

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 |
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| 1 | Check the Medicare Box. | Loop 2000B - SBR09 - MB 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 - D8 qualifier DMG02 - Birth date- MM DD YYYY 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 | Enter the patient's mailing address and telephone number. On the first line enter the street address; the second line, the city and state; the third line, the ZIP code and phone 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 patient's relationship to insured when item 4 is completed. | Loop 2000B - SBR02 - 18 qualifier for Medicare Loop 2320 - Only required if Medicare is secondary. |
| 7 | Enter the insured's address and telephone number. When the address is the same as the patient's, enter the word SAME. Complete this item only when items 4, 6, and 11 are completed. | 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 | Leave blank. | Patient status field is not available in this format. |
| 9 | Enter the last name, first name, and middle initial of the enrollee in a Medigap policy if it is different from that shown in item 2. Otherwise, enter the word SAME. If no Medigap benefits are assigned, leave blank. This field may be used in the future for supplemental insurance plans. | Loop 2330A - NM103 - Medigap Insured's last name NM104 - Insured's first name NM105 - Insured's middle initial NM107 - Insured's Name Suffix |
| 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 |

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| 9b | Leave blank. | Loop 2320 - DMG01 - D8 qualifier |
| | | DMG02 - Birth date- YYYY MM DD |
| | | DMG03 - Gender (F or M) |
| | | ANSI 5010 - This segment has been deleted. |
| 9c | Leave blank if <i>item 9d is completed</i> . Otherwise, enter the claims processing address of the Medigap insurer. Use an abbreviated street address, two-letter postal code, and ZIP code copied from the Medigap insured's Medigap identification card. | This field is not available in this format. |
| | | Loop 2330B - NM101 - PR qualifier NM103 - Employer name or school name |
| 9d | Enter the <i>Coordination of Benefits Agreement (COBA) Medigap-based Identifier (ID)</i> . | Loop 2330B - NM109 - Medigap COBA Medigap-Based Identifier 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 one or more of the services described in item 24. Enter the State postal code. Any item checked "YES" indicates there may be other insurance primary to Medicare. Identify primary insurance information in item 11. | 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. | Not Needed - Medicaid automatically crosses over. |
| 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 |
| 11b | Enter employer's name, if applicable. If there is a change in the insured's insurance status, e.g., retired, enter either a 6-digit (MM DD YY) or 8-digit (MM DD CCYY) retirement date preceded by the word, "RETIRED." <i>Form version 02/12: provide this information to the right of the vertical dotted line.</i> | This field is not available in this format. |
| 11c | Enter the 9-digit PAYERID number of the primary insurer. If no PAYERID number exists, then enter the complete primary payer's program or plan name. If the primary payer's EOB does not contain the claims processing address, record the primary payer's claims processing address directly on the EOB. This is required if there is insurance primary to Medicare that is indicated in item 11. | Loop 2320 - SBR04 - Insured group name |
| 11d | Leave blank - this is not required by Medicare. | This field is not available in this format |
| 12 | <p>The patient or authorized representative must sign and enter either a 6-digit date (MM DD YY), 8-digit date (MM DD CCYY), or an alpha-numeric date (e.g., January 1, 1998) unless the signature is on file. In lieu of signing the claim, the patient may sign a statement to be retained in the provider, physician, or supplier file in accordance with Chapter 1, "General Billing Requirements." If the patient is physically or mentally unable to sign, a representative specified in chapter 1, may sign on the patient's behalf. In this event, the statement's signature line must indicate the patient's name followed by "by" the representative's name, address, relationship to the patient, and the reason the patient cannot sign. The authorization is effective indefinitely unless the patient or the patient's representative revokes this arrangement.</p> <p>NOTE: This can be "Signature on File" and/or a computer generated signature.</p> <p>The patient's signature authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service or supplier when the provider of service or supplier accepts assignment on the claim.</p> <p>Signature by Mark (X) - When an illiterate or physically handicapped enrollee signs by mark, a witness must enter his/her name and address next to the mark</p> | <p>Loop 2300 - CLM10 - Patient's signature source code</p> <p>CLM09 - Release of Information code</p> <p>Note: The signature date field is not available in this format</p> |

