

Part B Crosswalk to the CMS-1500 Claim Form

TrailBlazerSM created the following cross-reference guide for providers who submit electronic claims.

Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
1	Type of Health Insurance	2000B	SBR01	Primary Payer Responsibility		P	P = Primary, S = Secondary, T = Tertiary Medicare Indicator Must = MB
			SBR09	Primary Payer		MB	
1a*	Patient's Medicare HIC Number	2010BA	NM101	Insured or Subscriber (IL)	R	IL	For Medicare, the patient is always the subscriber. Shown on Medicare card.
			NM102	Person		1	
			NM108	Member Identification Number		MI	
			NM109	Subscriber Primary Identifier		#	
2*	Patient's Name	2010BA	NM103	Last Name	R	Doe	Enter the patient's last name, first name and middle initial as it appears on the Medicare card.
			NM104	First Name		John	
			NM105	Middle Name		X	
			NM107	Suffix (e.g., Jr. Sr.)		JR	
3	Patient's Birth Date and Gender	2010BA	DMG02	Birth Date		19360826	Eight-digit F = Female, M = Male, U = Unknown
			DMG03	Gender		M	
4+	Insured's Name	2330A	NM103	Last Name	C	Doe	If the patient has insurance primary to Medicare, enter the insured's last name, first name and middle initial.
			NM104	First Name		John	
			NM105	Middle Name		X	
			NM107	Suffix (e.g., Jr. Sr.)		JR	

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5	Patient's Address	2010BA	N301	Address Line 1		Address	Enter the patient's mailing address.
			N302	Address Line 2		Address	
			N401	City Name		Anywhere	
			N402	State Code		TX	
			N403	ZIP Code		XXXXX	
6+	Patient's Relationship to Insured	2000B 2320	SBR02 SBR02	Self Relationship	C	18	Must = Self (18) or Spouse (01) for Medicare
7+	Insured's Address	2330A	N301	Address Line 1	C	Address	Enter insured's address and telephone number.
			N302	Address Line 2		Address	
			N401	City Name		City	
			N402	State Code		TX	
			N403	ZIP Code		XXXXX	
8	Patient's Status	Not Mapped					
9	Name of Enrollee in Medigap	2330A	NM103	Last Name		Doe	Enter the last name, first name and middle initial of the enrollee in the Medigap policy.
			NM104	First Name		John	
			NM105	Middle Name		X	
9a	Medigap Policy/Group Number	2330A	NM109	Insured's Identifier			Medigap's group or policy number
		2320	SBR03	Insured's Group or Policy Number			
9b	Insured's Eight-Digit Date of Birth and Gender	2320	DMG03	Gender		M	M = Male, F = Female
			DMG02	Birth Date		19360826	Insured's Date of Birth CCYYMMDD
9c	Address of Medigap Insurer	Not Mapped					

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9d	The Nine-Digit Payer ID Number of the Medigap Insurer or the Program or Plan Name	2330B	NM109	Payer Primary Identifier			Enter the nine-digit payer ID number of the Medigap insurer or the program or plan name.
			NM103	Payer Last or Organization Name			
		2320	SBR04	Insured's Group Name			
10a-c	Is Patient's Condition Related to Employment? Auto Accident? Other Accident?	2300	DTP01	Date of Accident		439	Required if date of accident is used.
			CLM11-1 CLM11-2 CLM11-3	Employment/Auto/Other Accident		AA	Auto Accident
						AP	Another Party Responsible
						EM	Employment
			CLM11-4	Place (State)		OA	Other Accident
		TX	State				
10d	Medicaid Number	2330A	NM109	Other Insured's Identifier		###	If the patient is entitled to Medicaid, enter the patient's Medicaid number when 2320/SBR05=MC.
11*	Insured's Policy or Group Number	2320	SBR01	Payer Responsibility	R	P	P = Primary, S = Secondary, T = Tertiary
			SBR03	Insured's Group or Policy Number		XXXXXX	Policy or Group Number
		2330A	NM108	Identification Code Qualifier		MI	Member Identification Number
			NM109	Insured's Identifier		###	Other Subscriber's Primary Identifier
		2000B	SBR05	Insurance Type Code (Header Information)		12	Indicator must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if the 2000B SBR01 is "T" or "S."
		2000B 2320	SBR09	Claim Filing Indicator Code		MB	Indicators – 09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ

