

## Special Billing Instructions: Medical and Allied Health Services

Page updated: February 2025

«ASC X12N 837 v. 5010 was developed by the Accredited Standards Committee (ASC) X12N and accredited by the American National Standards Institute (ANSI). The 837 claim is comparable to the *CMS-1500* claim form for medical and allied health services. 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. This section identifies the field values specific to the 837 format.

### CMS-1500 to Electronic Data Interchange (EDI) Correlation Table»

CMS-1500 Item	Description	«EDI Correlation»
3.	PATIENT'S BIRTHDATE/SEX	<p><b>DATE OF BIRTH.</b></p> <p>ASC X12N 837 v.5010. Enter the recipient's date of birth in an eight-digit, CCYYMMDD (Century, Year, Month, Day) format (for example, July 11, 1997 would be 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>ASC X12N 837 v.5010. 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 EDI Correlation Table (continued)»

CMS-1500 Item	Description	«EDI Correlation»
11D.	IS THERE ANOTHER HEALTH BENEFIT PLAN?	<p><b>OTHER COVERAGE.</b></p> <p>ASC X12N 837 v.5010. 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>ASC X12N 837 v.5010. Enter the date of onset in an 8-digit, CCYYMMDD (Year, Month, Day) format (for example, June 11, 2020 would be 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>ASC X12N 837 v.5010. 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 EDI Correlation Table (continued)»

CMS-1500 Item	Description	«EDI 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>ASC X12N 837 v.5010. Enter the appropriate code. This code may vary depending on the vendor's software. «Providers should refer to the <i>Medi-Cal EDI Companion Guide</i>.»</p>
24H.	FAMILY PLANNING	<p><b>FAMILY PLANNING.</b></p> <p>«Enter one of the following ANSI 837 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><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 Claims</i> section of this user guide for a list of valid billing limit exception codes for 837 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.