

Special Billing Instructions: Inpatient and Outpatient Services

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«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 *UB-04* claim form for inpatient and outpatient services. Submitters may use the explanation of items found in the *UB-04 Completion: Inpatient Services* and *UB-04 Completion: Outpatient Services* sections of the 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 claim format.

UB-04 to Electronic Data Interchange (EDI) Correlation Table»»

UB-04 Item	Description	«EDI Correlation»
14.	BIRTHDATE	<p>DATE OF BIRTH.</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, 1994 would be 19940711).</p>
18 – 28.	CONDITION CODES	<p>FAMILY PLANNING</p> <p>«ASC X12N 837 v.5010 Response Code Y, Family Planning/Other»</p> <p>Note: 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>

«UB-04 to EDI Correlation Table (continued)»

UB-04 Item	Description	«EDI Correlation»
18 – 28.	CONDITION CODES (continued)	<p>BILLING LIMIT EXCEPTION.</p> <p>If there is an exception to the six-month billing limit, 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 in this manual for a list of valid billing limit exception codes for 837 formats.</p> <p>Note: 837 uses the one-digit numeric code.»</p> <p>MEDICARE STATUS.</p> <p>Enter one of the following codes: Code 0, Under 65 does not have Medicare Code 8, Non-covered services</p> <p>Note: Other status codes are not acceptable because they require attachments.</p> <p>OUTSIDE LABORATORY.</p> <p>ASC X12N 837 v.5010: Enter the appropriate code depending on the vendor’s software.</p> <p>OUTSIDE LABORATORY NAME AND ADDRESS.</p> <p>When billing for outside laboratory services, state that services rendered were performed at an “unaffiliated laboratory” in the <i>Remarks</i> area.</p>

UB-04 to EDI Correlation Table (continued)>>

UB-04 Item	Description	<<EDI Correlation>>
30 – 36.	OCCURRENCE CODES AND DATES	<p>ACCIDENT/INJURY DATE.</p> <p>ASC X12N 837 v.5010. In an eight-digit, CCYYMMDD (Year, Month, Day) format, enter the date of the accident or injury requiring medical care, if applicable.</p> <p>ACCIDENT/INJURY – EMPLOYMENT RELATED.</p> <p><<837.>> If employment related, enter the appropriate code. Employment related indicators may vary depending on vendor’s software.</p> <p>Note: The accident/injury date must be present if this field is completed. Leave blank if service was not the result of an accident or injury.</p>
54A-C.	PRIOR PAYMENT (Other Coverage)	<p>OTHER COVERAGE.</p> <p>ASC X12N 837 v.5010. Enter 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>Note: If an attachment is required, the claim cannot be billed electronically. <<Refer to the <i>Billing Instructions: Acceptable Claims, Attachments and ASC X12N 835 v.5010 Claims</i> section in this manual for additional information.>></p>

<<Legend>>

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

Symbol	Description
<<	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.