REMITTANCE - NSF 2.01 CROSSWALK

Remittance Field	NSF 2.1 Field	NSF Field Number	Field Length
CARRIER NAME	Submitter Name	100-07	X(33)
PROVIDER NAME	Provider Name	200-06	X(33)
PROVIDER ADDRESS 1			
PROVIDER ADDRESS 2			
PROVIDER CITY			
PROVIDER STATE			
PROVIDER ZIP			
PROVIDER #	Provider Number	200-07	X(15) - X(10) used
DATE	Check / EFT Issue Date	200-09	X(08) - use MM/DD/YY
CHECK / EFT #	Check Number / EFT Trace Number	200-08	X(15)
BENEFICIARY LAST NAME	Patient Last Name	400-13	X(20) - X(12) used
BENEFICIARY FIRST NAME	Patient First Name	400-14	X(12) - X(08) used
HIC	Insured Identification Number	400-07	X(25) - X(12) used
ACNT	Patient Control Number	400-03	X(17)
ICN	Payor Claim Control Number	400-22	X(17)
ASG (ASSIGNMENT)	Claim Filing Indicator	500-24	X(01)
MOA CODES	Claim Remark Code 1 thru Claim Remark Code 5	400-23 thru 400-27	X(05)
PERF PROV	Performing Provider Identification	450-37	X(15) - X(10) used
SERV DATE (FROM)	Service From Date	450-07	X(08) - use MMDD
SERV DATE (THRU)	Service To Date	450-08	X(08) - use MMDDYY
POS	Place of Service	450-11	X(02)
NUM	Units of Service	450-17	9(03)V9 - 9(03) used
PROC	Procedure Code	450-13	X(05)

REMITTANCE - NSF 2.01 CROSSWALK

Remittance Field	NSF 2.01 Field	NSF Field Number	Field Length
MODS	HCPCS Modifier 1 thru HCPCS Modifier 3	450-14 thru 450-16	X(02)
SUBMITTED PROCEDURE CODE	Original Procedure Code	451-09	X(05)
BILLED	Submitted Line Charge	450-18	S9(05)V99 *
ALLOWED	Allowed / Contract Amount	450-21	S9(05)V99 *
DEDUCT	Deductible Amount	450-22	S9(05)V99 use S9(04)V99
COINS	Coinsurance Amount	450-23	S9(05)V99
PROV PD	Calculated Payment to Provider	450-28	S9(05)V99 *
RC-AMT (REASON CODES)	Group and Reason Code 1 thru Group and Reason Code 7	450-38 thru 450-44	X(06)
RC-AMT (REASON CODES AMOUNTS)	Dollar Amount 1 thru Dollar Amount 5 Dollar Amount 6 thru Dollar Amount 7	451-10 thru 451-14 451-22 thru 451-23	S9(05)V99 S9(05)V99
REM	Line Remark Code 1 thru Line Remark Code 5	451-16 thru 41-20	X(05)
PT RESP	CT Amount Patient Owes	500-23	S9(05)V99 *
BILLED (CLAIM - LEVEL)	CT Submitted Charges	500-05	S9(05)V99 *
ALLOWED (CLAIM - LEVEL)	CT Allowed	500-08	S9(05)V99 *
DEDUCT (CLAIM - LEVEL)	CT Deductible	500-09	S9(05)V99 use S9(04)V99
COINS (CLAIM - LEVEL)	CT Coinsurance	500-10	S9(05)V99
PROV PD (CLAIM - LEVEL)	CT Calculated Payment to Provider	500-15	S9(05)V99 *
NET	CT Actual Payment to Provider	500-19	S9(05)V99
PREV PD	CT Previous Payment to Provider	500-17 - 500-18	S9(05)V99
PD TO BENE	CT Actual Payment to Payee	500-20	S9(05)V99
INT	CT Interest Paid	500-11	S9(05)V99
MSP	CT Amount Paid by Other Payor	500-13	S9(05)V99

REMITTANCE - NSF 2.01 CROSSWALK

Remittance Field	NSF 2.01 Field	NSF Field Number	Field Length
OTHER (REASON CODES)	Claim Adjustment Reason Code 1 - Claim Adjustment Reason Code 3	500-30 thru 500-32	X(06)
OTHER (REASON CODE AMOUNTS)	Dollar Amount 1 - Dollar Amount 3	500-33 thru 500-35	S9(05)V99
INSURER TO WHICH CLAIM IS FORWARDED OR TRANSFERRED **	Carrier / Supplemental Insurer Name	500-25	X(33)
TOTAL CLAIMS	BT Claim Records	800-06	9(05)
TOTAL BILLED	BT Submitted Charges	800-08	S9(07)V99
TOTAL ALLOWED	BT Allowed	800-11	S9(07)V99
TOTAL DEDUCT	BT Deductible	800-12	S9(07)V99
TOTAL COINS	BT Coinsurance	800-13	S9(07)V99
TOTAL PROV PD	BT Calculated Payment to Provider	800-18	S9(07)V99
TOTAL PREV PD	BT Previous Payment to Provider	800-20 - 800-21	S9(07)V99
TOTAL PD TO BENE	BT Calaculated Payment to Payee	800-19	S9(07)V99
TOTAL INT	BT Interest Paid	800-14	S9(07)V99
TOTAL MSP	BT Amount Paid by Other Payor	800-16	S9(07)V99
TOTAL OFFSET	Computed from the sum of all offset amount fields (700-7)	Computed	S9(07)V99
TOTAL OTHER ADJS	Computed from the sum of all reason code amount fields (400-31 thru 400-33)	Computed	S3(07)V99
AMOUNT OF CHECK	BT Actual Payment to Provider	800-22	S9(07)V99
FCN OR ADJUSTMENT REASON	Financial Control Number Provider Adjustment Reason	700-08, 700-06	X(17) X(02)
HIC (OFFSET DETAIL)	Health Insurance Claim Number	700-04	X(25)
AMOUNT (OFFSET DETAIL)	Adjustment Amount	700-07	S9(05)V99 *

* These fields are defined as S9(05) .99 in the NSF documentation, but S9(07) .99 will be used for the paper remittance advice.

** The need for the claim forwarded/transferred message can be triggered by a value of “Y” in 400-18 (forwarded) or values 05-09 in 400-19 (transferred).