

HIPAA ELECTRONIC CLAIM SUBMISSION REQUIREMENTS: CMS 1500 TO ANSI 837 4010A1 CROSSWALK

WPS accepts Medicare files in version 4010A1. The CMS-1500 (08-05) claim form is being revised to accommodate the reporting of the National Provider Identifier (NPI). The intent of the new form is to best accommodate the NPI with minimal changes to the current claim form. To assist you with implementation of the NPI, 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 Implementation Guide 004010X098A1, which can be obtained from <http://www.wpc-edi.com>.

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

Wisconsin, Illinois, Michigan, Minnesota: 877-567-7261
Iowa, Kansas, Nebraska, Missouri: 866-503-9670

CMS-1500		CURRENT REQUIRED ELECTRONIC VERSION				
Item No.	Narrative	ANSI 837 version 4010A1	Loop	Data Element Description	Status	Requirements
1	Type of health insurance	2-005-SBR09	2000B	Claim filing indicator Code	R	Must=MB for Medicare Part B claims
1A†	Insured's ID number	2-015-NM109	2010BA	Subscriber primary identifier	R	Enter the patient's Medicare Health Insurance Claim Number (HICN) whether Medicare is Primary or Secondary. (For Medicare the patient is always the subscriber.) (NM101) = (IL) (NM108) = (MI)
2	Patient's name (Last name, First Name, Middle Initial)	2-015-NM103 2-015-NM104 2-015-NM105	2010BA	Subscriber last name Subscriber first name Subscriber middle name	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	2-032-DMG02 2-032-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)	2-325-NM103 2-325-NM104 2-325-NM105	2330A	Other insured last name Other insured first name Other insured middle name	S S S	List the name of the insured if there is insurance other than Medicare.
5	Patient's address (No., Street) City State Zip Code Telephone	2-025-N301 2-025-N302 2-030-N401 2-030-N402 2-030-N403 Not available	2010BA	Subscriber address line 1 Subscriber address line 2 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	2-005-SBR02 2-290-SBR02	2000B 2320	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.

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- S** Situational. Any data element that must be completed if other conditions exist (e.g., if the insured differs from the patient, the insured's name must be entered on the claim)
- †** If Medicare Secondary Payer or Medigap is involved, please refer to the ANSI 4010A1 Implementation Guide for further instruction.
- Use if different than information given at the claim level. Segments submitted at the claim level apply to the entire claim unless overridden by information at the service line level.

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7†	Insured's address (No., Street) City State Zip Code Telephone number	2-332-N301 2-332-N302 2-340-N401 2-340-N402 2-340-N403 Not available	2330A	Other insured address line 1 Other insured address line 2 Other insured city name Other insured state code Other insured 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	Patient marital status, student status and employment status	Not available Not available Not available				
9†	Other insured's name (Last name, First name, Middle Initial)	2-325-NM103 2-325-NM104 2-325-NM105	2330A	Other insured last name Other insured first name Other insured middle name	S S S	Required if enrolled in a Medigap policy. Enter the name of the enrollee in the Medigap policy.
9A†	Other insured's policy or group number	2-325-NM109 2-290-SBR03	2330A 2320	Other insured identifier Insured group or policy number	S S	Enter the policy number of the Medigap insured. Required if other payers are known to potentially be involved in paying this claim. Enter the insured's group or plan number.
9B†	Other insured's date of birth Other insured's sex	2-305-DMG02 2-305-DMG03	2320	Other insured birth date Other insured gender code	S S	Enter the Medigap insured's birth date. Must be formatted as CCYYMMDD. Date Qualifier (DMG01)=D8 Enter the Medigap insured's sex. F=Female M=Male U=Unknown
9C	Employer's name or school name (Medigap Address)	Not available				
9D†	Insurance plan name or program name	2-325-NM109 2-325-NM103 2-290-SBR04	2330B 2330B 2320	Other payer primary identifier Other payer last or organization name Other insured group name	S S S	Enter the Medigap insurer's unique identifier provided by the local Medicare carrier. Enter the name of the Medigap enrollee's insurance when 2320/SBR05=MI. Required if other payers are known to potentially be involved in paying this claim.
10 A- B- C-	Is patient's condition related to: Employment? (current or previous) Auto accident? Other accident?	2-130-CLM11-1 2-130-CLM11-2 2-130-CLM11-3	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, related to an auto accident, or accident related.
	Place (STATE)	2-130-CLM11-4	2300	Auto Accident State or Province Code	S	Required if Related Cause (CLM11-1, -2 or -3)=Auto Accident (AA) to identify the state in which the automobile accident occurred.
10D†	Reserved for local use	2-325-NM109	2330A	Other insured identifier	S	If the patient is entitled to Medicaid, enter the patient's Medicaid number. When 2320/SBR05 = MC.
11†	Insured's policy group or FECA number	2-290-SBR03 2-325-NM109 2-290-SBR09 2-005-SBR05	2320 2330A 2320 2000B	Insured group or policy number Other Insured Identifier Claim filing indicator code Insurance Type Code	S S S S	Required if other payers are known to potentially be involved in paying this claim. If there is insurance primary to Medicare, enter the insured's policy or group number.
11A†	Insured's date of birth and sex	2-305-DMG02 2-305-DMG03	2320	Other insured birth date Other insured gender code	S S	Enter the insured's birth date. Must be formatted as CCYYMMDD. Date Qualifier (DMG01)=D8 Enter the insured's sex. F=Female M=Male U=Unknown

