

## REFERENCE C: FORM CMS-1500 - ELECTRONIC CLAIM FORMAT ITEM CROSSWALK

This crosswalk specifies both conditional and required standard data elements that serve as the minimal requirements for processing a Part B claim. This crosswalk relates Form CMS-1500 items (hardcopy) to the electronic National Standard Format (NSF) and 837 format fields/records. Updates to this crosswalk are located within Chapter 26, Completing and Processing Form CMS-1500, of the *Medicare Claims Processing Manual* which is available at [http://www.cms.hhs.gov/manuals/104\\_claims/](http://www.cms.hhs.gov/manuals/104_claims/) on the Web.

This crosswalk does not specify field/record content or size. For this information, refer to the printing specifications that are included as part of the instructions for completing the Form CMS-1500, available at <http://www.cms.hhs.gov/providers/edi/edi5.asp> on the Web.

Key	
R	Required field - must always be on the claim.
C	Conditional field - required on a claim if certain conditions exist.
NR	Not required field - either optional or is not required to process a claim.
**	Required field prior to mandated use of Plan ID. Not used after Plan ID is mandated.
Shaded Field	Shaded fields within the following table indicates a field where common Part B provider billing errors often occur, as described in Table 5-1 of this guide.

**Note:** Claims will be returned as unprocessable if the information in the following crosswalk is incomplete or invalid.

Data Element Requirements Matrix					
CMS 1500	NSF 3.01	American National Standards Institute (ANSI) 837 Version 4010	Paper Item Description	Electronic Data Interchange (EDI) Data Element Description	Medicare Status (Required or Conditional for EDI)*
1A	DA0 - 18.0	Loop 2010BA 2-015-NM109	Insured I.D. Number	Subscriber Primary Identifier	R
2	CA0 - 04.0	Loop 2010BA 2-015-NM103	Patient Name	Subscriber Last Name	R
	CA0 - 05.0	Loop 2010BA 2-015-NM104		Subscriber First Name	R
4	DA0 - 19.0	Loop 2330A 2-325-NM103	Insured Name	Other Insured Last Name	C
	DA0 - 20.0	Loop 2330A 2-325-NM104		Other Insured First Name	C

Data Element Requirements Matrix					
CMS 1500	NSF 3.01	ANSI 837 Version 4010	Paper Item Description	EDI Data Element Description	Medicare Status (Required or Conditional for EDI)*
6	DA0 - 17.0	Loop 2000B 2-005-SBR02	Patient Relationship to Insured	Individual Relationship Code	C
		Loop 2320 2-290-SBR02			
7	DA2 - 04.0	Loop 2330A 2-332-N301	Insured's Address	Other Insured Address Line 1	C
	DA2 - 06.0	Loop 2330A 2-340-N401		Other Insured City	C
	DA2 - 07.0	Loop 2330A 2-340-N402		Other Insured State	C
	DA2 - 08.0	Loop 2330A 2-340-N403		Other Insured ZIP Code	C
	DA2 - 09.0	Not Used	Insured Telephone Number		NR
8	CA0 - 17.0	Not Used	Patient Status		NR
	CA0 - 18.0	Not Used	Patient Student Status		NR
	CA0 - 19.0	Not Used	Patient Employment Status		NR
11	DA0 - 10.0	Loop 2320 2-290-SBR03	Insured's Policy Group Number	Insure Group or Policy Number	C
	DA0 - 05.0	Loop 2320 2-290-SBR09		Claim Filing Indicator Code	C**
	DA0 - 06.0	Loop 2320 2-290-SBR05		Insurance Type Code	C
11C	DA0 - 11.0	Loop 2320 2-290-SBR04	Insurance Plan or Program Name	Other Insured Group Name	C

Data Element Requirements Matrix					
CMS 1500	NSF 3.01	ANSI 837 Version 4010	Paper Item Description	EDI Data Element Description	Medicare Status (Required or Conditional for EDI)*
12	DA0 - 16.0	Loop 2300 2-130-CLM10	Patient Signature Source	Patient Signature Source Code	C
	EA0 - 13.0	Loop 2300 2-130-CLM09		Release of Information Indicator	R
14	EA0 - 07.0	Loop 2300 2-135-DTP03(439)	Date of Current Illness, etc.	Accident Date	C
	GC0 - 05.0	Loop 2300 2-135-DTP03(454) OR Loop 2400 2-455-DTP03(454)		Initial Treatment Date	C
15	EA0 - 15.0	Not Used	Patient Has Same/ Similar Illness	Same/Similar Symptom Indicator	NR
	EA0 - 16.0	Loop 2300 2-135-DTP03(438) OR Loop 2400 2-455-DTP03(438) Loop 2300 2-135-DTP03(431) OR Loop 2400 2-455-DTP03(431)	Date of Current Illness or Injury	Onset of Similar Symptoms or Illness  Onset of Current Illness or Injury	C  C
17	EA0 - 24.0	Loop 2310A 2-250-NM103 OR Loop 2420F 2-500-NM103	Name of Referring Provider	Referring Provider Last Name	C
	EA0 - 25.0	Loop 2310A 2-250-NM104 OR Loop 2420F 2-500-NM104		Referring Provider First Name	C
			<b>OR</b>		
	FB1 - 06.0	Loop 2420E 2-500-NM103		Ordering Provider Last Name	C
	FB1 - 07.0	Loop 2420E 2-500-NM104		Ordering Provider First Name	C
			<b>OR</b>		

