

837 Health Care Claim: Institutional

HIPAA/V4010X096A1/837: Outpatient

Version: 2.1 Final

Author:	EDS for Medi-Cal
Publication:	7/31/2007
Trading Partner:	(Provider or Clearinghouse)
Created:	05/02/2007
Modified:	07/25/2007
Current:	07/25/2007
Notes:	For Dial-Up and Internet Submissions

Table of Contents

837	Health Care Claim: Institutional	1
ISA	Interchange Control Header	4
GS	Functional Group Header	6
ST	Transaction Set Header	7
BHT	Beginning of Hierarchical Transaction	8
REF	Transmission Type Identification	9
1000A	Loop 1000A	10
NM1	Submitter Name	11
PER	Submitter EDI Contact Information	12
1000B	Loop 1000B	13
NM1	Receiver Name	14
2000A	Loop 2000A	15
HL	Billing/Pay-To Provider Hierarchical Level	16
PRV	Billing/Pay-To Provider Specialty Information	17
2010AA	Loop 2010AA	18
NM1	Billing Provider Name	19
N3	Billing Provider Address	21
N4	Billing Provider City/State/ZIP Code	22
REF	Billing Provider Secondary Identification	23
PER	Billing Provider Contact Information	25
2000B	Loop 2000B	26
HL	Subscriber Hierarchical Level	27
SBR	Subscriber Information	28
2010BA	Loop 2010BA	29
NM1	Subscriber Name	30
N3	Subscriber Address	32
N4	Subscriber City/State/ZIP Code	33
DMG	Subscriber Demographic Information	34
2010BC	Loop 2010BC	35
NM1	Payer Name	36
2300	Loop 2300	37
CLM	Claim information	38
DTP	Statement Dates	41
CL1	Institutional Claim Code	42
PWK	Claim Supplemental Information	43
AMT	Payer Estimated Amount Due	45
AMT	Patient Paid Amount	46
REF	Prior Authorization or Referral Number	47
REF	Medical Record Number	48
K3	File Information	49
NTE	Claim Note	50
NTE	Claim Note	51
NTE	Claim Note	52
NTE	Billing Note	53
CR6	Home Health Care Information	54
CRC	Home Health Functional Limitations	57
CRC	Home Health Activities Permitted	59
CRC	Home Health Mental Status	61

HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	62
HI	Other Diagnosis Information	63
HI	Occurrence Information	64
HI	Value Information	65
HI	Condition Information	66
2310A	Loop 2310A	67
NM1	Attending Physician Name	68
PRV	Attending Physician Specialty Information	70
REF	Attending Physician Secondary Identification	71
2310C	Loop 2310C	72
NM1	Other Provider Name	73
REF	Other Provider Secondary Identification	75
2310E	Loop 2310E	76
NM1	Service Facility Name	77
N3	Service Facility Address	79
N4	Service Facility City/State/Zip Code	80
2320	Loop 2320	81
SBR	Other Subscriber Information	82
CAS	Claim Level Adjustment	84
AMT	Payer Prior Payment	87
AMT	Coordination of Benefits (COB) Total Allowed Amount	88
AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	89
DMG	Other Subscriber Demographic Information	90
OI	Other Insurance Coverage Information	91
2330A	Loop 2330A	92
NM1	Other Subscriber Name	93
N3	Other Subscriber Address	95
N4	Other Subscriber City/State/ZIP Code	96
2330B	Loop 2330B	97
NM1	Other Payer Name	98
DTP	Claim Adjudication Date	99
REF	Other Payer Secondary Identification and Reference Number	100
2400	Loop 2400	101
LX	Service Line Number	102
SV2	Institutional Service Line	103
DTP	Service Line Date	106
2420A	Loop 2420A	107
NM1	Attending Physician Name	108
REF	Attending Physician Secondary Identification	110
2420C	Loop 2420C	111
NM1	Other Provider Name	112
REF	Other Provider Secondary Identification	114
2430	Loop 2430	115
SVD	Service Line Adjudication Information	116
CAS	Service Line Adjustment	118
DTP	Service Adjudication Date	121
SE	Transaction Set Trailer	122
GE	Functional Group Trailer	123
IEA	Interchange Control Trailer	124

837 **Health Care Claim: Institutional****Functional Group=HC****Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
005	ST	Transaction Set Header	M	1			Required
010	BHT	Beginning of Hierarchical Transaction	M	1			Required
015	REF	Transmission Type Identification	O	1			Required

LOOP ID - 1000A					<u>1</u>	<u>N1/020L</u>	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter EDI Contact Information	O	2			Required

LOOP ID - 1000B					<u>1</u>	<u>N1/020L</u>	
020	NM1	Receiver Name	O	1		N1/020	Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					<u>>1</u>		
001	HL	Billing/Pay-To Provider Hierarchical Level	M	1			Required
003	PRV	Billing/Pay-To Provider Specialty Information	O	1			Situational

LOOP ID - 2010AA					<u>1</u>	<u>N2/015L</u>	
015	NM1	Billing Provider Name	O	1		N2/015	Required
025	N3	Billing Provider Address	O	1			Required
030	N4	Billing Provider City/State/ZIP Code	O	1			Required
035	REF	Billing Provider Secondary Identification	O	8			Situational
040	PER	Billing Provider Contact Information	O	2			Situational

LOOP ID - 2000B					<u>>1</u>		
001	HL	Subscriber Hierarchical Level	M	>1			Required
005	SBR	Subscriber Information	O	1			Required

LOOP ID - 2010BA					<u>1</u>	<u>N2/015L</u>	
015	NM1	Subscriber Name	O	1		N2/015	Required
025	N3	Subscriber Address	O	1			Situational
030	N4	Subscriber City/State/ZIP Code	O	1			Situational
032	DMG	Subscriber Demographic Information	O	1			Situational

LOOP ID - 2010BC					<u>1</u>	<u>N2/015L</u>	
015	NM1	Payer Name	O	1		N2/015	Required

LOOP ID - 2300					<u>100</u>		
130	CLM	Claim information	O	1			Required
135	DTP	Statement Dates	O	1			Required
140	CL1	Institutional Claim Code	O	1			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
155	PWK	Claim Supplemental Information	O	10			Situational
175	AMT	Payer Estimated Amount Due	O	1			Situational
175	AMT	Patient Paid Amount	O	1			Situational
180	REF	Prior Authorization or Referral Number	O	2			Situational
180	REF	Medical Record Number	O	1			Situational
185	K3	File Information	O	10			Situational
190	NTE	Claim Note	O	10			Situational
190	NTE	Claim Note	O	10			Situational
190	NTE	Claim Note	O	10			Situational
190	NTE	Billing Note	O	1			Situational
216	CR6	Home Health Care Information	O	1			Situational
220	CRC	Home Health Functional Limitations	O	3			Situational
220	CRC	Home Health Activities Permitted	O	3			Situational
220	CRC	Home Health Mental Status	O	2			Situational
231	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	O	1			Situational
231	HI	Other Diagnosis Information	O	2			Situational
231	HI	Occurrence Information	O	2			Situational
231	HI	Value Information	O	2			Situational
231	HI	Condition Information	O	2			Situational
LOOP ID - 2310A					1	N2/250L	
250	NM1	Attending Physician Name	O	1		N2/250	Situational
255	PRV	Attending Physician Specialty Information	O	1			Situational
271	REF	Attending Physician Secondary Identification	O	5			Situational
LOOP ID - 2310C					1	N2/250L	
250	NM1	Other Provider Name	O	1		N2/250	Situational
271	REF	Other Provider Secondary Identification	O	5			Situational
LOOP ID - 2310E					1	N2/250L	
250	NM1	Service Facility Name	O	1		N2/250	Situational
265	N3	Service Facility Address	O	1			Situational
270	N4	Service Facility City/State/Zip Code	O	1			Situational
LOOP ID - 2320					10	N2/290L	
290	SBR	Other Subscriber Information	O	1		N2/290	Situational
295	CAS	Claim Level Adjustment	O	5			Situational
300	AMT	Payer Prior Payment	O	1			Situational
300	AMT	Coordination of Benefits (COB) Total Allowed Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	O	1			Situational
305	DMG	Other Subscriber Demographic Information	O	1			Situational
310	OI	Other Insurance Coverage Information	O	1			Required
LOOP ID - 2330A					1	N2/325L	
325	NM1	Other Subscriber Name	O	1		N2/325	Required
332	N3	Other Subscriber Address	O	1			Situational
340	N4	Other Subscriber City/State/ZIP	O	1			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u> Code	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2330B					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Payer Name	O	1		N2/325	Required
350	DTP	Claim Adjudication Date	O	1			Situational
355	REF	Other Payer Secondary Identification and Reference Number	O	2			Situational
LOOP ID - 2400					<u>1</u>	<u>N2/365L</u>	
365	LX	Service Line Number	O	1		N2/365	Required
375	SV2	Institutional Service Line	O	1			Required
455	DTP	Service Line Date	O	1			Situational
LOOP ID - 2420A					<u>1</u>	<u>N2/500L</u>	
500	NM1	Attending Physician Name	O	1		N2/500	Situational
525	REF	Attending Physician Secondary Identification	O	1			Situational
LOOP ID - 2420C					<u>1</u>	<u>N2/500L</u>	
500	NM1	Other Provider Name	O	1		N2/500	Situational
525	REF	Other Provider Secondary Identification	O	1			Situational
LOOP ID - 2430					<u>25</u>	<u>N2/540L</u>	
540	SVD	Service Line Adjudication Information	O	1		N2/540	Situational
545	CAS	Service Line Adjustment	O	99			Situational
550	DTP	Service Adjudication Date	O	1			Situational
555	SE	Transaction Set Trailer	M	1			Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Medi-Cal Note:

National Provider Identifier (NPI) Dual-Use Period: Medi-Cal will have a dual-use period from May 23, 2007 through November 25, 2007 where providers will be encouraged to submit both the Medi-Cal provider number and the NPI on the submitted claim. During this Dual-Use Period, Medi-Cal will capture both the NPI and the Medi-Cal Provider Number on the inbound 837 transaction and will return both the NPI and the Medi-Cal Provider Number on the outbound 835 transaction if received. During the Dual-Use Period, Medi-Cal will process the claim using the Medi-Cal Provider Number, not the NPI.

NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal; the NPI will be the primary identifier accepted and returned on all transactions except for those providers who do not qualify for an NPI.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required	1
		Code Name					
		00 No Authorization Information Present (No Meaningful Information in I02)					
ISA02	I02	Authorization Information	M	AN	10/10	Required	1
		Medi-Cal Note: Space fill					
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required	1
		Code Name					
		00 No Security Information Present (No Meaningful Information in I04)					
ISA04	I04	Security Information	M	AN	10/10	Required	1
		Medi-Cal Note: Space fill					
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required	1
		Code Name					
		ZZ Mutually Defined					
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required	1
		Medi-Cal Note: Submitter Identifier. Medi-Cal uses the first 3 characters. Space fill the remaining characters.					
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required	1
		Code Name					
		ZZ Mutually Defined					
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required	1
		Medi-Cal Note: "610442" Medi-Cal Identifier					
ISA09	I08	Interchange Date	M	DT	6/6	Required	1
ISA10	I09	Interchange Time	M	TM	4/4	Required	1
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required	1
		Code Name					
		U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required	1
		Code Name					
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997					
ISA13	I12	Interchange Control Number	M	N0	9/9	Required	1
ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required	1
		Code Name					
		0 No Acknowledgment Requested					

ISA15	I14	Usage Indicator	M	ID	1/1	Required	1
		Code Name					
		P Production Data					
		T Test Data					
ISA16	I15	Component Element Separator	M		1/1	Required	1
		Medi-Cal Note: X'1F' ANSI recommended Sub element Separator					

Example:

*ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1*T*::~~*

Medi-Cal Note:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required	1
		Code Name					
		HC Health Care Claim (837)					
GS02	142	Application Sender's Code	M	AN	2/15	Required	1
		Medi-Cal Note: Submitter Identifier <i>Medi-Cal will only use the first 3 characters.</i>					
GS03	124	Application Receiver's Code	M	AN	2/15	Required	1
		Medi-Cal Note: "610442" Medi-Cal Identifier					
GS04	373	Date	M	DT	8/8	Required	1
GS05	337	Time	M	TM	4/8	Required	1
GS06	28	Group Control Number	M	N0	1/9	Required	1
		Medi-Cal Note: Must be identical to the same data element in the associated functional group trailer, GE02.					
GS07	455	Responsible Agency Code	M	ID	1/2	Required	1
		Code Name					
		X Accredited Standards Committee X12					
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required	1
		Code Name					
		004010X096A Draft Standards Approved for Publication by ASC X12 Procedures Review Board through 1 October 1997, as published in this implementation guide.					

Example:

GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X096A1~

ST Transaction Set Header

Pos: 005	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required	1
		<u>Code</u> <u>Name</u>					
		837 Health Care Claim					
ST02	329	Transaction Set Control Number	M	AN	4/9	Required	1

Alias: Transaction Set Control Number

Medi-Cal Note: The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.

Example:

ST*837*987654~

BHT Beginning of Hierarchical Transaction

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required	1
		Code Name					
		0019 Information Source, Subscriber, Dependent					
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required	1
		Code Name					
		00 Original					
BHT03	127	Reference Identification	O	AN	1/30	Required	1
		Industry: Originator Application Transaction Identifier					
BHT04	373	Date	O	DT	8/8	Required	1
		Industry: Transaction Set Creation Date (CCYYMMDD)					
		Medi-Cal Note: Date Billed.					
BHT05	337	Time	O	TM	4/8	Required	1
		Industry: Transaction Set Creation Time (HHMM)					
BHT06	640	Transaction Type Code	O	ID	2/2	Required	1
		Industry: Claim or Encounter Identifier					
		Alias: Claim or Encounter Indicator					
		Code Name					
		CH Chargeable					

Example:

BHT*0019*00*0123*19960618*0932*CH~

REF Transmission Type Identification

Pos: 015

Max: 1

Heading - Optional

Loop: N/A

Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		87 Functional Category					
REF02	127	Reference Identification	C	AN	1/30	Required	1

Industry: *Transmission Type Code*

Medi-Cal Note: *When piloting the transaction set, this value is 004010X096DA1. When sending the transaction set in a production mode, this value is 004010X096A1.*

Example:

*REF*87*004010X096A1~*

Loop 1000A

Pos: 020	Repeat: 1
Optional	
Loop: 1000A	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Submitter Name	O	1		Required
045	PER	Submitter EDI Contact Information	O	2		Required

Example:

*NM1*41*2*ABC Submitter*****46*99999999~*

NM1 Submitter Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		41 Submitter					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Submitter Last or Organization Name					
		Alias: Submitter Name					
		Medi-Cal Note: Medi-Cal will only use the first 33 characters.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Submitter First Name					
		Alias: Submitter Name					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Submitter Middle Name					
		Alias: Submitter Name					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		<u>Code</u> <u>Name</u>					
		46 Electronic Transmitter Identification Number (ETIN)					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Submitter Identifier					
		Alias: Submitter Primary Identification Number					
		Medi-Cal Note: Medi-Cal Submitter ID. Medi-Cal will only use the first 3 characters.					

Example:

NM1*41*2*ABC Submitter***46*99999999~**

PER Submitter EDI Contact Information

Pos: 045	Max: 2
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Required

To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PER01	366	Contact Function Code	M	ID	2/2	Required	1
		Code Name					
		IC Information Contact					
PER02	93	Name	O	AN	1/60	Required	1
		Industry: Submitter Contact Name					
PER03	365	Communication Number Qualifier	C	ID	2/2	Required	1
		Industry: Communication Number Qualifier					
		Code Name					
		ED Electronic Data Interchange Access Number					
		EM Electronic Mail					
		FX Facsimile					
		TE Telephone					
PER04	364	Communication Number	C	AN	1/80	Required	1

Example:

PER*IC*JANE DOE*TE*900555555~

Loop 1000B

Pos: 020	Repeat: 1
Optional	
Loop: 1000B	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Receiver Name	O	1		Required

Example:

*NM1*40*2*CSC HEALTHCARE*****46*112223333~*

NM1 Receiver Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		40 Receiver					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Receiver Name					
		Medi-Cal Note: "Medi-Cal"					
NM104	1036	Name First	O	AN	1/25	Not used	1
NM105	1037	Name Middle	O	AN	1/25	Not used	1
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Industry: Information Receiver Identification Number					
		Code Name					
		46 Electronic Transmitter Identification Number (ETIN)					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Receiver Primary Identifier					
		Alias: Receiver Primary Identification Number					
		Medi-Cal Note: "610442" Medi-Cal Receiver Primary Identifier					

Example:

NM1*40*2*CSC HEALTHCARE***46*112223333~**

Loop 2000A

Pos: 001	Repeat: >1
Mandatory	
Loop: 2000A	Elements: N/A

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
001	HL	Billing/Pay-To Provider Hierarchical Level	M	1		Required
003	PRV	Billing/Pay-To Provider Specialty Information	O	1		Situational
015		Loop 2010AA	O		1	Required

Example:

*HL*1**20*1~*

HL Billing/Pay-To Provider Hierarchical Level

Pos: 001	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		Medi-Cal Note: HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.					
HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Not used	1
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		<u>Code</u> <u>Name</u>					
		20 Information Source					
HL04	736	Hierarchical Child Code	O	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

Example:

HL*1**20*1~

PRV Billing/Pay-To Provider Specialty Information

Pos: 003	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PRV01	1221	Provider Code	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		BI Billing					
PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		ZZ Mutually Defined - Health Care Provider Taxonomy Code List					
PRV03	127	Reference Identification	M	AN	1/30	Required	1
		Industry: Provider Taxonomy Code					
		Alias: Provider Specialty Code					
		Medi-Cal Note: Medi-Cal will only use the first 10 characters.					
		<u>ExternalCodeList</u>					
		Name: HCPT					
		Description: Health Care Provider Taxonomy					

Example:

PRV*BI*ZZ*203BA0200N~

Loop 2010AA

Pos: 015

Repeat: 1

Optional

Loop:
2010AA

Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Billing Provider Name	O	1		Required
025	N3	Billing Provider Address	O	1		Required
030	N4	Billing Provider City/State/ZIP Code	O	1		Required
035	REF	Billing Provider Secondary Identification	O	8		Situational
040	PER	Billing Provider Contact Information	O	2		Situational

Example:

*NM1*85*2*JONES HOSPITAL *****XX*4560931290~*

NM1 Billing Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		85 Billing Provider					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Billing Provider Last or Organizational Name					
		Alias: Billing Provider Name					
		Medi-Cal Note: Medi-Cal will only use the first 33 characters. UB-04 claim form field number 1.					
NM104	1036	Name First	O	AN	1/25	Not used	1
NM105	1037	Name Middle	O	AN	1/25	Not used	1
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109. NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		<u>Code</u> <u>Name</u>					
		24 Employer's Identification Number					
		34 Social Security Number					
		XX NPI					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Billing Provider Identifier.					
		Alias: Billing Provider Primary ID					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Medi-Cal Note: <i>UB-04 claim form field number 56 if NPI is used.</i>					
		ExternalCodeList					
		Name: 537					
		Description: Health Care Financing Administration National Provider Identifier					

Example:

*NM1*85*2*JONES HOSPITAL *****XX*4560931290~*

N3 Billing Provider Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N301	166	Address Information	M	AN	1/55	Required	1
		<i>Industry: Billing Provider Address Line</i>					
		<i>Medi-Cal Note: Medi-Cal will only use the first 26 characters. UB-04 claim form field number 1.</i>					
N302	166	Address Information	O	AN	1/55	Situational	1
		<i>Industry: Billing Provider Address Line</i>					
		<i>Medi-Cal Note: Medi-Cal will only use the first 26 characters. UB-04 claim form field number 1.</i>					

Example:

N3*225 MAIN STREET BARKLEY BUILDING~

N4 Billing Provider City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 3

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N401	19	City Name	O	AN	2/30	Required	1
		Industry: Billing Provider City Name					
		Medi-Cal Note: Medi-Cal will only use the first 18 characters. UB-04 claim form field number 1.					
N402	156	State or Province Code	O	ID	2/2	Required	1
		Industry: Billing Provider State or Province Code					
		Medi-Cal Note: UB-04 claim form field number 1.					
		<u>ExternalCodeList</u>					
		Name: 22					
		Description: States and Outlying Areas of the U.S.					
N403	116	Postal Code	O	ID	3/15	Required	1
		Industry: Billing Provider Postal Zone or ZIP Code					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters. Please enter 9 digit postal (ZIP)code. UB-04 claim form field number 1.					
		<u>ExternalCodeList</u>					
		Name: 51					
		Description: ZIP Code					

Example:

N4*CENTERVILLE*PA*123456789~

REF Billing Provider Secondary Identification

Pos: 035	Max: 8
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Medi-Cal Note: NPI Dual-Use Period: If the NPI with a qualifier of 'XX' is placed in NM108/NM109, then the first occurrence of the REF01/REF02 at this loop will contain either the qualifier 'EI' with the Employer's Identification Number or will contain the qualifier 'SY' with Social Security Number. The second occurrence of the REF01/REF02 at this loop must contain the Medi-Cal provider number with the qualifier '1D'. If an NPI is not reported at the NM108/109 loop, then the first and only occurrence of the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D'.

NPI Production: If the provider qualifies for an NPI, the NPI with a qualifier of 'XX' must be placed in NM108/NM109 at this loop. The REF01/REF02 must contain either the qualifier 'EI' with the Employer's Identification Number or the qualifier 'SY' with Social Security Number. If the provider does not qualify for an NPI, then the first and only occurrence of the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D'. If the NPI is sent in the NM108/NM109 of this loop, the Medi-Cal provider number cannot be used.

Code Name

1D	Medicaid Provider Number
EI	Employer's Identification Number
SY	Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Billing Provider Additional Identifier

Medi-Cal Note: Medi-Cal Provider Number.
Medi-Cal will only use the first 9 characters.
UB-04 claim form field number 57.

Example:

REF*SY*987654~
REF*1D*H1234567G~

Medi-Cal Note:

Medi-Cal uses this segment to capture the Medi-Cal billing provider identifier.

PER Billing Provider Contact Information

Pos: 040	Max: 2
Detail - Optional	
Loop: 2010AA	Elements: 4

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PER01	366	Contact Function Code	M	ID	2/2	Required	1
		Code Name					
		IC Information Contact					
PER02	93	Name	O	AN	1/60	Required	1
		Industry: Billing Provider Contact Name					
PER03	365	Communication Number Qualifier	C	ID	2/2	Required	1
		Code Name					
		TE Telephone					
PER04	364	Communication Number	C	AN	1/80	Required	1
		Medi-Cal Note: Provider Phone Number.					
		Medi-Cal will only use the first 10 characters.					
		UB-04 claim form field number 1.					