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11*	MSP Information for an Electronic Claim	2320	SBR05	Insurance Type Code (Detail Line Information)	C	MB	Indicators – AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP		
		2300	CLM01	Monetary Amount		\$\$\$\$	Total Amount of All Submitted Charges		
		2320 (header)	AMT01	Amount Qualifier Code		D	D = Primary Payer PAID Amount		
						B6	B6 = Primary Payer ALLOWED Amount		
		2400 (detail)	AMT01	Amount Qualifier Code		F2	F2 = Patient Responsibility		
						AMT02	Primary Payer Paid Amount	\$\$\$\$	Dollar Amount
		2320 (header) or 2430 (detail)	AMT02	Approved Amount		\$\$\$\$	Dollar Amount		
						AAE	AAE = Approved Amount		
		2330B (H) or 2430 (D)	AMT02	Approved Amount		\$\$\$	Approved Dollar Amount		
						CAS01	Claim Adjustment Group Codes	CO	CO, CR, OA, PI or PR
		2300 or 2400	CAS02	Claim Adjustment Reason Codes		96	Reason Code		
						CAS03	Adjustment Amount	\$\$\$\$	Monetary Amount (03, 06, 09, 12, 15 or 18)
		2430	CAS04	Adjustment Quantity		###	Adjustment Quantity (04, 07, 10, 13, 16 or 19)		
						DTP01	Primary Insurance Adjudication Date	573	573 = Date Claim Paid
		2330B	DTP03	Date Paid		Date	Adjudication or Payment Date		
						CN101	Contract Type Code	09	Claim OTAF Amount
		2330B	CN102	OTAF Amount		\$\$\$	Monetary Amount		
						SVD02	Primary Payer Paid Amount	\$\$\$	Service Line Paid Amount
		2330B	NM101	Entity Identifier Code		PR	PR = Payer		
						NM102	Entity Type Code	2	2 = Non-Person Entity
						NM103	Last Name or Organization Name	CIGNA	Other Payer Last or Organization Name
						NM108	Identification Code Qualifier	PI	PI = Payer Identification
						NM109	Identification Code	###	Other Payer Primary Identification Number

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11a	Insured's Date of Birth and Sex	2320	DMG01	Date Time Period Format Qualifier		D8	D8 = Date Qualifier
			DMG02	Birth Date		19360827	Must Be Formatted as CCYYMMDD
			DMG03	Gender Code		M	F = Female, M = Male, U = Unknown
11b+	Insured's Employer Name	Not Mapped					
11c+	Insured's Plan or Program Name	2320	SBR04	Other Insured's Group Name	C	Name	Required of the Subscriber's Payer Identification Includes a Group or Plan Name
11d	Leave Blank	Not Mapped					
12*	Patient or Authorized Person's Signature	2300	CLM08	Condition or Response Code	R	Y	Assignment of Benefits Indicator = Y or N
			CLM09	Release of Information Code		Y	Provider Has Signed Statement
			CLM10	Patient's Signature Code		B	Required Except in Cases Where (CLM09) = No (B = Signature on File)
13	Insured's or Authorized Person's Signature	2320	QI03	Assignments of Benefits Indicator		Y	Y = Authorizes Benefits to Be Assigned to the Provider
			QI04	Patient's Signature Code		B	Required Except in Cases Where (QI06 = No) (B = Signature on File)
			QI06	Release of Information Code		Y	Provider Has Signed Statement

