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/XX, N3 segment, N4 segment
02	Pay-to Name and Address (required when different from form locator 01)	Loop 2010AB, NM1/35/XX, 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 PROV	Loop 2010AA, NM109, REF/TJ/02 — Loop 2010AB, NM109, REF/EI/02
06	Statement Covers Period (MMDDYY)	Loop 2300, DTP/434/RD8
07	Reserved for future use	Reserved for future use
08a	Patient Name — When patient = Subscriber / When patient is not = Subscriber	Loop 2010BA, NM1/IL/01, 04, 05, 07 — Loop 2010CA, NM1/QC/01, 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
10	Patient Birth Date — When patient = Subscriber / When patient is not = Subscriber	Loop 2010BA, DMG02 — Loop 2010CA, DMG02

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