Example:

PER*IC*JOHN SMITH*TE*8007775555~

Loop 2000B

Pos: 001	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
001	HL	Subscriber Hierarchical Level	M	>1		Required
005	SBR	Subscriber Information	O	1		Required
015		Loop 2010BA	O		1	Required
015		Loop 2010BC	O		1	Required
130		Loop 2300	O		100	Situational

Example:

*HL*124*123*22*1~*

HL Subscriber Hierarchical Level

Pos: 001	Max: >1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		Industry: Hierarchical ID Number					
		Medi-Cal Note: Increment by "1" for each hierarchical level in this transaction.					
HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required	1
		Industry: Hierarchical Parent ID Number					
		Medi-Cal Note: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		<u>Code</u> <u>Name</u>					
		22 Subscriber					
HL04	736	Hierarchical Child Code	O	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		0 No Subordinate HL Segment in This Hierarchical Structure.					

Example:

*HL*124*123*22*1~*

SBR Subscriber Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 9

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SBR01	1138	Payer Responsibility Sequence Number Code	M	ID	1/1	Required	1
		Industry: Responsibility Sequence Number Code					
		Code Name					
		P Primary					
		S Secondary					
		T Tertiary					
SBR02	1069	Individual Relationship Code	O	ID	2/2	Situational	1
		Alias: Patients Relationship to Insured					
		Medi-Cal Note: UB-04 claim form field number 59.					
		Code Name					
		18 Self					
SBR03	127	Reference Identification	O	AN	1/30	Situational	1
		Industry: Insured Group or Policy Number					
		Alias: Group Number					
SBR04	93	Name	O	AN	1/60	Situational	1
		Industry: Insured Group Name					
		Alias: Plan Name (Group Name)					
SBR05	1336	Insurance Type Code	O	ID	1/3	Not used	1
SBR06	1143	Coordination of Benefits Code	O	ID	1/1	Not used	1
SBR07	1073	Yes/No Condition or Response Code	O	ID	1/1	Not used	1
SBR08	584	Employment Status Code	O	ID	2/2	Not used	1
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2	Situational	1
		Code Name					
		MC Medicaid					

Example:

SBR*P**GRP01020102*****CI~

Loop 2010BA

Pos: 015	Repeat: 1
Optional	
Loop: 2010BA	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Subscriber Name	O	1		Required
025	N3	Subscriber Address	O	1		Situational
030	N4	Subscriber City/State/ZIP Code	O	1		Situational
032	DMG	Subscriber Demographic Information	O	1		Situational

Example:

*NM1*IL*1*DOE*JOHN*T***MI*739004273~*

NM1 Subscriber Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		IL Insured or Subscriber					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Subscriber Last Name					
		Medi-Cal Note: Recipient Last Name. Medi-Cal will only use the first 14 characters. UB-04 claim form field number 8.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Subscriber First Name					
		Medi-Cal Note: Recipient First Name. Medi-Cal will only use the first 8 characters. UB-04 claim form field number 8.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Subscriber Middle Name					
		Alias: Subscriber's Middle Initial					
		Medi-Cal Note: Recipient Middle Name. Medi-Cal will only use the first character. UB-04 claim form field number 8.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Subscriber Name Suffix					
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational	1
		Code Name					
		MI Member Identification Number					
NM109	67	Identification Code	C	AN	2/80	Situational	1
		Industry: Subscriber Primary Identifier					
		Medi-Cal Note: Medi-Cal Recipient ID. Medi-Cal will only use the first 15 characters. UB-04 claim form field number 60.					

Example:

NM1*IL*1*DOE*JOHN*T*MI*739004273~**

N3 Subscriber Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N301	166	Address Information	M	AN	1/55	Required	1
		Industry: Subscriber Address Line					
		Medi-Cal Note: Recipient Address Line 1. <i>Medi-Cal will only use the first 29 characters.</i> <i>UB-04 claim form field number 9.</i>					
N302	166	Address Information	O	AN	1/55	Situational	1
		Industry: Subscriber Address Line					
		Medi-Cal Note: Recipient Address Line 2. <i>Medi-Cal will only use the first 29 characters.</i> <i>UB-04 claim form field number 9.</i>					

Example:

*N3*125 CITY AVENUE~*

N4 Subscriber City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N401	19	City Name	O	AN	2/30	Required	1
		Industry: Subscriber City Name					
		Medi-Cal Note: UB-04 claim form field number 9.					
N402	156	State or Province Code	O	ID	2/2	Required	1
		Industry: Subscriber State Code					
		Medi-Cal Note: UB-04 claim form field number 9.					
		<u>ExternalCodeList</u>					
		Name: 22					
		Description: States and Outlying Areas of the U.S.					
N403	116	Postal Code	O	ID	3/15	Required	1
		Industry: Subscriber Postal Zone or ZIP Code					
		Medi-Cal Note: Recipient Zip Code. Medi-Cal will only use the first 5 characters. UB-04 claim form field number 9.					
		<u>ExternalCodeList</u>					
		Name: 51					
		Description: ZIP Code					

Example:

N4*CENTERVILLE*PA*17111~

DMG Subscriber Demographic Information

Pos: 032	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

User Option (Usage): Situational

To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		D8 Date Expressed in Format CCYYMMDD					
DMG02	1251	Date Time Period	C	AN	1/35	Required	1
		Industry: Subscriber Birth Date					
		Alias: Date of Birth - Patient					
		Medi-Cal Note: Recipient Birth Date. Medi-Cal will only use the first 8 characters. UB-04 claim form field number 10.					
DMG03	1068	Gender Code	O	ID	1/1	Situational	1
		Industry: Subscriber Gender Code					
		Alias: Gender - Patient					
		Medi-Cal Note: UB-04 claim form field number 11.					
		<u>Code</u> <u>Name</u>					
		F Female					
		M Male					

Example:

DMG*D8*19290730*M~

Loop 2010BC

Pos: 015	Repeat: 1
Optional	
Loop: 2010BC	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Payer Name	O	1		Required

Example:

*NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~*

NM1 Payer Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		PR Payer					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Payer Name					
		Medi-Cal Note: Please submit as defined below. May be upper, lower or mixed case.					
		"Medi-Cal OP"					
		UB-04 claim form field number 50.					
NM104	1036	Name First	O	AN	1/25	Not used	1
NM105	1037	Name Middle	O	AN	1/25	Not used	1
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		<u>Code</u> <u>Name</u>					
		PI Payor Identification					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Payer Identifier					
		Alias: Primary Payer ID					
		Medi-Cal Note: "610442" Medi-Cal Payer/Receiver ID					
		<u>ExternalCodeList</u>					
		Name: 540					
		Description: Health Care Financing Administration National Plan ID					

Example:

NM1*PR*2*UNION MUTUAL OF OREGON***PI*43140~**

Medi-Cal Note:

Medi-Cal uses field NM103 of this loop to appropriately differentiate between the three institutional based claim types. The Payer Name is required for Medi-Cal processing.

Loop 2300

Pos: 130	Repeat: 100
Optional	
Loop: 2300	Elements: N/A

User Option (Usage): Situational

To specify basic data about the claim

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	CLM	Claim information	O	1		Required
135	DTP	Statement Dates	O	1		Required
140	CL1	Institutional Claim Code	O	1		Situational
155	PWK	Claim Supplemental Information	O	10		Situational
175	AMT	Payer Estimated Amount Due	O	1		Situational
175	AMT	Patient Paid Amount	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
180	REF	Medical Record Number	O	1		Situational
185	K3	File Information	O	10		Situational
190	NTE	Claim Note	O	10		Situational
190	NTE	Claim Note	O	10		Situational
190	NTE	Claim Note	O	10		Situational
190	NTE	Billing Note	O	1		Situational
216	CR6	Home Health Care Information	O	1		Situational
220	CRC	Home Health Functional Limitations	O	3		Situational
220	CRC	Home Health Activities Permitted	O	3		Situational
220	CRC	Home Health Mental Status	O	2		Situational
231	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	O	1		Situational
231	HI	Other Diagnosis Information	O	2		Situational
231	HI	Occurrence Information	O	2		Situational
231	HI	Value Information	O	2		Situational
231	HI	Condition Information	O	2		Situational
250		Loop 2310A	O		1	Situational
250		Loop 2310C	O		1	Situational
250		Loop 2310E	O		1	Situational
290		Loop 2320	O		10	Situational
365		Loop 2400	O		1	Required

Example:

```
CLM*01319300001*500***11:A:1*Y*A*Y*Y***02*****N~
```


CLM Claim information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	Elements: 20

User Option (Usage): Required

To specify basic data about the claim

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CLM01	1028	Claim Submitter's Identifier	M	AN	1/38	Required	1
		Industry: Patient Account Number					
		Alias: Patient Control Number					
		Medi-Cal Note: Medi-Cal will only use the first 20 characters. UB-04 claim form field number 3a.					
CLM02	782	Monetary Amount	M	R	1/18	Required	1
		Industry: Total Claim Charge Amount					
		Alias: Total Claim Charges					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters. UB-04 claim form field number 47.					
CLM03	1032	Claim Filing Indicator Code	O	ID	1/2	Not used	1
CLM04	1343	Non-Institutional Claim Type Code	O	ID	1/2	Not used	1
CLM05	C023	Health Care Service Location Information	O	Comp		Required	1
		Alias: Type of Bill					
		Medi-Cal Note: Medi-Cal previously did not require the Type of Bill for outpatient UB-04 claims. However, claims submitted on this format must contain an appropriate Type of Bill beginning with submissions on September 22, 2003.					
	1331	Facility Code Value	M	AN	1/2	Required	1
		Industry: Facility Type Code					
		Medi-Cal Note: Place of Service. For claims with dates of service prior to September 22, 2003, the Medi-Cal local place of service values must be used. For dates of service on or after September 22, 2003, the national facility type (place of service) values must be used. The full list of national facility type codes may be found in the NUBC manual, field locator 4. A subset of this list may also be found in the Medi-Cal Outpatient Provider Manual. UB-04 claim form field number 4.					
		ExternalCodeList					
		Name: 236					
		Description: Uniform Billing Claim Form Bill Type					
	1332	Facility Code Qualifier	O	ID	1/2	Required	1

