

National Uniform Claim Committee



1500 Claim Form Map to the X12 837 Health Care Claim: Professional

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1500 Claim Form Map to the X12 837 Health Care Claim: Professional

The following is a crosswalk of the 1500 Health Care Claim Form to the X12 837 Health Care Claim: Professional Version 4010A1 electronic transaction. This document is meant to be used in conjunction with the NUCC Data Set.

Please refer to the NUCC's 1500 Reference Instruction Manual for more specific information on the 1500 Claim Form and Item Numbers. Please refer to the X12 837 Health Care Claim: Professional implementation guide for more specific details on the transaction and data elements.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment	
N/A	Carrier Block	2010BB	NM103 (payer name) N301 (payer address) N302 (payer address 2) N401 (payer city) N402 (payer state) N403 (payer ZIP)	
1	Medicare, Medicaid, TRICARE CHAMPUS, CHAMPVA, Group Health Plan, FECA, Black Lung, Other	2000B	SBR09	Titled Claim Filing Indicator Code in the 837P.
1a	Insured's ID Number	2010 BA	NM109	Titled Subscriber Primary Identifier in the 837P.
2	Patient's Name	2010CA or 2010BA	NM103 (last name) NM104 (first name) NM105 (middle name) NM107 (name suffix)	
3	Patient's Birth Date, Sex	2010CA or 2010BA	DMG02 (DOB) DMG03 (sex)	Sex is titled Gender in the 837P.
4	Insured's Name	2010BA	NM103 NM104 NM105 NM107	Titled Subscriber in the 837P.
5	Patient's Address	2010CA	N302 (2 nd address line) N401 (city) N402 (state) N403 (zip)	

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6	Patient Relationship to Insured	2000B 2000C	SBR02 PAT01	Titled Individual Relationship Code in the 837P.
7	Insured's Address	2010BA	N301 N302 N401 N402 N403	Titled Subscriber Address in the 837P.
8	Patient Status	N/A	N/A	Patient Status does not exist in the 837P.
9	Other Insured's Name	2330A	NM103 NM104 NM105 NM107	
9a	Other Insured's Policy or Group Number	2320	SBR03	Titled Insured Group or Policy Number in the 837P.
9b	Other Insured's Date of Birth, Sex	2320	DMG02 (DOB) DMG03 (gender)	
9c	Employer's Name or School Name	N/A	N/A	Employer's Name and School Name do not exist in the 837P.
9d	Insurance Plan Name or Program Name	2320	SBR04	Titled Other Insured Group Name in the 837P.
10a	Is Patient's Condition Related to: Employment	2300	CLM11	Titled Related Causes Code in the 837P.
10b	Is Patient's Condition Related to: Auto Accident	2300	CLM11	Titled Related Causes Code in the 837P.
10c	Is Patient's Condition Related to: Other Accident	2300	CLM11	Titled Related Causes Code in the 837P.

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Item Number	Title	Loop ID	Segment	
10d	Reserved for local use	2300	K3	This is specific for reporting Workers' Compensation Condition Codes.
11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Titled Insured Group or Policy Number in the 837P.
11a	Insured's Date of Birth, Sex	2010BA (DOB) 2010BA (sex)	DMG02 (DOB) DMG03 (sex)	Titled Subscriber Birth Date and Gender Code in the 837P.
11b	Insured's Employer Name or School Name	N/A	N/A	Insured's Employer Name or School Name does not exist in 837P.
11c	Insurance Plan Name or Program Name	2000B	SBR04	Titled Payer Name in the 837P.
11d	Is there another Health Benefit Plan?	2320		Presence of Loop 2320 indicates Y (yes) to the question.
12	Patient's or Authorized Person's Signature	2300	CLM09	Titled Release of Information Code in the 837P.
13	Insured's or Authorized Persons Signature	2300	CLM08	Titled Benefits Assignment Certification Indicator in the 837P.
14	Date of Current Illness, Injury, Pregnancy	2300	DTP03	Titled in the 837P: 1. Onset of current illness or injury date. 2. Acute manifestation date. 3. Accident date. 4. Last menstrual period date.
15	If Patient Has Had Same or Similar Illness	2300	DTP03	Titled Similar Illness or Symptom Date in the 837P.

