837 Health Care Claim: Professional

HIPAA/V4010X098A1/837: Medical

Version: 2.1 Final

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Notes:	**For Dial-Up and Internet Submissions**

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837 | Health Care Claim: Professional-Medical

Functional Group=HC

Not Defined:

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

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
005	ST	Transaction Set Header	M	1			Required
010	BHT	Beginning of Hierarchical Transaction	M	1			Required
015	REF	Transmission Type Identification	O	3			Required
LOOP ID - 1000A					**1**	**N1/020L**	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					**1**	**N1/020L**	
020	NM1	Receiver Name	O	1		N1/020	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
001	HL	Billing/Pay-to Provider Hierarchical Level	M	>1			Required
003	PRV	Billing/Pay-to Provider Specialty Information	O	1		N2/003	Situational
LOOP ID - 2010AA					**1**	**N2/015L**	
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					**>1**		
001	HL	Subscriber Hierarchical Level	M	1			Required
005	SBR	Subscriber Information	O	1			Required
007	PAT	Patient Information	O	1			Situational
LOOP ID - 2010BA					**1**	**N2/015L**	
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 - 2010BB					**1**	**N2/015L**	
015	NM1	Payer Name	O	1		N2/015	Required
LOOP ID - 2300					**100**		
130	CLM	Claim Information	O	1			Required

135	DTP	Date - Onset of Current Illness/Symptom	O	1		Situational
135	DTP	Date - Similar Illness/Symptom Onset	O	10		Situational
135	DTP	Date - Accident	O	10		Situational
135	DTP	Date - Last Menstrual Period	O	1		Situational
135	DTP	Date - Last X-ray	O	1		Situational
135	DTP	Date - Hearing and Vision Prescription Date	O	1		Situational
135	DTP	Date - Admission	O	1		Situational
135	DTP	Date - Discharge	O	1		Situational
155	PWK	Claim Supplemental Information	O	10		Situational
175	AMT	Patient Amount Paid	O	1		Situational
175	AMT	Total Purchased Service Amount	O	1		Situational
180	REF	Mammography Certification Number	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3		Situational
180	REF	Medical Record Number	O	1		Situational
185	K3	File Information	O	10		Situational
190	NTE	Claim Note	O	1		Situational
195	CR1	Ambulance Transport Information	O	1	N2/195	Situational
220	CRC	Ambulance Certification	O	3		Situational
220	CRC	Patient Condition Information: Vision	O	3		Situational
220	CRC	Homebound Indicator	O	1		Situational
220	CRC	EPSDT Referral	O	1		Situational
231	HI	Health Care Diagnosis Code	O	1		Situational
LOOP ID - 2310A				**2**	N2/250L	
250	NM1	Referring Provider Name	O	1	N2/250	Situational
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational
LOOP ID - 2310B				**1**	N2/250L	
250	NM1	Rendering Provider Name	O	1	N2/250	Situational
255	PRV	Rendering Provider Specialty Information	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational
LOOP ID - 2310D				**1**	N2/250L	
250	NM1	Service Facility Location	O	1	N2/250	Situational
265	N3	Service Facility Location Address	O	1		Required
270	N4	Service Facility Location City/State/ZIP	O	1		Required
271	REF	Service Facility Location Secondary Identification	O	5		Situational
LOOP ID - 2320				**10**	N2/290L	
290	SBR	Other Subscriber Information	O	1	N2/290	Situational
295	CAS	Claim Level Adjustments	O	5		Situational
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational

300	AMT	Coordination of Benefits (COB) Approved Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1			Situational
305	DMG	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 Code	O	1			Situational
LOOP ID - 2330B					**1**	**N2/325L**	
325	NM1	Other Payer Name	O	1		N2/325	Required
350	DTP	Claim Adjudication Date	O	1			Situational
355	REF	Other Payer Secondary Identifier	O	2			Situational
LOOP ID - 2400					**50**	**N2/365L**	
365	LX	Service Line	O	1		N2/365	Required
370	SV1	Professional Service	O	1			Required
400	SV5	Durable Medical Equipment Service	O	1			Situational
425	CR1	Ambulance Transport Information	O	1		N2/425	Situational
445	CR5	Home Oxygen Therapy Information	O	1			Situational
450	CRC	Ambulance Certification	O	3			Situational
450	CRC	Hospice Employee Indicator	O	1			Situational
450	CRC	DMERC Condition Indicator	O	2			Situational
455	DTP	Date - Service Date	O	1			Required
455	DTP	Date - Onset of Current Symptom/Illness	O	1			Situational
455	DTP	Date - Last X-ray	O	1			Situational
455	DTP	Date - Similar Illness/Symptom Onset	O	1			Situational
462	MEA	Test Result	O	20			Situational
470	REF	Prior Authorization or Referral Number	O	2			Situational
470	REF	Line Item Control Number	O	1			Situational
470	REF	Mammography Certification Number	O	1			Situational
470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	O	1			Situational
480	K3	File Information	O	10			Situational
485	NTE	Line Note	O	1			Situational
LOOP ID - 2410					**25**	**N2/494L**	
494	LIN	Drug Identification	O	1		N2/494	Situational
495	CTP	Drug Pricing	O	1			Situational
496	REF	Prescription Number	O	1			Situational
LOOP ID - 2420A					**1**	**N2/500L**	
500	NM1	Rendering Provider Name	O	1		N2/500	Situational