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11B†	Employer's name or school name	Not available					
11C†	Insurance plan name or program name	2-290-SBR04	2320	Other insured group name	S	Enter the complete insurance plan or program name.	
11D	Is there another health benefit plan?	Leave blank-Not required by Medicare.					
12	Patient's or authorized person's signature Date	2-130-CLM10	2300	Patient signature source code	S	Required except in cases where (CLM09) =No (N)	
		2-130-CLM09 Not available		Release of information code	R		
13	Insured's or authorized person's signature	2-130-CLM10	2300	Patient signature source code	S	Required except in cases where (CLM09)=No (N)	
		2-310-OI03		2320	Benefits assignment certification indicator		R
		2-170-CLM08		2300			
14	Date of current: illness, injury, pregnancy	2-135-DTP03 (439)	2300	Accident date	S	Required if CLM11-1, -2 or -3=(AA), (AP) or (OA). Enter the date of current illness or injury.	
		2-135-DTP03 (431)		2300	Onset of Current Illness or injury		S
		2-135-DTP03 (454)		2300	Initial treatment date		S
		2-455-DTP03 (454)		2400*			
15	If patient has had same or similar illness. Give first date	2-135-DTP03 (438) 2-455-DTP03 (438)	2300 2400*	Onset of similar symptoms or illness	S	Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms. Required when information is available and if different than the date of service.	
		2-135-DTP03 (431) 2-455-DTP03 (431)		2300 2400*	Onset of current illness or injury date		S
16	Dates patient unable to work in current occupation (From and To)	2-135-DTP03 (360)	2300	Disability from date	S	Enter the date(s) when patient is employed and unable to work in current occupation. An entry here may indicate employment related insurance coverage.	
		2-135-DTP03 (361)		Disability to date	S		
17	Name of referring provider or other source	2-250-NM103 (DN) 2-250-NM104 2-250-NM105	2310A or	Referring prov. last name	S	Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician. All claims for Medicare covered services and items that are the result of a physician's order or referral shall include the ordering/referring physician's name. When a claim involves multiple referring and/or ordering physicians, a separate claim should be submitted for each.	
		2-500-NM103(DN) 2-500-NM104 2-500-NM105		2420F*	Referring prov. first name		S
		2-500-NM103 (DK) 2-500-NM104 2-500-NM105	2420E		Referring prov. middle name		S
				Referring prov. last name	S		
17A	First Block Second Block	2-271-REF01 2-525-REF01 2-525-REF01	2310A 2420F* 2420E	Reference ID Qualifier	S	Enter '1G' to indicate a UPIN number is present in the REF02 data element.	
		2-271-REF02 2-525-REF02 2-525-REF02		2310A 2420F* 2420E	Referring Provider secondary Identifier		S
17B	NPI	2-250-NM109 (DN) 2-500-NM109 (DN) 2-500-NM109 (DN)	2310A 2420F* 2420E		Referring prov. primary ID	S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the referring/ordering physician listed in Item 17. Effective MAY 23, 2007, the NPI MUST be reported when a service was ordered or referred by a physician.
				Referring prov. primary ID	S		
				Ordering prov. primary ID	S		