		<u>Code</u>	<u>Name</u>					
		A	Uniform Billing Claim Form Bill Type					
1325		Claim Frequency Type Code		O	ID	1/1	Required	1
		Industry: Claim Frequency Code						
		Medi-Cal Note: "1" Admit thru Discharge. The full list of Claim Frequency codes may be found in the NUBC manual, field locator 4. UB-04 claim form field number 4.						
		ExternalCodeList						
		Name: 235						
		Description: Claim Frequency Type Code						
CLM06	1073	Yes/No Condition or Response Code		O	ID	1/1	Required	1
		Industry: Provider or Supplier Signature Indicator						
		Alias: Provider Signature on File						
		<u>Code</u>	<u>Name</u>					
		N	No					
		Y	Yes					
CLM07	1359	Provider Accept Assignment Code		O	ID	1/1	Situational	1
		Industry: Medicare Assignment Code						
		<u>Code</u>	<u>Name</u>					
		A	Assigned					
		C	Not Assigned					
CLM08	1073	Yes/No Condition or Response Code		O	ID	1/1	Required	1
		Industry: Benefits Assignment Certification Indicator						
		Alias: Assignment of Benefits Indicator						
		Medi-Cal Note: Benefit Assigned. UB-04 claim form field number 53.						
		<u>Code</u>	<u>Name</u>					
		N	No					
		Y	Yes					
CLM09	1363	Release of Information Code		O	ID	1/1	Required	1
		Medi-Cal Note: Release of Information Code. UB-04 claim form field number 52.						
		<u>Code</u>	<u>Name</u>					
		A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization					
		I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes					
		M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim					
		N	No, Provider is Not Allowed to Release Data					
		O	On file at Payor or at Plan Sponsor					
		Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim					
CLM10	1351	Patient Signature Source Code		O	ID	1/1	Not used	1
CLM11	C024	Related Causes Information		O	Comp		Not used	1
		Alias: Property & Casualty Related Cause Codes						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CLM12	1366	Special Program Code	O	ID	2/3	Not used	1
		Industry: Special Program Indicator					
		Alias: Special Program Code					
CLM13	1073	Yes/No Condition or Response Code	O	ID	1/1	Not used	1
CLM14	1338	Level of Service Code	O	ID	1/3	Not used	1
CLM15	1073	Yes/No Condition or Response Code	O	ID	1/1	Not used	1
CLM16	1360	Provider Agreement Code	O	ID	1/1	Not used	1
CLM17	1029	Claim Status Code	O	ID	1/2	Not used	1
CLM18	1073	Yes/No Condition or Response Code	O	ID	1/1	Required	1
		Industry: Explanation of Benefits Indicator					
		Alias: Explanation of Benefits (EOB) Indicator					
		Code	Name				
		N	No				
		Y	Yes				
CLM19	1383	Claim Submission Reason Code	O	ID	2/2	Not used	1
CLM20	1514	Delay Reason Code	O	ID	1/2	Situational	1
		Medi-Cal Note: Billing Limit Exception. <i>For claims with dates of service prior to September 22, 2003, the Medi-Cal local billing limit exception codes must be used. For dates of service on or after September 22, 2003, the national delay reason code values as referenced in the Institutional 837 version 4010A1 Implementation Guide must be used. UB-04 claim form field number 18-28.</i>					
		Code	Name				
		1	Proof of Eligibility Unknown or Unavailable				
		2	Litigation				
		3	Authorization Delays				
		4	Delay in Certifying Provider				
		5	Delay in Supplying Billing Forms				
		6	Delay in Delivery of Custom-made Appliances				
		7	Third Party Processing Delay				
		8	Delay in Eligibility Determination				
		9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules				
		10	Administration Delay in the Prior Approval Process				
		11	Other				

Example:

```
CLM*01319300001*500***11:A:1*Y*A*Y*Y***02*****N~
```

DTP Statement Dates

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Industry: <i>Date Time Qualifier</i>					
		Code Name					
		434 Statement					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD (no spaces)					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD (no spaces)					
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		Industry: <i>Statement From or To Date</i>					
		Medi-Cal Note: <i>From / Through Dates of Service.</i>					
		<i>Medi-Cal will only use the first 17 characters.</i>					
		<i>UB-04 claim form field number 6.</i>					

Example:

DTP*434*RD8*19981209-19981214~

CL1 Institutional Claim Code

Pos: 140	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To supply information specific to hospital claims

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CL101	1315	Admission Type Code	O	ID	1/1	Situational	1
		Medi-Cal Note: UB-04 claim form field number 14.					
		ExternalCodeList					
		Name: 231					
		Description: Admission Type Code					
CL102	1314	Admission Source Code	O	ID	1/1	Situational	1
		Medi-Cal Note: UB-04 claim form field number 15.					
		ExternalCodeList					
		Name: 230					
		Description: Admission Source Code					
CL103	1352	Patient Status Code	O	ID	1/2	Situational	1
		Medi-Cal Note: UB-04 claim form field number 17.					
		ExternalCodeList					
		Name: 239					
		Description: Patient Status Code					

Example:

CL1*1*7*30~

PWK Claim Supplemental Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2300	Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PWK01	755	Report Type Code	M	ID	2/2	Required	1

Industry: Attachment Report Type Code**Medi-Cal Note: Currently, Medi-Cal will only accept 'OZ' for Outpatient Claims.****Code Name**

AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
DG	Diagnostic Report
DS	Discharge Summary
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
MT	Models
NN	Nursing Notes
OB	Operative Note
OZ	Support Data for Claim
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report

Medi-Cal Note:**'OZ' is required for Outpatient Claims.**

PWK02	756	Report Transmission Code	O	ID	1/2	Required	1
-------	-----	---------------------------------	---	----	-----	----------	---

Industry: Attachment Transmission Code**Medi-Cal Note: Currently, Medi-Cal will accept only 'BM', 'EL', and 'FX'.****Code Name**

AA	Available on Request at Provider Site
BM	By Mail
EL	Electronically Only
EM	E-Mail
FX	By Fax

PWK05	66	Identification Code Qualifier	C	ID	1/2	Situational	1
-------	----	--------------------------------------	---	----	-----	-------------	---

Medi-Cal Note: 'AC' is required for Outpatient Claims.**Code Name**

AC	Attachment Control Number
----	---------------------------

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PWK06	67	Identification Code	C	AN	2/80	Situational	1
		Industry: Attachment Control Number					
		Medi-Cal Note: Please enter 11 digit Attachment Control Number (ACN) from the Medi-Cal Claim Attachment Control Form (ACF).					
PWK07	352	Description	O	AN	1/80	Not recommended	1
		Industry: Attachment Description					

Example:

*PWK*OZ*BM***AC*12345678903~*

Medi-Cal Note:

Currently, Medi-Cal is accepting only ONE PWK segment for Attachments. You can submit only ONE set of attachment per claim {Medi-Cal will accept only ONE Attachment Control Number (ACN) from Medi-Cal Claim Attachment Control Form(ACF)}.

Currently, Medi-Cal is accepting attachments at the claim level and not at the service line level.

AMT Payer Estimated Amount Due

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		Code Name					
		C5 Claim Amount Due - Estimated					
AMT02	782	Monetary Amount	M	R	1/18	Required	1

Industry: *Estimated Claim Due Amount*

Medi-Cal Note: *Net Amount Billed.*
Medi-Cal displays this field on the CMC error reports.
Medi-Cal will only use the first 9 characters.
UB-04 claim form field number 55.

Example:

AMT*C5*14523.1~

AMT Patient Paid Amount

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		Code Name					
		F5 Patient Amount Paid					
AMT02	782	Monetary Amount	M	R	1/18	Required	1
		Industry: Patient Amount Paid					
		Medi-Cal Note: Medi-Cal Share of Cost. Medi-Cal will only use the first 9 characters. UB-04 claim form field number 54.					

Example:

AMT*F5*8.5~

REF Prior Authorization or Referral Number

Pos: 180	Max: 2
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		G1 Prior Authorization Number					
REF02	127	Reference Identification	C	AN	1/30	Required	1

Industry: *Prior Authorization Number*

Medi-Cal Note: *Medi-Cal Treatment Authorization Request Number. Medi-Cal will only use the first 11 characters. UB-04 claim form field number 63.*

Example:

REF*G1*200398~

REF Medical Record Number

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Code Name					
		EA Medical Record Identification Number					
REF02	127	Reference Identification	C	AN	1/30	Required	1
		Industry: <i>Medical Record Number</i>					
		Medi-Cal Note: <i>UB-04 claim form field number 3b.</i>					

Example:

*REF*EA*1230484376R~*

K3 File Information

Pos: 185	Max: 10
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
K301	449	Fixed Format Information	M	AN	1/80	Required	1

Medi-Cal Note:

Medi-Cal may use this segment at a future date for legislatively mandated data not otherwise accommodated by the Institutional 837 version 4010A1 Implementation Guide.

NTE Claim Note

Pos: 190	Max: 10
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NTE01	363	Note Reference Code	O	ID	3/3	Required	1
		Code Name					
		DGN Diagnosis Description					
NTE02	352	Description	M	AN	1/80	Required	1
		Industry: Claim Note Text					
		Medi-Cal Note: Primary Diagnosis Description.					
		Medi-Cal will only use the first 30 characters.					
		UB-04 claim form field number 80.					

Example:

*NTE*NTR*PATIENT REQUIRES TUBE FEEDING~*

Medi-Cal Note:

Medi-Cal will use this segment to convey the diagnosis description of the primary diagnosis code previously submitted in the CMC Remarks field.

NTE Claim Note

Pos: 190	Max: 10
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NTE01	363	Note Reference Code	O	ID	3/3	Required	1
		Code Name					
		DGN Diagnosis Description					
NTE02	352	Description	M	AN	1/80	Required	1
		Industry: Claim Note Text					
		Medi-Cal Note: Secondary Diagnosis Description.					
		Medi-Cal will only use the first 30 characters.					
		UB-04 claim form field number 80.					

Example:

*NTE*NTR*PATIENT REQUIRES TUBE FEEDING~*

Medi-Cal Note:

Medi-Cal will use this segment to convey the diagnosis description of the secondary diagnosis code previously submitted in the CMC Remarks field.

NTE Claim Note

Pos: 190	Max: 10
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NTE01	363	Note Reference Code	O	ID	3/3	Required	1
		Code Name					
		ALG Allergies					
		DCP Goals, Rehabilitation Potential, or Discharge Plans					
		DGN Diagnosis Description					
		DME Durable Medical Equipment (DME) and Supplies					
		MED Medications					
		NTR Nutritional Requirements					
		ODT Orders for Disciplines and Treatments					
		RHB Functional Limitations, Reason Homebound, or Both					
		RLH Reasons Patient Leaves Home					
		RNH Times and Reasons Patient Not at Home					
		SET Unusual Home, Social Environment, or Both					
		SFM Safety Measures					
		SPT Supplementary Plan of Treatment					
		UPI Updated Information					
NTE02	352	Description	M	AN	1/80	Required	1
		Industry: Claim Note Text (Remarks)					
		Medi-Cal Note: UB-04 claim form field number 80.					

Example:

NTE*NTR*PATIENT REQUIRES TUBE FEEDING~

Medi-Cal Note:

Medi-Cal will use this segment to convey other additional information previously sent in the CMC Remarks field.

NTE Billing Note

Pos: 190	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NTE01	363	Note Reference Code	O	ID	3/3	Required	1
		Code Name					
		ADD Additional Information					
NTE02	352	Description	M	AN	1/80	Required	1
		Industry: Billing Note Text (Remarks)					
		Medi-Cal Note: Emergency Certification Documentation.					
		UB-04 claim form field number 80.					

Example:

*NTE*ADD*EMCER NO LIABILITY, PATIENT FELL AT HOME~*

Medi-Cal Note:

Medi-Cal will use this segment to convey the Emergency Certification Statement as defined by Medi-Cal policy. Emergency Services require the Emergency Certification Statement. When submitting these claims, the first five characters of the Billing Note Text field must be equal to EMCER. If the Emergency Certification Statement is not needed, other additional information previously sent in the CMC Remarks field may be submitted in this segment.