| 505 | PRV | Rendering Provider Specialty Information | O | 1 | | | Situational |
| 525 | REF | Rendering Provider Secondary Identification | O | 5 | | | Situational |

LOOP ID - 2420C					1	N2/500L	
500	NM1	Service Facility Location	O	1		N2/500	Situational
514	N3	Service Facility Location Address	O	1			Required
520	N4	Service Facility Location City/State/ZIP	O	1			Required
525	REF	Service Facility Location Secondary Identification	O	5			Situational

LOOP ID - 2420F					2	N2/500L	
500	NM1	Referring Provider Name	O	1		N2/500	Situational
505	PRV	Referring Provider Specialty Information	O	1			Situational
525	REF	Referring Provider Secondary Identification	O	5			Situational

LOOP ID - 2430					25	N2/540L	
540	SVD	Line Adjudication Information	O	1		N2/540	Situational
545	CAS	Line Adjustment	O	99			Situational
550	DTP	Line Adjudication Date	O	1			Required
555	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	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 ID accepted and returned on all transactions except for those providers who do not qualify for an NPI.

UPN Pilot: Medi-Cal will be initiationg a pilot to demonstrate the use of product codes for medical supplies. Only those participating providers in this pilot will use the additional fields denoted in these specifications for that use. This note applies wherever UPN is referenced in this companion guide.

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required	1

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA02	I02	**Authorization Information**	M	AN	10/10	Required	1

Medi-Cal Note: *Space fill.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required	1

Code	Name
00	No Security Information Present (No Meaningful Information in I04)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA04	I04	**Security Information**	M	AN	10/10	Required	1

Medi-Cal Note: *Space fill.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required	1

Medi-Cal Note: *"610442" Medi-Cal Identifier.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required	1

Code	Name
HC	Health Care Claim (837)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS02	142	**Application Sender's Code**	M	AN	2/15	Required	1

Medi-Cal Note: *Submitter Identifier Medi-Cal will only use the first 3 characters.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required	1

Medi-Cal Note: *"610442" Medi-Cal Identifier.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS04	373	**Date**	M	DT	8/8	Required	1

Medi-Cal Note: *Use this date for the functional group creation date.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS05	337	**Time**	M	TM	4/8	Required	1

Medi-Cal Note: *Use this time for the creation time. The recommended format is HHMM.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required	1

Code	Name
X	Accredited Standards Committee X12

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required	1

Code	Name
004010X098A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Example:
*GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X098~*

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required	1

Code	Name
837	Health Care Claim

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required	1

Alias: *Transaction Set Control Number*
Medi-Cal Note: *The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin 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

<table>
<tr><td>Pos: 010</td><td>Max: 1</td></tr>
<tr><td colspan="2">Heading - Mandatory</td></tr>
<tr><td>Loop: N/A</td><td>Elements: 6</td></tr>
</table>

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4	Required	1

Code	Name
0019	Information Source, Subscriber, Dependent

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required	1

Alias: *Transaction Set Purpose Code*

Code	Name
00	Original

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT03	127	**Reference Identification**	O	AN	1/30	Required	1

Industry: *Originator Application Transaction Identifier*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT04	373	**Date**	O	DT	8/8	Required	1

**Industry: *Transaction Set Creation Date*
Medi-Cal Note: *Date Billed.*
CMS-1500 form field number 31.***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT05	337	**Time**	O	TM	4/8	Required	1

**Industry: *Transaction Set Creation Time*
Medi-Cal Note: *Transaction Set Creation Time (HHMM)***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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*19970618*0932*CH~
BHT*0019*00*44445*19970213*0345*RP~*