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| 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 |
| 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 2300 - DTP01 - 439 qualifier DTP03 - Accident Date DTP01 - 431 qualifier DTP03 - Date of current illness or injury 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 |
| 15 | Leave blank. Not required by Medicare. | Leave blank. Not required by Medicare. |
| 16 | If the patient is employed and is unable to work in his/her current occupation, enter an 8-digit (MM DD CCYY) or 6-digit (MM DD YY) date when patient is unable to work. An entry in this field may indicate employment related insurance coverage. | Loop 2300 - DTP01 - 360 qualifier DTP03 - Disability "from" date DTP01 - 361 qualifier DTP03 - Disability "to" date (Situational) |
| 17 | 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. Similarly, if Medicare policy requires you to report a supervising physician, enter this information in item 17. When a claim involves multiple referring, ordering, or supervising physicians, use a separate CMS-1500 claim form for each ordering, referring, or supervising physician. Enter one of the following qualifiers as appropriate to identify the role that this physician (or non-physician practitioner) is performing: Qualifier Provider Role DN Referring Provider DK Ordering Provider DQ Supervising Provider Enter the qualifier to the left of the dotted vertical line on item 17. | 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, ordering, or supervising physician or non-physician practitioner listed in item 17. All physicians and non-physician practitioners who order services or refer Medicare beneficiaries must report this data. | 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 either an 8-digit (MM DD CCYY) or a 6-digit (MM DD YY) date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. | Loop 2300 - DTP01 - 435 qualifier DTP03 - Related hospital admission date DTP01 - 096 qualifier DTP03 - Related hospital discharge date |
| 19 | Enter applicable dates (either an 8-digit (MM DD CCYY) or a 6-digit (MM DD YY) date), dosage, global surgery period, or other narrative information. All information listed in Item 19 and its electronic equivalent is situational. ... continued | 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 2310D - NM108 - DQ qualifier |

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| 19 | Enter applicable dates (either an 8-digit (MM DD CCYY) or a 6-digit (MM DD YY) date), dosage, global surgery period, or other narrative information. All information listed in Item 19 and its electronic equivalent is situational. | NM109 - Supervising Provider ID Loop 2420D - NM108 - DQ qualifier NM109 - Supervising Provider ID Loop 2300 - CRC01 - IH qualifier CRC03 - Homebound indicator Loop 2300 - REF01 - P4 qualifier REF02 - Demonstration project identifier Loop 2300 - DTP01 - 090 qualifier DTP03 - Date assumed care Loop 2300 - DTP01 - 091 qualifier DTP03 - Date relinquished care Loop 2310C - NM108 - QB qualifier NM109 - Purchased Service Provider ID Loop 2420B - 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 Loop 2400 - DPT01 - 455 qualifier DPT03 - Last X-ray date ANSI 5010 - 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 | <p><i>The "ICD Indicator" identifies the ICD code set being reported. Enter the applicable ICD indicator according to the following:</i></p> <p><i>Indicator Code Set</i></p> <p>9 ICD-9-CM diagnosis</p> <p>0 ICD-10-CM diagnosis</p> <p><i>Enter the indicator as a single digit between the vertical, dotted lines.</i></p> <ul style="list-style-type: none"> <i>Do not report both ICD-9-CM and ICD-10-CM codes on the same claim form. If there are services you wish to report that occurred on dates when ICD-9-CM codes were in effect, and others that occurred on dates when ICD-10-CM codes were in effect, then send separate claims such that you report only ICD-9-CM or only ICD-10-CM codes on the claim. (See special considerations for spans of dates below.)</i> <i>If you are submitting a claim with a span of dates for a service, use the "from" date to determine which ICD code set to use.</i> <i>Enter up to 12 diagnosis codes. Note that this information appears opposite lines with letters A-L. Relate lines A- L to the lines of service in 24E by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.</i> <i>Do not insert a period in the ICD-9-CM or ICD-10-CM code.</i> | 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. Note: Up to eight diagnosis codes may be entered in priority order on electronic claims. Do not use decimal points. ANSI 5010- In addition: Up to 12 diagnoses may be entered. |
| 22 | Leave blank. Not required by Medicare. | Leave blank. Not required by Medicare. |

