Infinedi
NetCorrect ANSI Editor
02/12 CMS-1500 Professional Claims CROSSWALK to ANSI 5010

CMS-1500 Box #	Description on CMS-1500	ANSI 837 Loop/Segment	Net Correct Editor Locations
N/A	Carrier	2010BB/NM 103/N301/N302/N401/N402/N403	Payer/Address Details/Contact/Payer Details Identifiers
Box 1	Insurance Type	2000B/SBR09	Payer/Payer Details/Claim Filing Indicator
Box 1a	Insured's ID Number	2010BA/NM109	Subscriber/Identifies/Member ID
Box 2	Patient's Name	2010CA or 2010BA/NM103/NM104/NM105/NM107	Patient/Name
Box 3	Patient's Birthdate and Sex	2010CA or 2010BA/DMG02/DMG03	Patient/Demographics/Date of Birth/Gender
Box 4	Insured's Name	2010BA/NM103/NM104/NM105/NM107	Subscriber/Address Details/Demographics/Identifiers/Name/Others
Box 5	Patient's Address	2010CA/N302/N401/N402/N403	Patient/Address Details
Box 6	Patient Relationship To Insured	2000B SBR02 2000C PAT01	Subscriber/Others/Relationship
Box 7	Insured's Address	2010BA/N301/N302/N401./N402/N403	Subscriber/Address Details
Box 8	Reserved for NUCC Use	N/A	N/A
Box 9	Other Insured's Name	2330A/NM103/NM104/NM105/NM107	Other Subscriber/Address Details/Demographics/Identifies/Name/Others
Box 9a	Other Insured's Policy of Group Number	2320/SBR03	Subscriber/Identifies/Policy or Group Number
Box 9b	Reserved for NUCC Use	N/A	N/A
Box 9c	Reserved for NUCC Use	N/A	N/A
Box 9d	Insurance Plan Name or Program Name	2320/SBR04	Other Payers/1/Subscriber/Insurance Plan Name
Box 10a	Patient's Condition Related To: Employment?	2300/CLM11	Claim Data/Data/Condition Related to
Box 10b	Patient's Condition Related To: Accident?	2300/CLM11	Claim Data/Data/Condition Related to
Box 10c	Patient's Condition Related To: Other Accident?	2300/CLM11	Claim Data/Data/Condition Related to
Box 10d	Claim Codes (Designated by NUCC)	2300/K3	Claim Data/Data/LocalUseBox10d
Box 11	Insured's Policy Group or FECA Number	2000B/SBR03	Subscriber/Identifies/Policy or Group Number
Box 11a	Insured's Date of Birth	2010BA/DMG02/DMG03	Subscriber/Demographics/Date of Birth

CMS-1500 Box #	Description on CMS-1500	ANSI 837 Loop/Segment	Net Correct Editor Locations
Box 11b	Other Claim ID (Designated by NUCC)	2010BA/REF01/REF02	Subscriber/Others/Employer or School Name
Box 11c	Insurance Plan Name or Program Name	2000B/SBR04	Subscriber/Others/Insurance Plan Name
Box 11d	Is There Another Health Benefit Plan?	2320 - Presence of Loop 2320 = Y (yes to question)	N/A
Box 12	Patient's or Authorized Person's Signature (*release of medical information*)	2300/CLM09	Payer/Payer Details/Release of Information
Box 13	Insured's or Authorized Person's Signature (authorization of payment to provider)	2300/CLM08	Subscriber/Others/Assign Benefits to Provider
Box 14	Date or Current Illness, Injury, Pregnancy (LMP)	2300/DTP01/DTP03	Claim Data/Dates/Onset of Current Illness Date/ Acute Manifestation Dates/Accident Dates/Last Menstrual Period Date
Box 15	Other Date	2300/DTP01/DTP03	Claim Data/Dates/Onset of Similar Illness Date; Service Lines/Dates/Onset of Similar Illness Date
Box 16	Dates Patient Unable to Work in Current Occupation	2300/DTP03	Claim Data/Dates/Disability Date Range/Start Date
Box 17	Name of Referring Provider or Other Source	2310A (Referring) NM101/NM103/NM104/NM105/NM107 2310D (Supervising) NM101/NM103/NM104/NM105/NM107 2420E (Ordering) NM101/NM103/NM104/NM105/NM107	Providers/Referring Provider Providers Supervising Provider
Box 17a	Other ID#	2310A (Referring) REF01/REF02 2310D (Supervising) REF01/REF02 2420E (Ordering) REF01/REF02	Providers/Referring Provider/Identifiers Providers/Supervising Provider/Identifiers Providers/Ordering Provider/Identifiers
Box 17b	NPI#	2310A (Referring) NM109 2310D (Supervising) NM109 2420E (Ordering) NM109	Providers/Referring Provider/Identifiers/NP Providers/Referring Provider/Identifiers Providers/Ordering Provider/Identifiers
Box 18	Hospitalization Dates Related to Current Services	2300/DTP03	Claim Data/Dates/Admission Date Claim Data/Dates/Discharge Date
Box 19	Additional Claim Information (Designated by NUCC	2300/NTW 2300/PWK	Claim Data/Notes
Box 20	Outside Lab?/Charges	2400/PS102	Claim Data/Amounts/Total Purchased Service Amount
Box 21 A through L	Diagnosis or Nature of Illness or Injury	2300/HI01-2/HI02-2/HI03-2/HI04-2/HI05-2/HI06-2/HI07-2/HI08-2/HI09-2/HI10-2/HI11-2/HI12-2	Claim Data/Diagnosis Codes
Box 22	Resubmission Code	2300/CLM05-3 (Claim Frequency Type Code) 2300/REF02 (Payer Claim Control Number)	Claim Data/Control Number/Claim Frequency Code Claim Data/Control Number/Original Claim Number
Box 23	Prior Authorization Number	2300/REF02/Prior Auth Number/Referral Number/CLIA Number/Mammography Cert Number	Payer/Payer Details/Prior Authorization Code Other Payers()/Payer Details/Prior Authorization Number Service Lines()/Identifiers/Prior Authorization Code