REF   Transmission Type Identification

<table>
<tr><td colspan="2">Pos: 015</td><td>Max: 3</td></tr>
<tr><td colspan="3" align="center">Heading - Optional</td></tr>
<tr><td>Loop: N/A</td><td colspan="2">Elements: 2</td></tr>
</table>

User Option (Usage): Required

To specify identifying information

Element Summary:

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

Code	Name
87	Functional Category

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 004010X098DA1. When sending the transaction set in a production mode, this value is 004010X098A1.*

Example:
*REF*87*004010X098A1~*

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:

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

Example:

NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON*****46*W7933THU~

NM1 Submitter Name

<table>
<tr><td>Pos: 020</td><td>Max: 1</td></tr>
<tr><td colspan="2">Heading - Optional</td></tr>
<tr><td>Loop: 1000A</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	**Name**
41	Submitter

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	**Name**
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 use only the first 33 characters.***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

> **Industry: *Submitter First Name***
> **Alias: *Submitter Name***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

> **Industry: *Submitter Middle Name***
> **Alias: *Submitter Name***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Code	**Name**
46	Electronic Transmitter Identification Number (ETIN)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM109	67	**Identification Code**	C	AN	2/80	Required	1

> **Industry: *Submitter Identifier***
> **Alias: *Submitter Primary Identification Number***
> **Medi-Cal Note: *Medi-Cal Submitter. Medi-Cal will use the first 3 characters.***

Example:

NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON*****46*W7933THU~

PER   Submitter EDI Contact Information

<table>
<tr><td>Pos: 045</td><td>Max: 2</td></tr>
<tr><td colspan="2" align="center">Heading - Optional</td></tr>
<tr><td>Loop: 1000A</td><td>Elements: 4</td></tr>
</table>

User Option (Usage): Required

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	**Contact Function Code**	M	ID	2/2	Required	1

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER02	93	**Name**	O	AN	1/60	Required	1

Industry: *Submitter Contact Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required	1

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER04	364	**Communication Number**	C	AN	1/80	Required	1

Example:
*PER*IC*JANE DOE*TE*9005555555~*

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
020	NM1	Receiver Name	O	1		Required

Example:
NM1*40*2*UNION MUTUAL OF OREGON*****46*11122333~

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	Name
40	Receiver

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Receiver Name*
Medi-Cal Note: ***"Medi-Cal"***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Code	Name
46	Electronic Transmitter Identification Number (ETIN)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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*UNION MUTUAL OF OREGON*****46*11122333~*

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Code	Name
20	Information Source

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required	1

Code	Name
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code**	M	ID	1/3	Required	1

Code	Name
BI	Billing

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV02	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
ZZ	Mutually Defined- Health Care Provider Taxonomy Code List

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV03	127	**Reference Identification**	M	AN	1/30	Required	1

Industry: *Provider Taxonomy Code*
Alias: *Provider Specialty Code*
Medi-Cal Note: *Medi-Cal will use only first 10 characters.*

ExternalCodeList
Name: HCPT
Description: Health Care Provider Taxonomy

Example:
PRV*BI*ZZ*203BA050N~

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
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*CRAMMER, DOLE, PALMER, AND JOHNANSE*****24*111223333~*

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	Name
85	Billing Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 use only first 33 characters.*
CMS-1500 form field number 33.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Billing Provider First Name*
Alias: *Billing Provider Name*
Medi-Cal Note: *CMS-1500 form field number 33.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Billing Provider Middle Name*
Alias: *Billing Provider Name*
Medi-Cal Note: *CMS-1500 form field number 33.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM106	1038	**Name Prefix**	O	AN	1/10	Not used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

Industry: *Billing Provider Name Suffix*
Alias: *Billing Provider Name*
Medi-Cal Note: *CMS-1500 form field number 33.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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: *Billing Provider Identifier*
Alias: *Billing Provider Primary Identification Number*
Medi-Cal Note: *CMS-1500 form field number 25. Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:
*NM1*85*2*CRAMMER, DOLE, PALMER, AND JOHNANSE*****24*111223333~*

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N301	166	**Address Information**	M	AN	1/55	Required	1
		Industry: *Billing Provider Address Line* **Alias:** *Billing Provider Address 1* **Medi-Cal Note:** *Medi-Cal will use only first 26 characters.* *CMS-1500 form field number 33.*					
N302	166	**Address Information**	O	AN	1/55	Situational	1
		Industry: *Billing Provider Address Line* **Alias:** *Billing Provider Address 2* **Medi-Cal Note:** *Medi-Cal will use only first 26 characters.* *CMS-1500 form field number 33.*					

Example:

