

ANSI 837I version 5010A2 Institutional Health Care Claim to the CMS-1450 Claim Form Crosswalk

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions for administrative simplification. HIPAA requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The ANSI 837I v5010A2 health care claim for institutional providers was established in accordance with these HIPAA regulations.

The implementation of the ANSI 837I v5010A2 presents substantial changes in the content of the data Institutional providers will submit with their claims. In order to help Institutional providers prepare for these changes, Palmetto GBA has created a CMS-1450 Claim Form Crosswalk to ANSI 837I v5010A2 Institutional Health Care Claim. This crosswalk will help institutional providers with correct claims submission during and after the transition to the ANSI 837I v5010A2.

CMS-1450 Claim Form Crosswalk to ANSI 837I v5010A2 Institutional Health Care Claim

Form Locator #	Description	ANSI 837I v5010A2 Loop, Segment
01	Billing Provider, Name, Address and Telephone Number	Loop 2010AA, NM1/85/03, N3 segment, N4 segment
02	Pay-to-Name and Address (required when different from form locator 01)	Loop 2010AB, NM1/85/03, N3 segment, N4 segment
03a	Patient Control Number	Loop 2300, CLM01
03b	Medical Record Number	Loop 2300, REF/EA/02
04	Type of Bill	Loop 2300, CLM05-1, CLM05-3
05	Federal Tax ID Pay-to-provider = to the Billing Provider	Loop 2010AA, NM109, REF/EI/02
	Pay-to-provider not = to the Billing PROV	Loop 2010AB, NM109, REF/EI/02
06	Statement Covers Period (MMDDYY)	Loop 2300, DTP/434/03
07	Reserved for future use	
08a	Patient Name When patient = Subscriber	Loop 2010BA, NM1/IL/03, 04, 05, 07
	When patient is not = Subscriber	Loop 2010CA, NM1/QC/03, 04, 05, 07
08b	Patient Identifier When patient = Subscriber	Loop 2010BA, NM1/IL/09
	When patient is not = Subscriber	Loop 2010CA, NM1/QC/09
09a-e	Patient Address When patient = Subscriber	Loop 2010BA, N301, N401,02,03,04
	When patient is not = Subscriber	Loop 2010CA, N301, N401,02,03,04
10	Patient Birth Date When patient = Subscriber	Loop 2010BA, DMG02
	When patient is not = Subscriber	Loop 2010CA, DMG02

Form Locator #	Description	ANSI 837I v5010A2 Loop, Segment
11	Patient's sex When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, DMG02 Loop 2010CA, DMG02
12	Admission/Start of Care Date	Loop 2300, DTP/435/03
13	Admission Hour	Loop 2300, DTP/435/03
14	Priority (Type) of Visit	Loop 2300, CL101
15	Source of Admission	Loop 2300, CL102
16	Discharge Hour	Loop 2300, DTP/096/03
17	Institutional Claim Code	Loop 2300, CL103
18-28	Condition Codes	Loop 2300, HI01-2 (HI01-1=BG) Loop 2300, HI02-2 (HI02-1=BG) Loop 2300, HI03-2 (HI03-1=BG) Loop 2300, HI04-2 (HI04-1=BG) Loop 2300, HI05-2 (HI05-1=BG) Loop 2300, HI06-2 (HI06-1=BG) Loop 2300, HI07-2 (HI07-1=BG)
29	Auto State	Loop 2300, CLM11-4
30	Reserved for future use	
31-34	Occurrence Code/Date	Loop 2300, HI01-2 (HI01-1= BH) HI01-4 Loop 2300, HI02-2 (HI02-1= BH) HI02-4 Loop 2300, HI03-2 (HI03-1= BH) HI03-4 Loop 2300, HI04-2 (HI04-1= BH) HI04-4 Loop 2300, HI05-2 (HI05-1= BH) HI05-4 Loop 2300, HI06-2 (HI06-2= BH) HI06-4 Loop 2300, HI07-2 (HI07-1= BH) HI07-4 Loop 2300, HI08-2 (HI08-1= BH) HI08-4
35-36	Occurrence Span Code/Date	Loop 2300, HI01-2 (HI01-1=BI) HI01-4 Loop 2300, HI02-2 (HI02-1= BI) HI02-4 Loop 2300, HI03-2 (HI03-1= BI) HI03-4 Loop 2300, HI04-2 (HI04-1= BI) HI04-4
37	Reserved for future use	
38	Responsible Party	Not required by Medicare
39-41	Value Code/Amount	Loop 2300, HI01-2 (HI01-1= BE) HI01-5 Loop 2300, HI02-2 (HI02-1= BE) HI02-5 Loop 2300, HI03-2 (HI03-1= BE) HI03-5 Loop 2300, HI04-2 (HI04-1= BE) HI04-5 Loop 2300, HI05-2 (HI05-1= BE) HI05-5 Loop 2300, HI06-2 (HI06-1= BE) HI06-5 Loop 2300, HI07-2 (HI07-1= BE) HI07-5 Loop 2300, HI08-2 (HI08-1= BE) HI08-5 Loop 2300, HI09-2 (HI09-1= BE) HI09-5 Loop 2300, HI10-2 (HI10-1= BE) HI10-5 Loop 2300, HI11-2 (HI11-1= BE) HI11-5 Loop 2300, HI12-2 (HI12-1= BE) HI12-5
42	Revenue Code	Loop 2400, SV201
43	Revenue Description	Not Required by Medicare
44	HCPCS/Rate/HIPPS Code	Loop 2400, SV202-2 (SV202-1=HC/HP)
45	Service Date	Loop 2400, DTP/472/03

