories of information that match data elements on the CMS-1500 claim form.

Item	CMS-1500	ANSI Crosswalk
1	Check the Medicare Box.	Loop 2000B - SBR09 - <i>MB</i> qualifier for Medicare
1a	Patient's Medicare number.	Loop 2010BA - NM109
2	Patient's name - last name, first name, middle initial- must be as it appears on the Medicare Card.	Loop 2010BA - NM103 - Last name NM104 - First name NM105 - Middle name or initial NM107 - Name suffix
3	Date of birth - 8 digits - MM DD YYYY entered into spaces and appropriate box checked for sex.	Loop 2010BA - DMG01 - <i>D8</i> qualifier DMG02 - Birth date - YYYY MM DD DMG03 - Gender (F or M)
4	Insured's name if Medicare is not primary. Leave blank if Medicare is primary. May have "SAME" when insured is the patient.	These are situational if Medicare is not primary. For Electronic claims "SAME" is not acceptable. Loop 2330A - NM103 - Insured's last name NM104 - Insured's first name NM105 - Insured's middle name NM107 - Insured's name suffix
5	Patient's mailing address and telephone number.	Loop 2010BA - N301 - Address line 1 N302 - Address line 2 if needed N401 - City name N402 - State code N403 - Postal or ZIP code  Telephone number field not available in this format.
6	Check the appropriate box for the patient's relationship to the insured - Self, Spouse, Child, or Other. Only required when Item 4 is completed.	Loop 2000B - SBR02 - <i>18</i> qualifier for Medicare Loop 2320 - Only required if Medicare is secondary.
7	Insured's address and telephone number. Only required when Medicare is secondary. Left blank when Medicare is primary. May have "SAME" when insured is the patient.	These are situational if Medicare is not primary. For Electronic claims "SAME" is not acceptable. Loop 2330A - N301 - Insured's address line 1 N302 - Address line 2 if needed N401 - Insured's city name N402 - Insured's state code N403 - Insured's Postal or ZIP code  Telephone number field not available in this format.
8	Patient's status- check the appropriate box for marital status and employment/student status.	Patient status field is not available in this format.
9	Medigap information - Insured's name- Last name, first name, middle initial (if there is Medigap insurance).	Loop 2330A - NM103 - Medigap Insured's last name NM104 - Insured's first name NM105 - Insured's middle initial NM107 - Insured's Name Suffix

