

# National Uniform Claim Committee



## **02/12 1500 Claim Form Map to the X12 Health Care Claim: Professional (837)**

August 2018

Version 3.3 8/18

*The 1500 Claim Form Map to the X12 Health Care Claim: Professional (837)* includes data elements, identifiers, descriptions and codes from the Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Health Care Claim: Professional (837), 005010X222, Washington Publishing Company, May 2006, <<http://www.wpc-edi.com>> and Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Type 1 Errata to Health Care Claim: Professional (837), 005010X222A1. Washington Publishing Company, June 2010, <<http://www.wpc-edi.com>>, copyright 2010 Data Interchange Standards Association on behalf of the Accredited Standards Committee X12. Applicable FARS/DFARS restrictions apply.

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## 02/12 1500 Claim Form Map to the X12 837 Health Care Claim: Professional (837)

The following is a crosswalk of the 02/12 version 1500 Health Care Claim Form (1500 Claim Form) to the X12 837 Health Care Claim: Professional Version 5010/5010A1 electronic transaction. This document is intended 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 Health Care Claim: Professional (837) Technical Report Type 3 for more specific details on the transaction and data elements.

| 1500 Form Locator |  | 837P             |   | Notes   |
|-------------------|--|------------------|---|---|
| Item Number       | Title  | Loop ID          | Segment/Data Element                          |   |
| N/A               | Carrier Block  | 2010BB           | NM103<br>N301<br>N302<br>N401<br>N402<br>N403 |   |
| 1                 | Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other | 2000B            | SBR09   | Titled Claim Filing Indicator Code in the 837P.   |
| 1a                | Insured's ID Number  | 2010BA           | NM109   | Titled Subscriber Primary Identifier in the 837P. |
| 2                 | Patient's Name   | 2010CA or 2010BA | NM103<br>NM104<br>NM105<br>NM107              |   |
| 3                 | Patient's Birth Date, Sex  | 2010CA or 2010BA | DMG02<br>DMG03                                | Titled Gender in the 837P.                        |
| 4                 | Insured's Name   | 2010BA           | NM103<br>NM104<br>NM105<br>NM107              | Titled Subscriber in the 837P.                    |
| 5                 | Patient's Address  | 2010CA           | N302<br>N401<br>N402<br>N403                  |   |
| 6                 | Patient Relationship to Insured  | 2000B            | SBR02   | Titled Individual Relationship Code in the 837P.  |
|                   |  | 2000C            | PAT01   |   |

| 1500 Form Locator |   | 837P    |                                      | Notes  |
|-------------------|---|---------|--------------------------------------|--|
| Item Number       | Title   | Loop ID | Segment/Data Element                 |  |
| 7                 | Insured's Address   | 2010BA  | N301<br>N302<br>N401<br>N402<br>N403 | Titled Subscriber Address in the 837P.   |
| 8                 | Reserved for NUCC Use (previously Patient Status)                     | N/A     | N/A                                  | Patient Status was removed.<br><br>Patient Status does not exist in the 837P.  |
| 9                 | Other Insured's Name  | 2330A   | NM103<br>NM104<br>NM105<br>NM107     | Titled Other Subscriber Name in the 837P.  |
| 9a                | Other Insured's Policy or Group Number                                | 2320    | SBR03                                | Titled Insured Group or Policy Number in the 837P.   |
| 9b                | Reserved for NUCC Use (previously Other Insured's Date of Birth, Sex) | N/A     | N/A                                  | Other Insured's Date of Birth, Sex was removed.<br><br>Other Insured's Date of Birth and Sex do not exist in the 837P. |
| 9c                | Reserved for NUCC Use (previously Employer's Name or School Name)     | N/A     | N/A                                  | Employer's Name or School Name was removed.<br><br>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.  |

| 1500 Form Locator |  | 837P    |                      | Notes   |
|-------------------|--|---------|----------------------|---|
| Item Number       | Title  | Loop ID | Segment/Data Element |   |
| 10d               | Claim Codes (previously Reserved for Local Use)                    | 2300    | HI                   | HI is for reporting other Condition Codes.  |
| 11                | Insured's Policy, Group, or FECA Number                            | 2000B   | SBR03                | Titled Subscriber Group or Policy Number in the 837P.   |
| 11a               | Insured's Date of Birth, Sex                                       | 2010BA  | DMG02<br>DMG03       | Titled Subscriber Birth Date and Subscriber Gender Code in the 837P.                              |
| 11b               | Other Claim ID (previously Insured's Employer Name or School Name) | 2010BA  | REF01<br>REF02       | Changed to Other Claim ID.<br><br>Insured's Employer Name or School Name does not exist in 837P.  |
| 11c               | Insurance Plan Name or Program Name                                | 2000B   | SBR04                | Titled Subscriber Group 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 (LMP)                   | 2300    | DTP01<br>DTP03       | Titled in the 837P:<br>Date – Onset of Current Illness or Symptom<br>Date – Last Menstrual Period |