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18	Hospitalization dates related to current services (From and To)	2-135-DTP03 (435) 2-135-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. The admission date is required on all ambulance claims when the patient was known to be admitted to the hospital. Also required on inpatient medical visit claims. The discharge date is required for inpatient claims when the patient was discharged from the facility and the discharge date is known.
19	Reserved for local use	2-135-DTP03 (304) 2-455-DTP03 (304) 2-250-NM109 (DQ) 2-500-NM109 (DQ) 2-271-REF02 (1G) 2-525-REF02 (1G) 2-462-MEA02 (TR)	2300 2400* 2310E 2420D* 2310E 2420D* 2400	Last seen date Supervising provider ID Supervising provider secondary ID Test Results	S S S S	Enter the date patient was last seen by his/her attending physician when an independent physical or occupational therapist submits claims or 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. Enter the UPIN of his/her attending physician. DO NOT REPORT THE UPIN AFTER FULL IMPLEMENTATION OF NPI. Only bill one supervising/attending provider per claim. Enter R1 or R2 in the MEA02 to qualify the Hemoglobin or Hematocrit test results. Enter the test results in the MEA03.
		2-220-CRC03 (IH)	2300	Homebound indicator	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 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 an "NOC" code. Enter all applicable modifiers when modifier -99 (multiple modifiers) is entered. 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. Enter the specific name and dosage amount when low osmolar contrast material is billed, but only if HCPCS codes do not cover them.
		2-180-REF02 (P4)	2300	Demonstration Project Identifier	S	Required on claims where a demonstration project is being billed.
		2-135-DTP03 (090) 2-135-DTP03 (091)	2300 2300	Date-assumed care date Date-relinquished care date	S S	Enter the date for a global surgery claim when providers share post-operative care.
		2-250-NM109 (QB) 2-500-NM109 (QB) 2-271-REF02 (1C) 2-525-REF02 (1C)	2310C 2420B* 2310C 2420Bn*	Purchased Service Provider Identifier Purchased Service Provider Secondary Identifier	S 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 a <i>purchased interpretation</i> of a diagnostic test. Enter the Medicare number of the physician who is performing a <i>purchased interpretation</i> of a diagnostic test. DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION OF NPI.
		2-135-DTP03 (455) 2-455-DTP03 (455)	2300 2400*	Last X-Ray date	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).

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20	Outside lab? \$Charges	2-488-PS102	2400	Purchased service charge amount	S	Required when billing for diagnostic tests subject to purchase price limitations. When submitting a PS1 segment, you must also submit the facility information in either loop 2310D or 2420C.
21	Diagnosis or nature of illness or injury	2-231-HI01-02 (BK) 2-231-HI02-02 (BF) 2-231-HI03-02 (BF) 2-231-HI04-02 (BF) 2-231-HI05-02 (BF) 2-231-HI06-02 (BF) 2-231-HI07-02 (BF) 2-231-HI08-02 (BF)	2300	Principal Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code Diagnosis code	S S S S S S S S	Required on all claims except claims for which there are no diagnosis. Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed. Enter the patient's diagnosis/condition. With the exception of claims submitted by ambulance suppliers, all physician and non-physician specialties must use an ICD-9-CM code number and code to the highest level of specificity for the date of service. Enter up to eight codes in priority order on electronic claims (primary, secondary condition). Enter up to four codes on a paper claim.
22	Medicaid resubmission code Original ref. No.	Leave blank—Not required by Medicare				
23	Prior authorization number	2-180-REF02 (G1)	2300	Prior authorization or referral number	S	Enter the Quality Improvement Organization (QIO) prior authorization number for those procedures requiring QIO prior approval.
	IDE number	2-180-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.
	HHA/Hospice provider number for CPO services	2-250-NM101 (FA) 2-271-REF02 (LU)	2310D 2420C*	HHA/Hospice provider number for CPO services	S	For physicians performing care plan oversight services, enter the Medicare provider number of the home health agency (HHA) or hospice. Providers submitting CPO claims must submit the FA qualifier in NM101 leaving the NM108 and the NM109 blank. The CPO PIN should be submitted in a REF segment of the same loop & use the LU qualifier. This is to distinguish the CPO PIN from the Facility PIN. Only bill one unique HHA/Hospice provider number per claim. DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION OF NPI. Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the home health agency (HHA) or hospice.
		2-250-NM109 (FA)	2310D 2420C*	HHA/Hospice provider number for CPO services	S	
	CLIA number	2-180-REF02 (X4) 2-470-REF02 (X4)	2300 2400*	CLIA certification number	S	Required on claims for any laboratory performing tests covered by the CLIA act. 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. Required on ambulance claims. Enter the point of pick up.
		2-470-REF02 (F4)	2400	Referring CLIA number	S	
	Ambulance Point of Pickup (zip code)	2-250-NM101 (77) 2-250-NM102 (2) 2-265-N301 2-265-N302 2-270-N401 2-270-N401 2-270-N401	2310D	Point of Pick up	S	