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
14+	Date of Current Illness, Injury or Pregnancy	2300	DTP01	Accident Qualifier	C	439	Qualifier
			DTP03 (439)	Accident Date DTP01 must = 439		Date	Required if CLM11-1, 2 or 3 = (AA) (AP) or (OA)
		2300 or 2400	DTP01	Date Qualifier		431	Qualifier
			DTP03 (431)	Onset of Current Illness or Injury Date DTP01 must = 431		Date	Enter date of current illness or injury. DTP02 must = D8 – Date Format
		2300 or 2400	DTP01	Initial Treatment Qualifier		454	Chiropractor Qualifier
			DTP03 (454)	Initial Treatment Date DTP01 must = 454		Date	For claims involving spinal manipulations. Date of initial treatment.
15	Leave Blank	Not Mapped					
16	Date Patient Unable to Work in Current Occupation	2300	DTP01	Disability Begin or End Qualifier		360/361	360 = Disability Begin 361 = Disability End
			DTP03 (360)	Disability Begin Date DTP01 must = 360		Date	Enter the date when patient is employed and unable to work in current occupation.
			DTP03 (361)	Disability End Date DTP01 must = 361		Date	

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
17+	Name of Referring or Ordering Physician	2310A or 2420F	NM101	Entity Identifier Code	C	DN	DN = Referring Provider
			NM102	Entity Type Qualifier		1	1 = Person
			NM103 (DN)	Referring Provider Last Name NM101 must = DN		Name	Enter the name of the referring physician if the service was referred by a physician.
			NM104	Referring Provider First Name			
			NM105	Referring Provider Middle Name			
		2420E	NM101	Entity Identifier Code	C	DK	DK = Ordering Provider
			NM102	Entity Type Qualifier		1	1 = Person
			NM103 (DK)	Ordering Provider Last Name NM101 must = DK		Name	Enter the name of the ordering physician if the service was ordered by a physician.
			NM104	Referring Provider First Name			
			NM105	Referring Provider Middle Name			
17a	UPIN Number	No Longer Used by Medicare					
17b+	NPI Number of Ordering or Referring Provider	2310A or 2420F	NM108	Identifier Code Qualifier	C	XX	XX = CMS NPI
			NM109 (DN)	Referring NPI ID NM108 must = XX NM101 must = DN		NPI #	Enter the 10-digit NPI of the referring provider.
		2420E	NM108	Identifier Code Qualifier	C	XX	XX = CMS NPI
			NM109 (DK)	Ordering NPI ID NM108 must = XX NM101 must = DK		NPI #	Enter the 10-digit NPI of the ordering provider.
18	Hospitalization Dates Related to Current Services	2300	DTP01	Admission or Discharge Qualifier		435	435 = Admission or 096 = Discharge
			DTP03 (435)	Admit Date DTP01 must = 435		Date	Six- or Eight-Digit Date
			DTP03 (096)	Discharge Date DTP 01 must = 096			

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
19+	Routine Foot Care	2300 or 2400	DTP01	Date Last Seen Qualifier	C	304	304 = Routine Foot Care Date Last Seen
			DTP02	Date Qualifier		D8	D8 = Date Format That Will Appear in DTP03
			DTP03 (304)	Date Last Seen DTP01 must = 304		Date	Date Last Seen
		2310E or 2420D	NM101	Entity Identifier Code		DQ	DQ = Supervising Physician
			NM102	Entity Type Qualifier		1	1 = Person
			NM103	Last Name or Organization Name		Name	Last Name
			NM104	First Name		Name	First Name
			NM105	Middle Name		Name	105 = Middle, 106 = Prefix, 107 = Suffix
			NM108	Identification Code Qualifier		XX	XX = CMS National Provider Identifier
	NM109 (DQ)	Supervising Provider's NPI NM101 must = DQ and NM108 must = XX	NPI #	Supervising/Attending Provider's NPI Number			
	Purchased Service Information	2310C or 2420B	NM101	Entity Identifier Code		QB	QB = Purchase Service Provider
			NM102	Entity Type Qualifier		1	1 = person 2 = Non-person Entity
			NM103	Last Name or Organization Name		Name	Last Name
			NM104	First Name		Name	First Name
			NM105	Middle Name		Name	105 = Middle, 106 = Prefix, 107 = Suffix
			NM108	Identification Code Qualifier		XX	XX = CMS National Provider Identifier
			NM109(QB)	NPI Number NM108 must = XX and NM101 must = QB		###	NPI of the physician who is performing a purchased interpretation of a diagnostic test.