CR6 Home Health Care Information

Pos: 216	Max: 1
Detail - Optional	
Loop: 2300	Elements: 19

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CR601	923	Prognosis Code	M	ID	1/1	Required	1
		Alias: Prognosis Indicator					
		Code	Name				
		1	Poor				
		2	Guarded				
		3	Fair				
		4	Good				
		5	Very Good				
		6	Excellent				
		7	Less than 6 Months to Live				
		8	Terminal				
CR602	373	Date	M	DT	8/8	Required	1
		Industry: Service From Date					
		Alias: SOC Date					
CR603	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational	1
		Code	Name				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
CR604	1251	Date Time Period	C	AN	1/35	Situational	1
		Industry: Home Health Certification Period					
		Alias: Certification Period					
CR605	373	Date	O	DT	8/8	Required	1
		Industry: Diagnosis Date					
		Alias: Date of Onset or Exacerbation of Principal Diagnosis					
CR606	1073	Yes/No Condition or Response Code	O	ID	1/1	Required	1
		Industry: Skilled Nursing Facility Indicator					
		Alias: Patient Receiving Care in 1861 (j) (1) Facility Indicator					
		Code	Name				
		N	No				
		U	Unknown				
		Y	Yes				
CR607	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1
		Industry: Medicare Coverage Indicator					
		Alias: Medicare Covered Indicator					
		Code	Name				

<u>Code</u>	<u>Name</u>						
N	No						
Y	Yes						
CR608	1322	Certification Type Code	M	ID	1/1	Required	1
		Alias: Certification Type Indicator					
		Code	Name				
		I	Initial				
		R	Renewal				
		S	Revised				
CR609	373	Date	C	DT	8/8	Situational	1
		Industry: Surgery Date					
		Alias: Date Surgical Procedure Performed					
CR610	235	Product/Service ID Qualifier	C	ID	2/2	Situational	1
		Industry: Product or Service ID Qualifier					
		Code	Name				
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
		ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure				
CR611	1137	Medical Code Value	C	AN	1/15	Situational	1
		Industry: Surgical Procedure Code					
		ExternalCodeList					
		Name: 130					
		Description: Health Care Financing Administration Common Procedural Coding System					
		ExternalCodeList					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
CR612	373	Date	O	DT	8/8	Situational	1
		Industry: Physician Order Date					
		Alias: Verbal SOC Date					
CR613	373	Date	O	DT	8/8	Situational	1
		Industry: Last Visit Date					
		Alias: Date Physician Last Saw Patient					
CR614	373	Date	O	DT	8/8	Situational	1
		Industry: Physician Contact Date					
		Alias: Date Last Contacted Physician					
CR615	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational	1
		Code	Name				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
CR616	1251	Date Time Period	C	AN	1/35	Situational	1
		Industry: Last Admission Period					
		Alias: Admission Date and Discharge Date					
CR617	1384	Patient Location Code	C	ID	1/1	Required	1
		Industry: Patient Discharge Facility Type Code					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Alias: Type of Facility					
		Code					
		A					
		B					
		C					
		D					
		E					
		F					
		G					
		H					
		L					
		M					
		O					
		R					
		S					
		T					
CR618	373	Date	O	DT	8/8	Situational	1
		Industry: Diagnosis Date					
		Alias: Date Secondary Diagnosis - 1					
CR619	373	Date	O	DT	8/8	Situational	1
		Industry: Diagnosis Date					
		Alias: Date Secondary Diagnosis - 2					

Example:

CR6*4*941101*RD8*19941101- 19941231*941015*N*Y*I*****941101****A~

CRC Home Health Functional Limitations

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CRC01	1136	Code Category	M	ID	2/2	Required	1
		Code Name					
		75 Functional Limitations					
CRC02	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1
		Industry: Certification Condition Indicator					
		Code Name					
		N No					
		Y Yes					
CRC03	1321	Condition Indicator	M	ID	2/2	Required	1
		Industry: Functional Limitation Code					
		Code Name					
		AA Amputation					
		AL Ambulation Limitations					
		BL Bowel Limitations, Bladder Limitations, or both (Incontinence)					
		CO Contracture					
		DY Dyspnea with Minimal Exertion					
		EL Endurance Limitations					
		HL Hearing Limitations					
		LB Legally Blind					
		OL Other Limitation					
		PA Paralysis					
		SL Speech Limitations					
CRC04	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Functional Limitation Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC05	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Functional Limitation Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC06	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Functional Limitation Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC07	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Functional Limitation Code					
		Medi-Cal Note: Use the codes listed in CRC03					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
------------	-----------	---------------------	------------	-------------	----------------	--------------	------------

Example:*CRC*75*Y*AL~*

CRC Home Health Activities Permitted

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CRC01	1136	Code Category	M	ID	2/2	Required	1
		Industry: Certification Condition Indicator					
		Code Name					
		76 Activities Permitted					
CRC02	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1
		Industry: Functional Limitation Code					
		Code Name					
		N No					
		Y Yes					
CRC03	1321	Condition Indicator	M	ID	2/2	Required	1
		Industry: Activities Permitted Code					
		Code Name					
		BR Bedrest BRP (Bathroom Privileges)					
		CA Cane Required					
		CB Complete Bedrest					
		CR Crutches Required					
		EP Exercises Prescribed					
		IH Independent at Home					
		NR No Restrictions					
		PW Partial Weight Bearing					
		TR Transfer to Bed, or Chair, or Both					
		UT Up as Tolerated					
		WA Walker Required					
		WR Wheelchair Required					
CRC04	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Activities Permitted Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC05	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Activities Permitted Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC06	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Activities Permitted Code					
		Medi-Cal Note: Use the codes listed in CRC03					
CRC07	1321	Condition Indicator	O	ID	2/2	Situational	1
		Industry: Activities Permitted Code					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
------------	-----------	---------------------	------------	-------------	----------------	--------------	------------

Medi-Cal Note: *Use the codes listed in
CRC03*

Example:

*CRC*76*Y*CB~*

CRC Home Health Mental Status

Pos: 220	Max: 2
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CRC01	1136	Code Category	M	ID	2/2	Required	1
		Industry: Certification Condition Indicator					
		Code Name					
		77 Mental Status					
CRC02	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1
		Industry: Functional Limitation Code					
		Code Name					
		N No					
		Y Yes					
CRC03	1321	Condition Indicator	M	ID	2/2	Required	1
		Industry: Mental Status Code					
		Code Name					
		AG Agitated					
		CM Comatose					
		DI Disoriented					
		DP Depressed					
		FO Forgetful					
		LE Lethargic					
		MC Other Mental Condition					
		OT Oriented					
CRC04	1321	Condition Indicator	O	ID	2/2	Required	1
		Medi-Cal Note: Use the codes listed in CRC03					
CRC05	1321	Condition Indicator	O	ID	2/2	Required	1
		Medi-Cal Note: Use the codes listed in CRC03					
CRC06	1321	Condition Indicator	O	ID	2/2	Required	1
		Medi-Cal Note: Use the codes listed in CRC03					
CRC07	1321	Condition Indicator	O	ID	2/2	Required	1
		Medi-Cal Note: Use the codes listed in CRC03					

Example:

CRC*77*Y*DI~

HI Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information

Pos: 231	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code Name</u>					
		BK Principal Diagnosis					
	1271	Industry Code	M	AN	1/30	Required	1
		Medi-Cal Note: Primary Diagnosis Code. Medi-Cal will only use the first 5 characters. UB-04 claim form field number 66/67.					
		<u>ExternalCodeList</u>					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI02	C022	Health Care Code Information	O	Comp		Situational	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code Name</u>					
		BJ Admitting Diagnosis					
		ZZ Mutually Defined					
	1271	Industry Code	M	AN	1/30	Required	1
		Medi-Cal Note: UB-04 claim form field number 69.					
		<u>ExternalCodeList</u>					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					

Example:

HI*BK:9976~

HI Other Diagnosis Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code Name</u>					
		BF Diagnosis					
	1271	Industry Code	M	AN	1/30	Required	1

Medi-Cal Note: Secondary Diagnosis Code.

Medi-Cal will only use the first 5 characters.

UB-04 claim form field number 66/67.

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Example:

HI*BF:V9782~

HI Occurrence Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		BH Occurrence					
	1271	Industry Code	M	AN	1/30	Required	1
		Industry: Occurrence Code					
		Medi-Cal Note: A list of valid values may be found in the NUBC manual, field locator 32-35. A subset of this list may be found in the Medi-Cal Outpatient Provider Manual. Medi-Cal will only use the first 2 characters. UB-04 claim form field number 31-36.					
		<u>ExternalCodeList</u>					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
	1250	Date Time Period Format Qualifier	C	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		D8 Date Expressed in Format CCYYMMDD					
	1251	Date Time Period	C	AN	1/35	Required	1
		Industry: Occurrence or Occurrence Span Code Associated Date					
		Medi-Cal Note: Accident/Injury Date. Medi-Cal will only use the first 8 characters. UB-04 claim form field number 31-36.					

Example:

HI*BH:42:D8:19981208~

HI Value Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		BE Value					
	1271	Industry Code	M	AN	1/30	Required	1
		Industry: Value Code					
		Medi-Cal Note: Coinsurance, deductible, blood pints, blood deductible. Medicare requires that Co-insurance and deductible amounts be reported in the CAS segment of Loop 2430. Medicare will reject claims submitted with values codes in this segment for co-insurance and deductibles effective with July 1, 2007 dates of service. A list of valid values may be found in the NUBC manual field locator 39-41. A subset of this list may be found in the Medi-Cal Outpatient Provider Manual. Medi-Cal will only use the first 2 characters. UB-04 claim form field number 39-41.					
		ExternalCodeList					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
	782	Monetary Amount	O	R	1/18	Required	1
		Industry: Value Code Associated Amount					
		Medi-Cal Note: Medi-Cal will use only the first 9 characters. UB-04 claim form field number 39-41.					

Example:

HI*BE:08:::1740~

HI Condition Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		BE Value					
		BG Condition					
	1271	Industry Code	M	AN	1/30	Required	1

Industry: Condition Code

Medi-Cal Note: *For claims with dates of service prior to September 22, 2003, the current Medi-Cal value must be used. For dates of service on or after September 22, 2003, the national condition code values must be used. A list of valid values may be found in the NUBC manual, field locator 24-30. A subset of this list may be found in the Medi-Cal Outpatient Provider Manual. Medi-Cal will only use the first 2 characters. UB-04 claim form field number 18-28.*

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

Example:

HI*BG:67~

Loop 2310A

Pos: 250	Repeat: 1
Optional	
Loop: 2310A	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Attending Physician Name	O	1		Situational
255	PRV	Attending Physician Specialty Information	O	1		Situational
271	REF	Attending Physician Secondary Identification	O	5		Situational

Example:

*NM1*71*1*JONES*JOHN****XX*1234567890~*

Medi-Cal Note:

Medi-Cal uses this loop for the Rendering Provider.

