

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

WPS currently accepts Medicare files in version 4010A1. Beginning January 1, 2011, WPS will accept files in the 5010 version. Effective December 31, 2011, all electronic claims will need to be submitted to WPS in the 5010 version. The CMS-1500 (08-05) 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 005010X222, 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

Item No.	Narrative	ANSI 837 version 4010A1	Loop	ANSI 837 version 5010	Loop	Data Element Description	Status	Requirements for version 5010
1	Type of health insurance	2-005-SBR09	2000B	2-0050-SBR09	2000B	Claim filing indicator Code	R	Must=MB for Medicare Part B claims
1A†	Insured's ID number	2-015-NM109	2010BA	2-0150-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	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	2-032-DMG02  2-032-DMG03	2010BA	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)	2-325-NM103 2-325-NM104 2-325-NM105	2330A	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 insured's name. Required if any other payers are known to potentially be involved in paying this claim and the information is available.

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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	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	2-005-SBR02 2-290-SBR02	2000B 2320	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	2-332-N301 2-332-N302 2-340-N401 2-340-N402 2-340-N403 Not available	2330A	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	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	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	2-325-NM109 2-290-SBR03	2330A 2320	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†	Other insured's date of birth Other insured's sex	2-305-DMG02 2-305-DMG03	2320	Not available in 5010				
9C	Employer's name or school name (Medigap Address)	Not available		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.

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9D†	Insurance plan name or program name	2-325-NM109	2330B	2-3250-NM109	2330B	Other payer primary identifier	S	Enter the insurer's unique identifier.
		2-325-NM103 2-290-SBR04	2330B 2320	2-3250-NM103	2330B	Other payer organization name	S	Enter the name of the insured's other insurance.
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	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)	2-130-CLM11-4	2300	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†	Reserved for local use	2-325-NM109	2330A	Not needed. Medicaid is automatically crossed.				
11†	Insured's policy group or FECA number	2-290-SBR03 2-325-NM109 2-290-SBR09 2-005-SBR05	2320 2330A 2320 2000B	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	2-305-DMG02 2-305-DMG03	2320	Not available in 5010				
11B†	Employer's name or school name	Not available						
11C†	Insurance plan name or program name	2-290-SBR04	2320	2-2900-SBR04	2320 2330B 2330B	Other insured group name	S S S	Enter the complete insurance plan or program name.
				2-3250-NM103 2-3250-NM109		Other payer organization name Other payer primary identifier		Enter the payer ID of the other insurer.
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	2-130-CLM09 2-3100-OI06†	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.
		2-130-CLM09 Not available		Not available				

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13	Insured's or authorized person's signature	2-130-CLM10 2-310-OI03 2-170-CLM08	2300 2320 2300	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.
14	Date of current: illness, injury, pregnancy	2-135-DTP03 (439) 2-135-DTP03 (431) 2-455-DTP03 (431) 2-135-DTP03 (454) 2-455-DTP03 (454)	2300 2300 2400* 2300 2400*	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	If patient has had same or similar illness. Give first date	Leave blank-Not required by Medicare.						
16	Dates patient unable to work in current occupation (From and To)	2-135-DTP03 (360) 2-135-DTP03 (361)	2300	2-1350-DTP03 (360) 2-1350-DTP03 (361)	2300	Initial disability period start Initial disability period end	S 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.
17	Name of referring provider or other source	2-250-NM103 (DN) 2-250-NM104 2-250-NM105  2-500-NM103(DN) 2-500-NM104 2-500-NM105  2-500-NM103 (DK) 2-500-NM104 2-500-NM105	2310A or  2420F*  2420E	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	2310A or  2420F*  2420E	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	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. When a claim involves multiple referring and/or ordering physicians, a separate claim should be submitted for each.
17A	NO LONGER USED DUE TO FULL IMPLEMENTATION OF NPI							
17B	NPI	2-250-NM109 (DN) 2-500-NM109 (DN) 2-500-NM109 (DK)	2310A 2420F* 2420E	2-2500-NM109 (DN) 2-5000-NM109 (DN) 2-5000-NM109 (DK)	2310A 2420F* 2420E	Referring provider primary ID Referring provider primary ID Ordering provider primary ID	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 physician listed in Item 17.
18	Hospitalization dates related to current services (From and To)	2-135-DTP03 (435) 2-135-DTP03 (096)	2300	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.

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19	Reserved for local use	2-135-DTP03 (304) 2-455-DTP03 (304)  2-250-NM109 (DQ) 2-500-NM109 (DQ)	2300 2400*  2310E 2420D*	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.
		2-462-MEA02 (TR)	2400	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.
		2-220-CRC03 (IH)	2300	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*	Electronic Equivalent Data Element	2300 2400*	Extra narrative data	S	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.
				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 an "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.
		2-180-REF02 (P4)	2300	2-1800-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	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.
		2-250-NM109 (QB) 2-500-NM109 (QB) 2-271-REF02 (1C) 2-525-REF02 (1C)	2310C 2420B* 2310C 2420B*	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.

