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Paper to Electronic Claim Guide: Professional Health Care Claims

CMS-1500 Claim Form to ASC X12 837P Crosswalk

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Introduction

This guide is not all inclusive and does not explain all the rules and requirements for completing or correcting claims. It is intended to provide you with a high-level understanding of the relation between paper and electronic health care claim information, the basics of the electronic claim file, and instructions on where, in the Kareo Desktop Application (PM), to find commonly referenced claim data. Also included is a crosswalk of the mapping between the Professional CMS-1500 paper claim form fields to the equivalent electronic data in the American National Standards Institute (ANSI) Accredited Standards Committee Electronic Data Interchange (ASC X12 EDI) 837P (Professional) transaction and the corresponding fields in Kareo.

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Professional Health Care Claims

The CMS-1500 form, version 02/12, is the universal health insurance claim form used by non-hospital physicians, other providers, and suppliers to bill government payers and commercial insurance companies for rendered services and supplies. The CMS-1500 (02/12) claim form is maintained by the National Uniform Claim Committee (NUCC), a voluntary organization chaired and hosted by the American Medical Association (AMA) and consists of a diverse group of healthcare industry stakeholders. The NUCC's recommendations are designed to complement the work of the Accredited Standards Committee X12, Electronic Data Interchange (ASC X12 EDI), also simply known as X12.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the U.S. Department of Health and Human Services (HHS) establish national standards for health care electronic data interchange (EDI) transactions to improve efficiency and effectiveness of the healthcare system. The standard format used to transmit professional health care claim information electronically (except those with retail pharmacies) in compliance with HIPAA data standards is the American National Standards Institute (ANSI) Accredited Standards Committee ASC X12 837P (Professional), version 5010 format.

Electronic Data Interchange (EDI) 837P File

The electronic file that contains the professional health care claim information is called an EDI 837P file and is broken into loops, segments, and data elements. For that reason, payers may not only reference paper claim form boxes but will often refer to the coding of the EDI 837P file when it comes to claim denial and/or rejection inquiries.

CMS-1500 (02/12) Claim Form to ANSI ASC X12 837P v5010 Crosswalk

This document is a reference guide to compare and convert CMS-1500 paper claim form fields to the ANSI ASC X12 837P electronic data to help identify and understand common claim rejections and denials returned on clearinghouse and payer reports. Once identified, the additional instructions can be followed to locate the data in Kareo to make the appropriate correction(s) and resolve the claim rejection or denial for claim resubmission.

The following crosswalk is a mapping between the CMS-1500 claim form fields to the equivalent electronic data in the ANSI ASC X12 837P transaction and the corresponding fields in Kareo. The referenced fields in Kareo relate to the records currently associated with the claim and to which the balance is being billed.

ⓘ Note: This crosswalk is only intended to assist in finding commonly referenced data for professional claims and is not an exhaustive list of all paper and electronic claim data rules and requirements. It is recommended to visit the National Uniform Claim Committee (NUCC) website for CMS-1500 claim form requirements and guidelines. For electronic claim submission requirements and guidelines, refer to the payer's 837P Companion Guide and use it in conjunction with an ASC X12 Implementation Guide.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
N/A	Carrier block: Payer name and address printed in the upper center and right margin of the claim form.	2010BB	NM103	Payer Name	Insurance Plan record > Plan Name and Address.
			N301, N401, N402, N403	Payer Address Line, City Name, State or Province Code, Postal Zone or Zip Code	