| 1500 Form Locator |  | 837P   |   | Notes   |
|-------------------|--|--|---|---|
| Item Number       | Title  | Loop ID  | Segment/Data Element                      |   |
| 15                | Other Date (previously If Patient Has Had Same or Similar Illness) | 2300   | DTP01<br>DTP03                            | Titled in the 837P:<br>Date – Initial Treatment Date<br>Date – Last Seen Date<br>Date – Acute Manifestation<br>Date – Accident<br>Date – Last X-ray Date<br>Date – Hearing and Vision Prescription Date<br>Date – Assumed and Relinquished Care Dates<br>Date – Property and Casualty Date of First Contact<br><br>If Patient Has Had Same or Similar Illness does not exist in 837P. |
| 16                | Dates Patient Unable to Work in Current Occupation                 | 2300   | DTP03                                     | Titled Disability From Date and Work Return Date in the 837P.   |
| 17                | Name of Referring Provider or Other Source                         | 2310A (Referring)<br>2310D (Supervising)<br>2420E (Ordering) | NM101<br>NM103<br>NM104<br>NM105<br>NM107 |   |
| 17a               | Other ID#  | 2310A (Referring)<br>2310D (Supervising)<br>2420E (Ordering) | REF01<br>REF02                            | Titled Referring Provider Secondary Identifier, Supervising Provider Secondary Identifier, and Ordering Provider Secondary Identifier in the 837P.  |
| 17b               | NPI #  | 2310A (Referring)<br>2310D (Supervising)<br>2420E (Ordering) | NM109                                     | Titled Referring Provider Identifier, Supervising Provider Identifier, and Ordering Provider Identifier in the 837P.  |
| 18                | Hospitalization Dates Related to Current Services                  | 2300   | DTP03                                     | Titled Related Hospitalization Admission Date and Related Hospitalization Discharge Date in the 837P.   |

| 1500 Form Locator |  | 837P   |  | Notes  |
|-------------------|--|--|--|--|
| Item Number       | Title  | Loop ID  | Segment/Data Element   |  |
| 19                | Additional Claim Information (previously Reserved for Local Use) | 2300   | NTE  |  |
|                   |  | 2300   | PWK  |  |
|                   |  | 2310A (Referring)  | REF01  |  |
|                   |  | 2310B (Rendering)<br>2310C (Service Facility)<br>2310D (Supervising) | REF02  |  |
| 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, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2 |  |
| 22                | Resubmission and/or Original Reference Number                    | 2300   | CLM05-3  | Titled Claim Frequency Code in the 837P.                             |
|                   |  | 2300   | REF02  | Titled Payer Claim Control Number in the 837P.                       |
| 23                | Prior Authorization Number                                       | 2300   | REF02  | Titled Prior Authorization Number in the 837P.                       |
|                   |  | 2300   | REF02  | Titled 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.                            |

| 1500 Form Locator     |                                   | 837P         |                      | Notes   |
|-----------------------|-----------------------------------|--------------|----------------------|---|
| Item Number           | Title                             | Loop ID      | Segment/Data Element |   |
| 24C                   | EMG                               | 2400         | SV109                | Titled Emergency Indicator in the 837P.   |
| 24D                   | Procedures, Services, or Supplies | 2400<br>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.<br><br>Alpha pointers on the 1500 claim form <b>MUST</b> be converted to numeric pointers 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<br>SV112       | Titled EPSDT Indicator and Family Planning Indicator in the 837P.   |
| 24I<br>Shaded<br>Line | ID Qualifier                      | 2310B        | PRV02<br>REF01       | Titled Reference Identification Qualifier in the 837P.  |
|                       |                                   | 2420A        | PRV02<br>REF01       | Titled Reference Identification Qualifier in the 837P.  |
| 24J<br>Shaded<br>Line | Rendering Provider ID #           | 2310B        | PRV03<br>REF02       | Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.  |
|                       |                                   | 2420A        | PRV03<br>REF02       | Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.  |
| 24J                   | Rendering Provider ID #           | 2310B        | NM109                |   |
|                       |                                   | 2420A        | NM109                | Titled Rendering Provider Identifier in the 837P.   |
| 25                    | Federal Tax ID Number             | 2010AA       | REF01<br>REF02       | Titled Reference Identification Qualifier and Billing Provider Tax Identification Number in the 837P.   |
| 26                    | Patient's Account No.             | 2300         | CLM01                | Titled Patient Control Number in the 837P.  |

| 1500 Form Locator |   | 837P    |   | Notes  |
|-------------------|---|---------|---|--|
| Item Number       | Title   | Loop ID | Segment/Data Element  |  |
| 27                | Accept Assignment?  | 2300    | CLM07   | Titled Assignment or Plan Participation 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 Paid Amount in the 837P.  |
| 30                | Rsvd for NUCC Use (previously Balance Due)                          | N/A     | N/A   | Balance Due was removed.<br><br>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.   |
| 32                | Service Facility Location Information                               | 2310C   | NM103<br>N301<br>N401<br>N402<br>N403                                     |  |
| 32a               | NPI #   | 2310C   | NM109   | Titled Laboratory or Facility Primary Identifier in the 837P.  |
| 32b               | Other ID #  | 2310C   | REF01<br>REF02  | Titled Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P. |
| 33                | Billing Provider Info & Ph #  | 2010AA  | NM103<br>NM104<br>NM105<br>NM107<br>N301<br>N401<br>N402<br>N403<br>PER04 |  |
| 33a               | NPI #   | 2010AA  | NM109   | Titled Billing Provider Identifier in the 837P.  |

| 1500 Form Locator |            | 837P    |                      | Notes   |
|-------------------|------------|---------|----------------------|---|
| Item Number       | Title      | Loop ID | Segment/Data Element |   |
| 33b               | Other ID # | 2000A   | PRV03                | Titled Provider Taxonomy Code in the 837P.  |
|                   |            | 2010AA  | REF01<br>REF02       | Titled Reference Identification Qualifier and Billing Provider Additional Identifier in the 837P. |