

## Professional Claim (CMS-1500) Field Descriptions

Following are Kaiser Foundation Health Plan of Washington's ("Kaiser Permanente") clean claim requirements for the professional claims form. The electronic descriptions provided here are intended only as a guide for discussions between business staff and technical staff. For the actual current programming descriptions please refer to EDI (electronic transaction) Implementation Guides from the [Washington Publishing Company \(WPC\)](#).

CMS Form Locator Field	Information Description	Electronic Location Description	Electronic Segment Example	Electronic Segment Information
FL 1 a	INSURED'S ID NUMBER: Kaiser Permanente 8-digit Member ID	Loop 2010BA: NM109	NM1*IL*1*DOE*JOHN *T**JR*MI*123456~	X12 transaction segment type is NM1. NM101=IL is for insured/subscriber, NM102 is 1 and means person, NM103=Doe is the subscriber's last name, NM104=John is subscriber's first name, NM105=T is subscribers middle initial, NM107=JR is subscriber's suffix, NM108=MI indicates it is a member identification that follows in NM109, <b>NM109=123456 is the subscriber's ID# our 8-digit member ID</b>
FL 2	PATIENT'S NAME	Loop 2010CA: NM104	NM1*QC*1*DOE*SAL LY*J***MI*SJD11111 ~	X12 transaction segment type is NM1. NM101=QC indicates patient, NM102=1 indicates person, <b>NM103=DOE is patient's last name, NM104=SALLY is patient's first name, NM105=J is patient's middle initial</b> , NM108=MI indicates it's the patient's identification that follows in NM109, NM109 is the patient's ID#
FL 3	PATIENT'S BIRTH DATE (MM/DD/CCYY) and SEX: birth date must be in an 8-digit format as indicated.	Loop 2010CA: DMG02	DMG*D8*19530101* F~	X12 transaction segment type is DMG. DMG01=D8 indicates it is a date, not a date range. <b>DMG02=19530101 is patient's date of birth</b> , DMG03=F indicates patient is a female, it could have been M for male or U for unknown

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FL 4	INSURED'S NAME: if different from patient's	Loop 2010BA: NM103,NM104,NM105	NM1*IL*1* <b>DOE*JOH N*T**JR*MI*123456</b> ~	X12 transaction segment type is NM1. NM101=IL is for insured/subscriber, NM102 is 1 and means person, <b>NM103=DOE is the subscriber's last name, NM104=JOHN is subscriber's first name, NM105=T is subscriber's middle initial, NM107=JR is subscribers suffix</b> , NM108=MI indicates it is a member identification that follows in NM109, NM109=123456 is the subscriber's ID# our 8- digit member ID
FL 5	PATIENT'S ADDRESS: complete mailing address (Street/PO Box, City, State, Zip)	Loop 2010CA: N3 & N4 segments. N301, N302, N401, N402, N403, N404	N3* <b>RFD 10*100 COUNTRY LANE~</b> and N4* <b>CORNFIELD TOWNSHIP*IA*999 99~</b>  If the example starts with N3* or N4* then you can leave the spaces because it is a text field for the address and the example 100 Country Lane is the house # and street and the Cornfield Township is the city name and it has spaces. Also, if there is a line that starts with NM1 *(2 char field)* and the third field is 2) then it	X12 transaction segment type N3 for patient address and X12 transaction segment type N4 for City, State, Zip. <b>N301=RFD10 (street addr1), N302=100 Country Lane (street addr2)</b>  <b>N401=Cornfield Township, N402=IA (state), N403=99999 (ZIP code)</b>