*N3*225 MAIN STREET*BARKLEY BUILDING~*

<table>
<tr><td rowspan="2"># N4</td><td rowspan="2">Billing Provider City/State/ZIP Code</td><td>Pos: 030   Max: 1
Detail - Optional</td></tr>
<tr><td>Loop:
2010AA   Elements: 3</td></tr>
</table>

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	**City Name**	O	AN	2/30	Required	1

> **Industry:** *Billing Provider City Name*
> **Alias:** *Billing Provider's City*
> **Medi-Cal Note:** *Medi-Cal will use only first 18 characters.*
> *CMS-1500 form field number 33.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N402	156	**State or Province Code**	O	ID	2/2	Required	1

> **Industry:** *Billing Provider State or Province Code*
> **Alias:** *Billing Provider's State*
> **Medi-Cal Note:** *CMS-1500 form field number 33.*

ExternalCodeList
Name: 22
Description: States and Outlying Areas of the U.S.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N403	116	**Postal Code**	O	ID	3/15	Required	1

> **Industry:** *Billing Provider Postal Zone or ZIP Code*
> **Alias:** *Billing Provider's Zip Code*
> **Medi-Cal Note:** *Medi-Cal will use only first 9 characters. Please enter 9 digit postal (ZIP) code.*
> *CMS-1500 form field number 33.*

ExternalCodeList
Name: 51
Description: ZIP Code

Example:
*N4*SACRAMENTO*CA*987654321~*

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:

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

> **Industry:** *Medicaid provider number*
> **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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

> **Industry:** *Billing Provider Additional Identifier*

Alias: *Billing Provider Secondary Identification Number*
Medi-Cal Note: *Medi-Cal provider number of the atypical provider.*
Medi-Cal will only use the first 9 characters.
CMS-1500 form field number 33.

Example:
 *REF*1D*123456789~*
Medi-Cal Note:
 Medi-Cal uses this segment to identify the Medi-Cal Billing Provider Number.

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	**Contact Function Code**	M	ID	2/2	Required	1

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER02	93	**Name**	O	AN	1/60	Required	1

Industry: *Billing Provider Contact Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required	1

Code	Name
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.
CMS-1500 form field number 33.

Example:
PER*IC*JIM*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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
001	HL	Subscriber Hierarchical Level	M	1		Required
005	SBR	Subscriber Information	O	1		Required
007	PAT	Patient Information	O	1		Situational
015		Loop 2010BA	O		1	Required
015		Loop 2010BB	O		1	Required
130		Loop 2300	O		100	Situational

Example:
*HL*2*1*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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required	1
		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
		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

Code	Name
22	Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required	1

Code	Name
0	No Subordinate HL Segment in This Hierarchical Structure.

Example:

*HL*2*1*22*1~*

SBR   Subscriber Information

<table>
<tr><td>Pos: 005</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2000B</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Required

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required	1

Alias: *Payer Responsibility Sequence Number Code*

Code	Name
P	Primary
S	Secondary
T	Tertiary

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Situational	1

Alias: *Relationship Code*
Medi-Cal Note: *CMS-1500 form field number 6.*

Code	Name
18	Self

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR03	127	**Reference Identification**	O	AN	1/30	Situational	1

Industry: *Insured Group or Policy Number*
Alias: *Group or Policy Number*
Medi-Cal Note: *CMS-1500 form field number 11.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR04	93	**Name**	O	AN	1/60	Situational	1

Industry: *Insured Group Name*
Alias: *Group or Plan Name*
Medi-Cal Note: *CMS-1500 form field number 11c.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR05	1336	**Insurance Type Code**	O	ID	1/3	Situational	1

Alias: *Insurance type code*

Code	Name
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Alias: *Claim Filing Indicator Code*
Medi-Cal Note: *CMS-1500 form field number 1.*

<u>Code</u>	<u>Name</u>
MC	Medicaid

Example:

SBR*P**GRP01020102******MB~

PAT   Patient Information

<table>
<tr><td>Pos: 007</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2000B</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Situational

To supply patient information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT01	1069	**Individual Relationship Code**	O	ID	2/2	Not used	1
PAT02	1384	**Patient Location Code**	O	ID	1/1	Not used	1
PAT03	584	**Employment Status Code**	O	ID	2/2	Not used	1
PAT04	1220	**Student Status Code**	O	ID	1/1	Not used	1
PAT05	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Situational	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT06	1251	**Date Time Period**	C	AN	1/35	Situational	1

Industry: *Insured Individual Death Date*
Alias: *Date of Death*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT07	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Situational	1

Code	Name
01	Actual Pounds

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT08	81	**Weight**	C	R	1/10	Situational	1