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
19+ (Cont)	Homebound	2300	CRC01	Homebound Code Category	C	75	75 = Functional Limitations
			CRC02	Condition or Response Code		Y	Y = Certification Condition Indicator
			CRC03	Condition Indicator		IH	IH = Independent at Home
	NOC Drugs	2300 or 2400	NTE01	ADD = Additional Information		ADD	Enter the drug's name and dosage when submitting a claim for Not Otherwise Classified (NOC) drugs.
			NTE02	Name and Dosage		Drug & #	
	NTE01		ADD = Additional Information	ADD		Enter the statement "testing for hearing aid" to obtain intentional denials.	
	NTE02		Testing for Hearing Aid	Statement			
	Modifier		NTE01	ADD = Additional Information		ADD	Enter all applicable modifiers when modifier 99 is entered in Item 24d.
			NTE02	Extra Modifiers		Modifiers	
	Dental		NTE01	ADD = Additional Information		ADD	Enter the specific surgery for which the exam is being performed when dental exams are billed.
			NTE02	Specific Surgery		Surgery	
	Low Osmolar		NTE01	ADD = Additional Information		ADD	Enter the name and dosage amount when low-osmolar contrast material is billed.
			NTE02	Name and Dosage		Drug & #	
	Fax/Mail	NTE01	ADD = Additional Information	ADD		Date documentation was faxed or mailed	
		NTE02	Date Mailed or Faxed	Date			
	Shared Postoperative Care	2300	DTP01	Date/Time Qualifier		90 or 91	90 = Report Start, 91 = Report End
			DTP02	Date Format Qualifier		D8	Qualifier for DTP03
			DTP03	Date Assumed or Relinquished Care		Date	Date for global surgery when providers share postoperative care.
	Demonstration ID	2300	REF01	Reference Identification Qualifier		P4	P4 = Project Code
			REF02	Demonstration ID = Number		30	ID # "30" for all national emphysema treatment trial claims.
	Chiropractor	2300 or 2400	DTP01	Date/Time Qualifier		455	455 = Last X-ray Date
DTP02			Date Format Qualifier	D8	Qualifier for DTP03		
DTP03			Date Last Seen	Date	Date Last Seen for Chiropractor		

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
19+ (Cont)	Hematocrit/Hemoglobin	2400	DTP01	Hemoglobin or Hematocrit Levels	C	738	738 = Most Recent Hemoglobin or Hematocrit or Both
				Serum Creatine		739	739 = Most Recent Serum Creatine
			DTP02	Date Format Qualifier		D8	Qualifier for DTP03
			DTP03	Test Date Performed		Date	Date for Hemoglobin, Hematocrit or Creatine
			MEA01	Measurement Reference ID Code		TR	TR = Test Results
			MEA02	Measurement Qualifier		R1	R1 = Hemoglobin, R2 = Hematocrit, R4 = Creatine
			MEA03	Measurement Values		XX.X	The Value of the Measurement
	Patient Refuses to Pay	2300	CLM07	Patient Refuses to Sign		P	P = Patient Refuses to Assign Benefits
20+	Outside Lab Charges	2400	PS101	Reference Identification	C	###	Purchased Service Provider Identifier
			PS102	Amount of Purchased Test		\$	Purchased Service Charge Amount
21+	Diagnosis/Condition	2300	HI01-1	Diagnosis Code	C	BK	Principal Diagnosis
			HI01-2			DX Code	Primary Diagnosis Code
			HI02-1			BF	BF = Diagnosis Code
			HI02-2			DX Code	Second Diagnosis Code
			HI03-1			BF	BF = Diagnosis Code
			HI03-2			DX Code	Third Diagnosis Code
			HI04-1			BF	BF = Diagnosis Code
			HI04-2			DX Code	Fourth Diagnosis Code
			HI05-1			BF	BF = Diagnosis Code
			HI05-2			DX Code	Fifth Diagnosis Code
			HI06-1			BF	BF = Diagnosis Code
			HI06-2			DX Code	Sixth Diagnosis Code
			HI07-1			BF	BF = Diagnosis Code
			HI07-2			DX Code	Seventh Diagnosis Code
			HI08-1			BF	BF = Diagnosis Code
			HI08-2			DX Code	Eighth Diagnosis Code

