

CMS-1500 to 837P Crosswalk

The following chart provides a crosswalk for the fields listed on the CMS-1500 claim form, and the equivalent electronic data WSI requires in the 837P (ANSI X12, 5010 version).

Field Location	Description	Loop ID	Segment/Data Element	Notes
N/A	Carrier Block	2010BB	NM1 NM101 (Value 40 – Receiver) NM102 (Value 2 – Organization) NM103 (Name - ND WSI) NM108 (Value 46 – Transmitter ID) NM109 (Tax or Account ID)	Payer ID (NDWSI)
1	Type of Insurance	2000B	SBR09	Claim Filing Indicator Code WC = Workers' Comp AM = Automobile Medical
1a	Insured's ID Number	2010BA	NM108 (Value MI – Member ID) NM109 (WSI Claim Number)	May also be in 11b if provider sends patient SSN for 1a WSI claim number should not have the dash
2	Patient Name	2010BA if 2010CA is not sent	NM1 NM101 (Value QC – Patient) NM102 (Value 1 – Person or 2 – Organization) NM103 (Organization or Last name) NM104 (First name) NM105 (Middle name)	Expected in 2010CA since the insured is expected to be Employer in WC claims
3	Patient DOB/Sex	2010BA if 2010CA is not sent	DMG DMG01 (Value D8 - Format: CCYYMMDD) DMG02 (Birthdate) DMG03 (Value M – Male, F – Female or U – Unknown)	Expected in 2010CA since the insured is expected to be Employer in WC claims
4	Insured's Name	2010BA	NM1 NM101 (Value IL – Insured) NM102 (Value 1 – Person or 2 – Organization) NM103 (Organization or Last name) NM104 (First name) NM105 (Middle name)	For WSI, this information may be a Person (injured employee) or Organization (employer) . Expectation is Organization (employer)
5	Patient's Address	2010BA	N3 N301 (Street) N4 N401 (City) N402 (State) N403 (Zip)	
6	Patient Relationship to Insured	2000B	PAT PAT01 Individual relationship code (Value 18 – Self or 20 – Employee)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
7	Insured's Address	2010BA	N3 N301 (Street) N4 N401 (City) N402 (State) N403 (Zip)	
8	Reserved for NUCC use	N/A	N/A	
9	Other Insured's Information	2330A	NM1 NM101 (Value IL – Insured) NM102 (Value 1 – Person or 2 – Organization) NM103 (Organization or Last name) NM104 (First name) NM105 (Middle name)	
9a	Other Insured's Policy or Group Number	2320	SBR03	
9b	Reserved for NUCC	N/A	N/A	
9c	Reserved for NUCC	N/A	N/A	
9d	Other Insurance Plan Name or Program	2320	SBR04	
10a-10c	Patient Condition Related to ...?	2300	CLM11-1	Must be EM for work comp claims
10d	Claim Codes	2300	HI	Diagnoses Code
11	Insured's Policy Group or FECA Number	2000B	SBR03	
11a	Insured's DOB/Sex	2010BA	DMG DMG01 (Value D8 - Format: CCYYMMDD) DMG02 (Birthdate) DMG03 (Value M – Male, F – Female or U – Unknown)	Not required since insured is expected to be employer for work comp claims
11b	Other Claim ID	Send in Loop 2010BA or 2010CA	REF REF01 (Value Y4 – Claim) REF02 (WSI Claim Number)	WSI claim number should not contain the dash.

