



**CMS 1500 and UB04 Claim Form
ANSI Mapping Guidelines for **HIPAA v5010 (with errata)****

CMS 1500 Claim Form

When submitting claims on the CMS 1500 form, please use the following guidelines for your paper and electronic submission of HIPAA v5010A1 professional claims:

Description/ Field	Data Value	HIPAA 837V5010X222A1 (Professional format)	HIPAA/MN AUC Usage
Rendering Provider ID # Boxes 24I and 24J (shaded area)	UMPI	Rendering Loop: Claim Level 2310B, REF02/REF01 = G2 Line Level 2420A, REF02/REF01 = G2	<ul style="list-style-type: none"> • Rendering loops are required if different than Billing • Populate secondary identifier when atypical and submitting an UMPI
Rendering Provider ID # Box 24J (un-shaded)	NPI	Rendering Loop Claim level 2310B, NM109/NM108 = XX Line Level 2420A, NM109/NM108 = XX	Rendering loops are required if different than Billing
Service Facility Location Box 32a	NPI	Service Facility Loop 2310C NM109/NM108 = XX (also 2420C)	Service Provider is required when location of service is different than Billing —Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity.)..
Billing Provider Info Box 33a	NPI	Billing Loop: 2010AA, NM109/NM108 = XX	The Billing provider is required. – Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider’s NPI or its subpart’s NPI is reported in NM109. When a health care

			provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner
Billing Provider Info Box 33b	UMPI	-Payer loop 2010BB REF02/REF01=G2	*Populate the secondary identifier when atypical and submitting an UMPI

The National Uniform Claim Committee (NUCC) published a 1500 Reference Instruction Manual. If you need additional instructions, please visit www.nucc.org.

UB04 Health Insurance Claim Form

When submitting claims on the UB04 Health Insurance Claim form, please use the following guidelines for your paper and electronic submission of HIPAA v5010A2 institutional claims:

Form	Data Value	HIPAA 837V5010X223A2 (Institutional format)	HIPAA/ MN AUC Usage
FED TAX NO. FL05	Tax ID	Billing Loop: 2010AA, REF02/REF01 =EI	Required
NPI FL56	Billing NPI	Billing Loop: 2010AA, NM109/NM108 = XX	Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent

			the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner
ATTENDING FL76	NPI	Attending Loop: Claim Level 2310A, NM109/NM108 = XX	-Required when the claim contains any services other than non-scheduled transportation claims. If not required by this implementation guide, do not send. Notes: 1. The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim
OPERATING FL77	NPI	Operating Loop: Claim Level 2310B, NM109/NM108 = XX	Required when a surgical procedure code is listed on this claim. If not required by this implementation guide, do not send. Notes: 1. The Operating Physician is the individual with primary responsibility for performing the surgical procedure(s).
OTHER FL78 and 79 Type of other defined by qualifier box	NPI	Other Operating 2310C NM109/NM108=XX Rendering 2310D NM109/NM108=XX Referring 2310F NM109/NM108=XX	-Other Operating: Required when another Operating Physician is involved. If not required by the implementation guide, do not send. Notes: 1. The Other Operating Physician is the individual performing a secondary surgical procedure or assisting the Operating Physician. 2. This Other Operating Physician segment can only be used when Operating Physician information (Loop ID-2310B) is also sent on this claim. Rendering: Required when the

			<p>Rendering Provider is different than the Attending Provider reported in Loop ID-2310A of this claim. AND When state or federal regulatory requirements call for a “combined claim”, that is, a claim that includes both facility and professional components (for example, a Medicaid clinic bill or Critical Access Hospital Claim.) If not required by this implementation guide, do not send.</p> <p>Notes: 1. The Rendering Provider is the health care professional who delivers or completes a particular medical service or non-surgical procedure</p> <p>Referring Required on an outpatient claim when the Referring Provider is different than the Attending Provider. If not required by this implementation guide, do not send.</p> <p>Notes: 1. The Referring Provider is provider who sends the patient to another provider for services</p>
CODE-CODE (CC) FL81	Taxonomy Code(s)	Billing Loop (2000A), PRV segments – PRV02 = PXC PRV03 = taxonomy code.	The code-code field of the UB04 can be used to communicate the taxonomy of the billing provider. HealthPartners does not require taxonomy codes.

Please visit the NUBC at www.nubc.org for additional instructions.