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Item #	Claim Description	Loop	Segment	Electronic Instructions	Status	Example	Requirements
22	Not Required	Not Mapped					
23+	Prior Authorization Number	2300	REF01	Reference Identification Qualifier	C	G1	G1 = Prior Authorization Number
			REF02 (G1)	QIO Number		###	Prior Authorization Number
			REF01	Reference Identification Qualifier		LX	LX = Qualified Products Lists
			REF02 (LX)	IDE Number		###	Investigational Device Exemption Number
		2310D or 2420C	NM101 (FA)	HHA/Hospice Number		Not Required at This Time	Home Health/Hospice Number. Until further notice, DO NOT submit an HHA or hospice provider number when billing for CPO services.
			NM108 (XX)				
			NM109				
		REF01 (LU)					
		2420C	REF02				
			REF01 (X4)	Reference Identification Qualifier		X4	10-Digit Clinical Laboratory Improvement Act (CLIA) Number for Lab Services
		2300 or 2400	REF02	CLIA Certification Number		####	
2420C	N403		ZIP Code	ZIP Code	Ambulance Enter ZIP Code for Point of Pickup		
24a*	Dates of Service	2400	DTP01 (472)	Date Time Qualifier	R	472	472 = Service
			DTP02	Date Format Qualifier		D8	Qualifier for DTP03
			DTP03	Date Time Period		Date	Enter the service date for each procedure.
24b*	Place of Service	2300	CLM05-1	Place of Service Code	R	11	Enter the appropriate place of service code for each item used or service performed.
		2400	SV105			22	
24c	Not Required	Not Mapped					

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24d	Procedure Code/Modifiers	2400	SV101-1	Service ID Qualifier	R	HC	HC = Healthcare Common Procedural Coding
			SV101-2	Procedure Code		#####	Procedure Code and Modifier
			SV101-3	Procedure Modifier 1			
			SV101-4	Procedure Modifier 2			
			SV101-5	Procedure Modifier 3			
			SV101-6	Procedure Modifier 4			
24e*	Diagnosis Code Reference	2400	SV107-1	Diagnosis Code Pointer	R		A submitter must point to the primary diagnosis for each service line.
			SV107-2				
			SV107-3				
			SV107-4				
24f*	Charge Amount	2400	SV102	Line Item Charge Amount			Enter charge amount for each service.
24g*	Days or Units	2400	SV103	Unit or Basis for Measurement Code	R	UN	UN = Unit, MJ = Minutes, F2 = International
			SV104 (UN)	Quantity – Units or Minutes		# of Days	Enter the number of days or units.
			SV104 (MJ)			Minutes	Anesthesia – Convert Hours to Minutes
24h	Leave Blank						Not Mapped
24i	Leave Blank						Not Mapped
24j+	Rendering Provider	2310B or 2420A	NM101	Rendering Identifier Code	C	82	82 = Rendering Provider
			NM108	Identification Code Qualifier		XX	XX = CMS NPI
			NM109	Identification Code		NPI #	Enter the rendering provider's NPI number.

