

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/ADDRESS, NO segment, NR segment
02	Pay-to-Name and Address (required when different from form locator 01)	Loop 2000A, NAME/ADDR, NO segment, NR segment
03a	Patient Control Number	Loop 2000, CURBS-1
03b	Medical Record Number	Loop 2000, REFERRID
04	Type of Bill	Loop 2000, CURBS-C, CURBS-D
05	Federal Tax ID Pay-to-provider = to the Billing Provider Pay-to-provider not = to the Billing Provider	Loop 2000A, INCIDR, NPY/EXD Loop 2000A, INCIDR, XEND/OC
06	Statement Covers Period (MM/YYYY)	Loop 2000, DFF/DA/BA
07	Referred by Referral ID	Referred by Referral ID
08a	Patient Name When patient = Subscriber When patient is not = Subscriber	Loop 2000A, NAME/NO, 04, 05, 07 Loop 2000A, NAME/ADDR, 04, 05, 07
08b	Patient Identifier When patient = Subscriber When patient is not = Subscriber	Loop 2000A, NAME/NO Loop 2000A, NAME/ADDR
08a-0	Patient Address When patient = Subscriber When patient is not = Subscriber	Loop 2000A, ADDR, NADD/CE/BLK Loop 2000A, ADDR, NADD/CE/BLK
10	Patient Birth Date When patient = Subscriber When patient is not = Subscriber	Loop 2000A, DABD0 Loop 2000A, DABD0



837i 5010 Implementation Guide

Janet I. Beik



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Insurance Handbook for the Medical Office Marilyn Fordney, 2015-11-26 Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

Understanding Hospital Billing and Coding Debra P. Ferenc, 2013-02-26 A basic guide to hospital billing and reimbursement Understanding Hospital Billing and Coding 3rd Edition helps you understand complete and submit the UB 04 claim form that is used for all Medicare and privately insured patients It describes how hospitals are reimbursed for patient care and services showing how the UB 04 claim form reflects the flow of patient data from the time of admission to the time of discharge Written by coding expert Debra P Ferenc this book also ensures that you understand the essentials of ICD 10 CM and develop skills in both 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

Workbook for Insurance Handbook for the Medical Office - E-Book Marilyn Fordney,2016-01-12 Gain real world practice in insurance billing and coding with Fordney s Workbook for Insurance Handbook for the Medical Office 14th Edition This user friendly workbook features realistic hands on exercises to help you apply concepts and develop critical thinking skills Study tools include performance objectives key terms abbreviation lists study outlines critical thinking assignments and more Performance objectives are carried throughout the chapter to help users identify what needs to be accomplished for that chapter Critical thinking assignments contains questions in the form of short real world vignettes to assist users in applying theory learned from the textbook Self study exercises include fill in the blank mix and match multiple choice and true false questions Key terms and abbreviations lists at beginning of each chapter help to teach and reinforce new concepts and terminology Study outlines covering the key points for each chapter in the textbook guide effective note taking during classroom lecture NEW Updated content reflects changes in the main text

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Insurance Handbook for the Medical Office - E-Book Marilyn Fordney, 2015-12-08 Stay up on the latest in insurance billing and coding with Marilyn Fordney's *Insurance Handbook for the Medical Office 14th Edition* Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

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and cost savings through the use of technology Since the first edition of this text health information technology has only expanded With increased capability and complexity the current technology landscape presents new challenges and opportunities for interprofessional teams Nurses who are already trained to use the analytic process to assess analyze and intervene are in a unique position to use this same process to lead teams in addressing healthcare delivery challenges with data The only informatics text written specifically for advanced practice nurses Nursing Informatics for the Advanced Practice Nurse Second Edition takes an expansive open and innovative approach to thinking about technology Every chapter is highly practical filled with case studies and exercises that demonstrate how the content presented relates to the contemporary healthcare environment Where applicable concepts are aligned with the six domains within the Quality and Safety Education in Nursing QSEN approach and are tied to national goals and initiatives Featuring chapters written by physicians epidemiologists engineers dieticians and health services researchers the format of this text reflects its core principle that it takes a team to fully realize the benefit of technology for patients and healthcare consumers What s New Several chapters present new material to support teams optimization of electronic health records Updated national standards and initiatives Increased focus and new information on usability interoperability and workflow redesign throughout based on latest evidence Explores challenges and solutions of electronic clinical quality measures eCQMs a major initiative in healthcare informatics Medicare and Medicaid Services use eCQMs to judge quality of care and how dynamics change rapidly in today s environment Key Features Presents national standards and healthcare initiatives Provides in depth case studies for better understanding of informatics in practice Addresses the DNP Essentials including II Organization and system leadership for quality improvement and systems thinking IV Core Competency for Informatics and Interprofessional Collaboration for Improving Patient and Population health outcomes Includes end of chapter exercises and questions for students Instructor s Guide and PowerPoint slides for instructors Aligned with QSEN graduate level competencies

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