NM1 Attending Physician Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		71 Attending Physician					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Attending Physician Last Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Attending Physician First Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Attending Physician Middle Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Attending Physician Name Suffix					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Code Name					
		24 Employer's Identification Number					
		34 Social Security Number					
		XX Health Care Financing Administration National Provider Identifier					
NM109	67	Identification Code	C	AN	2/80	Required	1

Industry: Attending Physician Primary Identifier

**Medi-Cal Note: Rendering Provider Primary Identifier.
Medi-Cal will use only the first 10 characters.
UB-04 claim form field number 76.**

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Example:

*NM1*71*1*JONES*JOHN****XX*1234567890~*

PRV Attending Physician Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PRV01	1221	Provider Code	M	ID	1/3	Required	1
		Code Name					
		AT Attending					
		SU Supervising					
PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Code Name					
		ZZ Mutually Defined					
PRV03	127	Reference Identification	M	AN	1/30	Required	1
		Industry: Provider Taxonomy Code					
		Alias: Provider Specialty Code					
		Medi-Cal Note: Provider Taxonomy Code (Rendering). <i>Medi-Cal will only use the first 10 characters.</i>					
		ExternalCodeList					
		Name: HCPT					
		Description: Health Care Provider Taxonomy					

Example:

PRV*AT*ZZ*363LP0200N~

REF Attending Physician Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Medi-Cal Note: NPI Dual-Use Period: If the NPI with a qualifier of 'XX' is placed in NM108/NM109, REF01/REF02 will contain Medi-Cal provider number with the qualifier '1D'.
NPI Production: If the provider qualifies for an NPI, the NPI with a qualifier of 'XX' must be placed in NM108/NM109 at this loop and this REF01/REF02 is not used. If the provider does not qualify for an NPI, then the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D'.

Code Name

1D Medicaid Provider Number

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Attending Physician Secondary Identifier

Medi-Cal Note: Rendering Provider Identifier.
Medi-Cal Provider Number.
Medi-Cal will only use the first 9 characters.
UB-04 claim form field number 76.

Example:

REF*1D*AC112345H~

Medi-Cal Note:

Medi-Cal uses this segment to capture the Medi-Cal Provider number for atypical rendering providers.

Loop 2310C

Pos: 250	Repeat: 1
Optional	
Loop: 2310C	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Other Provider Name	O	1		Situational
271	REF	Other Provider Secondary Identification	O	5		Situational

Example:

*NM1*73*1*DOE*JOHN*A***34*201749586~*
*NM1*73*1*DOE*JOHN*A***XX*2017495860~ (NPI)*

Medi-Cal Note:

Medi-Cal uses this loop for the Referring Provider.

NM1 Other Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		73 Other Physician					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Other Physician Last Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Other Physician First Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Other Provider Middle Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Other Provider Name Suffix					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					

Code Name

- 24 Employer's Identification Number
- 34 Social Security Number
- XX Health Care Financing Administration National Provider Identifier

NM109 67 **Identification Code** C AN 2/80 Required 1

Industry: Other Physician Identifier

Alias: Other Physician Primary ID

Medi-Cal Note: Referring Provider Primary Identifier.
Medi-Cal will only use the first 10 characters.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Example:

*NM1*73*1*DOE*JOHN*A***34*20174958~*
*NM1*73*1*DOE*JOHN*A***XX*2017495860~ (NPI)*

REF Other Provider Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Medi-Cal Note: NPI Dual-Use Period: If the NPI with a qualifier of 'XX' is placed in NM108/NM109, REF01/REF02 will contain Medi-Cal provider number with the qualifier '1D' or the state license number with a qualifier of '0B'.
NPI Production: If the provider qualifies for an NPI, the NPI with a qualifier of 'XX' must be placed in NM108/NM109 at this loop and this REF01/REF02 is not used. If the provider does not qualify for an NPI, then the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D' or the state license number with a qualifier of '0B'.

Code Name

0B State License Number
 1D Medicaid Provider Number

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Other Provider Secondary Identifier

Medi-Cal Note: Medi-Cal Referring Provider Identifier or State License Number.
 Medi-Cal will only use the first 9 characters.
 UB-04 claim form field number 78-79.

Example:

REF*1D*AC112345H~

Medi-Cal Note:

Medi-Cal uses this segment to capture the Medi-Cal Provider identifier or the State license number of the referring provider.

Loop 2310E

Pos: 250	Repeat: 1
Optional	
Loop: 2310E	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Service Facility Name	O	1		Situational
265	N3	Service Facility Address	O	1		Situational
270	N4	Service Facility City/State/Zip Code	O	1		Situational

Example:

*NM1*FA*2*Rehab Facility*****XX*1234567890~*

NM1 Service Facility Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		FA Facility					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Laboratory or Facility Name					
		Alias: Laboratory/Facility Name					
NM104	1036	Name First	O	AN	1/25	Not used	1
NM105	1037	Name Middle	O	AN	1/25	Not used	1
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	O	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		Code Name					
		24 Employer's Identification Number					
		34 Social Security Number					
		XX Health Care Financing Administration National Provider Identifier					
NM109	67	Identification Code	C	AN	2/80	Situational	1
		Industry: Laboratory or Facility Primary Identifier					
		Alias: Laboratory/Facility Primary Identifier					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
		ExternalCodeList					

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Example:

*NM1*FA*2*Rehab Facility*****XX*1234567890~*

Medi-Cal Note:

Medi-Cal uses this segment to capture the outside laboratory or facility name.

N3 Service Facility Address

Pos: 265	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N301	166	Address Information	M	AN	1/55	Required	1
		Industry: <i>Laboratory or Facility Address Line</i>					
		Alias: <i>Laboratory/Facility Address 1</i>					
		Medi-Cal Note: <i>Medi-Cal will use only the first 38 characters.</i>					
N302	166	Address Information	O	AN	1/55	Situational	1
		Industry: <i>Laboratory or Facility Address Line</i>					
		Medi-Cal Note: <i>Medi-Cal will use only the first 38 characters.</i>					

Example:

*N3*123 MAIN STREET~*

N4 Service Facility City/State/Zip Code

Pos: 270	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N401	19	City Name	O	AN	2/30	Required	1
		Industry: Laboratory or Facility City Name					
		Alias: Laboratory/Facility City					
N402	156	State or Province Code	O	ID	2/2	Required	1
		Industry: Laboratory or Facility State or Province Code					
		Alias: Laboratory/Facility State					
		<u>ExternalCodeList</u>					
		Name: 22					
		Description: States and Outlying Areas of the U.S.					
N403	116	Postal Code	O	ID	3/15	Required	1
		Industry: Laboratory or Facility Postal Zone or ZIP Code					
		Alias: Laboratory/Facility Zip Code					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters. Please enter 9 digit postal (ZIP)code.					
		<u>ExternalCodeList</u>					
		Name: 51					
		Description: ZIP Code					
N404	26	Country Code	O	ID	2/3	Situational	1
		Alias: Laboratory/Facility Country Code					
		<u>ExternalCodeList</u>					
		Name: 5					
		Description: Countries, Currencies and Funds					

Example:

N4*ANY TOWN*TX*751231234~

Loop 2320

Pos: 290	Repeat: 10
Optional	
Loop: 2320	Elements: N/A

User Option (Usage): Situational

To record information specific to the primary insured and the insurance carrier for that insured

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
290	SBR	Other Subscriber Information	O	1		Situational
295	CAS	Claim Level Adjustment	O	5		Situational
300	AMT	Payer Prior Payment	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Allowed Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	O	1		Situational
305	DMG	Other Subscriber Demographic Information	O	1		Situational
310	OI	Other Insurance Coverage Information	O	1		Required
325		Loop 2330A	O		1	Required
325		Loop 2330B	O		1	Required

Example:

*SBR*S*01*GR00786**MC****OF~*

SBR Other Subscriber Information

Pos: 290	Max: 1
Detail - Optional	
Loop: 2320	Elements: 9

User Option (Usage): Situational

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SBR01	1138	Payer Responsibility Sequence Number Code	M	ID	1/1	Required	1
		Code Name					
		P Primary					
		S Secondary					
		T Tertiary					
SBR02	1069	Individual Relationship Code	O	ID	2/2	Required	1
		Medi-Cal Note: UB-04 claim form field number 59.					
		Code Name					
		01 Spouse					
		04 Grandfather or Grandmother					
		05 Grandson or Granddaughter					
		07 Nephew or Niece					
		10 Foster Child					
		15 Ward					
		17 Stepson or Stepdaughter					
		18 Self					
		19 Child					
		20 Employee					
		21 Unknown					
		22 Handicapped Dependent					
		23 Sponsored Dependent					
		24 Dependent of a Minor Dependent					
		29 Significant Other					
		32 Mother					
		33 Father					
		36 Emancipated Minor					
		39 Organ Donor					
		40 Cadaver Donor					
		41 Injured Plaintiff					
		43 Child Where Insured Has No Financial Responsibility					
		53 Life Partner					
		G8 Other Relationship					
SBR03	127	Reference Identification	O	AN	1/30	Situational	1
		Industry: Insured Group or Policy Number					
		Medi-Cal Note: UB-04 claim form field number 62.					
SBR04	93	Name	O	AN	1/60	Situational	1
		Industry: Other Insured Group Name					
		Medi-Cal Note: UB-04 claim form field					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		number 61.					
SBR05	1336	Insurance Type Code	O	ID	1/3	Not used	1
SBR06	1143	Coordination of Benefits Code	O	ID	1/1	Not used	1
SBR07	1073	Yes/No Condition or Response Code	O	ID	1/1	Not used	1
SBR08	584	Employment Status Code	O	ID	2/2	Not used	1
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2	Situational	1
		Code Name					
	09	Self-pay					
	10	Central Certification					
	11	Other Non-Federal Programs					
	12	Preferred Provider Organization (PPO)					
	13	Point of Service (POS)					
	14	Exclusive Provider Organization (EPO)					
	15	Indemnity Insurance					
	16	Health Maintenance Organization (HMO) Medicare Risk					
	AM	Automobile Medical					
	BL	Blue Cross/Blue Shield					
	CH	Champus					
	CI	Commercial Insurance Co.					
	DS	Disability					
	HM	Health Maintenance Organization					
	LI	Liability					
	LM	Liability Medical					
	MA	Medicare Part A					
	MB	Medicare Part B					
	MC	Medicaid					
	OF	Other Federal Program					
	TV	Title V					
	VA	Veteran Administration Plan					
	WC	Workers' Compensation Health Claim					
	ZZ	Mutually Defined					

Example:

SBR*S*01*GR00786MC****OF~**

CAS Claim Level Adjustment

Pos: 295	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2	Required	1
		Code Name					
		CO Contractual Obligations					
		CR Correction and Reversals					
		OA Other adjustments					
		PI Payor Initiated Reductions					
		PR Patient Responsibility					
CAS02	1034	Claim Adjustment Reason Code	M	ID	1/5	Required	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS03	782	Monetary Amount	M	R	1/18	Required	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS04	380	Quantity	O	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS05	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS06	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS07	380	Quantity	C	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS08	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					

Name: 139
Description: Claim Adjustment Reason Code

CAS09	782	Monetary Amount	C	R	1/18	Situational	1
Industry: Adjustment Amount							
Medi-Cal Note: Medi-Cal will only use the first 9 characters.							
CAS10	380	Quantity	C	R	1/15	Situational	1
Industry: Adjustment Quantity							
CAS11	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
Industry: Adjustment Reason Code							
Medi-Cal Note: Medi-Cal will only use the first 3 characters.							
<u>ExternalCodeList</u>							
Name: 139							
Description: Claim Adjustment Reason Code							
CAS12	782	Monetary Amount	C	R	1/18	Situational	1
Industry: Adjustment Amount							
Medi-Cal Note: Medi-Cal will only use the first 9 characters.							
CAS13	380	Quantity	C	R	1/15	Situational	1
Industry: Adjustment Quantity							
CAS14	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
Industry: Adjustment Reason Code							
Medi-Cal Note: Medi-Cal will only use the first 3 characters.							
<u>ExternalCodeList</u>							
Name: 139							
Description: Claim Adjustment Reason Code							
CAS15	782	Monetary Amount	C	R	1/18	Situational	1
Industry: Adjustment Amount							
Medi-Cal Note: Medi-Cal will only use the first 9 characters.							
CAS16	380	Quantity	C	R	1/15	Situational	1
Industry: Adjustment Quantity							
CAS17	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
Industry: Adjustment Reason Code							
Medi-Cal Note: Medi-Cal will only use the first 3 characters.							
<u>ExternalCodeList</u>							
Name: 139							
Description: Claim Adjustment Reason Code							
CAS18	782	Monetary Amount	C	R	1/18	Situational	1
Industry: Adjustment Amount							
Medi-Cal Note: Medi-Cal will only use the first 9 characters.							
CAS19	380	Quantity	C	R	1/15	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: <i>Adjustment Quantity</i>					

Example:

CAS*CO*96*555.52~

AMT Payer Prior Payment

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		Code Name					
		C4 Prior Payment - Actual					
AMT02	782	Monetary Amount	M	R	1/18	Required	1

Industry: Other Payer Patient Paid Amount

Medi-Cal Note: Other Coverage Amount. Other Health Coverage includes insurance carriers as well as pre-paid 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 other health insurance coverage prior to billing Medi-Cal. (For details on Other Health Coverage, refer to the Other Health Coverage section in the Medi-Cal Provider Manual.) Medi-Cal will only use the first 9 characters. UB-04 claim form field number 54.