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16	Dates Patient Unable to Work in Current Occupation	2300	DTP03	Titled Disability From Date; Disability To Date in the 837P.
17	Name of Referring Provider or Other Source	2310A	NM103 (last name) NM104 (first name) NM105 (middle name) NM107 (suffix)	Titled Referring Provider Last Name, Referring Provider First Name, Referring Provider Middle Name in the 837P.
17a	Other ID#	2310A	REF02	Titled Referring Provider Secondary Identifier in the 837P.
17b	NPI #	2310A	NM109	Titled Referring Provider Identifier in the 837P.
18	Hospitalization Dates Related to Current Services	2300	DTP03	Titled Related Hospitalization Discharge Date and Related Hospitalization Admission Date in the 837P.
19	Reserved for local use	2300	NTE	
20	Outside Lab Charges	2400	PS102	Titled Purchased Service Charge Amount in the 837P.
21	Diagnosis or Nature of Illness or Injury	2300	HI01-2; HI02-2; HI03-2 HI04-2	
22	Medicaid Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Type Code in the 837P.
		2300	REF02	Titled Claim Original Reference Number in the 837P.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment	
23	Prior Authorization Number	2300	REF02	Titled Prior Authorization or Referral Number in the 837P.
		2300	REF02	Titled Clinical Laboratory Improvement Amendment Number in the 837P.
		2300	REF02	Titled Mammography Certification Number in the 837P.
24A	Date(s) of Service	2400	DTP03	Titled Service Date in the 837P.
24B	Place of Service	2300	CLM05-1	Titled Facility Code Value in the 837P.
		2400	SV105	Titled Place of Service Code in the 837P.
24C	EMG	2400	SV109	Titled Emergency Indicator in the 837P.
24D	Procedures, Services, or Supplies	2400 2400	SV101 (2-6)	Titled Product/Service ID and Procedure Modifier in the 837P.
24E	Diagnosis Pointer	2400	SV107 (1-4)	Titled Diagnosis Code Pointer in the 837P.
24F	\$ Charges	2400	SV102	Titled Line Item Charge Amount in the 837P.
24G	Days or Units	2400	SV104	Titled Service Unit Count in the 837P.
24H	EPSDT/Family Plan	2400	SV111 (EPSDT) SV112 (Family Planning)	Titled EPSDT Indicator and Family Planning Indicator in the 837P.
24I	ID Qualifier	2310B	PRV02 REF01	Titled Reference Taxonomy Code Qualifier (ZZ) Identification Qualifier in the 837P.
		2420A	REF01	Titled Reference Identification Qualifier in the 837P.

1500 Form		837P		Notes
Item Number	Title	Loop ID	Segment	
24J	Rendering Provider ID #	2310B	NM109	
		2420A	NM109	
		2310B	PRV03 REF02	Titled Rendering Provider Taxonomy Code/Secondary Identifier in the 837P.
25	Federal Tax ID Number	2010AA	NM109	Titled Billing Provider Identifier in the 837P. Tax ID is only reported in NM109 when there is no NPI.
		2010AA	REF02	Titled Billing Provider Additional Identifier in the 837P.
26	Patient's Account No.	2300	CLM01	
27	Accept Assignment?	2300	CLM07	Titled Medicare Assignment Code in the 837P.
28	Total Charge	2300	CLM02	Titled Total Claim Charge Amount in the 837P.
29	Amount Paid	2300	AMT02	Titled Patient Amount Paid in the 837P.
		2320	AMT02	Titled Payer Amount Paid in the 837P.
30	Balance Due	N/A	N/A	Balance Due does not exist in the 837P.
31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Titled Provider or Supplier Signature Indicator in the 837P.

1500 Form		837P		Notes
Item Number	Title	Loop ID	Segment	
32	Service Facility Location Information	2310D or 2010AA 2310D or 2010AA 2310D or 2010AA 2310D or 2010AA 2310D or 2010AA 2310D or 2010AA	NM101 (entity identifier code) NM103 (name) N301 (address) N302 (address 2) N401 (city) N402 (state) N403 (ZIP)	Titled Laboratory or Facility Name in the 837P
32a	NPI #	2310D	NM109	Titled Laboratory or Facility Primary Identifier in the 837P.
32b	Other ID #	2310D	REF02	Titled Laboratory or Facility Secondary Identifier in the 837P.
33	Billing Provider Info & Ph #	2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB 2010AA or 2010AB	NM103 (last name or organizational name) NM104 (first name) NM105 (middle name) NM107 (name suffix) N301 (address) N302 (address 2) N401 (city) N402 (state) N403 (ZIP) PER04 (communication number)	Titled Billing Provider Last or Organizational Name in the 837P.
33a	NPI #	2010AA	NM109	Titled Billing Provider Identifier in the 837P.
33b	Other ID #	2010AA	REF02	Titled Billing Provider Additional Identifier in the 837P.