Form Locator #	Description	ANSI 837I v5010A2 Loop, Segment
46	Service/Units	Loop 2400, SV205
47	Total Charges	Loop 2400, SV203
48	Nov-Covered Charges	Loop 2400, SV207
49	Save for Future Use	Not required by Medicare
50a-c	Name Last or Organization Name	Not Required for 5010
	Other Payer Last or Organization Name	Loop 2330B, NM1/PR/03
51	Identification Code	Not Required for 5010
	Other Payer Primary Identifier	Loop 2330B, NM1/PR/09
52	Release of Information	Loop 2300, CLM07
53	Assignment of Benefits Certification	Loop 2300, CLM08
54	Prior Payment Amounts	Loop 2320, AMT/D/02
55a-c	Estimated Amount Due	Loop 2300, AMT/EAF/02
56	National Provider Identifier (NPI)	Loop 2010AA, NM1/85/09
57a-c	Billing Provider Tax ID	Loop 2010AA, REF/EI/02
58a-c	Insured's Name	Loop 2010BA, NM1/IL/03, 04, 05
	Other Insured's Name	Loop 2330A, NM1/IL/03, 04, 05
59a-c	Patient Relationship	Loop 2000B, SBR02
60a-c	Subscriber Identification Code	Loop 2010BA, NM1/IL/09, REF/SY/02
61	Group Name	Loop 2000B,SBR04
62	Insurance Group No.	Loop 2000B,SBR03
63	Treatment Authorization Codes	Loop 2300,REF/G1/02
64	Document Control Number	Loop 2300,REF/F8/02
65	Employer Name	Loop 2320
66	Dx & Procedure Code Qualifier	Not Required by Medicare
67a-q	Diagnosis	Loop 2300, HI01-2 (HI01-1=BK)
68	Reserved for future use	
69	Admitting Dx	Loop 2300, HI02-2 (HI02-1=BJ)
70a-c	Patient Reason for Visit	Loop 2300, HI02-2 (HI02-1=PR)
71	Diagnosis Related Group (DRG) Code	Loop 2300, HI01-2 (HI01-1=DR)
72a-c	External Cause of Injury Code	Loop 2300, HI03-2 (HI03-1= BN)
73	Reserved for future use	
74	Principal Procedure Code	Loop 2300, HI01-2 (HI01-1= BR)
	Principal Procedure Date	Loop 2300, HI01-4 (HI01-1=BR)

Form Locator #	Description	ANSI 837I v5010A2 Loop, Segment
74a-e	Other Procedure Information	Loop 2300, HI01-2 (HI01-1=BQ) Loop 2300, HI01-4 (HI01-1=BQ) Loop 2300, HI02-2 (HI02-1=BQ) Loop 2300, HI02-4 (HI02-1=BQ) Loop 2300, HI03-2 (HI03-1=BQ) Loop 2300, HI03-4 (HI03-1=BQ) Loop 2300, HI04-2 (HI04-1=BQ) Loop 2300, HI04-4 (HI04-1=BQ) Loop 2300, HI05-2 (HI05-1=BQ) Loop 2300, HI05-4 (HI05-1=BQ)
75	Reserved for future use	
76	Attending Provider Name Attending Provider Secondary ID Attending Provider Last Name Attending Provider First Name	Loop 2310A, NM1/71/09 Loop 2310A, REF02 (REF01= 0B/1G/G2/or LU Loop 2310A, NM1/71/03 Loop 2310A, NM1/71/04
77	Operating Physician Name Operating Physician Secondary ID Operating Physician Last Name Operating Physician First Name	Loop 2310B, NM1/72/09 Loop 2310B, REF02 (REF01= 0B/1G/G2/or LU Loop 2310B, NM1/72/03 Loop 2310B, NM1/72/04
78	Other Operating Physician Name Other Operating Physician Secondary ID Other Operating Physician Last Name Other Operating Physician First Name	Loop 2310C, NM1/ZZ/09 Loop 2310C, REF02 (REF01= 0B/1G/G2/or LU Loop 2310C, NM1/ZZ/03 Loop 2310C, NM1/ZZ/04
79	Not Crosswalked	
80	Claim Note Claim Note Text	Loop 2300, NTE/ADD/01 Loop 2300, NTE02 (NTE01=ADD)
81a-d	Code to Code	Not Required by Medicare