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25	Provider's Social Security or Tax ID Information	2010AA or 2010AB	REF01	Reference Identifier Qualifier		EI or SY	EI = Tax ID or SY = Social Security
			REF02	Reference Identification		###	Tax ID number or Social Security
			REF01	Reference Identifier Qualifier		EI or SY	EI = Tax ID or SY = Social Security
			REF02	Reference Identification		###	Tax ID Number or Social Security
26	Patient's Account Number	2300	CLM01	Provider-Assigned Account Number			
27	Accept Assignment?	2300	CLM07	Medicare Assignment Code		A	A = Assigned
							B = Assignment Accepted on Clinical Lab Services Only
							C = Not Assigned
							P = Patient Refuses to Assign Benefits
28	Total Charges	2300	CLM02	Total Charge Amounts		\$	Enter total charges for all services.
29	Amount Paid	2300	AMT01	Amount Qualifier Code		F5	F5 = Patient Amount Paid
			AMT02	Patient Paid Amount		\$\$\$\$	Amount Paid by Patient or Another Payer
30	Balance Due	Leave Blank Not Required by Medicare					
31*	Signature of Physician or Supplier and Date Signed	2300	CLM06	Physician or Supplier Signature Indicator	R	Y	Y = Signature on File
							N = Signature Not on File
32+	Service Facility Location	2310D or 2420C	NM101	Entity Identifier Code	C	FA	77 = Service Location, FA = Facility, LI = Independent Lab, TL = Testing Lab
			NM102	Entity Type Qualifier		2	2 = Non-Person Entity
			NM103	Facility Name		Name	Organization Name
			N301	Address		Address	Address of Service Facility
			N401, 02, 03	City, State, ZIP code		C/S/Z	City, State and ZIP

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32a	Service Facility NPI	2310D or 2420C	NM108	Identification Code Qualifier		XX	XX = CMS NPI
			NM109	Laboratory/Facility Primary Identifier		NPI #	NPI Number
		2400	PS101	Purchased Service Provider Identifier		###	Provider Identification Number
		2310C or 2420B	NM101	Entity Identifier Code		QB	QB = Purchase Service Provider
			NM108	Identification Code Qualifier		XX	Only Required for Transplants, Teaching Hospitals and IDTF - Purchased Tests
			NM109 (QB)	Identification Code		NPI #	
		2400	REF01	Reference Identification Qualifier		EW	EW = Mammography Certification Number
			REF02	Mammogram Certification		####	Enter six-digit Food and Drug Administration (FDA)-approved certification number.
		32b	Service Facility PIN	Leave Blank Not Required by Medicare			
33*	Billing Provider's Information	2010AA or 2010AB	NM101	Entity Identifier Code	R	85	85 = Billing Provider, 87 = Pay-to-Provider
			NM102	Entity Type Code		2	1 = Person, 2 = Non-Person Entity
			NM103	Organization Name		Name	Provider of Service's/Supplier's Billing Name
			N301	Address		Address	Billing Provider's Address, City, State and ZIP Code
			N401	City		City	
			N402	State		State	
			N403	ZIP Code		ZIP Code	ZIP Code
			PER03	Communication Number Qualifier		TE	TE = Telephone
			PER04 (TE)	Telephone PER03 must = TE		Telephone	Phone Number

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33a*	Billing Provider's NPI	2010AA or 2010AB	NM101	Entity Identifier Code	R	85 or 87	85 = Billing Provider, 87 = Pay-to-Provider
			NM108	Identification Code Qualifier		XX	XX = CMS NPI
			NM109	Identification Number		NPI #	Enter the NPI of the billing provider or group.

33b	Billing Provider's PIN	Leave Blank Not Required by Medicare					
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Electronic Submission Only

Not for Paper	Rendering Provider Secondary Identification	2000A or 2310B	PRV01	Provider Code		PE	PE = Performing
			PRV02	Reference Identification Qualifier		ZZ	ZZ = Mutually Defined
			PRV03	Provider Taxonomy Code		#####	Taxonomy Code

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