

UB-04 to 837I Crosswalk

The following chart provides a crosswalk for the fields listed on the CMS-1450 (UB-04) claim form, and the equivalent electronic data WSI requires in the 837I (ANSI X12, 5010 version).

Field Location	Description	Loop ID	Segment/Data Element	Notes
1	Provider Name and Address	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.
2	Pay-to Name and Address	2010AB	NM1 NM101 (Value 87 – Pay to Provider) NM102 (Value 1 - Person or 2 - Organization) NM103 (Name) N3 N301 (Street) N4 N401 (City) N402 (State) N403 (Zip)	
3a	Patient Control #	2300	CLM01 (Patient Account Number)	
3b	Medical Record #	2300	REF REF01 (Value EA) REF02 (Medical Record Number)	
4	Type of Bill	2300	CLM05-1 (Value 11 – Inpatient, 13 – Outpatient, or 18 – Critical Access Hospitals/Swing Beds for Sub-Acute Care) CLM05-2 (Value A – Uniform Billing Claim Form Bill Type) CLM05-3 (Value 1 – Original Bill, 7 – Request for Adjustment, or 8 – Request for Void of Previous Bill)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
5	Federal Tax #	2010AA	REF REF01 (Value EI – Employer ID) REF02 (Tax ID)	
6	Statement Covers Period (From-Through)	2300	DTP DTP01 (Qualifier 434 – Statement) DTP02 (Value D8, Format: CCYYMMDD or RD8 – Date Range) DTP03 (Date or Dates)	
7	Unlabeled	N/A	N/A	
8a	Patient Identifier	2010BA	NM108 (Value MI – Member ID) NM109 (WSI Claim Number)	Submitters can send patient SS#, if they send the WSI Claim# in the 2010BA or 2010CA REF*Y4
8b	Patient Name	2010BA if 2010CA is not sent	NM1 NM101 (Value QC – Patient) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name)	Expected in 2010CA since the insured is expected to be Employer in WC claims
9a-e	Patient Address	2010BA if 2010CA is not sent	N3 N301 (Street) N4 N401 (City) N402 (State) N403 (Zip)	Expected in 2010CA since the insured is expected to be Employer in WC claims
10	Birthdate	2010BA if 2010CA is not sent	DMG DMG01 (Value D8 – Format: CCYYMMDD) DMG02 (Birthdate)	Expected in 2010CA since the insured is expected to be Employer in WC claims
11	Sex	2010BA if 2010CA is not sent	DMG03 (Value M – Male, F – Female or U – Unknown)	Expected in 2010CA since the insured is expected to be Employer in WC claims
12	Admission date	2300	DTP DTP01 (Qualifier 435 – Statement) DTP02 (Value D8 – Format: CCYYMMDD or DT – Format CCYYMMDDHHMM) DTP 03 (Single Date or Date Range)	Admission hour not required
13	Admission hour	2300		
14	Admission type	2300	CL101 (Admission Type Code)	Required for inpatient services
15	Admission source	2300	CL102 (Admission Source Code)	
16	DHR	2300	DTP DTP01 (Qualifier 096 – Discharge) DTP02 (Value TM – Format HHMM) DTP 03 (Time)	
17	STAT	2300	CL103 (Status Code)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
18-28	Condition Codes	2300	HI HI01-1 (Value BG – Condition) HI01-2 (Condition Code)	
29	ACDT State	2300	REF REF01 (Value LU – Location number) REF02 (State/Province Code)	
30	Unlabeled	N/A	N/A	
31-36	Occurrence Code/Date	2300	HI HI01-1 (Value BH – Occurrence) HI01-2 (Occurrence Code – see notes) HI01-3 (Value D8 – Format: CCYYMMDD) HI01-4 (Date)	4 – Accident/employment 5 – Accident/no medical or liability coverage 11 – Onset of Symptoms/illness
37	Unlabeled	N/A	N/A	
38	Responsible Party Name/Address	2000B	SBR SBR01 (Value P – Primary) SBR09 (Value WC – Worker’s Comp)	North Dakota WSI (electronic)
39-41	Value Code Code/Amount	2300	HI HI01-1 (Value BE – Value Code) HI01-2 (Value Code) HI01-5 (Amount)	
42	Revenue Code	2400	SV2 SV201 (Service Line Revenue Code)	
43	Description	2400	SV202-7 (Description)	
44	HCPCS/Rate/HIPPS Code	2400	SV202 SV202-1 (Value HC – HCPCS or HP – HIPPS) SV202-2 (Procedure Code) SV202-3 through SV202-6 (Modifiers)	
45	Service Date	2400	DTP DTP01 (Value 472 – Service date) DTP02 (Value D8 – Format: CCYYMMDD or RD8 – Date Range) DTP03 (Date or Dates)	
46	Service Units	2400	SV204 (Value DA – Days or UN – Units) SV205 (Service Unit Count)	
47	Total Charges	2400	SV203 (Line item charge amount)	
