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# ASC X12N 837 v.5010 Claims Data Specifications General Information

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«The ASC X12N 837 v.5010 claims record formats described in this section meet the requirements of the Medi-Cal claims processing system. Certain data fields found on hard copy claims, such as the *Deletion, Attachments and Signature* fields, have been eliminated from the 837 data specifications. Although most claims can be submitted through 837, some claims are billed on hard copy only. For a list of claims acceptable and unacceptable through 837 billing, refer to the *Billing Instructions: Acceptable Claims, Attachments and ASC X12N 835 v.5010 Claims* section of this manual.

## ASC X12N 837 v.5010

The 837 Health Care Claim standard was developed by the Accredited Standards Committee (ASC) X12N.» It is intended to provide a standard format for the electronic transmission of all health care claims. «Medi-Cal has implemented the 837 claim specifically for inpatient, outpatient and medical claims. Submitters may transmit the 837 claim in the [Provider Portal](#) Electronic Data Interchange (EDI) Submission application.»

## **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.