CMS-1500 Box #	Description on CMS-1500	ANSI 837 Loop/Segment	Net Correct Editor Locations
Box 24a	From and To Date(s) of Service	2400/DTP03	Service Lines/Service Line()/Dates
Box 24b	Place of Service	2300/CLM05-1 (Facility Code Value) 2400/SV105 (Place of Service Code)	Service Lines/Service Line()/Details/Place of Service
Box 24c	EMG	2400/SV109	Service Lines/Service Line()/Details/Emergency Indicator
Box 24d	Procedures, Services or Supplies	2400/SV101	Service Lines/Service Line()/Procedure
Box 24e	Diagnosis Pointer	2400/SV107	Service Lines/Service Line()/Diagnosis Pointers
Box 24f	Charges	2400/SV102	Service Lines/Service Line()/Amounts/Charges
Box 24g	Days or Units	2400/SV104	Service Lines/Service Line()/Details
Box 24h	EPSDT Family Plan	2400/SV111/SV112	Service Lines/Service Line()/Details
Box 24i	ID Qualifier	1210B/PRV02 2310B/REF01	Providers/Rendering Provider/Identifiers
Box 24j	Rendering Provider ID #	2310B/PRV03/REF02 2420A/PRV03/REF02	Providers/Rendering Provider/Identifiers
Box 25	Federal Tax ID Number	2010AA/REF01 and REF02	Providers/Rendering Provider/Identifiers/ Employers Identification Number
Box 26	Patient's Account Number	2300/CLM01	Patient/Identifiers/Account Number
Box 27	Accept Assignment?	2300/CLM07	Claim Data/Data/Accept Assignment
Box 28	Total Charge	2300/CLM02	Claim Data/Amounts/Total Charges
Box 29	Amount Paid	2300/AMT02 (Patient) 2320/AMT02 (Payer)	Claim Data/Amounts/Patient Paid Claims Data/Payment Info/Paid
Box 30	Reserved for NUCC Use	N/A	N/A
Box 31	Signature of Physician or Supplier Including Degrees or Credentials	2300/CLM06 (Provider Signature Indicator)	Claim Data/Data/Signature on File
Box 32	Service Facility Location Information	2310C/NM103/N301/N401/N402/N403	Providers/Service Facility/Name
Box 32a	Facility NPI	2310C/NM109	Providers/Service Facility/Identifiers/NPI
Box 32b	Facility Other ID #	2310C/REF01/REF02	Providers/Service Facility/(Choose One)
Box 33	Billing Provider/Info and Phone Number	2010AA/NM103/NM104/NM105/NM107/N301/N401/ N402/N403/PER04	Providers/Billing Provider/Address Details/ Contact Details/Name
Box 33a	Billing Provider NPI #	2010AA/NM109	Providers/Billing Provider/Identifiers/NPI
Box 33b	Billing Provider Other ID #	2000A/PRV03/REF01 and REF02 (Taxonomy) 2000A/PRV03/REF01 and REF02 (Ref ID and Billing Provider Add'l Identifier)	Providers/Billing Provider/Identifiers/Taxonomy Providers/Billing Provider/Identifiers/(Choose One)

For more detailed information, please consult the NUCC's 1500 Reference Manual for 02/12, your payer's 5010 companion guide, X12N Health Care Claim 837 Professional Technical Report Type 3 or your practice management software user manual. You may also reference Infinedi's ANSI 5010 Companion Guide and for assistance with editing, you may reference our NetCorrect User Instructions.

Code Sets

Box Number	Description	Qualifier
Box 10d	Duplicate of original bill Level 1 of appeal Level 2 of appeal Level 3 of appeal	W2 W3 W4 W5
Box 11b	Property Casualty Claim Number	Y4
Box 14	Onset of Current Symptoms or Illness Last Menstrual Period	431 484
Box 15	Initial Treatment Date Latest Visit or Consultation Acute Manifestation Date of a Chronic Condition Accident Date Last X-ray Date Prescription Date Report Start (Assumed Care Date) Report End (Relinquished Care Date) First Visit or Consultation Date	454 304 453 439 455 471 090 091 444
Box 17	Referring Provider Ordering Provider Supervising Provider	DN DK DQ
Box 17a	State License Number Provider UPIN Number Provider Commercial Number Location Number (*Qualifier used for Supervising Provider only*)	0B 1G G2 LU
Box 21	ICD Indicator - ICD-9-CM ICD Indicator - ICD-10-CM	9 0
Box 24i	State License Number (Shaded Area) Provider UPIN Number (Shaded Area) Provider Commercial Number (Shaded Area) Location Number (Shaded Area) Provider Taxonomy (Shaded Area)	0B 1G G2 LU Y4ZZ
Box 32b	State License Number (Shaded Area) Provider Commercial Number (Shaded Area) Location Number (Shaded Area)	0B G2 LU
Box 33b	State License Number (Shaded Area) Provider Commercial Number (Shaded Area) Location Number (Shaded Area)	0B G2 LU