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			is an organization name like Kaiser Permanente Cooperative, and the spaces are okay. All other fields shouldn't have spaces, except the segment not listed here that starts with ISA*. That one is a fixed size segment.	
FL 9	OTHER INSURED'S NAME: complete if applicable	Loop 2330A: • NM101= 'IL' • NM102= '1' or '2' (1=person, 2 = organization, ie. employer) • NM103-105 name of the additional insured individual assigned by the tertiary payer information  Could be: NM102='1' or NM102='2'	NM1*IL*1* <b>DOE*JOHN</b> *T** <b>JR</b> *MI*123456 ~	X12 transaction segment type is NM1. This is for other subscriber information. NM101=IL for insured/subscriber, NM102=1 for person, <b>NM103=DOE subscriber's last name, NM104, JOHN for subscriber's first name, NM105=T subscriber's middle initial, NM107=JR subscriber's suffix</b> , NM108=MI indicates it is a member identification that follows in NM109, NM109=123456 is the subscriber's ID#
FL 9a	OTHER INSURED'S POLICY OR GROUP NUMBER: complete if applicable	Loop 2320: • SBR03 = 'GR00786'	SBR*S*01*GR00786* *MC****OF~	X12 transaction segment type SBR. This is for other insured's policy or group number. SBR01=S (Payer responsibility, primary, secondary, tertiary), SBR02=01 (relationship code, 01=spouse), SBR03=GR00786 (Group or Policy Number), SBR04 not used, SBR05=MC (insurance type code, MC=Medicaid), SBR06, SBR07, SBR08 not used, SBR09=OF (claim filing indicator, 09 is other federal program)
FL 9-d	OTHER INSURED'S	Loop 2330B:	NM1*PR*2* <b>UNION</b>	X12 transaction segment type is NM1. This is for

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	PLAN NAME OR PROGRAM NAME information: complete if applicable	<ul style="list-style-type: none"> <li>• NM101= 'PR'</li> <li>• NM102 = '2'</li> <li>• NM103 is Payer Name Information</li> <li>• NM108 = 'PI'</li> <li>• NM109 is Payer Identification Information</li> </ul>	<b>MUTUAL OF OREGON****PI*111</b> 22333~	other payer information. NM101=PR for other payer, NM102=2 for organization, <b>NM103=UNION MUTUAL OF OREGON is the other payer name</b> , NM108=PI indicates it is a payer identification that follows in NM109, NM109=11122333 is the payer ID#
FL 10	PATIENT'S CONDITION RELATED TO: (a) EMPLOYMENT (b) AUTO ACCIDENT (c) OTHER ACCIDENT: yes or no response required	Loop 2300: CLM11	CLM*A37YH556*500** *11::1*Y*A*Y*Y*C*A A~	X12 transaction segment type is CLM. In the 2300 loop (claim loop) <b>the CL11 field has the employment, auto accident other accident and the yes or no response. Field CLM11 can hold these values: AA=Auto Accident, AB=Abuse, AP=Another Party Responsible, EM= Employment, OA=Other Accident.</b> This segment the CLM01= A37YH556 (claim#),  CLM02=500 (total charge amt), CLM03, CLM04 are not used. CLM05-1 is 11 and is an office visit, CLM05-2 is not used, CLM05-3=1 is the claim frequency type 1-ORIGINAL (Admit thru Discharge Claim), CLM06 is Y and is field for provider signature on file, CLM07 is A and is the Medicare Assignment Code, CLM08 and is assignment of benefits, CLM09 is Y and is the release of Information Codes, the CLM10 is C and is the patient signature code on file (HCFA claim form on file)
FL 11	INSURED'S POLICY GROUP OR FECA NUMBER	Loop 2000B (subscriber) and 2320 (other subscriber): SBR03	<b>Loop 2000B:</b> SBR*P**GRP010201 02*****MB~  <b>Loop 2320:</b> SBR*S*01*GR00786* *MC****OF~	<b>Loop 2000B is for the primary insured information.</b> SBR01=P means primary, it could have been S for secondary or T for tertiary, SBR02=01 is spouse, <b>SR03= GRP01020102 is policy#</b> , SBR09=MB is the claim filing indicator and it indicates the type of plan in this case "Medicare Part B."  <b>Loop 2320 is for other payer</b> known to be

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				involved in paying the claim. SBR01=S means secondary (it could have been T for tertiary) SBR02=01 is spouse, <b>SR03= GR00786 is policy#</b> , SBR05=MC is Medicaid, SBR09=OF is the claim filing indicator and it indicates the type of plan in this case "Other Federal Program"
FL 11a	INSURED'S DATE OF BIRTH	Loop 2010BA: DMG02	DMG*D8* <b>19330706*</b> M~	X12 transaction segment type is DMG. DMG01=D8 indicates it is a date, not a date range, <b>DMG02=19330706 is subscriber's date of birth</b> , DMG03=M indicates it is a male (it could have been F for female or U for unknown)
FL 11b	EMPLOYER'S NAME OR SCHOOL NAME	Loop 2010AA:	NM1*85*2*CRAMMER, DOLE, PALMER, AND JOHNSANSE*****24*1 11223333~	X12 transaction segment type is NM1. NM101=85 (billing provider), NM102 = 2 (means entity type is an organization), NM103= CRAMMER, DOLE, PALMER, AND JOHNSANSE (employer name), NM104, NM105, NM106, NM107 are not used, NM108=24 (employer type qualifier for next field), NM109=111223333 (employers ID)
FL 14	DATE OF CURRENT (ILLNESS, INJURY OR PREGNANCY): Medicare claims only require date of first service for Chiropractic CPT codes 98940, 98941, 98942, 98943	Loop 2300: DTP03	Loop 2300: DTP*431*D8*1997011 5~	X12 transaction segment type is DTP. DTP01=431 (Onset of Current Symptoms or Illness). DTP02=D8 (means it's a single date), DTP03=19970115 (Illness date is Jan 15 <sup>th</sup> 1997)
FL 17	NAME OF REFERRING PROVIDER OR OTHER	Loop 2310A and Loop 2420F: NM104=Last	NM1*DN*1* <b>WELBY*</b> <b>MARCUS*</b> W**JR*34*	X12 transaction segment type is NM1. NM101=DN for referring provider, NM102=1 for