Industry: *Patient Weight*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT09	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational	1

Industry: *Pregnancy Indicator*
Medi-Cal Note: *CMS-1500 form field number 24h.*

Code	Name
Y	Yes

Example:

*PAT*****D8*19970314*01*146~*

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
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**JR*MI*123456~

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code **Name**
IL Insured or Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 use only first 14 characters. CMS-1500 form field number 2.*

NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Subscriber First Name*
Medi-Cal Note: *Recipient First Name. Medi-Cal will use only first 8 characters. CMS-1500 form field number 2.*

NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Subscriber Middle Name*
Medi-Cal Note: *Recipient Middle Initial. Medi-Cal will use only first 1 characters. CMS-1500 form field number 2.*

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*
Alias: *Subscriber Generation*
Medi-Cal Note: *CMS-1500 form field number 2.*

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 use only first 15 characters. CMS-1500 form field number 1a.*

Example:
NM1*IL*1*DOE*JOHN*T**JR*MI*123456~

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N301	166	**Address Information**	M	AN	1/35	Required	1
		Industry: *Subscriber Address Line* **Alias:** *Subscriber Address 1* **Medi-Cal Note:** *Recipient Address Line 1. Medi-Cal will only use the first 29 characters.* **CMS-1500 form field number 5.**					
N302	166	**Address Information**	O	AN	1/35	Situational	1
		Industry: *Subscriber Address Line* **Alias:** *Subscriber Address 2* **Medi-Cal Note:** *Recipient Address Line 2. Medi-Cal will only use the first 29 characters.* **CMS-1500 form field number 5.**					

Example:
 *N3*125 CITY AVENUE~*
Medi-Cal Note:
 "N3" Required if the subscriber is the patient.

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	**City Name**	O	AN	2/30	Required	1
		Industry: *Subscriber City Name* **Medi-Cal Note:** *CMS-1500 form field number 5.*					
N402	156	**State or Province Code**	O	ID	2/2	Required	1
		Industry: *Subscriber State Code* **Medi-Cal Note:** *CMS-1500 form field number 5.*					
		ExternalCodeList **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* **Alias:** *Subscriber Zip Code* **Medi-Cal Note:** *Recipient Zip Code. Medi-Cal will only use the first 5 characters. CMS-1500 form field number 5.*					
		ExternalCodeList **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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.
CMS-1500 form field number 3.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG03	1068	**Gender Code**	O	ID	1/1	Required	1

Industry: *Subscriber Gender Code*

Alias: *Gender - Patient*
Medi-Cal Note: *CMS-1500 form field number 3.*

Code	Name
F	Female
M	Male

Example:
*DMG*D8*19330706*M~*

Loop 2010BB

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

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
015	NM1	Payer Name	O	1		Required

Example:
*NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~*

NM1   Payer Name

<table>
<tr><td>Pos: 015</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop:
2010BB</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/2	Required	1

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Payer Name*
Medi-Cal Note: *"Medi-Cal MED"*
May be upper, lower or mixed case.
Medi-Cal will only use the first 12 characters.
No longer required on and after July 1, 2006.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Code	Name
PI	Payor Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM109	67	**Identification Code**	C	AN	2/20	Required	1

Industry: *Payer Identifier*
Alias: *Payer Primary Identifier*
Medi-Cal Note: *"610442" Medi-Cal Payer/Receiver ID*

ExternalCodeList
Name: 540
Description: Health Care Financing Administration National Plan ID

Example:
*NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~*
Medi-Cal Note:

"NM1" Medi-Cal uses field NM103 of this loop to appropriately differentiate between the two Professional claim types. The

payer name is required for Medi-Cal processing.

As of July 1, 2006 it is not necessary to include "Medi-Cal MED" in the Payer Name (NM1) segment.

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
130	CLM	Claim Information	O	1		Required
135	DTP	Date - Onset of Current Illness/Symptom	O	1		Situational
135	DTP	Date - Similar Illness/Symptom Onset	O	10		Situational
135	DTP	Date - Accident	O	10		Situational
135	DTP	Date - Last Menstrual Period	O	1		Situational
135	DTP	Date - Last X-ray	O	1		Situational
135	DTP	Date - Hearing and Vision Prescription Date	O	1		Situational
135	DTP	Date - Admission	O	1		Situational
135	DTP	Date - Discharge	O	1		Situational
155	PWK	Claim Supplemental Information	O	10		Situational
175	AMT	Patient Amount Paid	O	1		Situational
175	AMT	Total Purchased Service Amount	O	1		Situational
180	REF	Mammography Certification Number	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3		Situational
180	REF	Medical Record Number	O	1		Situational
185	K3	File Information	O	10		Situational
190	NTE	Claim Note	O	1		Situational
195	CR1	Ambulance Transport Information	O	1		Situational
220	CRC	Ambulance Certification	O	3		Situational
220	CRC	Patient Condition Information: Vision	O	3		Situational
220	CRC	Homebound Indicator	O	1		Situational
220	CRC	EPSDT Referral	O	1		Situational
231	HI	Health Care Diagnosis Code	O	1		Situational
250		Loop 2310A	O		2	Situational
250		Loop 2310B	O		1	Situational
250		Loop 2310D	O		1	Situational
290		Loop 2320	O		10	Situational
365		Loop 2400	O		50	Required