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		2-135-DTP03 (455) 2-455-DTP03 (455)	2300 2400*	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	2-488-PS102	2400	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	2-231-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	2-2310-HI01-02 (BK) 2-2310-HI02-02 (BF) 2-2310-HI03-02 (BF) 2-2310-HI04-02 (BF) 2-2310-HI05-02 (BF) 2-2310-HI06-02 (BF) 2-2310-HI07-02 (BF) 2-2310-HI08-02 (BF) 2-2310-HI09-02 (BF) 2-2310-HI10-02 (BF) 2-2310-HI11-02 (BF) 2-2310-HI12-02 (BF)	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 must use an ICD-9-CM code number and code to the highest level of specificity for the date of service. Enter up to twelve codes in priority order (primary condition, secondary condition, ect.).
22	Medicaid resubmission code Original ref. No.	Leave blank—Not required by Medicare						
23	Prior authorization number	2-180-REF02 (G1)	2300	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.
	IDE number	2-180-REF02 (LX)	2300	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.

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	HHA/Hospice provider number for CPO services	2-250-NM101 (FA) 2-271-REF02 (LU) 2-250-NM109 (FA)	2310D 2420C* 2310D 2420C*	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	2-180-REF02 (X4) 2-470-REF02 (X4)	2300 2400*	2-1800-REF02 (X4) 2-4700-REF02 (X4)	2300 2400*	CLIA 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.
		2-470-REF02 (F4)	2400	2-4700-REF02 (F4)	2400	Referring CLIA number	S	Required for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed.
24A	Dates of service(s)	2-455-DTP03 (472)	2400	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	2-130-CLM05-1 2-370-SV105	2300 2400*	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 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 2-370-SV101-3 2-370-SV101-4 2-370-SV101-5 2-370-SV101-6	2400	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	R 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 (SVC01-7). See item 19.
24E	Diagnosis pointer	2-370-SV107-1 2-370-SV107-2 2-370-SV107-3 2-370-SV107-4	2400	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 <b>primary</b> diagnosis for each service line. Use remaining diagnosis pointers in declining level of importance to service line.
24F	Charges	2-370-SV102	2400	2-3700-SV102	2400	Line item charge amount	R	Enter the charge for each service.

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24G	Days or units	2-370-SV104 (UN) 2-370-SV104 (MJ)	2400	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—Not required by Medicare						
24I	ID Qual.	NO LONGER USED DUE TO FULL IMPLEMENTATION OF NPI						
24J	Rendering Provider ID. #	2-250-NM109 (82) 2-500-NM109 (82)	2310B 2420A*	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	2-015-NM109 (85, 87)	2010AA or 2010AB*	2-0350-REF02	2010AA	Billing Provider Tax Identification Number	R	Enter your 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	2-015-NM108 (34) 2-015-NM108 (24) 2-035-REF01 (EI) or (SY)	2010AA or 2010AB*	2-0350-REF01		Social Security number Employer's identification number	R	
26	Patient's account No.	2-130-CLM01	2300	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?	2-130-CLM07	2300	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	2-130-CLM02	2300	2-1300-CLM02	2300	Total claim charge amount	R	Enter the total charges for the services.
29	Amount paid	2-175-AMT02 (F5)	2300	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	Balance due	Leave blank—Not required by Medicare						

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Item No.	Narrative	ANSI 837 version 4010A1	Loop	ANSI 837 version 5010	Loop	Data Element Description	Status	Requirements for version 5010
31	Signature of physician or supplier including degrees or credentials Date signed	2-130-CLM06  Not available	2300	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	2-250-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*	2-2500-NM103 (77) 2-2650-N301 2-2700-N401, 02, 03  2-5000-NM103 (77) 2-5140-N301 2-5200-N401, 02, 03	2310C  2420C*	Laboratory or Facility Name Laboratory or Facility Address Laboratory or Facility City/State/ZIP  Laboratory or Facility Name Laboratory or Facility Address Laboratory or Facility City/State/ZIP	S  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. If the service was referred to an outside lab, enter the reference lab's name and address. Providers of service must identify the supplier's name, address and NPI when billing for anti-markup tests. If the acquisition provider is out of jurisdiction, you should use the billing provider's NPI.
	Ambulance	2-250-NM101 (77) 2-250-NM102 2-265-N301 2-265-N302 2-270-N401 2-270-N402 2-270-N403	2310D	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  2-2500-NM101 (45) 2-2650-N301, 02 2-2700-N401, 02, 03 2-5000-NM101 (45) 2-5140-N301, 02 2-5200-N401, 02, 03	2310E  2420G*  2310F  2420H*	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  Ambulance Drop-off Location Ambulance Drop-off address line Ambulance Drop-off city/state/zip Ambulance Drop-off Location Ambulance Drop-off address line Ambulance Drop-off city/state/zip	S  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).
	Mammography	2-180-REF02 (EW) 2-470-REF02 (EW)	2300 2400*	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.

**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 or the 5010 TR3 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.

Item No.	Narrative	ANSI 837 version 4010A1	Loop	ANSI 837 version 5010	Loop	Data Element Description	Status	Requirements for version 5010
32A		2-250-NM109 (FA, TL, 77, LI) 2-500-NM109 (FA, TL, 77, LI)	2310D  2420C*	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		NO LONGER USED DUE TO 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	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		2-015-NM109 (85,87)	2010AA or 2010AB	2-0150-NM109 (85)	2010AA	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 DUE TO FULL IMPLEMENTATION OF NPI						

**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 or the 5010 TR3 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.