Field Location	Description	Loop ID	Segment/Data Element	Notes
11c	Insurance Plan Name or Program Name	2000B	SBR04	North Dakota WSI
11d	Is there another benefit plan	2320		
12	Patient or Authorized Person's Signature	2300	CLM10 (Value P)	
13	Insured's or Authorized Person's Signature	2300	CLM10 (Value P)	
14	Date of Current Illness, Injury or Pregnancy	2300	DTP DTP01 (Qualifier – See notes) DTP02 (Value D8 - Format: CCYYMMDD) DPT03 (Date)	Qualifier limited to: 439 – Date of accident 431 – Onset of Injury/Illness 454 – First consulted date Expected to be 439 or 431
15	Other Date	2300	DTP DTP01 (Qualifier – See notes) DTP02 (Value D8, Format: CCYYMMDD) DTP 03 (Date)	Qualifier limited to: 439 – Date of accident 431 – Onset of Injury/Illness 454 – First consulted date
16	Dates Patient Unable to Work in Current Occupation	2300	DTP DTP01 (Qualifier 360 – Disability Begin) DTP02 (Value D8, Format: CCYYMMDD) DTP 03 (Date) DTP01 (Qualifier 361 – Disability End) DTP02 (Value D8, Format: CCYYMMDD) DTP 03 (Date)	Disability From Date and Work Return Date
17	Name of Referring Provider or Other Source	2310A	NM1 NM101 (DN – Referring) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name)	
17a	Other ID #	2310A	REF REF01 (Value 0B – Provider License Number) REF02	
17b	NPI	2310A	NM108 (Value XX) NM109 (NPI)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
18	Hospitalization Dates Related to Current Services	2300	DTP DTP01 (Qualifier 435 – Admission) DTP02 (Value D8, Format: CCYYMMDD) DTP 03 (Date) DTP01 (Qualifier 096 – Discharge) DTP02 (Value D8, Format: CCYYMMDD) DTP 03 (Date)	
19	Additional Claim Information	2300	PWK PWK01 (Attachment Report Type Code – Value OZ – Support Data for Claim) PWK02 (Report Transmission Code – Value EL – Electronic) PWK05 (Identification Code – Value AC – Attachment Control Number)	PWK06 = Attached Medical Documentation Exact match to associated filename, case sensitive, with no folder information Filename.ext
20	Outside Lab Charges	2400	PS102	
21	Diagnosis or Nature of Illness or Injury	2300	HI01-2 through HI12-2	
22	Resubmission Code	2300	CLM05-03 (Value 1 – Original, 7 – Replacement or 8 – Void)	
23	Prior Authorization Number	2300	REF REF01 (Value G1) REF02 (Referral Number)	Not required
24A	Date(s) of Service	2400	DTP DPT01 (Value 472 – Service) DPT 02 (Value D8 – Format CCYYMMDD) DTP03 (Date) REF REF01 (Value 6R – Provider Control Number)	The line item control number information is an EDI field only. It appears at the end of the Service Line Loop after Date of Service in the 837P
24B	Place of Service	2400	SV105 (Place of Service Code)	
24C	EMG	2400	SV109 (Emergency Indicator – Blank or Value Y – Yes)	
24D	Procedures, Services, or Supplies	2400	LX (Max of 50) LX01 (Line Number) <i>Either SV1 or SV5:</i> SV1 (Professional Service) SV101-1 (Value HC – HCPCs) SV101-2 (Procedure Code) SV101-3 to SV101-6 (Modifiers) SV5 (Durable Medical Equipment) SV501-1 (Value HC – HCPCs) SV501-2 (Supply Code)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
24E	Diagnosis Pointer	2400	SV107 (Value 1 – Principal Diagnosis)	Alpha pointers on the CMS-1500 must be converted to numeric pointers for the 837P and are required on each service line
24F	\$ Charges	2400	SV102 (Amount) <i>OR</i> SV504 (DME Rental Price) SV505 (DME Purchase Price) SV506 (Rental Price Indicator – Value 1 – Weekly 4 – Monthly or 6 – Daily)	
24G	Days or Units	2400	SV103 (Value UN – Unit) SV104 (Unit Count) <i>OR</i> SV502 (Basis for Measurement Value DA – Days) SV503 (Quantity)	
24H	EPSDT/Family Plan	2400	SV111 SV112	
24I	ID Qualifier	2310B	PRV PRV01 (Value PE – Performing) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	
24J Shaded Line	Rendering Provider ID #	2420A	NM1 NM101 (Value 82 – Rendering) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name) PRV PRV01 (Value PE – Performing) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	
24J	Rendering Provider ID #	2420A	NM108 (Value XX) NM109 (NPI)	
25	Federal Tax I.D. Number	2010AA	REF REF01 (Value EI – Employer ID) REF02 (Tax ID)	
26	Patient's Account No.	2300	CLM01	Titled Patient Control Number in 837P
27	Accept Assignment?	2300	CLM07 (Value A – Assigned)	
28	Total Charge	2300	CLM02	
29	Amount Paid	2300 Or 2320	AMT02	
30	Rsvd for NUCC Use	N/A	N/A	Doesn't exist in 837P

Field Location	Description	Loop ID	Segment/Data Element	Notes
31	Signature of Physician or Supplier Including Degrees or Credentials	2310B	NM1 NM101 (Value 82 – Rendering) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name)	
32	Service Facility Location Information	2310C	NM1 NM101 (Value 77 – Service Location) NM102 (Value 2 – Non-Person) NM103 (Facility Name) N3 N301 (Street) N4 N401 (City) N402 (State)	N403 requires full 9-digit zip code. Do not append '0000'. No spaces or dashes.
32a	NPI #	2310C	NM108 (Value XX) NM109 (NPI)	Titled Laboratory or Facility Primary Identifier in 837P
32b	Other ID #	2310C	REF REF01 (Value G2) REF02	Not required
33	Billing Provider Info & Ph #	2010AA	NM1 NM101 (Value 85 – Billing Provider) NM102 (Value 1 - Person or 2 - Organization) NM103 (Name) N3 N301 (Street) N4 N401 (City) N402 (State) N403 (Zip) REF REF01 (ID qualifier – Value EI – Employer Identification Number or SY – Social Security Number) REF02 (EIN or SSN) PER PER01 (IC – Information Contact) PER02 (Contact Name) PER03 (Value TE) PER04 (Phone Number)	N403 requires full 9-digit zip code. Do not append '0000'. No spaces or dashes.
33a	NPI #	2010AA	NM108 (Value XX) NM109 (NPI)	
33b	Other ID #	2000A	PRV PRV01 (Value PE – Performing) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	Titled Provider Taxonomy Code in 837P