Example:

AMT*C4*150~

AMT Coordination of Benefits (COB) Total Allowed Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		B6 Allowed - Actual					
AMT02	782	Monetary Amount	M	R	1/18	Required	1
		Industry: <i>Allowed Amount</i>					
		Medi-Cal Note: <i>Allowed Amount. Medi-Cal will only use the first 9 characters.</i>					

Example:

AMT*B6*3794.82~

AMT Coordination of Benefits (COB) Total Medicare Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		Code Name					
		N1 Net Worth					
AMT02	782	Monetary Amount	M	R	1/18	Required	1

Industry: Total Medicare Paid Amount

**Medi-Cal Note: Medi-Cal Paid Amount.
Medi-Cal will only use the first 9
characters.**

Example:

AMT*N1*873.4~

DMG Other Subscriber Demographic Information

Pos: 305	Max: 1
Detail - Optional	
Loop: 2320	Elements: 3

User Option (Usage): Situational

To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
DMG02	1251	Date Time Period	C	AN	1/35	Required	1
		Industry: Other Insured Birth Date					
DMG03	1068	Gender Code	O	ID	1/1	Required	1
		Industry: Other Insured Gender Code					
		Code Name					
		F Female					
		M Male					

Example:

DMG***F~

OI Other Insurance Coverage Information

Pos: 310	Max: 1
Detail - Optional	
Loop: 2320	Elements: 6

User Option (Usage): Required

To specify information associated with other health insurance coverage

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
OI01	1032	Claim Filing Indicator Code	O	ID	1/2	Not used	1
OI02	1383	Claim Submission Reason Code	O	ID	2/2	Not used	1
OI03	1073	Yes/No Condition or Response Code	O	ID	1/1	Required	1

Industry: *Benefits Assignment Certification Indicator*

Medi-Cal Note: *UB-04 claim form field number 53.*

Code Name

N No
Y Yes

OI04	1351	Patient Signature Source Code	O	ID	1/1	Not used	1
OI05	1360	Provider Agreement Code	O	ID	1/1	Not used	1
OI06	1363	Release of Information Code	O	ID	1/1	Required	1

Medi-Cal Note: *UB-04 claim form field number 52.*

Code Name

A Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
M The Provider has Limited or Restricted Ability to Release Data Related to a Claim
N No, Provider is Not Allowed to Release Data
O On file at Payor or at Plan Sponsor
Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Example:

OI***Y***Y~

Loop 2330A

Pos: 325	Repeat: 1
Optional	
Loop: 2330A	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Subscriber Name	O	1		Required
332	N3	Other Subscriber Address	O	1		Situational
340	N4	Other Subscriber City/State/ZIP Code	O	1		Situational

Example:

*NM1*IL*1*DOE*JOHN*T***34*123456789~*

NM1 Other Subscriber Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		IL Insured or Subscriber					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Other Insured Last Name					
		Alias: Subscriber's Last Name					
		Medi-Cal Note: UB-04 claim form field number 58.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Other Insured First Name					
		Alias: Subscriber's First Name					
		Medi-Cal Note: UB-04 claim form field number 58.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Other Insured Middle Name					
		Alias: Subscriber's Middle Initial					
		Medi-Cal Note: UB-04 claim form field number 58.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Other Insured Name Suffix					
		Medi-Cal Note: UB-04 claim form field number 58.					
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Code Name					
		MI Member Identification Number					
		ZZ Mutually Defined					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Other Insured Identifier					
		Alias: Subscriber Primary ID					
		Medi-Cal Note: Health Insurance Claim (HIC) Number. Medi-Cal will only use the first 12 characters. UB-04 claim form field number 60.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
------------	-----------	---------------------	------------	-------------	----------------	--------------	------------

Example:

*NM1*IL*1*DOE*JOHN*T***34*123456789~*

N3 Other Subscriber Address

Pos: 332	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N301	166	Address Information	M	AN	1/55	Required	1
		Industry: <i>Other Insured Address Line</i>					
		Alias: <i>Subscriber's Address 1</i>					
N302	166	Address Information	O	AN	1/55	Situational	1
		Industry: <i>Other Insured Address Line</i>					
		Alias: <i>Subscriber Address 2</i>					

Example:

N3*4320 WASHINGTON ST SUITE 100~

N4 Other Subscriber City/State/ZIP Code

Pos: 340	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 3

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N401	19	City Name	O	AN	2/30	Required	1
		Industry: Other Insured City Name					
		Alias: Subscriber's City					
N402	156	State or Province Code	O	ID	2/2	Required	1
		Industry: Other Insured State Code					
		Alias: Subscriber's State					
		<u>ExternalCodeList</u>					
		Name: 22					
		Description: States and Outlying Areas of the U.S.					
N403	116	Postal Code	O	ID	3/15	Required	1
		Industry: Other Insured Postal Zone or ZIP Code					
		Alias: Subscriber's ZIP Code					
		<u>ExternalCodeList</u>					
		Name: 51					
		Description: ZIP Code					

Example:

N4*PALISADES*OR*23119~

Loop 2330B

Pos: 325	Repeat: 1
Optional	
Loop: 2330B	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Payer Name	O	1		Required
350	DTP	Claim Adjudication Date	O	1		Situational
355	REF	Other Payer Secondary Identification and Reference Number	O	2		Situational

Example:

*NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~*

NM1 Other Payer Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		PR Payer					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		<u>Code</u> <u>Name</u>					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Other Payer Last or Organization Name					
		Alias: Payer Name					
		Medi-Cal Note: UB-04 claim form field number 50.					
NM104	1036	Name First	O	AN	1/25	Not used	1
NM105	1037	Name Middle	O	AN	1/25	Not used	1
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Not used	1
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		<u>Code</u> <u>Name</u>					
		PI Payor Identification					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Other Payer Primary Identifier					
		Alias: Payer Primary ID					
		Medi-Cal Note: Medi-Cal will only use the first 5 characters. UB-04 claim form field number 51.					
		<u>ExternalCodeList</u>					
		Name: 540					
		Description: Health Care Financing Administration National Plan ID					

Example:

```
NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~
```

DTP Claim Adjudication Date

Pos: 350	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Industry: <i>Date Time Qualifier</i>					
		Code	Name				
		573	Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		Code	Name				
		D8	Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		Industry: <i>Adjudication or Payment Date</i>					
		Medi-Cal Note: <i>Explanation of Medicare Benefits (EOMB) Date.</i>					
		<i>Medi-Cal will only use the first 8 characters.</i>					

Example:

DTP*573*D8*19981226~

REF Other Payer Secondary Identification and Reference Number

Pos: 355	Max: 2
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		2U Payer Identification Number					
		F8 Original Reference Number					
		FY Claim Office Number					
		NF National Association of Insurance Commissioners (NAIC) Code					
		TJ Federal Taxpayer's Identification Number					

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Other Payer Secondary Identifier

**Medi-Cal Note: Medicare Internal Control Number (ICN).
Medi-Cal will only use the first 15 characters.**

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

Example:

REF*FY*465980789~

Loop 2400

Pos: 365	Repeat: 1
Optional	
Loop: 2400	Elements: N/A

User Option (Usage): Required

To reference a line number in a transaction set

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
365	LX	Service Line Number	O	1		Required
375	SV2	Institutional Service Line	O	1		Required
455	DTP	Service Line Date	O	1		Situational
500		Loop 2420A	O		1	Situational
500		Loop 2420C	O		1	Situational
540		Loop 2430	O		25	Situational

Example:

*LX*1~*

Medi-Cal Note:

Although the Institutional 837 version 4010A1 Implementation Guide allows up to 999 LX/Service Line Loops, Medi-Cal only accepts up to 22 lines per claim at this time for straight Medi-Cal claims and 15 lines per claim for Crossover claims.

LX Service Line Number

Pos: 365	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
LX01	554	Assigned Number	M	NO	1/6	Required	1

Medi-Cal Note: *Line Number.*
Medi-Cal will only use the first 2 characters.

Example:

*LX*1~*

SV2 Institutional Service Line

Pos: 375	Max: 1
Detail - Optional	
Loop: 2400	Elements: 7

User Option (Usage): Required

To specify the claim service detail for a Health Care institution

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SV201	234	Product/Service ID	C	AN	1/48	Required	1
		Industry: Service Line Revenue Code					
		Medi-Cal Note: Medi-Cal does not normally use revenue codes on outpatient claims. Use the appropriate national code for the service rendered. Medi-Cal will only use the first 4 characters. UB-04 claim form field number 42.					
		ExternalCodeList					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
SV202	C003	Composite Medical Procedure Identifier	C	Comp		Situational	1
		Alias: Service Line Procedure Code					
	235	Product/Service ID Qualifier	M	ID	2/2	Required	1
		Industry: Product or Service ID Qualifier					
		Code Name					
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes					
	234	Product/Service ID	M	AN	1/48	Required	1
		Industry: Procedure Code					
		Alias: HCPCS Procedure Code					
		Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing codes and descriptions. UB-04 claim form field number 44.					
		ExternalCodeList					
		Name: 130					
		Description: Health Care Financing Administration Common Procedural Coding System					
		ExternalCodeList					
		Name: 513					
		Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List					
		ExternalCodeList					
		Name: SNFR					
		Description: Skilled Nursing Facility Rate Code					
	1339	Procedure Modifier	O	AN	2/2	Situational	1
		Alias: HCPCS Modifier 1					
		Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions. UB-04 claim form field number 44.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
	1339	Procedure Modifier	O	AN	2/2	Situational	1
		Alias: HCPCS Modifier 2					
		Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions. UB-04 claim form field number 44.					
	1339	Procedure Modifier	O	AN	2/2	Situational	1
		Alias: HCPCS Modifier 3					
		Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions. UB-04 claim form field number 44.					
	1339	Procedure Modifier	O	AN	2/2	Situational	1
		Alias: HCPCS Modifier 4					
		Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions. UB-04 claim form field number 44.					
SV203	782	Monetary Amount	O	R	1/18	Required	1
		Industry: Line Item Charge Amount					
		Alias: Service Line Charge Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters. UB-04 claim form field number 47.					
SV204	355	Unit or Basis for Measurement Code	C	ID	2/2	Required	1
		Code Name					
		UN Unit					
SV205	380	Quantity	C	R	1/15	Required	1
		Industry: Service Unit Count					
		Alias: Service Line Units					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters. UB-04 claim form field number 46.					
SV206	1371	Unit Rate	O	R	1/10	Situational	1
		Industry: Service Line Rate					
		Alias: Service Line Rate Amount					
		Medi-Cal Note: UB-04 claim form field number 44.					
SV207	782	Monetary Amount	O	R	1/18	Situational	1
		Industry: Line Item Denied Charge or Non-Covered Charge Amount					
		Alias: Service Line Non-Covered Charge Amount					
		Medi-Cal Note: UB-04 claim form field number 48.					

