

Special Billing Instructions: Inpatient and Outpatient Services

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The Medi-Cal Computer Media Claims (CMC) ASC X12N 837 v.5010 (medical services and inpatient/outpatient services) formats have been adopted by Medi-Cal to meet Medi-Cal processing requirements as follows:

- ASC X12N 837 v.5010 was developed by the Accredited Standards Committee (ASC) X12N, and accredited by the American National Standards Institute (ANSI). The CMC ASC X12N 837 v.5010 transaction record format meets Medi-Cal claims processing requirements.

This section identifies the field values specific to the ASC X12N 837 v.5010 format. 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.

Data fields for the ASC X12N 837 v.5010 transactions can be found in the *HIPAA 5010 Medi-Cal Companion Guide*.

The billing instructions listed on the following pages are to be used when entering data for the ASC X12N 837 v.5010 format. Field values specific to ASC X12N 837 v.5010 are identified. Refer to your software billing instructions for specific field values.

«UB-04 to CMC Correlation Table»

UB-04 Item	Description	CMC Correlation
14.	BIRTHDATE	DATE OF BIRTH. <u>ASC X12N 837 v.5010.</u> Enter the recipient's date of birth in an eight-digit, CCYYMMDD (Century, Year, Month, Day) format (for example, July 11, 1994 = 19940711).
18 – 28.	CONDITION CODES	FAMILY PLANNING/CHDP 837 v. 5010 Response Code Y, Family Planning/Other 837 v. 5010 Response Code Y, EPSDT/CHDP Screening Related Note: Sterilization claims cannot be billed electronically. See the <i>Family Planning</i> section in the appropriate Part 2 manual for further information.

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

UB-04 Item	Description	CMC 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 Transactions</i> section in this manual for a list of valid billing limit exception codes for CMC formats.</p> <p>Note: ASC X12N 837 v.5010 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><u>ASC X12N 837 v.5010:</u> 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 CMC Correlation Table (continued)»

UB-04 Item	Description	CMC Correlation
30 – 36.	OCCURRENCE CODES AND DATES	<p>ACCIDENT/INJURY DATE.</p> <p><u>ASC X12N 837 v.5010.</u> 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><u>ASC X12N 837 v.5010.</u> 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><u>ASC X12N 837 v.5010.</u> 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 Transactions</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.