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
1	Insurance Type: • Medicare • Medicaid • Tricare • Champva • Group Health Plan • FECA, Blk Lung • Other	2000B	SBR09	Claim Filing Indicator Code	Insurance Company record > General tab > Insurance Program: • MB - Medicare Part B • MC - Medicaid • CH - Champus • VA - Veteran Administration Plan • For Group Health Plan, FECA, Black Lung, please contact Kareo Support. • All other insurance programs (e.g., BL - Blue Cross/Blue Shield, CI - Commercial Insurance Co., HM - Health Maintenance Organization)
1a	Insured's I.D. Number	2010BA	NM109	Subscriber Primary Identifier	Patient record > Cases tab > Case record > Insurance Policy record > Policy #.
2	Patient's Name	2010BA/ 2010CA	NM103, NM104, NM105, NM107	Subscriber/Patient Last Name, First Name, Middle Name or Initial, Name Suffix	Patient record > General tab > Full Name.
3	Patient's Birth Date, Sex (M/F)	2010BA/ 2010CA	DMG02, DMG03	Subscriber/Patient Birth Date, Gender Code	Patient record > General tab > Date of Birth and Gender.
4	Insured's Name	2010BA	NM103, NM104, NM105, NM107	Subscriber Last Name, First Name, Middle Name or Initial, Name Suffix	Patient record: • If the policy holder is the patient: General tab > Full Name.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
4	Insured's Name	2010BA	NM103, NM104, NM105, NM107	Subscriber Last Name, First Name, Middle Name or Initial, Name Suffix	Patient record: • If the policy holder is other than the patient: Cases tab > Case record > General tab > Insurance Policy record > Insured section > Full Name.
5	Patient's Address, City, State, Zip Code, Telephone	2010CA	N301, N401, N402, N403, N/A	Patient Address Line, City Name, State Code, Postal Zone or Zip Code *Note:* No mapping to 837P for Telephone.	Patient record > General tab > Address and Home Phone.
6	Patient Relationship to Insured	2000B	SBR02	Individual Relationship Code: • 18 - Self • 01 - Spouse • 19 - Child • G8 - Other Relationship	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Patient Relationship to Insured: Self, Spouse, Child, or Other.
		2000C	PAT01		
7	Insured's Address, City, State, Zip Code, Telephone	2010BA	N301, N401, N402, N403, N/A	Subscriber Address Line, City Name, State Code, Postal Zone or Zip Code *Note:* No mapping to 837P for Telephone.	Patient record: • If the policy holder is the patient: General tab > Address and Home Phone. • If the policy holder is other than the patient: Cases tab > Case record > General tab > Insurance Policy record > Insured section > Address. *Note:* The Telephone number pulls from the patient's Home Phone.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
8	Reserved for NUCC Use *Note:* Previously used for Patient Status and has been eliminated.	N/A	N/A	N/A	N/A
9	Other Insured's Name	2330A	NM103, NM104, NM105, NM107	Other Insured Last Name, First Name, Middle Name, Name Suffix	Patient record: • If the policy holder is the patient: General tab > Full Name. • If the policy holder is other than the patient: Cases tab > Case record > General tab > Insurance Policy record > Insured section > Full Name.
9a	Other Insured's Policy or Group Number	2320	SBR03	Insured Group or Policy Number	Patient record > Cases tab > Case record > Insurance Policy record (of other insurance on file) > Policy #.
9b	Reserved for NUCC Use *Note:* Previously used for Other Insured's Date of Birth, Sex and has been eliminated.	N/A	N/A	N/A	N/A
9c	Reserved for NUCC Use *Note:* Previously used for Employer Name or School Name and has been eliminated.	N/A	N/A	N/A	N/A
9d	Insurance Plan Name or Program Name	2320	SBR04	Other Insured Group Name	Patient record > Cases tab > Case record > Insurance Policy record (of other payer) > Insurance Plan Name.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
10 10a 10b 10c	Is Patient's Condition Related to: • Employment? (Y/N) • Auto Accident? (Y/N) Place (State) • Other Accident? (Y/N)	2300	CLM11 - 1	Related Causes Code: • EM - Employment • AA - Auto Accident • OA - Other Accident	Patient record > Cases tab > Case record > Condition tab: • "Employment?" • "Auto accident?" and the State • "Other?"
10d	Claim Codes (Designated by NUCC) *Note:* Refer to the NUCC website for approved Condition Codes when required by the payer.	N/A	N/A	N/A	Encounter record > General tab > Miscellaneous (CMS-1500) section > Claim Code (Box 10d). *Note:* Used to identify additional information about the patient's condition or the claim.
11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Subscriber Group or Policy Number	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Group #.
11a	Insured's Date of Birth, Sex (M/F)	2010BA	DMG02, DMG03	Subscriber Birth Date, Gender Code	Patient record: • If the policy holder is the patient: General tab > Date of Birth and Gender. • If the policy holder is other than the patient: Cases tab > Case record > General tab > Insurance Policy record > Insured section > Date of Birth and Gender.
11b	Other Claim ID (Designated by NUCC)	2010BA	REF01, REF02	Reference Identification Qualifier Code, Identifier Number	To report another identifier applicable to the claim, please contact Kareo Support.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
11c	Insurance Plan Name or Program Name	2000B	SBR04	Subscriber Group Name	Patient record > Cases tab > Case record > General tab > Insurance Policy record > Insurance Plan Name.
11d	Is there another Health Benefit Plan? (Y/N)	2320	N/A	The presence of Loop 2320 indicates Yes (Y).	Patient record > Cases tab > Case record > General tab: If one insurance policy is listed, then No (N) is automatically indicated. If more than one insurance policy is listed, then Yes (Y) is automatically indicated and Loop 2320 auto-populates.
12	Patient's or Authorized Person's Signature Signed, Date	2300	CLM09	Release of Information Code	Generated by Kareo. Auto-populates Yes (Y) for e-claims, and "Signature on File" and the date for paper claims.
13	Insured's or Authorized Person's Signature Signed	2300	CLM08	Benefits Assignment Certification Indicator	Generated by Kareo. Auto-populates Yes (Y) for e-claims, and "Signature on File" for paper claims.
14	Date of Current Illness, Injury, or Pregnancy (LMP) Qual.	2300	DTP01	Date Time Qualifier Code: • 431 - Onset of Current Illness or Symptom • 484 - Menstrual Period	Patient record > Cases tab > Case record > Condition tab > Dates section > Date Type: • Onset of Current Symptoms or Illness • Last Menstrual Period

