

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 Claim Form Crosswalk to ASC 837I v5010A2 Institutional Health Care Claim. 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 Loop, Segment
01	Billing Provider, Name, Address and Telephone Number	Loop 2010AA, NM1/85/03, N3 segment, N4 segment
02	Pay-to-Name and Address (required when different from form locator 01)	Loop 2010AB, NM1/85/03, N3 segment, N4 segment
03a	Patient Control Number	Loop 2300, CLM01
03b	Medical Record Number	Loop 2300, REF/EA/02
04	Type of Bill	Loop 2300, CLM05-1, CLM05-3
05	Federal Tax ID Pay-to-provider = to the Billing Provider Pay-to-provider not = to the Billing APROV	Loop 2010AA, NM109, REF/EI/02 Loop 2010AB, NM109, REF/EI/02
06	Statement Covers Period (MMDDYY)	Loop 2300, DTP/434/03
07	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
08a	Patient Name When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, NM1/IL/03, 04, 05, 07 Loop 2010CA, NM1/QC/03, 04, 05, 07
08b	Patient Identifier When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, NM1/IL/09 Loop 2010CA, NM1/QC/09
09a-e	Patient Address When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, N301, N401,02,03,04 Loop 2010CA, N301, N401,02,03,04

Form Locator #	Description	ASC 837I v5010A2 Loop, Segment
10	Patient Birth Date When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, DMG02 Loop 2010CA, DMG02
11	Patient's sex When patient = Subscriber When patient is not = Subscriber	Loop 2010BA, DMG02 Loop 2010CA, DMG02
12	Admission/Start of Care Date	Loop 2300, DTP/435/03
13	Admission Hour	Loop 2300, DTP/435/03
14	Priority (Type) of Visit	Loop 2300, CL101
15	Source of Admission	Loop 2300, CL102
16	Discharge Hour	Loop 2300, DTP/096/03
17	Institutional Claim Code	Loop 2300, CL103
18-28	Condition Codes	Loop 2300, HI01-2 (HI01-1=BG) Loop 2300, HI02-2 (HI02-1=BG) Loop 2300, HI03-2 (HI03-1=BG) Loop 2300, HI04-2 (HI04-1=BG) Loop 2300, HI05-2 (HI05-1=BG) Loop 2300, HI06-2 (HI06-1=BG) Loop 2300, HI07-2 (HI07-1=BG)
29	Auto State	Loop 2300, CLM11-4
30	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
31-34	Occurrence Code/Date	Loop 2300, HI01-2 (HI01-1= BH) HI01-4 Loop 2300, HI02-2 (HI02-1= BH) HI02-4 Loop 2300, HI03-2 (HI03-1= BH) HI03-4 Loop 2300, HI04-2 (HI04-1= BH) HI04-4 Loop 2300, HI05-2 (HI05-1= BH) HI05-4 Loop 2300, HI06-2 (HI06-1= BH) HI06-4 Loop 2300, HI07-2 (HI07-1= BH) HI07-4 Loop 2300, HI08-2 (HI08-1= BH) HI08-4
35-36	Occurrence Span Code/Date	Loop 2300, HI01-2 (HI01-1=BI) HI01-4 Loop 2300, HI02-2 (HI02-1= BI) HI02-4 Loop 2300, HI03-2 (HI03-1= BI) HI03-4 Loop 2300, HI04-2 (HI04-1= BI) HI04-4
37	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
38	Responsible Party	Not required by Medicare.
39-41	Value Code/Amount	Loop 2300, HI01-2 (HI01-1= BE) HI01-5 Loop 2300, HI02-2 (HI02-1= BE) HI02-5 Loop 2300, HI03-2 (HI03-1= BE) HI03-5 Loop 2300, HI04-2 (HI04-1= BE) HI04-5 Loop 2300, HI05-2 (HI05-1= BE) HI05-5 Loop 2300, HI06-2 (HI06-1= BE) HI06-5 Loop 2300, HI07-2 (HI07-1= BE) HI07-5 Loop 2300, HI08-2 (HI08-1= BE) HI08-5 Loop 2300, HI09-2 (HI09-1= BE) HI09-5 Loop 2300, HI10-2 (HI10-1= BE) HI10-5 Loop 2300, HI11-2 (HI11-1= BE) HI11-5 Loop 2300, HI12-2 (HI12-1= BE) HI12-5
42	Revenue Code	Loop 2400, SV201