Example:

SV2*300*HC:80019*73.42*UN*1~
SV2*120**1500*DA*5*300~

DTP Service Line Date

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Industry: Date Time Qualifier					
		Code	Name				
		472	Service				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		Code	Name				
		D8	Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		Industry: Service Date					
		Medi-Cal Note: UB-04 claim form field number 45.					

Example:

*DTP*472*D8*19960819~*

Loop 2420A

Pos: 500	Repeat: 1
Optional	
Loop: 2420A	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
500	NM1	Attending Physician Name	O	1		Situational
525	REF	Attending Physician Secondary Identification	O	1		Situational

Example:

*NM1*71*1*JONES*JOHN****XX*1234567890~*

Medi-Cal Note:

Medi-Cal uses this loop for the Rendering Provider

NM1 Attending Physician Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		71 Attending Physician					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Attending Physician Last Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Attending Physician First Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Attending Physician Middle Name					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Attending Physician Name Suffix					
		Alias: Attending Provider Generation					
		Medi-Cal Note: UB-04 claim form field number 76.					
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Number in NM109.					
		Code		Name			
		24		Employer's Identification Number			
		34		Social Security Number			
		XX		Health Care Financing Administration National Provider Identifier			
NM109	67	Identification Code	C	AN	2/80	Required	1

Industry: Attending Physician Primary Identifier

Medi-Cal Note: Rendering Provider Primary Identifier. Medi-Cal will only use the first 10 characters. UB-04 claim form field number 76.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Example:
*NM1*71*1*JONES*JOHN****XX*1234567890~*

REF Attending Physician Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Medi-Cal Note: NPI Dual-Use Period: If the NPI with a qualifier of 'XX' is placed in NM108/NM109, REF01/REF02 will contain Medi-Cal provider number with the qualifier '1D'.
NPI Production: If the provider qualifies for an NPI, the NPI with a qualifier of 'XX' must be placed in NM108/NM109 at this loop and this REF01/REF02 is not used. If the provider does not qualify for an NPI, then the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D'.

Code Name

1D Medicaid Provider Number

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Attending Physician Secondary Identifier

Medi-Cal Note: Rendering Provider Identifier.
 Medi-Cal will only use the first 9 characters.
 UB-04 claim form field number 76.

Example:

REF*1D*AC112345H~

Medi-Cal Note:

Medi-Cal uses this segment to capture the Medi-Cal Provider number of an atypical rendering provider.

Loop 2420C

Pos: 500	Repeat: 1
Optional	
Loop: 2420C	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
500	NM1	Other Provider Name	O	1		Situational
525	REF	Other Provider Secondary Identification	O	1		Situational

Example:

*NM1*73*1*DOE*JOHN*A***XX*2017495860~*

Medi-Cal Note:

Medi-Cal uses this loop for the Referring Provider

NM1 Other Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Code Name					
		73 Other Physician					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required	1
		Industry: Other Physician Last Name					
		Alias: Other Provider Last Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Industry: Other Physician First Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Industry: Other Provider Middle Name					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM106	1038	Name Prefix	O	AN	1/10	Not used	1
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Industry: Other Provider Name Suffix					
		Alias: Other Provider Generation					
		Medi-Cal Note: UB-04 claim form field number 78-79.					
NM108	66	Identification Code Qualifier	C	ID	1/2	Required	1
		Medi-Cal Note: NPI Dual-Use Period: If an NPI is available, use the qualifier 'XX' with the NPI in NM109. If the NPI is not available, use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security Number in NM109.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, those who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Those who don't qualify to receive an NPI will use qualifier '24' with the Employer's Identification Number or qualifier '34' with the Social Security					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<i>Number in NM109.</i>					
		Code Name					
		24					
		Employer's Identification Number					
		34					
		Social Security Number					
		XX					
		Health Care Financing Administration National Provider Identifier					
NM109	67	Identification Code	C	AN	2/80	Required	1
		Industry: Other Provider Identifier					
		Alias: Other Provider Primary Identifier					
		Medi-Cal Note: Referring Provider Primary Identifier.					
		Medi-Cal will only use the first 10 characters.					
		UB-04 claim form field number 78-79.					
		ExternalCodeList					
		Name: 537					
		Description: Health Care Financing Administration National Provider Identifier					

Example:

*NM1*73*1*DOE*JOHN*A***XX*2017495860~*

REF Other Provider Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Medi-Cal Note: NPI Dual-Use Period: If the NPI with a qualifier of 'XX' is placed in NM108/NM109, REF01/REF02 will contain Medi-Cal provider number with the qualifier '1D' or the state license number with a qualifier of '0B'.
NPI Production: If the provider qualifies for an NPI, the NPI with a qualifier of 'XX' must be placed in NM108/NM109 at this loop and this REF01/REF02 is not used. If the provider does not qualify for an NPI, then the REF01/REF02 must contain the Medi-Cal provider number with the qualifier '1D' or the state license number with a qualifier of '0B'.

Code Name

0B State License Number
 1D Medicaid Provider Number

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Industry: Other Provider Secondary Identifier

Medi-Cal Note: Medi-Cal Referring Provider Identifier or State License Number.
 Medi-Cal will only use the first 9 characters.
 UB-04 claim form field number 78-79.

Example:

REF*1D*AC112345H~

Medi-Cal Note:

Medi-Cal uses this segment to capture the Medi-Cal Provider number for an atypical referring provider or the State license number of the referring provider.

Loop 2430

Pos: 540	Repeat: 25
Optional	
Loop: 2430	Elements: N/A

User Option (Usage): Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
540	SVD	Service Line Adjudication Information	O	1		Situational
545	CAS	Service Line Adjustment	O	99		Situational
550	DTP	Service Adjudication Date	O	1		Situational

Example:

*SVD*NR002*50.5**0305*1~*

SVD Service Line Adjudication Information

Pos: 540	Max: 1
Detail - Optional	
Loop: 2430	Elements: 6

User Option (Usage): Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SVD01	67	Identification Code	M	AN	2/80	Required	1
		Industry: Payer Identifier					
		Medi-Cal Note: Medi-Cal will only use the first 5 characters.					
SVD02	782	Monetary Amount	M	R	1/18	Required	1
		Industry: Service Line Paid Amount					
		Alias: Service Line Amount Paid					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
SVD03	C003	Composite Medical Procedure Identifier	O	Comp		Situational	1
	235	Product/Service ID Qualifier	O	ID	2/2	Situational	1
		Industry: Product or Service ID Qualifier					
		Code Name					
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes					
	234	Product/Service ID	M	AN	1/48	Required	1
		Industry: Procedure Code					
		Medi-Cal Note: Medi-Cal will only use the first 5 characters.					
		ExternalCodeList					
		Name: 130					
		Description: Health Care Financing Administration Common Procedural Coding System					
		ExternalCodeList					
		Name: 513					
		Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List					
		ExternalCodeList					
		Name: SNFR					
		Description: Skilled Nursing Facility Rate Code					
	1339	Procedure Modifier	O	AN	2/2	Situational	1
	1339	Procedure Modifier	O	AN	2/2	Situational	1
	1339	Procedure Modifier	O	AN	2/2	Situational	1
	1339	Procedure Modifier	O	AN	2/2	Situational	1
SVD04	234	Product/Service ID	O	AN	1/48	Required	1
		Industry: Service Line Revenue Code					
		Medi-Cal Note: Medi-Cal will only use the first 4 characters.					
SVD05	380	Quantity	O	R	1/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: <i>Adjustment Quantity</i>					
		Alias: <i>Paid Units of Service</i>					
		Medi-Cal Note: <i>Medi-Cal will only use the first 3 characters.</i>					
SVD06	554	Assigned Number	O	NO	1/6	Situational	1
		Industry: <i>Bundled or Unbundled Line Number</i>					
		Medi-Cal Note: <i>Medi-Cal will only use the first 2 characters.</i>					

Example:

*SVD*NR002*50.5**0305*1~*

CAS Service Line Adjustment

Pos: 545	Max: 99
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2	Required	1
		Code Name					
		CO Contractual Obligations					
		CR Correction and Reversals					
		OA Other adjustments					
		PI Payor Initiated Reductions					
		PR Patient Responsibility					
CAS02	1034	Claim Adjustment Reason Code	M	ID	1/5	Required	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS03	782	Monetary Amount	M	R	1/18	Required	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS04	380	Quantity	O	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS05	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS06	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS07	380	Quantity	C	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS08	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					

Name: 139
Description: Claim Adjustment Reason Code

CAS09	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS10	380	Quantity	C	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS11	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS12	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS13	380	Quantity	C	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS14	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS15	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS16	380	Quantity	C	R	1/15	Situational	1
		Industry: Adjustment Quantity					
CAS17	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Industry: Adjustment Reason Code					
		Medi-Cal Note: Medi-Cal will only use the first 3 characters.					
		ExternalCodeList					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS18	782	Monetary Amount	C	R	1/18	Situational	1
		Industry: Adjustment Amount					
		Medi-Cal Note: Medi-Cal will only use the first 9 characters.					
CAS19	380	Quantity	C	R	1/15	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: <i>Adjustment Quantity</i>					

Example:

CAS*CO*A1*25~

Medi-Cal Note:

Co-insurance and deductible amounts for Medicare/Medi-Cal claims must be reported in this segment with a group code of 'PR' and the appropriate Claim Adjustment Reason code for dates of service effective July 1, 2007.

DTP Service Adjudication Date

Pos: 550	Max: 1
Detail - Optional	
Loop: 2430	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Industry: <i>Date Time Qualifier</i>					
		<u>Code</u> <u>Name</u>					
		573 Date Claim Paid					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		Industry: <i>Service Adjudication or Payment Date</i>					
		Medi-Cal Note: <i>Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.</i>					

Example:

*DTP*573*D8*19981226~*

SE Transaction Set Trailer

Pos: 555	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments	M	N0	1/10	Required	1
		Industry: Transaction Segment Count					
SE02	329	Transaction Set Control Number	M	AN	4/9	Required	1
		Medi-Cal Note: The transaction set control numbers in ST02 and SE02 must be identical. The transaction set control number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.					

Example:

SE*1230*987654~

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	Number of Transaction Sets Included	M	N0	1/6	Required	1
		<i>Industry: Number of ST Segments</i>					
GE02	28	Group Control Number	M	N0	1/9	Required	1
		<i>Industry: Sender Assigned Control Number.</i>					
		<i>Medi-Cal Note: Must match Group Control Number of GS Segment.</i>					

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups	M	N0	1/5	Required	1
		Industry: Number of GS segments					
IEA02	I12	Interchange Control Number	M	N0	9/9	Required	1
		Medi-Cal Note: Sender Assigned Control Number (Must match Interchange Control Number of ISA Segment)					

Example:

*IEA*1*000000905~*