# CMS-1500 Claim Form/American National Standards Institute (ANSI) Crosswalk for Paper/Electronic Claims



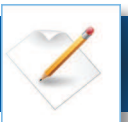
Item	CMS-1500	ANSI Crosswalk	
9a	Policy number and or group number of the Medigap insured preceded by "MEDIGAP", "MG", or "MGAP."	Loop 2330A - NM109 - Medigap policy number	
		Loop 2320 - SBR03 - Insured's Group or Plan number	
9b	Medigap enrollee's date of birth - 8 digits - MM DD YYYY entered into spaces and appropriate box checked for sex.	Loop 2320 - DMG01 - D8 qualifier	
		DMG02 - Birth date - YYYY MM DD	
		DMG03 - Gender (F or M)	
		<b>ANSI 5010</b> - This segment has been deleted.	
9c	Employer's name or school name - should be left blank if Medigap payer ID is listed in 9d. Otherwise, should have abbreviated street address, state and ZIP code.	This field is not available in this format.	
		Loop 2330B - NM101 - PR qualifier NM103 - Employer name or school name	
9d	Nine digit local OCNA (Other Carrier Name Address) number of the Medigap insurer.	Loop 2330B - NM109 - Medigap OCNA number NM103 - Medigap Plan name	
		Loop 2320 - SBR04 - Medigap group name	
10a-10c	Check "Yes" or "No" to indicate whether employment, auto liability or other accident involvement applies to any of the services billed. Enter the two letter state code for auto liability when 10b is checked.	Loop 2300 - CLM11-1 - Employment related (EM qualifier)	
		CLM11-2 - Auto Accident related (AA qualifier)	
		CLM11-3 - Other Accident related (OA qualifier)	
		CLM11-4 - Auto Accident State code	
10d	Patient's Medicaid number - If patient is not enrolled in Medicaid, leave blank.	Loop 2330A - NM109 - Patient's Medicaid number	
11	If Medicare is primary, enter the word "NONE". If Medicare is secondary, enter the insured's policy or group number and proceed to items 11a through 11c. This field is required on a paper claim.	Loop 2320 - SBR03 - Primary Group or policy number	
		Loop 2330A - NM109 - Other insured identifier	
		Loop 2320 - SBR09 - Claim filing indicator code	
		Loop 2000B - SBR05 - Insurance type code	
11a	Enter the insured's birth date and sex, if different from item 3.	Loop 2320 - DMG01 - D8 qualifier	
		DMG02 - Insured's Birth date (YYYY MM DD)	
		DMG03 - Insured's Gender (M or F)	
11b	Enter the employer's name.	This field is not available in this format.	
11c	Enter the complete insurance plan name.	Loop 2320 - SBR04 - Insured group name	
11d	Leave blank - this is not required by Medicare.	This field is not available in this format	
12	Enter either the patient's or authorized person's signature and date or enter "Signature on File" (SOF).	Loop 2300 - CLM10 - Patient's signature source code CLM09 - Release of Information code	
		<b>Note:</b> The signature date field is not available in this format	
13	Enter either a patient's or authorized person's signature and date or enter "Signature on File" (SOF).	Loop 2300 - CLM10 - Patient's signature source code CLM08 - Certification Indicator	
		Loop 2320 - OI03 - Benefits assignment	
		Loop 2300 - DTP01 - 439 qualifier DTP03 - Accident Date DTP01 - 431 qualifier DTP03 - Date of current illness or injury	
14	Enter the date of the current illness, injury or pregnancy. For Chiropractic services, enter the date of the initiation of the course of treatment.	Loop 2400 - DTP01 - 431 qualifier * DTP03 - Date of current illness or injury *	
		Loop 2300 - DTP01 - 454 qualifier DTP03 - Initial treatment date	
		Loop 2400 - DTP01 - 454 qualifier * DTP03 - Initial treatment date*	
		*Use if different information given at the claim level	

# CMS-1500 Claim Form/American National Standards Institute (ANSI) Crosswalk for Paper/Electronic Claims



Item	CMS-1500	ANSI Crosswalk
15	Leave blank. Not required by Medicare.	Leave blank. Not required by Medicare.
16	Enter the 8-digit date when the patient is employed and unable to work in his/her current occupation: MM DD YYYY (Situational).	Loop 2300 - DTP01 - 360 qualifier DTP03 - Disability "from" date DTP01 - 361 qualifier DTP03 - Disability "to" date (Situational)
17	Name of the referring or ordering physician if the service or item was ordered or referred by a physician.	Loop 2310A - NM101 - DN qualifier NM103 - Referring provider's last name NM104 - Referring provider's first name NM105 - Referring provider's middle name NM107 - Referring provider's name suffix ~OR~ Loop 2420F - NM101 - DN qualifier * NM103 - Referring physician's last name * NM104 - Referring physicians' first name * NM105 - Referring physician's middle name * Loop 2420E - NM101 - DK qualifier NM103 - Ordering physicians' last name NM104 - Ordering physician's first name NM105 - Ordering physician's middle name
17a	This block is not used after May 23, 2008.	This is not used after May 23, 2008
17b	Enter the NPI of the referring or ordering physician.	Loop 2310A - NM109 - NPI of the referring physician ~OR~ Loop 2420F - NM109 - NPI of the referring physician Loop 2420E - NM109 - NPI of the ordering physician
18	Enter the 8-digit date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. (MM DD YYYY)	Loop 2300 - DTP01 - 435 qualifier DTP03 - Related hospital admission date DTP01 - 096 qualifier DTP03 - Related hospital discharge date
19	Enter applicable dates, dosage, global surgery period, or other narrative information. All information listed in Item 19 and its electronic equivalent is situational.	Loop 2300 - Extra Narrative Data Loop 2400 - Extra Narrative Data Loop 2300 - DTP01 - 304 qualifier DTP03 - Date last seen Loop 2400 - DTP01 - 304 qualifier DTP03 - Date last seen Loop 2310E - NM108 - DQ qualifier NM109 - Supervising Provider ID Loop 2420D - NM108 - DQ qualifier NM109 - Supervising Provider ID Loop 2300 - CRC01 - 1H qualifier CRC03 - Homebound indicator Loop 2300 - REF01 - P4 qualifier REF02 - Demonstration project identifier Loop 2300 - DTP01 - 090 qualifier DTP03 - Date assumed care