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| 23 | Leave blank or enter one of the following items as applicable: <ul style="list-style-type: none"> Quality Improvement Organization (QIO) prior authorization number Seven-digit Investigational Device Exemption (IDE) number when used in a clinical trial NPI of Home Health Agency or Hospice facility when Care Plan Oversight is billed Ten-digit CLIA number when lab services are billed For ambulance claims, enter the ZIP code of the point-of-pickup for the loaded ambulance trip | Loop 2300 - REF01 - G1 qualifier |
| | | REF02 - QIO Prior Authorization |
| | | Loop 2300 - REF01 - LX qualifier |
| | | REF02 - IDE number |
| | | Loop 2300 - REF01 - 1J qualifier |
| | | REF02 - Care Plan Oversight Number |
| | | 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 |
| | | ANSI 5010 - In addition to those listed above: |
| | | Loop 2310E - NM101 - PW qualifier |
| | | NM103 - Ambulance Organization name |
| N301 - Ambulance Pick Up address line 1 | | |
| N302 - Ambulance Pick Up address 1 line 2 if needed | | |
| N401 - Ambulance Pick Up city name | | |
| N402 - Ambulance Pick Up state code | | |
| N403 - Ambulance Pick Up ZIP code | | |
| Loop 2310F - NM101 - 45 qualifier | | |
| NM103 - Ambulance Organization name | | |
| N301 - Ambulance Drop Off address line 1 | | |
| 24a | Enter the date of service - 6 digits (MMDDYY) or 8-digit (MMDDYYYY) date for each procedure or service | Loop 2400 - DTP01 - 472 qualifier |
| | | DTP02 - D8 if a single date of service |
| | | DTP02 - RD8 if a range of dates |
| | | DTP03 - Date of service |
| | | Single date - MMDDYYYY |
| Range - MMDDYYYY - MMDDYYYY | | |
| 24b | Enter the appropriate two-digit place of service (POS) code to identify where the item is used or the service is performed | Loop 2300 - CLM05-1 - Facility Type Code |
| | | Loop 2400 - SV105 - POS code if different than on claim level |
| 24c | Leave blank. Not required by Medicare. | Leave blank. Not required by Medicare. |
| 24d | Enter the procedure code and up to four applicable modifiers. | Loop 2400 - SV101-1 - HC qualifier |
| | | SV101-2 - Procedure code |
| | | SV101-3 - Modifier 1 |
| | | SV101-4 - Modifier 2 |
| | | SV101-5 - Modifier 3 |
| | | SV101-6 - Modifier 4 |
| 24e | <i>This is a required field.</i> Enter the diagnosis code reference letter (as appropriate, per form version) as shown in item 21 to relate the date of service and the procedures performed to the primary diagnosis. | Loop 2400 - SV107-1 - Diagnosis pointer |
| | | SV107-2 - Diagnosis pointer |
| | | SV107-3 - Diagnosis pointer |
| | | SV107-4 - Diagnosis pointer |
| 24f | Enter the charge for each listed service. Note: 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. | Loop 2400 - SV103 - UN qualifier |
| | | SV104 - Number of units |
| | | SV103 - MJ qualifier |
| | | SV104 - Number of minutes |
| 24h | Leave blank. Not required by Medicare. | Leave blank. Not required by Medicare. |

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| 24i | This field should be blank on all claims received after May 23, 2008. Exception: 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. | Loop 2310B - REF01 - 1C qualifier Loop 2420A - REF01 - 1C qualifier 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. |
| 24j | Enter the rendering provider's NPI in the unshaded 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 |
| 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 - SY qualifier NM108 - Employer ID number Loop 2010AA- REF01 - EI qualifier REF02 - Employer ID number OR Loop 2010AB- REF01 - EI qualifier REF02 - Employer ID Number |
| 26 | Enter the patient's account number | Loop 2300 - CLM01 - Account number (up to 20 characters) |
| 27 | Check the appropriate box to indicate whether the provider accepts assignment of Medicare benefits. | Loop 2300 - CLM07 - Assignment code A - Assigned B - Assignment on Clinical Lab Services Only C - Not assigned P - Patient refuses to assign benefits |
| 28 | Enter the total charges for the services | Loop 2300 - CLM02 - Total charges |
| 29 | Enter the total amount that the patient paid for covered services only. | Loop 2300 - AMT01 - F5 qualifier AMT02 - Patient paid amount |
| 30 | Leave blank. Not required by Medicare. | Leave blank. Not required by Medicare. |
| 31 | Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM DD YY), 8-digit date (MM DD CCYY), or alpha-numeric date (e.g., January 1, 1998) the form was signed. | Loop 2300 - CLM06 - Provider signature indicator Y - Valid signature on file N - No valid signature on file Date signed - Field not available in ANSI format |
| 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. | Loop 2310D - NM101 - FA qualifier NM103 - Facility Name N301 - Facility Address N401 - Facility City N402 - Facility State N403 - Facility ZIP Code (nine digits) 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 (nine digits) |

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| 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. | If Mammography Center: Loop 2300 - REF01 - EW qualifier REF02 - Mammography FDA number Loop 2400 - REF01 - EW qualifier REF02 - Mammography FDA number ANSI 5010 - 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 (nine digits) |
| 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. | ANSI 5010 - 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 (nine digits) 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 | Item 33b is not generally reported. However, for some Medicare policies you may be instructed to use this item; direction as to how to use this item will be in the instructions you received regarding the specific policy, if applicable. | Effective May 23, 2008 this field is not to be reported. |