Example:
CLM*A37YH556*500***11::1*Y*A*Y*Y*C~

CLM   Claim Information

<table>
<tr><td>Pos: 130</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 20</td></tr>
</table>

User Option (Usage): Required

To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CLM01	1028	**Claim Submitter's Identifier**	M	AN	1/38	Required	1

Industry: *Patient Account Number*
Medi-Cal Note: *Medi-Cal will only use the first 20 characters.*
CMS-1500 form field number 26.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CLM02	782	**Monetary Amount**	O	R	1/18	Required	1

Industry: *Total Claim Charge Amount*
Alias: *Total Submitted Charges*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*
CMS-1500 form field number 28.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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: *Place of Service Code (Composite)*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1331	**Facility Code Value**	M	AN	2/2	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. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national place of service values as referenced in external code list 237 must be used.*
CMS-1500 form field number 24b.

ExternalCodeList
Name: 237
Description: Place of Service from Health Care Financing Administration Claim Form

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1332	**Facility Code Qualifier**	O	ID	1/2	Not used	1
	1325	**Claim Frequency Type Code**	O	ID	1/1	Required	1

Industry: *Claim Frequency Code*
Alias: *Claim Submission Reason Code*
Medi-Cal Note: *"1" (Original)*

ExternalCodeList
Name: 235
Description: Claim Frequency Type Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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* | | | | | |

Code	**Name**
N	No
Y	Yes

| CLM07 | 1359 | **Provider Accept Assignment Code** | O | ID | 1/1 | Required | 1 |

Industry: *Medicare Assignment Code*
 Medi-Cal Note: *CMS-1500 form field number 27.*

Code	**Name**
A	Assigned
B	Assignment Accepted on Clinical Lab Services Only
C	Not Assigned
P	Patient Refuses to Assign Benefits

| 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: *Benefits Assigned.*

Code	**Name**
N	No
Y	Yes

| CLM09 | 1363 | **Release of Information Code** | O | ID | 1/1 | Required | 1 |

Alias: *Release of Information Code*

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

| CLM10 | 1351 | **Patient Signature Source Code** | O | ID | 1/1 | Situational | 1 |

Alias: *Patient Signature Source Code*

Code	**Name**
B	Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file
C	Signed HCFA-1500 Claim Form on file
M	Signed signature authorization form for HCFA-1500 Claim Form block 13 on file
P	Signature generated by provider because the patient was not physically present for services
S	Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

| CLM11 | C024 | **Related Causes Information** | O | Comp | | Situational | 1 |

Alias: *Accident/Employment/Related Causes (Composite)*

| | 1362 | **Related-Causes Code** | M | ID | 2/3 | Required | 1 |

Industry: *Related Causes Code*
 Medi-Cal Note: *CMS-1500 form field number 10.*

Code	**Name**
EM	Employment

	1362	**Related-Causes Code**	O	ID	2/3	Situational	1
		Industry: *Related Causes Code* Medi-Cal Note: *CMS-1500 form field number 10.*					
	1362	**Related-Causes Code**	O	ID	2/3	Situational	1
		Industry: *Related Causes Code* Medi-Cal Note: *CMS-1500 form field number 10.*					
	156	**State or Province Code**	O	ID	2/2	Situational	1
		Industry: *Auto Accident State or Province Code* Medi-Cal Note: *CMS-1500 form field number 10.*					
		ExternalCodeList **Name:** 22 **Description:** States and Outlying Areas of the U.S.					
	26	**Country Code**	O	ID	2/3	Situational	1
		ExternalCodeList **Name:** 5 **Description:** Countries, Currencies and Funds					
CLM12	1366	**Special Program Code**	O	ID	2/3	Situational	1
		Industry: *Special Program Indicator* Alias: *Special Program Code* Medi-Cal Note: *CMS-1500 form field number 24h.*					