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24A	Dates of service(s)	2-455-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	2-130-CLM05-1 2-370-SV105	2300 2400*	Facility Type Code Place of Service Code	R S	Enter the appropriate Place of Service code. Identify the location, using a place of service code, for each item used or service performed.
24C	EMG	Leave blank—Not required by Medicare				
24D	Procedures, services or supplies CPT/HCPCS Modifier	2-370-SV101-2	2400	Procedure code	R	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.
		2-370-SV101-3		Procedure modifier 1	S	
		2-370-SV101-4		Procedure modifier 2	S	
		2-370-SV101-5		Procedure modifier 3	S	
		2-370-SV101-6		Procedure modifier 4	S	
24E	Diagnosis pointer	2-370-SV107-1	2400	Diagnosis code pointer	R	A submitter must point to the primary diagnosis for each service line. Use remaining diagnosis pointers in declining level of importance to service line. A paper claim can only accommodate 4 diagnosis codes.
		2-370-SV107-2		Diagnosis code pointer	S	
		2-370-SV107-3		Diagnosis code pointer	S	
		2-370-SV107-4		Diagnosis code pointer	S	
		2-370-SV107-5		Diagnosis code pointer	S	
		2-370-SV107-6		Diagnosis code pointer	S	
		2-370-SV107-7		Diagnosis code pointer	S	
		2-370-SV107-8		Diagnosis code pointer	S	
24F	Charges	2-370-SV102	2400	Line item charge amount	R	Enter the charge for each service.
24G	Days or units	2-370-SV104 (UN) 2-370-SV104 (MJ)	2400	Units or Minutes	R	Enter the number of days or units. If a decimal is needed to report units, include it in this element, e.g. 15.6. For anesthesia, show the elapsed time. Convert hours into minutes and enter the total minutes required for the procedure.
24H	EPSDT Family Plan	Leave blank—Not required by Medicare				
24I	ID Qual.	2-271-REF01 2-525-REF01	2310B 2420A*	Reference Identification Qualifier	S	Enter the ID qualifier 1C.
24J	Rendering Provider ID. #	2-271-REF02 (1C) 2-525-REF02 (1C)	2310B 2420A*	Rendering provider secondary identifier	S	Enter the rendering provider’s PIN (PIN) when the performing provider/supplier is a member of a group practice. DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION OF NPI. Enter ‘XX’ in the NM108 data element to indicate an NPI is present in NM109. Enter the rendering provider’s NPI number.
		2-250-NM109 (82) 2-500-NM109 (82)		2310B 2420A*	Rendering provider identifier	