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	SOURCE: first name, middle initial, last name, with no credentials	Name, NM105=First Name, NM106=Middle Name or Middle Initial	444332222~	person, <b>NM103=WELBY provider's last name, NM104=MARCUS referring provider's first name, NM105 is W, the referring provider's middle initial, NM106=JR the provider's name suffix</b> , NM108=34 indicating that the following field is a SSS#, NM109 is the referring provider's social security number.
FL17b	REFERRING PHYSICIAN'S NPI	Loop 2310A and Loop 2420F: NM109	NM1*DN*1*WELBY*M ARCUS*W**JR*XX*NP I12345~	X12 transaction segment type is NM1. NM108=XX indicating that the following number will be an NPI#. <b>NM109= NPI12345 that is the referring provider's NPI#</b>
FL 19	RESERVED FOR LOCAL USE: Notes when applicable, including description of any unlisted codes /procedures, indicated if Corrected Bill or enter COBZ or COB=Z if the primary health plan paid zero	Loop 2300 and Loop 2400	2300 Loop (claim level): NTE*ADD*COB- Z~  2400 Loop (service line loop): NTE*DCP*CPB- Z~	X12 transaction segment type is NTE. NTE01=ADD indicating you are adding a note. <b>NTE02=COB-Z (the free form text typed in)</b> . Loop 2400: NTE01=DCP which indicates it is a note for Goals, Rehabilitation Potential, or Discharge Plans, NTE02=COB-Z (actual free form text typed in). Both 2300 and 2400 have two other additional types of notes available— they are: PMT=Payment and TPO=Third Party Organization Notes
FL 21	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: diagnosis code(s) to highest level of specificity.	Loop 2300 (claim level): H1101, H102, H103 and Loop 2400: SV107 CD04-1, CD04- 2, CD04-2, CD04-03, CD04-04	Loop 2300 (claim level): HI*BK:8901*BF:8720 0*BF:5559~  Loop 2400: SV1*HC:99211:25*12. 25*UN*1*11**1:2:3* *N~	Loop 2300: X12 transaction segment type is HI. H101-1=BK for principal diagnosis, <b>H101-2=8901 principal diag code</b> , H102-1=BF for diagnosis, <b>H102-2=87200 the diagnosis code</b> , H103-1=BF for diagnosis, <b>H103-2=5559 the diagnosis code</b>  Loop 2400 (service line level): X12 transaction segment type is SV1. SV101-1=HC for health care procedure code to follow, SV101-2=99211 is the procedure code, SV101-3=25 is the modifier code. SV102=line item charge amount, SV103=UN for units for measurements, SV104=1 for quantity, SV105 is facility code=11