Code   **Name**
01   Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
02   Physically Handicapped Children's Program
03   Special Federal Funding
05   Disability
07   Induced Abortion - Danger to Life
08   Induced Abortion - Rape or Incest
09   Second Opinion or Surgery

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	Situational	1
		Industry: *Participation Agreement*					

Code   **Name**
P   Participation Agreement

CLM17	1029	**Claim Status Code**	O	ID	1/2	Not used	1
CLM18	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Not used	1
CLM19	1383	**Claim Submission Reason Code**	O	ID	2/2	Not used	1
CLM20	1514	**Delay Reason Code**	O	ID	1/2	Situational	1
		Alias: *Delay Reason Code* Medi-Cal Note: *Medi-Cal Billing Limit Exception. For claims with dates of service prior to September 22, 2003, the Medi-Cal local billing limit exception codes must be used. These are located*					

in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national delay reason code values as referenced below must be used.
CMS-1500 form field number 24c.

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
15	Natural Disaster

Example:
*CLM*A37YH556*500***11::1*Y*A*Y*Y*C~*

DTP — Date - Onset of Current Illness/Symptom

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

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
431	Onset of Current Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Onset of Current Illness or Injury Date*
Medi-Cal Note: *Date of Onset. Medi-Cal will only use the first 8 characters. CMS-1500 form field number 14.*

Example:
DTP*431*D8*19970115~

DTP

Date - Similar Illness/Symptom Onset

Pos: 135   **Max: 10**
Detail - Optional
Loop: 2300   **Elements: 3**

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
438	Onset of Similar Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Similar Illness or Symptom Date*
Medi-Cal Note: *CMS-1500 form field number 15.*

Example:
*DTP*438*D8*19970115~*

DTP   Date - Accident

<table>
<tr><td>Pos: 135</td><td>Max: 10</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
439	Accident

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD
DT	Date and Time Expressed in Format CCYYMMDDHHMM

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Accident Date*
Medi-Cal Note: *Medi-Cal will only use the first 8 characters.*
CMS-1500 form field number 14.

Example:
DTP*439*D8*19970114~

DTP   Date - Last Menstrual Period

<table>
<tr><td>Pos: 135</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
484	Last Menstrual Period

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Last Menstrual Period Date*

Example:
DTP*484*D8*19961113~

DTP　Date - Last X-ray

<table>
<tr><td>Pos: 135</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1
		Industry: *Date Time Qualifier*					

Code	Name
455	Last X-Ray

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1
		Industry: *Last X-Ray Date*					

Example:
DTP*455*D8*19970114~

DTP Date - Hearing and Vision Prescription Date

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

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1
		Industry: *Date Time Qualifier*					

Code	Name
471	Prescription

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1
		Industry: *Prescription Date*					

Example:
DTP*471*D8*19970115~

DTP   Date - Admission

<table>
<tr><td>Pos: 135</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
435	Admission

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Related Hospitalization Admission Date*
Medi-Cal Note: *Medi-Cal will only use the first 8 characters.*
CMS-1500 form field number 18.

Example:
DTP*435*D8*19970114~

DTP   Date - Discharge

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

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
096	Discharge

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Related Hospitalization Discharge Date*
Medi-Cal Note: *Medi-Cal will only use the first 8 characters.*
CMS-1500 form field number 18.

Example:
 DTP*096*D8*19970115~

PWK   Claim Supplemental Information

Pos: 155	**Max: 10**
Detail - Optional	
Loop: 2300	**Elements: 4**

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 Medical Claims.*

Code	Name
77	Support Data for Verification
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

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

Code	Name
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PWK05	66	**Identification Code Qualifier**	C	ID	1/2	Situational	1

Medi-Cal Note: *'AC' is required for Medical Claims.*

		Code	**Name**					
		AC	Attachment Control Number					
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).*

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   Patient Amount Paid

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
F5	Patient Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.
CMS-1500 form field number 10d.

Example:

*AMT*F5*152.45~*

AMT   Total Purchased Service Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
NE	Net Billed

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1
		Industry: *Total Purchased Service Amount*					

Example:
  *AMT*NE*57.35~*
Medi-Cal Note:
  Effective for dates of service on or after July 1, 2006.

REF Mammography Certification Number

<table>
<tr><td>Pos: 180</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
EW	Mammography Certification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: _Mammography Certification Number_

Example:

REF*EW*T554~

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:

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

Code	Name
G1	Prior Authorization Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Prior Authorization or Referral Number*
Medi-Cal Note: *Medi-Cal Treatment Authorization Request (TAR) Number. Medi-Cal will only use the first 11 characters.*
CMS-1500 form field number 23.