48	Non-Covered Charges	2400	SV207 (Line Item Denied Charge or Non-Covered Charge Amount)	
49	Unlabeled	N/A	N/A	
50	Payer Name	2010BB	NM1 NM101 (Value PR – Payer) NM102 (Value 2 – Non-person) NM103 (Payer Name)	North Dakota WSI (electronic)
51	Health Plan ID	2010BB	NM108 (Value PI – Payer ID) NM109 (NDWSI)	
52	Release of Information	2300	CLM09 (Value Y – Yes)	
53	Assignment of Benefits	2300	CLM07 (Value A – Assigned) CLM08 (Value Y – Yes)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
54	Prior Payments	2320	AMT AMT01 (Value C4 – Prior Payment) AMT02 (Amount)	Not required
55	Estimated Amount Due	2300	AMT AMT01 (Value C5 – Claim Amount Due Estimated) AMT02 (Amount)	
56	National Provider Identifier	2010AA	NM108 (Value XX) NM109 (NPI)	
57	Other Provider ID	2010AA	NM108 (Value XX) NM109 (NPI)	
58	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)
59	Patient Relationship	2000B	SBR02 (Value 18 – Self or 20 – Workers' Comp)	Expectation is 20
60	Insured's Unique ID	2010BA Or 2010CA	NM108 (Value MI – Member ID) NM109 (WSI Claim Number) Or REF01 (Value Y4 – Claim) REF02 (WSI Claim Number)	WSI claim number should not contain the dash
61	Group Name	2000B	SBR04	Workforce Safety & Insurance
62	Insurance Group #	2000B	SBR03	Not required
63	Treatment Authorization Codes	2300	REF REF01 (Value 9F – Referral Number or G1 – Authorization Number) REF02 (Number)	Not required
64	Document Control #	2300	REF REF01 (Value D9 – Document Control Number) REF02 (Unique Document Number)	
65	Employer Name	2010BA	NM1 NM101 (Value IL – Insured) NM102 (Value 2 – Organization) NM103 (Organization)	Expected for WC
66	Diagnosis Code Qualifier	2300	HI01-1 (Value ABK – ICD10)	
67	Principal Diagnosis Code and Present on Admission (POA) Indicator	2300	HI HI01-1 (Value ABK – ICD10) HI01-2 (Code) HI01-9 (Value Y – Yes, N – No, U – Unknown, or W – Not Applicable)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
67A-Q	Other Diagnosis and POA Indicator	2300	HI HI01-1 (Value ABF – ICD10) HI01-2 (Code) HI01-9 (Value Y – Yes, N – No, U – Unknown, or W – Not Applicable)	
68	Unlabeled	N/A	N/A	
69	Admitting Diagnosis Code	2300	HI01 HI01-1 (Value ABJ – ICD10) HI01-2 (Code)	
70a-c	Patient Reason for Visit Code	2300	HI HI01-1 (Value APR – ICD10) HI01-2 (Code)	
71	Prospective Payment Code	2300	HI HI01-1 (Value DR – Diagnosis Related Group) HI01-2 (MS-DRG)	
72a-c	External Cause of Injury Code and POA Indicator	2300	HI HI01-1 (Value ABN – ICD10) HI01-2 (Code) HI01-9 (Value Y – Yes, N – No, U – Unknown, or W – Not Applicable)	EM – Employment AM – Automobile
73	Unlabeled	N/A	N/A	
74	Principal Procedure Code and Date	2300	HI01 HI01-1 (Value BBR– ICD10) HI01-2 (Code) HI01-3 (Value D8 – Format: CCYYMMDD) HI01-4 (Date Performed)	
74a-e	Other Procedure Code and Date	2300	HI01 HI01-1 (Value BBQ – ICD10) HI01-2 (Code) HI01-3 (Value D8 – Format: CCYYMMDD) HI01-4 (Date Performed)	
75	Unlabeled	N/A		
76	Attending Provider ID, Last Name, First Name	2310A	NM1 NM101 (Value 71 – Attending Provider) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name) NM108 (Value XX) NM109 (NPI) PRV PRV01 (Value AT – Attending) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	

Field Location	Description	Loop ID	Segment/Data Element	Notes
77	Operating Physician ID, Last Name, First Name	2310A	NM1 NM101 (Value 72 – Operating Provider) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name) NM108 (Value XX) NM109 (NPI) PRV PRV01 (Value AT – Attending) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	
78-79	Other Provider ID, Last Name, First Name	2310C 2310D 2310F	NM1 NM101 (Value DN – Referring Provider, ZZ – Other Operating Provider, or 82 – Rendering Provider) NM102 (Value 1 – Person) NM103 (Last Name) NM104 (First Name) NM105 (Middle Name) NM108 (Value XX) NM109 (NPI) PRV PRV01 (Value AT – Attending) PRV02 (Value PXC – Taxonomy) PRV03 (Taxonomy Code)	
80	Remarks	2300	NTE NTE01 (Value ADD) NTE02 (Notes)	
81a-d	Code-Code	2300	HI	