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
14	Date of Current Illness, Injury, or Pregnancy MMDDYY	2300	DTP03	Date Time Period: • Onset of Current Illness or Injury Date • Last Menstrual Period Date	Patient record > Cases tab > Case record > Condition tab > Dates section > Start and/or End Date(s) for: • Onset of Current Symptoms or Illness • Last Menstrual Period

15	Other Date Qual.	2300	DTP01	Date Time Qualifier Code:
				
				• 454 - Initial Treatment
				• 304 - Latest Visit or Consultation
				• 453 - Acute Manifestation of Chronic Condition
				• 439 - Accident
				• 455 - Last X-Ray
				• 471 - Prescription (Hearing and Vision)
				• Assumed and Relinquished Care
				  ▪ 090 - Report Start
				  ▪ 091 - Report End
				• 444 - First Visit or Consultation
					Patient record > Cases tab > Case record > Condition tab > Dates section > Date Type:
					• Initial Treatment Date
					• Date Last Seen
					• Acute Manifestation Date
					• Accident Date
					• Last X-Ray Date
					• Prescription
					
					• Report Start (Assumed Care Date)
					• Report End (Relinquished Care Date)
					• First Visit or Consultation

	Other Date MMDDYY		DTP03	Date Time Period (e.g., Initial Treatment Date, Last Seen Date, Acute Manifestation Date)	Patient record > Cases tab > Case record > Condition tab > Dates section > Start and/or End Date(s) of the related Date Type.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
16	Dates Patient Unable to Work in Current Occupation From MMDDYY To MMDDYY *Note:* No mapping to paper for the Qualifier Code.	2300	DTP01	Date Time Qualifier Code: 297 - Initial Disability Period Last Day Worked 296 - Initial Disability Period Return to Work	Patient record > Cases tab > Case record > Condition tab > Dates section: Date Type: Unable to Work in Current Occupation
			DTP03	Date Time Period: Last Work Date, Work Return Date	Start and/or End Date(s) for Unable to Work in Current Occupation
17	Name of Referring Provider or Other Source Identifier Code (left smaller field)	2310A 2310D 2420E	NM101	Entity Identifier Code: - DN - Referring Provider - DQ - Supervising Provider - DK - Ordering Provider	Encounter record > General tab > Referring Provider (also used for Ordering Provider) or Supervising Provider. *Note:* For paper claims to populate the Ordering or Supervising Provider ID Code, please contact Kareo Support.
	Name of Referring Provider or Other Source (right larger field)	2310A 2310D 2420E	NM103, NM104, NM105, NM107	Last Name, First Name, Middle Name or Initial, Name Suffix of: - Referring Provider - Supervising Provider - Ordering Provider	Encounter record > General tab > Referring Provider (also used for Ordering Provider) or Supervising Provider. *Note:* The name pulls from the associated Provider or Referring Physician record. For paper claims to populate the Ordering or Supervising Provider name, please contact Kareo Support.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
17a	Other ID Number Qualifier Code (left smaller field)		REF01	Reference Identification Qualifier Code for:	Review the Advanced Provider Override Settings help article to populate the provider's other ID number.
		2310A		• Referring Provider	
		2310D		• Supervising Provider	
		2420E		• Ordering Provider	Note: For paper claims to populate the 2-digit ID Qualifier Code (e.g., 0B, G2), please contact Kareo Support.
	Other ID Number (right larger field)		REF02	Secondary Identifier for:	
		2310A		• Referring Provider	
		2310D		• Supervising Provider	
		2420E		• Ordering Provider	
17b	NPI		NM109	Identifier for:	Encounter record > General tab > Referring Provider (also used for Ordering Provider) or Supervising Provider.
		2310A		• Referring Provider	
		2310D		• Supervising Provider	
		2420E		• Ordering Provider	Note: The NPI pulls from the associated Provider or Referring Physician record.
18	Hospitalization Dates Related to Current Services From MMDDYY To MMDDYY _Note:_ No mapping to paper for the Qualifier Code.	2300	DTP01	Date Time Qualifier Code: • 435 - Admission • 096 - Discharge	Encounter record > Hospitalization Dates section > Start and End Date. OR Patient record > Cases tab > Case record > Condition tab > Dates section > Date Type: Hospitalization Related to Condition > Start and End Date. _Note:_ The hospitalization dates pull from the Encounter record when both records are populated.
			DTP03	Related Hospitalization Admission Date, Related Hospitalization Discharge Date	