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				for office, SV107=1:2:3 for diagnosis code pointing to the diag positions in the 2300 HI loop above, SV109=N is the emergency indicator
FL 24 a	DATES OF SERVICE	Loop 2400: DTP03	DTP*472*RD8* <b>19970607-19970608</b> ~	X12 transaction segment type is DTP. DTP01=472 indicating service date, DTP02=RD8 indicating this is going to be a start/end date range, <b>DTP03=19970607-19970608 the start/end date</b>
FL 24 b	PLACE OF SERVICE: Valid CMS Place of Service codes	Service Location Code: Loop 2400: SV105  Actual Service Locations: Loop 2330G and Loop 2420C: NM103	SV1*HC:99211:25*12.25*UN*1*11**1:2:3* *N~  Actual Service Locations: Loop 2330G: NM1* <b>TL</b> *2~  Loop 2420C: NM1* <b>TL</b> *2*A-OK MOBILE CLINIC***** 24*11122333~	Service Location Code: X12 transaction is SV1. SV101=HC:99211:25 (procedure code), SV102=12.25 (service line amount), SV103=UN (measurement code), SV104=1 (quantity), SV105=11 (place of service code), SV106 not used, SV107=1:2:3 (diagnosis code pointer), SV108 not used, SV109=N (emergency indicator yes/no code)  Actual Service Locations: Loop 2330G (other payer service location): X12 transaction segment is NM1. <b>NM101= TL for testing laboratory</b> , NM102=2 for organization. Loop 2420C (service facility location): X12 transaction segment is NM1. <b>NM101=TL</b> , NM102=2 for organization, NM103=A-OK Mobile Clinic, the name of the organization, NM108=24 indicates number to follow is the employer's number, NM109=11122333 which is Service Facility Location Identification Number
FL 24 d	PROCEDURES, SERVICES, OR SUPPLIES: CPT or HCPCS codes and modifiers; if billing a	Loop 2400: SV101	Loop 2400: SV1*HC: <b>99211:25</b> *12.25*UN*1*11**1:2:3* *N~	X12 transaction segment type is SV1. SV101-1=HC for healthcare procedure code to follow, <b>SV101-2=99211 is the procedure code, SV101-3=25 is the modifier code.</b> SV102=line item charge amount, SV103=UN for

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	physician administered drug charge include NDC number on claim; Ambulatory Surgical Centers (ASC) must bill with modifier SG when billing the facility charge.			units for measurements, SV104=1 for quantity, SV105 is facility code=11 for office, SV107=1:2:3 for diagnosis code pointing to the diag positions in the 2300 HI loop above, SV109=N is the emergency indicator
FL 24 e	DIAGNOSIS POINTER: use the diagnosis designations (1, 2, 3, 4) listed in field 21, as the reference pointers in this field. The primary reason (primary diagnosis) for the service must be the first diagnosis pointer listed in the field. Use multiple pointers for secondary diagnoses related to the service line if appropriate.	Loop 2400: SV101	Loop 2400: SV1*HC:99211:25*12. 25*UN*1*11**1:2:3* *N~	X12 transaction segment type is SV1. SV101-1=HC for healthcare procedure code to follow, SV101-2=99211 is the procedure code, SV101-3=25 is the modifier code, SV102=line item charge amount, SV103=UN for units for measurements, SV104=1 for quantity, SV105 is facility code=11 for office, <b>SV107=1:2:3 for diagnosis code pointing to the diag positions in the 2300 HI loop above</b> , SV109=N is the emergency indicator
FL 24 f	\$ CHARGES	For professional claims: Loop 2320—COB Payer Paid Amount • AMT01 ='B6' • AMT02 is Allowed Amount	AMT*B6*519.21~	X12 transaction segment type is AMT. AMT01 amount for the claim=B6 indicates allowed amount, <b>AMT02 is the amount</b>



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FL 24 g	DAYS OR UNITS: days, units or number of minutes for anesthesia if applicable	Loop 2400: QTY02	QTY*BF*4~	X12 transaction segment is QTY. QTY01=BF for age modifying units, <b>QTY02=4 for quantity</b> , QTY01 could also have been EM=Emergency Modifying Units, EC=Use of Extracorporeal Circulation, HM=Use of Hypothermia, HO=Use of Hypotension or HP=Use of Hyperbaric Pressurization
FL 24 j	RENDERING PROVIDER ID#: rendering provider's NPI number	Loop 2310B and Loop 2310B and Loop 2420: NM103	Loop 2310B: NM1*82*1*BEATTY*G ARY*C**SR*XX*1234 5678~	X12 transaction segment type is NM1. NM101=82 for rendering provider, NM102=1 for person, NM103=BEATTY provider's last name, NM104=GARY rendering provider's first name, NM105 is C the rendering provider's middle initial, NM106=A the provider's name suffix, NM108=XX indicating that the following field is a NPI#, <b>NM109 is the rendering provider's NPI number</b>
FL 25	FEDERAL TAX I.D. NUMBER: Federal Tax ID or Social Security Number of provider	Loop 2000A,2310A, 2420C, 2420D, 2420E, 2420F	Loop 2310A: NM1*DN*1*WELBY*M ARCUS*W**JR*24*11 12245~	X12 transaction segment types of NM1. If the NM108 field is 24 then the NM109 field is the Federal Tax ID. 24=Employer's Identification Number. This is one of the examples. Each of the loops will have a different value in the NM102; this one NM102=DN for referring provider and NM108=24 for fed tax ID, <b>NM109= 1112245 is the tax ID#</b>
FL 26	PATIENT'S ACCOUNT NUMBER: if desired	Loop 2300: CLM01	CLM*A37YH556*500* **11::1*Y*A*Y*Y*C~	X12 transaction segment type is CLM. <b>This segment the CLM01=A37YH556 (claim#)</b>
FL 27	ACCEPT ASSIGNMENT?: Medicare claims only. Yes or no entry is required.	Loop 2300: CLM07	CLM*A37YH556*500** *11::1*Y*A*Y*Y*C~	X12 transaction segment type is CLM. <b>The CLM07 is A and is the Medicare Assignment Code</b>

