

# ASC 837I

## Version 5010A2

### Institutional Health Care Claim to the CMS-1450 Claim Form Crosswalk

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 include provisions for administrative simplification. HIPAA requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The ASC 837I v5010A2 health care claim for institutional providers was established in accordance with these HIPAA regulations.

The implementation of the ASC 837I v5010A2 presents substantial changes in the content of the data institutional providers will submit with their claims. In order to help institutional providers prepare for these changes, we have created a CMS-1450 Data Form Crosswalk to ASC 837I v5010A2 Institutional Health Care Claims. This Crosswalk will help institutional providers with correct claims submission during and after the transition to the ASC 837I v5010A2.

Form Locator #	Description	ASC 837I v5010A2 Data Element
01	Billing Provider Name, Address and Telephone Number	Loop 2000A, NAME/ADDR, IN segment, 4th segment
02	Pay-to-Name and Address (required when different from form locator 01)	Loop 2000A, NAME/ADDR, 6th segment, 5th segment
03a	Patient Control Number	Loop 2000, CURR-1
03b	Medical Record Number	Loop 2000, REF/AUT
04	Type of Bill	Loop 2000, CURR-C, CURR-D
05	Federal Tax ID Pay-to-provider = to the Billing Provider Pay-to-provider not = to the Billing Provider	Loop 2000A, INCORP, NPT/EXD Loop 2000A, INCORP, EXE/DOC
06	Statement Covers Period (MM/YYYY)	Loop 2000, DFF/DA/RA
07	Referred by Referral ID	Referred by Referral ID
08a	Patient Name When patient = Subscriber When patient is not = Subscriber	Loop 2000A, NAME/RES, 04, 05, 07 Loop 2000A, NAME/ADDR, 04, 05, 07
08b	Patient Identifier When patient = Subscriber When patient is not = Subscriber	Loop 2000A, NAME/RES Loop 2000A, NAME/ADDR
08a-0	Patient Address When patient = Subscriber When patient is not = Subscriber	Loop 2000A, ADDR, NADD/CE/BLN Loop 2000A, ADDR, NADD/CE/BLN
10	Patient Birth Date When patient = Subscriber When patient is not = Subscriber	Loop 2000A, DABD0 Loop 2000A, DABD0



# 837i 5010 Implementation Guide

**Debra P. Ferenc**



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inpatient coding and outpatient ambulatory surgery coding UB 04 Claim Simulation on the companion Evolve website lets you practice entering information from source documents into the claim form Over 300 illustrations and graphics bring important concepts to life Detailed chapter objectives highlight what you are expected to learn Key terms acronyms and abbreviations with definitions are included in each chapter Concept Review boxes reinforce key concepts Test Your Knowledge exercises reinforce lessons as you progress through the material Chapter summaries review key concepts Practice hospital cases let you apply concepts to real life scenarios Updated Claim Forms chapter covers the UB 04 claim form Updated information covers diagnosis and procedural coding with guidelines and applications Updated claim forms and names are used throughout

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