

NetCorrect ANSI EDITOR



08/05 CMS-1500 Professional Claims CROSSWALK to ANSI 5010

CMS-1500 Box #	Description on CMS-1500	ANSI 837 Loop/Segment	NetCorrect Editor Location
N/A	Carrier	2010BB/NM103/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/Identifiers/Member ID
Box 2	Patient's Name	2010 CA or 2010BA/NM103/NM104/NM105/NM107	Patient/Name
Box 3	Patient's Birthdate & 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	Patient Status	N/A	Patient/Demographics/Marital Status/Employment Status
Box 9	Other Insured's Name	2330A/NM103/NM104/NM105/NM107	Other Subscriber/Address Details/Demographics/Identifiers/Name/Others
Box 9a	Other Insured's Policy or Group Number	2320/SBR03	Subscriber/Identifiers/Policy or Group Number
Box 9b	Other Insured's Date of Birth & Sex	N/A This is not an available loop and segment in ANSI 837P	Other Payers / 1 / Subscriber/Date of Birth/Gender
Box 9c	Employer's Name or School Name	N/A	Subscriber/Others/Employer or School Name
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	Reserved for Local Use	2300/K3	Claim Data/Data/LocalUseBox10d
Box 11	Insured's Policy Group or FECA Number	2000B/SBR03	Subscriber/Identifiers/Policy or Group Number
Box 11a	Insured's Date of Birth	2010BA/DMG02/DMG03	Subscriber/Demographics/Date of Birth
Box 11b	Employer's Name or School Name	N/A	Subscriber/Others/Employer or School Name
Box 11c	Insurance Plan Name or Program Name	2000B/SBR04	Subscriber/Others/Insurance Plan Name
11d	Is There Another Health Benefit Plan?	2320 - Presence of Loop 2320 = Y (yes to question)	N/A

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12	Patient's or Authorized Person's Signature <i>(release of medical info)</i>	2300/CLM09	Payer/Payer Details/Release of Information
13	Insured's or Authorized Person 's Signature <i>(authorization of payment to provider)</i>	2300/CLM08	Subscriber/Others/Assign Benefits to Provider
Box 14	Date of Current Illness, Injury, Pregnancy	2300/DTP03	Claim Data/Dates/Onset Of Current Illness Date/Acute Manifestation Dates/Accident Dates/ Last Menstrual Period Date
Box 15	If Patient Has Had Same or Similar Illness	N/A	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) REF02 2310D (Supervising) REF02 NM103/NM104/NM105/NM107	Providers/Referring Provider Providers/Supervising Provider
Box 17a	Other ID#	2310A (Referring) REF02 2310D (Supervising) REF02	Providers/Referring Provider/Identifiers Providers/Supervising Provider/Identifiers
Box 17b	NPI#	2310A (Referring) NM109 2310D (Supervising) NM109	Providers/Referring Provider/ Identifiers/NPI Providers/Referring Provider/ Identifiers/NPI
Box 18	Hospitalization Dates Related to Current Services	2300/DTP03	Claim Data/Dates/Admission Date Claim Data/Dates/Discharge Date
Box 19	Reserved for Local Use	2300/NTE 2300/PWK	Claim Data/Notes
Box 20	Outside Lab?/Charges	2400/PS102	Claim Data/Amounts/Total Purchased Service Amount
Box 21	Diagnosis or Nature of Illness or Injury	2300/HI01-2/HI02-2/HI03-2/HI04-2	Claim Data/Diagnosis Codes
Box 22	Medicaid Resubmission/ Original Reference Number	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

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Box 24a	From and To Date(s) of Service	2400/DTP03	Service Lines/Service Line (/)/Dates
Box 24b	Place of Service	2400/SV105	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	2310B/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 & REF02	Providers/Billing 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	Balance Due	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#	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

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Box 33b	Billing Provider Other ID#	2000A/PRV03/REF01 & REF02 (Taxonomy) 2000A/PRV03/REF01 & REF02 (Ref ID & 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 08/05](#), 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](#).