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
19	Additional Claim Information (Designated by NUCC)	2300	NTE01, NTE02	Note Reference Code, Claim Note Text	Encounter record > General tab > Miscellaneous (CMS-1500) section: • For Paper Claims: Add'l Claim Info (Box 19) • For E-Claims: ▪ E-Claim Note Type and E-Claim Note ▪ To populate paperwork or supporting information (PWK), please contact Kareo Support.
			PWK01, PWK02, PWK05, PWK06	Attachment Report Type Code, Attachment Transmission Code, Identification Code Qualifier, Identification Code	
20	Outside Lab? (Y/N)	2400	N/A	No mapping to 837P for Yes (Y)/No(N).	Generated by Kareo. No (N) is automatically indicated. *Note:* To indicate Yes (Y) and to populate the Outside Lab Charges, please contact Kareo Support.
	Outside Lab $ Charges		PS102	Purchased Service Charge Amount	
21	Diagnosis or Nature of Illness or Injury Relate A-L to service line below (24E)	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	Diagnosis Code	Encounter record > General tab > Procedure section > Service line(s) > Diag 1, 2, 3, 4.
	ICD Ind. (e.g., 0, 9)		HI01 - 1	Diagnosis Type Code (e.g., ABK, BK)	Generated by Kareo. Auto-populates: • For Paper Claims: ICD Indicators "0" for ICD-10 and "9" for ICD-9 codes. • For E-Claims: Codes ABK for ICD-10 and BK for ICD-9 codes.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
22	Resubmission Code, Original Ref. No.	2300	CLM05 - 3, REF02	Claim Frequency Code, Payer Claim Control Number	Encounter record > General tab > Miscellaneous (CMS-1500) section > Submit Reason and Payer Doc Ctrl #.
23	Prior Authorization Number *Note:* No mapping to paper for the Qualifier Code.	2300	REF01, REF02	Reference Identification Qualifier Code, Number: • G1 - Prior Authorization Number	Encounter record > General tab > Prior Authorization. *Note:* Review the Authorizations help article to add authorization(s).
				• X4 - Clinical Laboratory Improvement Amendment (CLIA) Number	Review the CLIA Number help article to populate the number.
24A	Date(s) of Service (shaded field)	2400	SV101 - 7	Description *Note:* Required when SV101 - 2 is a non-specific procedure code (e.g., Not Otherwise Classified (NOC), Unlisted, Unspecified).	Review the Not Otherwise Classified (NOC) Code Description help article to add the description.
		2410	LIN02, LIN03	Product or Service ID Qualifier and National Drug Code	Review the Drug Information help article for instructions.
			CTP04	National Drug Unit Count	
			CTP05 - 1	Code Qualifier	
	Date(s) of Service From MMDDYY To MMDDYY (unshaded field)	2400	DTP03	Service Date	Encounter record > General tab > Procedures section > Service line(s) > From and To dates. *Note:* The end date auto-populates to equal the start date if it is left blank in the encounter.

