

## Special Billing Instructions: Medical and Allied Health Services

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The Medi-Cal Computer Media Claims (CMC) format is comparable to the CMS-1500 claim form for medical and allied health services. ASC X12N 837 v.5010 was developed by the Accredited Standards Committee (ASC). The ASC X12N 837 v.5010 transaction record format meets Medi-Cal claims processing requirements.

This section identifies the field values specific to the ASC X12N 837 v.5010 that require special billing instructions. Submitters may use the explanation of items found in the CMS-1500 Completion section in the appropriate Part 2 manual, except when entering data for the comparable items listed in this section.

Data fields for the ASC X12N 837 v.5010 transactions can be found in the HIPAA 5010 Medi-Cal Companion Guide.

The billing instructions listed on the following pages are to be used when entering data for the Medi-Cal ASC X12N 837 v.5010 formats. Field values specific to the ASC X12N 837 v.5010 are identified. Refer to your software billing instructions for specific field values.

### «CMS-1500 to CMC Correlation Table»

CMS-1500 Item	Description	CMC Correlation
3.	PATIENT'S BIRTHDATE/SEX	<p><b>DATE OF BIRTH.</b></p> <p><u>ASC X12N 837 v.5010.</u> Enter the recipient's date of birth in an eight-digit, CCYYMMDD (Century, Year, Month, Day) format (for example, July 11, 1997 = 19970711).</p> <p><b>SEX.</b></p> <p>Enter an "M" for Male and "F" for Female.</p>
10A.	IS PATIENT'S CONDITION RELATED TO: (A) EMPLOYMENT?	<p><b>EMPLOYMENT RELATED/NON-EMPLOYMENT RELATED.</b></p> <p><u>ASC X12N 837 v.5010.</u> If employment related, enter the appropriate code. Employment/non-employment related indicators may vary depending on vendor's software.</p> <p><b>Note:</b> The <i>Date of Onset</i> field must be present if this field is completed.</p>

«CMS-1500 to CMC Correlation Table (continued)»

CMS-1500 Item	Description	CMC Correlation
11D.	IS THERE ANOTHER HEALTH BENEFIT PLAN?	<p><b>OTHER COVERAGE.</b></p> <p><u>ASC X12N 837 v.5010.</u> Enter the Other Health Coverage (OHC) amount to indicate OHC.</p> <p>OHC includes insurance carriers as well as prepaid health plans (PHPs) and health maintenance organizations (HMOs) that provide any of the recipient's health care needs. Medi-Cal policy requires that, with certain exceptions, providers must bill the recipient's OHC prior to billing Medi-Cal. (For details on OHC, refer to the <i>Other Health Coverage</i> section in the appropriate Part 2 manual.)</p> <p><b>Note:</b> If an attachment is required, attachment procedures will have to be followed.</p>
14.	DATE OF CURRENT ILLNESS, INJURY OR PREGNANCY	<p><b>DATE OF ONSET.</b></p> <p><u>ASC X12N 837 v.5010.</u> Enter the date of onset in an 8-digit, CCYYMMDD (Year, Month, Day) format (for example, June 11, 2020 = 20200611).</p> <p><b>Note:</b> The <i>Employment Related/Non-Employment Related</i> field must be completed if the <i>Date of Onset</i> is present.</p>
20.	OUTSIDE LAB	<p><b>OUTSIDE LABORATORY.</b></p> <p><u>ASC X12N 837 v.5010.</u> Enter the appropriate code. This code may vary depending on the vendor's software.</p> <p><b>LABORATORY NAME AND ADDRESS.</b></p> <p>When billing for outside laboratory services, state that the services rendered were performed at an "unaffiliated laboratory" in the <i>Remarks</i> area.</p>

«CMS-1500 to CMC Correlation Table (continued)»

CMS-1500 Item	Description	CMC Correlation
22.	MEDICAID RESUBMISSION CODE/ORIGINAL REF. NO	<p><b>MEDICARE STATUS.</b></p> <p>Enter one of the following codes:</p> <p>Code 0, Under 65 does not have Medicare</p> <p>Code 8, Non-covered services</p> <p><b>Note:</b> Other status codes are not acceptable because they require attachments.</p>
24C.	EMG	<p><b>EMERGENCY CERTIFICATION INDICATOR.</b></p> <p><u>ASC X12N 837 v.5010</u>. Enter the appropriate code. This code may vary depending on the vendor's software. Providers should refer to the <i>HIPAA 5010 Medi-Cal Companion Guide</i>.</p>
24H.	EPSDT FAMILY PLANNING	<p><b>FAMILY PLANNING/CHDP.</b></p> <p>Enter one of the following ANSI ASC X12N 837 v5010 response codes in the appropriate field. Leave blank if not applicable. The codes entered may vary depending on vendor's software.</p> <p>Code Y, Family Planning/Other</p> <p>Code Y, EPSDT/CHDP Screening Related</p> <p><b>Note:</b> Sterilization claims cannot be billed electronically.</p> <p>See the <i>Family Planning</i> section in the appropriate Part 2 manual for further information.</p>
24J.	COB	<p><b>BILLING LIMIT EXCEPTION.</b></p> <p>If there is an exception to the six-month billing limitation, enter the appropriate reason code number and include the required documentation in the <i>Remarks</i> area. Please refer to the <i>Billing Instructions: Acceptable Claims, Attachments and ASC X12N 835 v.5010 Transactions</i> section of this user guide for a list of valid billing limit exception codes for CMC formats.</p>

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.