Form Locator #	Description	ASC 837I v5010A2 Loop, Segment
43	Revenue Description	Not Required by Medicare
44	HCP/PCS/Rate/HIPPS Code	Loop 2400, SV202-2 (SV202-1=HC/HP)
45	Service Date	Loop 2400, DTP/472/03
46	Service/Units	Loop 2400, SV205
47	Total Charges	Loop 2400, SV203
48	Nov-Covered Charges	Loop 2400, SV207
49	Save for Future Use	Not required by Medicare
50a-c	Name Last or Organization Name Other Payer Last or Organization Name	Not Required for 5010 Loop 2330B, NM1/APR/03
51	Identification Code Other Payer Primary Identifier	Not Required for 5010 Loop 2330B, NM1/APR/09
52	Release of Information	Loop 2300, CLM07
53	Assignment of Benefits Certification	Loop 2300, CLM08
54	Prior Payment Amounts	Loop 2320, AMT/D/02
55a-c	Estimated Amount Due	Loop 2300, AMT/EAF/02
56	National Provider Identifier (NPI)	Loop 2010AA, NM1/85/09
57a-c	Billing Provider Tax ID	Loop 2010AA, REF/EI/02
58a-c	Insured's Name Other Insured's Name	Loop 2010BA, NM1/IL/03, 04, 05 Loop 2330A, NM1/IL/03, 04, 05
59a-c	Patient Relationship	Loop 2000B, SBBR02
60a-c	Subscriber Identification Code	Loop 2010BA, NM1/IL/09, REF/SY/02
61	Group Name	Loop 2000B, SBBR04
62	Insurance Group No.	Loop 2000B, SBBR03
63	Treatment Authorization Codes	Loop 2300, REF/G1/02
64	Document Control Number	Loop 2300, REF/F8/02
65	Employer Name	Loop 2320
66	Dx & Procedure Code Qualifier	Not Required by Medicare
67a-q	Diagnosis	Loop 2300, HI01-2 (HI01-1=ABK)
68	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
69	Admitting Dx	Loop 2300, HI02-2 (HI02-1=ABJ)
70a-c	Patient Reason for Visit	Loop 2300, HI02-2 (HI02-1=APR)
71	Diagnosis Related Group (DRG) Code	Loop 2300, HI01-2 (HI01-1=DR)
72a-c	External Cause of Injury Code	Loop 2300, HI03-2 (HI03-1= ABN)
73	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
74	Principal Procedure Code Principal Procedure Date	Loop 2300, HI01-2 (HI01-1= BBR) Loop 2300, HI01-4 (HI01-1=BBR)

Form Locator #	Description	ASC 837I v5010A2 Loop, Segment
74a-e	Other Procedure Information	Loop 2300, HI01-2 (HI01-1=BBQ) Loop 2300, HI01-4 (HI01-1=BBQ) Loop 2300, HI02-2 (HI02-1=BBQ) Loop 2300, HI02-4 (HI02-1=BBQ) Loop 2300, HI03-2 (HI03-1=BBQ) Loop 2300, HI03-4 (HI03-1=BBQ) Loop 2300, HI04-2 (HI04-1=BBQ) Loop 2300, HI04-4 (HI04-1=BBQ) Loop 2300, HI05-2 (HI05-1=BBQ) Loop 2300, HI05-4 (HI05-1=BBQ)
75	<i>Reserved for future use.</i>	<i>Reserved for future use.</i>
76	Attending Provider Name Attending Provider Secondary ID Attending Provider Last Name Attending Provider First Name	Loop 2310A, NM1/71/09 Loop 2310A, REF02 (REF01= OB/1G/G2/or LU Loop 2310A, NM1/71/03 Loop 2310A, NM1/71/04
77	Operating Physician Name Operating Physician Secondary ID Operating Physician Last Name Operating Physician First Name	Loop 2310B, NM1/72/09 Loop 2310B, REF02 (REF01= OB/1G/G2/or LU Loop 2310B, NM1/72/03 Loop 2310B, NM1/72/04
78	Other Operating Physician Name Other Operating Physician Secondary ID Other Operating Physician Last Name Other Operating Physician First Name	Loop 2310C, NM1/ZZ/09 Loop 2310C, REF02 (REF01= OB/1G/G2/or LU Loop 2310C, NM1/ZZ/03 Loop 2310C, NM1/ZZ/04
79	<i>Not Cross walked.</i>	<i>Not Cross walked.</i>
80	Claim Note Claim Note Text	Loop 2300, NTE/ADD/01 Loop 2300, NTE02 (NTE01=ADD)
81a-d	Code to Code	Not Required by Medicare