| CMS-1500 Claim Form (02/12) | | ANSI ASC X12 837P v5010 | | | Where in Kareo |
Box	Field Description	Loop	Segment	837P Description	
24B	Place of Service	2300	CLM05 - 1	Place of Service Code	Encounter record > General tab > Place Of Service. *Note:* Defaults to the Place Of Service indicated in the associated Service Location record but can manually be changed in the encounter.
		2400	SV105		
24C	EMG	2400	SV109	Emergency Indicator	Patient record > Cases tab > Case record > Condition tab > "Emergency?".
24D	Procedures, Services, or Supplies	2400	SV101 (2-6)	Procedure Code, Modifiers	Encounter record > General tab > Procedures section > Service line(s) > Procedure and Mod 1, 2, 3, 4.
24E	Diagnosis Pointer	2400	SV107 (1-4)	Diagnosis Code Pointer	Encounter record > General tab > Procedures section > Service line(s) > Diag 1, 2, 3, 4. *Note:* The diagnosis pointer relates to the Item # for the diagnosis code entered in Box 21 (converted to alpha character for paper claims and numeric for e-claims) according to the order of entry.
24F	$ Charges	2400	SV102	Line Item Charge Amount	Encounter record > General tab > Procedures section > Service line(s) > Unit Charge per corresponding procedure.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
24G	Days or Units	2400	SV104	Service Unit Count	Encounter record > General tab > Procedures section > Service line(s) > Days or Units. *Note:* Defaults to the Default Units indicated in the associated Procedure record but can manually be changed in the encounter.
24H	EPSDT, Family Plan	2400	SV111, SV112	EPSDT Indicator, Family Planning Indicator	Patient record > Cases tab > Case record > Condition tab > "EPSDT?", "Family Planning?".
24I	ID. Qual. (shaded field)	2310B	REF01	Reference Identification Qualifier Code	Review the Advanced Provider Override Settings help article to populate the 2-digit ID code (e.g., 0B, G2) that corresponds with the Rendering Provider's other ID number in Box 24J/Loop 2310B, REF02.
24J	Rendering Provider ID. # (shaded field)	2310B	PRV03	Provider Taxonomy Code	Review the Advanced Provider Override Settings help article to populate the Rendering Provider's other ID number.
			REF02	Rendering Provider Secondary Identifier	
	Rendering Provider ID. # (unshaded field)		NM109	Rendering Provider Identifier	Provider record > General tab > Individual NPI. *Note:* Review the Override Claim Settings help article for NPI override information.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
25	SSN/EIN	2010AA	REF01	Reference Identification Qualifier Code: • EI – Employer's Identification Number • SY – Social Security Number	Provider record > Claim Settings tab > Tax ID: • If "Bill with EIN" is selected, EIN is indicated with the EIN number pulled from the Practice Information record. • If "Bill with SSN" is selected, SSN is indicated with the SSN number pulled from the Provider record. *Note:* Review the Provider Claims Settings and Override Claim Settings help articles for EIN and SSN override information.
	Federal Tax I.D. Number		REF02	Billing Provider Tax Identification Number	
N/A	N/A			*Note:* 2010AA, REF01, REF02 is also used to send a payer assigned and required Submitter Identification Number.	Provider record > Claim Settings tab > Insurance Override record > Show advanced settings > Submitter Number in the bottom left of the window.
26	Patient's Account No.	2300	CLM01	Patient Control Number (PCN)	Generated by Kareo. This number consists of the Encounter ID + Z + Kareo Account ID (e.g., 123Z12345).
27	Accept Assignment? (Y/N)	2300	CLM07	Assignment or Plan Participation Code	Insurance Company record > Practice Settings tab > "Provider accepts assignment of benefits".

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
28	Total Charge	2300	CLM02	Total Claim Charge Amount	Encounter record > Procedures section > Total Charge of all service lines entered (automatically calculated by Kareo).
29	Amount Paid	2300	AMT02	Patient Amount Paid	Payment record associated with the claim service line(s) > Total applied payment amount.
		2320		Payer Paid Amount	
30	Rsvd for NUCC Use *Note:* Previously used for Balance Due and has been eliminated.	N/A	N/A	N/A	N/A
31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Provider or Supplier Signature Indicator Code	Encounter record > General tab > Rendering Provider (or Supervising Provider if indicated). *Note:* The name and credentials pull from the associated Provider record. Kareo auto-populates Yes (Y) for e-claims, and "Signature on File" and date for paper claims.
32	Service Facility Location Information	2310C	NM103	Laboratory or Facility Name	Service Location record (associated with the encounter as the Location) > Billing Name and Address.
			N301, N401, N402, N403	Laboratory or Facility Address Line, City Name, State or Province Code, Postal Zone or Zip Code	
32a	Service Location NPI	2310C	NM109	Laboratory or Facility Primary Identifier	Service Location record (associated with the encounter as the Location) > NPI.