... continued



Item	CMS-1500	ANSI Crosswalk
19	Enter applicable dates, dosage, global surgery period, or other narrative information. All information listed in Item 19 and its electronic equivalent is situational.	Loop 2300 - DTP01 - 091 qualifier DTP03 - Date relinquished care Loop 2310C - NM108 - QB qualifier NM109 - Purchased Service Provider ID Loop2420B - NM108 - QB qualifier NM109 - Purchased Service Provider ID Loop 2300 - DPT01 - 455 qualifier DPT03 - Last X-ray date Loop 2400 - DPT01 - 455 qualifier DPT03 - Last X-ray date <b>ANSI 5010</b> - In addition to those listed above: Loop 2310D - NM108 - DQ qualifier NM109 - Supervising Provider ID
20	Enter the acquisition price under “\$ Charges” if the “Yes” box is checked. A “Yes” check indicates that an entity other than the entity billing for the service performed the diagnostic test. A “No” check indicates that no anti-markup tests are included on the claim. When Yes is annotated, Item 32a shall be completed.	Loop 2400 - PS102 - Anti-markup Service Charge Amount  When submitting a PS1 segment, the facility information must also be in either loop 2310D or 2420C.
21	Enter up to four diagnoses in priority order (primary, secondary condition).	Loop 2300 - HI01-1 - BK qualifier HI01-2 - Primary diagnosis code HI02-1 - BF qualifier HI02-2 - Diagnosis code HI03-1 - BF qualifier HI03-2 - Diagnosis code Etc.  <b>Note:</b> Up to eight diagnosis codes may be entered in priority order on electronic claims. Do not use decimal points. <b>ANSI 5010</b> - In addition: Up to 12 diagnoses may be entered.
22	Leave blank. Not required by Medicare.	Leave blank. Not required by Medicare.
23	Leave blank or enter one of the following items as applicable: <ul style="list-style-type: none"> <li>• Quality Improvement Organization (QIO) prior authorization number</li> <li>• Seven-digit Investigational Device Exemption (IDE) number when used in a clinical trial</li> <li>• NPI of Home Health Agency or Hospice facility when Care Plan Oversight is billed</li> <li>• Ten-digit CLIA number when lab services are billed</li> <li>• For ambulance claims, enter the ZIP code of the point-of-pickup for the loaded ambulance trip</li> </ul> <p style="text-align: right;"><i>... continued</i></p>	Loop 2300 - REF01 - G1 qualifier REF02 - QIO Prior Authorization Loop 2300 - REF01 - LX qualifier REF02 - IDE number Loop 2310D - NM108 - FA qualifier NM109 - HHA/Hospice NPI Loop 2420C - NM108 - LU qualifier NM109 - HHA/Hospice NPI Loop 2300 - REF01 - X4 qualifier REF02 - CLIA certification number Loop 2400 - REF01 - X4 qualifier REF02 - CLIA certification number Loop 2400 - REF01 - F4 qualifier REF02 - Referring CLIA number