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FL 28	TOTAL CHARGE	Loop 2300: CLM02	CLM*A37YH556*500* **11::1*Y*A*Y*Y*C~	X12 transaction segment type is CLM. <b>CLM02=500 (\$500.00 is the total charge amount for the claim)</b>
FL 29	DOLLAR AMOUNT: must contain a dollar amount or zero	For professional claims: Loop 2320— COB Payer Paid Am • AMT01 ='D' • AMT02 is Amount Paid	AMT*D*411~	X12 transaction is AMT. AMT01=D indicates payer amount paid, <b>AMT02=411 is \$411.00 paid</b>
FL 31	SIGNATURE OF PHYSICIAN OR SUPPLIER: attending/supervising provider name, with credentials	Loop 2300: CLM06	CLM*A37YH556*500** *11::1*Y*A*Y*Y*C~	X12 transaction segment type is CLM. <b>CLM06 is Y and is field for provider signature on file</b>
FL 32	SERVICE FACILITY LOCATION INFORMATION: service site name and address where services rendered, if different from billing address. Required for Medicare.	Loop 2310D AND 2330G NM103, N301, N401, N402, N403	Loop 2310D: NM1*TL*2*A-OK MOBILE CLINIC*****24*11122 333~  N3*2400 HEALTH WAY~ N4*HYANNIS*MA*026 01~	X12 transaction segment is NM1. NM101=TL, NM102=2 for organization, NM103=A-OK MOBILE CLINIC the name of the organization, NM108=24 indicates number to follow is the employer's number, NM109=11122333 which is Service Facility Location Identification Number. NM301= 2400 HEALTH WAY the address for the service location, NM401=HYANNIS the city, NM402=MA the state and NM403=02601 the zip code of the service location
FL 32a	SERVICE FACILITY NPI: if applicable	Loop 2310D: NM109	NM1*TL*2*A-OK MOBILE CLINIC*****XX*NPI3 3333~	X12 transaction segment is NM1. NM108=XX indicates number to follow is the employer's number, <b>NM109=11 NPI33333 which is the NPI number of the Facility Location</b>

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FL 33	BILLING PROVIDER	Loop 2010AA: NM103	NM1*85*2* <b>CRAMMER, DOLE, PALMER, AND JOHNSANSEN*****XX</b> *111223333~	X12 transaction segment is NM1. NM101=85 indicates it is a billing provider, NM102=2 indicates it is an organization, <b>NM103= CRAMMER, DOLE, PALMER, AND JOHNSANSEN</b> , NM108=XX indicates the following number is an NPI number. NM109=111223333 is the billing provider's NPI number
FL 33 a	BILLING PROVIDER NPI	Loop 2010AA: NM109, N301, N401, N402, N403	NM1*85*2* <b>CRAMMER, DOLE, PALMER, AND JOHNSANSEN*****XX</b> <b>111223333~</b> N3* <b>225 MAIN STREET*BARKLEY BUILDING~</b> N4* <b>CENTERVILLE*PA*17111~</b>	X12 transaction segment is NM1. NM101=85 indicates it is a billing provider, NM102=2 indicates it is an organization, NM103=CRAMMER, DOLE, PALMER, AND JOHNSANSEN, NM108=XX indicates the following number is an NPI number. <b>NM109=111223333 is the billing providers NPI number. N301=225 MAIN STREET the first line of address for the billing provider, N302=BARKLEY BUILD- ING the second line of address, N401= CENTERVILLE the city, N402=PA the state, N403=17111 the zip code for the billing provider</b>