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
32b	Service Location Other ID Qualifier Code, Other ID Number *Note:* Prints with the 2-digit Qualifier Code followed by the number (e.g., LU1234567890).	2310C	REF01, REF02	Reference Identification Qualifier Code, Laboratory or Facility Secondary Identifier	Service Location record (associated with the encounter) > Legacy Number Type and Legacy Number.
33	Billing Provider Info & Ph #	2010AA	NM103, NM104, NM105, NM107	Billing Provider Last or Organization Name, First Name, Middle Name or Initial, Name Suffix	For Group: • Practice Information record > Name, Contact Address and Phone number. For Individual: • Provider record > Full Name, Address and Work number.
			N301, N401, N402, N403	Billing Provider Address Line, City Name, State or Province Code, Postal Zone or Zip Code	
			PER04	Billing Provider Communication Number	
		2010AB	NM103, NM104, NM105, NM107	Pay-to Provider Last or Organization Name, First Name, Middle Name, Name Suffix	For overrides, Provider record > Claim Settings: • All insurances: "Enable Pay-To Address" • Specific insurance: Insurance Override record > Show advanced settings > Practice Settings section. *Note:* The phone number on paper claims pull from the Practice Information (for Group) or Provider record (for Individual).
			N301, N401, N402, N403	Pay-to Address Line, City Name, State Code, Postal Zone or Zip Code	

CMS-1500 Claim Form (02/12)		ANSI ASC X12 837P v5010			Where in Kareo
Box	Field Description	Loop	Segment	837P Description	
33a	Billing Provider NPI	2010AA	NM109	Billing Provider Identifier	For Group: • Practice Information record > Group NPI. For Individual: • Provider record > General tab > Individual NPI. *Note:* Review the Provider Claims Settings and Override Claim Settings help articles for NPI override information.
33b	Billing Provider Other ID Number *Note:* Prints with the 2-digit Qualifier Code followed by the number (e.g., ZZ123D00000X).	2000A	PRV02, PRV03	Reference Identification Qualifier Code, Provider Taxonomy Code *Note:* Qualifier Code PXC - Health Care Provider Taxonomy Code auto-populates for e-claims when the Group Specialty is added.	Provider record > Claim Settings tab > Insurance Override record > Show advanced settings. • For Paper Claims: Advanced Paper Claim Settings section > Group Provider # (field 33b). • For E-Claims: ▪ To populate the Group Taxonomy Code, Group Specialty located in the bottom right of the window. ▪ To populate Loop 2010AA or Loop 2010BB, please contact Kareo Support.
		2010AA	REF01, REF02	Reference Identification Qualifier Code, Billing Provider License and/or UPIN Information *Note:* This information is typically not required or reported.	
		2010BB	REF01, REF02	Reference Identification Qualifier Code, Billing Provider Secondary Identifier *Note:* This information is a payer specific requirement for reporting secondary identification.	

Learn More

Help Center

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Kareo University

Log into app.kareo.com to access Kareo University and register for live trainings, view pre-designed courses and eLearnings. Review the Kareo University help article for more details.

Guides

Review the Billing section of the User Guides page for additional resources to help set up your billing company for success.

Kareo is the leading cloud-based complete medical technology platform purpose-built to meet the unique needs of independent practices in more than 45 specialties.

Today Kareo helps over 75,000 providers in all 50 states run more efficient and profitable practices, while delivering outstanding patient care. The Kareo technology platform is the first to help independent practices find more patients, manage their care with a fully certified and easy-to-use EHR, and get paid quickly all in one complete and integrated package.

Kareo has received extensive industry recognition, including the Deloitte Technology Fast 500, Inc. 5000, and Black Book's #1 Integrated EHR, Practice Management and Medical Billing vendor, as well as ranking at the top of the Leader Quadrant in the FrontRunners Software Analysis of EHR. Kareo's growth further demonstrates the expansion and vitality of the independent practice market in the U.S. With offices across the country, Kareo's mission is to help independent practices succeed in an ever-changing healthcare market. More information can be found at www.kareo.com or by calling 888-775-2736.