# CMS-1500 Claim Form/American National Standards Institute (ANSI) Crosswalk for Paper/Electronic Claims



Item	CMS-1500	ANSI Crosswalk
23	<p>Leave blank or enter one of the following items as applicable:</p> <ul style="list-style-type: none"> <li>Quality Improvement Organization (QIO) prior authorization number</li> <li>Seven-digit Investigational Device Exemption (IDE) number when used in a clinical trial</li> <li>NPI of Home Health Agency or Hospice facility when Care Plan Oversight is billed</li> <li>Ten-digit CLIA number when lab services are billed</li> <li>For ambulance claims, enter the ZIP code of the point-of-pickup for the loaded ambulance trip</li> </ul>	<p><b>ANSI 5010</b> - In addition to those listed above:</p> <p>Loop 2310E - NM101 - PW qualifier</p> <p>NM103 - Ambulance Organization name</p> <p>N301 - Ambulance Pick Up address line 1</p> <p>N302 - Ambulance Pick Up address line 2 if needed</p> <p>N401 - Ambulance Pick Up city name</p> <p>N402 - Ambulance Pick Up state code</p> <p>N403 - Ambulance Pick Up ZIP code</p> <p>Loop 2310F - NM101 - 45 qualifier</p> <p>NM103 - Ambulance Organization name</p> <p>N301 - Ambulance Drop Off address line 1</p>
24a	Enter the date of service - 6 digits (MMDDYY) or 8-digit (MMDDYYYY) date for each procedure or service	<p>Loop 2400 - DTP01 - 472 qualifier</p> <p>DTP02 - D8 if a single date of service</p> <p>DTP02 - RD8 if a range of dates</p> <p>DTP03 - Date of service</p> <p>Single date - YYYYMMDD</p> <p>Range - YYYYMMDD - YYYYMMDD</p>
24b	Enter the appropriate two-digit place of service (POS) code to identify where the item is used or the service is performed	<p>Loop 2300 - CLM05-1 - Facility Type Code</p> <p>Loop 2400 - SV105 - POS code if different than on claim level</p>
24c	Leave blank. Not required by Medicare.	Leave blank. Not required by Medicare.
24d	Enter the procedure code and up to four applicable modifiers.	<p>Loop 2400 - SV101-1 - HC qualifier</p> <p>SV101-2 - Procedure code</p> <p>SV101-3 - Modifier 1</p> <p>SV101-4 - Modifier 2</p> <p>SV101-5 - Modifier 3</p> <p>SV101-6 - Modifier 4</p>
24e	Enter the reference number of the diagnosis code(s) shown in Item 21 to relate to the date of service and procedures performed to the primary diagnosis	<p>Loop 2400 - SV107-1 - Diagnosis pointer</p> <p>SV107-2 - Diagnosis pointer</p> <p>SV107-3 - Diagnosis pointer</p> <p>SV107-4 - Diagnosis pointer</p>
24f	Enter the charge for each listed service. <b>Note:</b> Nonparticipating providers may not exceed the limiting charge fee for each service.	Loop 2400 - SV102 - Line item charge amount
24g	Enter the number of days or units. For anesthesia, convert hours into minutes, if necessary, and enter the total minutes required for the procedure.	<p>Loop 2400 - SV103 - UN qualifier</p> <p>SV104 - Number of units</p> <p>SV103 - MJ qualifier</p> <p>SV104 - Number of minutes</p>
24h	Leave blank. Not required by Medicare.	Leave blank. Not required by Medicare.
24i	<p>This field should be blank on all claims received after May 23, 2008.</p> <p><b>Exception:</b> Providers who have terminated their Medicare provider numbers and were never assigned an NPI. The 1C qualifier must be in this field and there must be a comment in block 19 that this is a submission from a terminated provider.</p>	<p>Loop 2310B - REF01 - 1C qualifier</p> <p>Loop 2420A - REF01 - 1C qualifier</p> <p>This is only used when the exception is met and there are comments in the narrative field that the submission is from a terminated provider.</p>