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25	Federal tax ID number SSN indicator EIN indicator	2-015-NM109 (85, 87) 2-015-NM108 (34) 2-015-NM108 (24)	2010AA or 2010AB*	Provider identifier Social Security number indicator Employer's ID number indicator	R	Enter your provider of service or supplier Federal Tax ID (Employer Identification Number) or Social Security Number. SHOULD BE BILLED THIS WAY PRIOR TO SUBMITTING NPI.
		2-035-REF01 2-035-REF02	2010AA or 2010AB*	Reference Identification qualifier Provider additional identifier	R	Enter 'EI' to indicate an Employer's Identification Number is present in the REF02 data element. SHOULD BE BILLED THIS WAY WHEN SUBMITTING NPI.
26	Patient's account No.	2-130-CLM01	2300	Patient account 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?	2-130-CLM07	2300	Medicare assignment code	R	A=Assigned B=Assignment accepted on Clinical Lab services only C=Not Assigned P=Patient refuses to assign benefits
28	Total charge	2-130-CLM02	2300	Total claim charge amount	R	Enter total charges for the services.
29	Amount paid	2-175-AMT02 (F5)	2300	Patient amount paid	S	Required if the patient has paid any amount towards the claim for covered services only.
30	Balance due	Leave blank—Not required by Medicare				
31	Signature of physician or supplier including degrees or credentials Date signed	2-130-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	2-250-NM103 (FA, TL, 77, LI) 2-265-N301 2-270-N401, 02, 03 2-500-NM103 (FA, TL, 77, LI) 2-514-N301 2-520-N401, 02, 03	2310D 2420C*	Laboratory/Facility Name Laboratory/Facility Address Laboratory/Facility City/State/ZIP Laboratory/Facility Name Laboratory/Facility Address Laboratory/Facility City/State/ZIP	S S	Enter the name, address and ZIP code of the service location for all services other than those furnished in place of service home (12) or place of service office (11). If a modifier is billed indicating their 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 other than home. 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 must identify the supplier's name, address and PIN when billing for purchased diagnostic tests. If additional entries are needed, separate claim forms shall be submitted.
32A		2-250-NM109 (FA, TL, 77, LI) 2-500-NM109 (FA, TL, 77, LI) 2-488-PS101 2-250-NM109 (QB) 2-500-NM109 (QB) 2-180-REF02 (EW) 2-470-REF02 (EW)	2310D 2420C* 2400 2310C 2420B 2300 2400*	Laboratory/Facility Primary Identifier Purchased service provider identifier Mammography certification #	S S S	Enter 'XX' in the NM108 data element to indicate an NPI is present in NM109. Enter the NPI of the service facility as soon as it is available. Enter the supplier's NPI when billing for purchased diagnostic tests. If the supplier is a certified mammography screening center, enter the FDA approved certification number.

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32B		2-271-REF02 (1C) 2-525-REF02 (1C) 2-488-PS101 2-525-REF02 (1C)	2310D 2420C* 2400 2420B*	Service facility location PIN Purchased service provider identifier	S S	Enter the PIN of the service facility. Enter the supplier's PIN when billing for purchased diagnostic tests. DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION OF NPI.
33	Billing Provider Info & PH #	2-015-NM103, 04, 05 (85, 87) 2-025-N301 2-030-N401 2-030-N402 2-030-N403 2-040-PER04	2010AA or 2010AB	Provider last or organizational name Provider first name Provider middle initial Provider's address 1 Provider's city Provider's state Provider's zip code Provider's phone number	R	Enter the provider of service/supplier's billing name, address, zip code and telephone number. <i>2010AB is required if different than the billing provider in 2010AA.</i>
33A		2-015-NM109 (85,87)	2010AA or 2010AB	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		2-035-REF02 (1C)	2010AA or 2010AB	Provider Medicare number	R	Enter the PIN for the performing provider of service/supplier who is not a member of a group practice. Enter the group PIN for the performing provider of service/supplier who is a member of a group practice. <i>2010AB is required if different than the billing provider in 2010AA.</i> DO NOT REPORT THE PIN AFTER FULL IMPLEMENTATION OF NPI.

NOTE: When you begin to send NPI numbers on your claims, it would be beneficial to also send the EIN or SSN, License number and Taxonomy codes.

- R** Required. Any data element that is needed in order to process a claim (e.g., date of service)
- S** Situational. Any data element that must be completed if other conditions exist (e.g., if the insured differs from the patient, the insured's name must be entered on the claim)
- †** If Medicare Secondary Payer or Medigap is involved, please refer to the ANSI 4010A1 Implementation Guide for further instruction.
 - Use if different than information given at the claim level. Segments submitted at the claim level apply to the entire claim unless overridden by information at the service line level.