Data Element Requirements Matrix					
CMS 1500	NSF 3.01	ANSI 837 Version 4010	Paper Item Description	EDI Data Element Description	Medicare Status (Required or Conditional for EDI)*
17A	FB1 - 09.0	Loop 2420E 2-525-REF02(1G)	I.D. Number of Referring Physician	Ordering Provider Secondary Identifier Unique Physician Identification Number (UPIN)	C
			OR		
	FB0 - 09.0	Loop 2420E 2-500-NM109(24 or 34)		Order Provider Primary Identifier Social Security Number (SSN) or IRS Employer Tax ID (EIN)	C
			OR		
	EA0 - 20.0	Loop 2310A 2-250-NM109(24 or 34) OR Loop 2420F 2-500-NM109(24 or 34)		Referring Provider Primary Identifier (SSN or EIN)	C
			OR		
	EA0 - 21.0 FB1 - 13.0	Loop 2310A 2-271-REF02(1G) OR Loop 2420F 2-525-REF02(1G)		Referring Provider Secondary Identifier (UPIN)	C
19	EA1 - 16.0	Loop 2310E 2-250-NM109 OR Loop 2420D 2-500-NM109	Reserved for Local Use	Supervising Provider Primary Identifier (UPIN)	C
	FB1 - 21.0	Loop 2310E 2-271-REF02(1G) OR Loop 2420D-2-525-REF02(1G)		Supervising Provider Secondary Identifier Provider Identification Number (PIN)	C
	GC0 - 06.0 EA0 - 48.0	Loop 2300 2-135-DTP03(455) OR Loop 2400 2-455-DTP03(455) Loop 2300 2-135-DTP03(304) OR Loop 2400 2-455-DTP03(304)		X-ray  Date Last Seen	C
	EA0 - 50.0	Loop 2300 2-220-CRC03(IH)		Homebound Indicator	C

Data Element Requirements Matrix					
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19 (con't)	EA1 - 25.0 FA0 - 40.0	Loop 2300 2-135 DTP03(090/091) Loop 2400 2-450-CRC02(70)		Assumed and Relinquished Care Dates Hospice Employed Provider Indicator	C
20	FB0 - 05.0	Loop 2400 2-488-PS102	Outside Laboratory	Purchased Service Charge	C
21	EA0 - 32.0	Loop 2300 2-231-HI01-02(BK)	Diagnosis	Principal Diagnosis Code	C
	EA0 - 33.0	Loop 2300 2-231-HI02-02(BF)		Diagnosis Code	C
	EA0 - 34.0	Loop 2300 2-231-HI03-02(BF)		Diagnosis Code	C
	EA0 - 35.0	Loop 2300 2-231-HI04-02(BF)		Diagnosis Code	C
22			Medicaid Resubmission Code		NR
	BA0 - 18.0	Loop 2010AA or 2010AB 2-015-NM103(85,2)		Payer Organization Name	R
	BA1 - 13.0	Loop 2010AA or 2010AB 2-025-N301		Pay-To Provider Address 1	R
	BA1 - 15.0	Loop 2010AA or 2010AB 2-030-N401		Pay-To Provider City Name	R
	BA1 - 16.0	Loop 2010AA or 2010AB 2-030-N402		Pay-To Provider State Code	R
	BA1 - 17.0	Loop 2010AA or 2010AB 2-030-N403		Pay-To Provider ZIP Code	R
	BA1 - 18.0	Loop 2010AA 2-040-PER04		Communication Number	C
			<b>OR</b>		
	BA0 - 09.0 BA0 - 02.0 CA0 - 28.0	Loop 2010AA or 2010AB 2-015-NM109(24 or 34) Loop 2010AA or 2010AB 2-035-REF02(1C)	Provider's Billing Name & Address	Billing Provider Primary Identifier (SSN or EIN) Billing Provider Secondary Identifier (PIN)	R C