# CMS-1500 Claim Form/American National Standards Institute (ANSI) Crosswalk for Paper/Electronic Claims



Item	CMS-1500	ANSI Crosswalk
24j	Enter the rendering provider's NPI in the unshaded portion. <b>Exception:</b> If the exception from 24i is met, enter the PTAN in the shaded portion.	Loop 2310B - NM101 - 82 qualifier
		NM108 - XX qualifier
		NM109 - Rendering provider's NPI
		Loop 2420A - NM101 - 82 qualifier
		NM108 - XX qualifier
		NM109 - Rendering provider's NPI
		If the exception is met: Loop 2310B - REF02 - Rendering provider's PTAN Loop 2420A - REF 02 - Rendering provider's PTAN
25	Enter the Federal Tax ID (Employer Identification Number or Social Security Number) of the provider and check the appropriate box.	Loop 2010AA - NM101 - 85 qualifier
		NM109 - Billing provider identifier
		NM101 - 87 qualifier
		MN109 - Pay-to provider identifier
		OR
		Loop 2010AB - NM101 - 34 qualifier
		NM108 - Social Security Number
		NM101 - 24 qualifier
		NM108 - Employer ID number
		Loop 2010AA - REF01 - E/ qualifier
REF02 - Employer ID number		
26	Enter the patient's account number	OR
		Loop 2010AB - REF01 - E/ qualifier
27	Check the appropriate box to indicate whether the provider accepts assignment of Medicare benefits.	REF02 - Employer ID Number
		Loop 2300 - CLM01 - Account number (up to 20 characters)
		Loop 2300 - CLM07 - Assignment code
		A - Assigned
28	Enter the total charges for the services	B - Assignment on Clinical Lab Services Only
		C - Not assigned
		P - Patient refuses to assign benefits
29	Enter the total amount that the patient paid for covered services only.	Loop 2300 - CLM02 - Total charges
30	Leave blank. Not required by Medicare.	Loop 2300 - AMT01 - F5 qualifier
31	Enter the signature of the provider or his or her representative and the eight digit date (MM DD YYYY) or alphanumeric date (July 12, 2008) the form was signed.	AMT02 - Patient paid amount
		Leave blank. Not required by Medicare.
		Loop 2300 - CLM06 - Provider signature indicator
32	Enter the name and complete address including the ZIP code of the facility where the services were rendered. If the supplier is a certified mammography screening center, enter the six-digit FDA approved certification number.	Y - Valid signature on file
		N - No valid signature on file
		Date signed - Field not available in ANSI format
		Loop 2310D - NM101 - FA qualifier
		NM103 - Facility Name
<i>... continued</i>		N301 - Facility Address
		N401 - Facility City
		N402 - Facility State
		N403 - Facility ZIP Code



Item	CMS-1500	ANSI Crosswalk
32	Enter the name and complete address including the ZIP code of the facility where the services were rendered. If the supplier is a certified mammography screening center, enter the six-digit FDA approved certification number.	OR - if different than claim level Loop 2420C - NM101 - FA qualifier NM103 - Facility Name N301 - Facility Address N401 - Facility City N402 - Facility State N403 - Facility ZIP Code If Mammography Center: Loop 2300 - REF01 - EW qualifier REF02 - Mammography FDA number Loop 2400 - REF01 - EW qualifier REF02 - Mammography FDA number <b>ANSI 5010</b> - In addition to those listed above: Loop 2310C - NM101 - FA qualifier NM103 - Facility Name N301 - Facility Address N401 - Facility City N402 - Facility State N403 - Facility Zip Code
32a	Enter the NPI of the service facility. This is a conditional field. There should be nothing in this field unless there is a purchased test as listed in Item 20. The NPI of the provider from whom the test was purchased will be listed if this is the case.	<b>ANSI 5010</b> - Loop 2310C - NM108 - XX qualifier NM109 - Facility NPI
32b	Effective May 23, 2008 this field is not to be reported.	Effective May 23, 2008 this field is not to be reported.
33	Enter the provider's billing name, address, ZIP code and telephone number.	Loop 2010AA - NM101 - 85 qualifier NM103 - Billing provider's last name or Organization name NM104 - Provider's first name NM105 - Provider's middle initial NM107 - Provider's name suffix N301 - Provider's address N401 - Provider's city N402 - Provider's State N403 - Provider ZIP code PER04 - Provider's telephone number
33a	Enter the NPI of the billing provider or group.	Loop 2010AA - NM108 - XX qualifier NM109 - Provider NPI Loop 2010AB - NM108 - XX qualifier NM109 - Provider NPI
33b	Effective May 23, 2008 this field is not to be reported.	Effective May 23, 2008 this field is not to be reported.