Example:
*REF*G1*13579~*

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 180   **Max: 3**
Detail - Optional
Loop: 2300   **Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
X4	Clinical Laboratory Improvement Amendment Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1
		Industry: *Clinical Laboratory Improvement Amendment Number*					

Example:
*REF*X4*12D4567890~*

REF Medical Record Number

<table>
<tr><td>Pos: 180</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
EA	Medical Record Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1
		Industry: *Medical Record Number*					

Example:

REF*EA*44444TH56~

K3   File Information

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Element Summary:

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

Example:

*K3*STATE DATA REQUIREMENT~*

Medi-Cal Note:

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

NTE   Claim 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE01	363	**Note Reference Code**	O	ID	3/3	Required	1

Medi-Cal Note: *CMS-1500 form field number 24c.*

Code	Name
ADD	Additional Information
CER	Certification Narrative

Medi-Cal Note:
Medi-Cal requires that the "CER" qualifier be used when submitting an emergency certification statement.

DCP	Goals, Rehabilitation Potential, or Discharge Plans
DGN	Diagnosis Description
PMT	Payment
TPO	Third Party Organization Notes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE02	352	**Description**	M	AN	1/80	Required	1

Industry: *Claim Note Text*
Medi-Cal Note: *Emergency Certification Statement should be documented here. CMS-1500 form field number 19.*

Example:
*NTE*ADD*SURGERY WAS UNUSUALLY LONG BECAUSE [FILL IN REASON*~*

Medi-Cal Note:
Medi-Cal will use this segment to convey the Emergency Certification Statement as defined by Medi-Cal policy. Other additional information previously sent in the CMC Remarks field may be submitted in this segment.

CR1 — Ambulance Transport Information

Pos: 195	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 10**

User Option (Usage): Situational

To supply information related to the ambulance service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR101	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Situational	1

Code	Name
LB	Pound

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR102	81	**Weight**	C	R	1/10	Situational	1

Industry: *Patient Weight*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR103	1316	**Ambulance Transport Code**	O	ID	1/1	Required	1

Alias: *Ambulance Transport Code*

Code	Name
I	Initial Trip
R	Return Trip
T	Transfer Trip
X	Round Trip

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR104	1317	**Ambulance Transport Reason Code**	O	ID	1/1	Required	1

Alias: *Ambulance Transport Reason Code*

Code	Name
A	Patient was transported to nearest facility for care of symptoms, complaints, or both
B	Patient was transported for the benefit of a preferred physician
C	Patient was transported for the nearness of family members
D	Patient was transported for the care of a specialist or for availability of specialized equipment
E	Patient Transferred to Rehabilitation Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR105	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Required	1

Code	Name
DH	Miles

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR106	380	**Quantity**	C	R	1/15	Required	1

Industry: *Transport Distance*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR107	166	**Address Information**	O	AN	1/55	Not used	1
CR108	166	**Address Information**	O	AN	1/55	Not used	1
CR109	352	**Description**	O	AN	1/80	Situational	1

Industry: *Round Trip Purpose Description*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR110	352	**Description**	O	AN	1/80	Situational	1

Industry: *Stretcher Purpose Description*

Example:
CR1*LB*140*I*A*DH*12****UNCONSCIOUS~

CRC **Ambulance Certification**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
07	Ambulance Certification

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Certification Condition Indicator*
Alias: *Certification Condition Code Applies Indicator*

Code	Name
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Industry: *Condition Code*
Alias: *Condition Indicator*

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC04	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC05	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC06	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC07	1321	**Condition Indicator**	O	ID	2/2	Situational	1

> **Industry:** *Condition Code*
> **Alias:** *Condition Indicator*
> **Medi-Cal Note:** *Use the codes listed in CRC03.*

Example:
 CRC*07*Y*01~

CRC   Patient Condition Information: Vision

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

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
E1	Spectacle Lenses
E2	Contact Lenses
E3	Spectacle Frames

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Certification Condition Indicator*
Alias: *Certification Condition Code Applies Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Industry: *Condition Code*
Alias: *Condition Indicator*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC04	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC05	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

CRC06	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

CRC07	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Example:
  *CRC*E1*Y*L1~*
Medi-Cal Note:
  Effective for dates of service on or after July 1, 2006.

CRC   Homebound Indicator

Pos: 220	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 3**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
75	Functional Limitations

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Code	Name
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Industry: *Homebound Indicator*

Code	Name
IH	Independent at Home

Example:
CRC*75*Y*IH~

CRC   EPSDT Referral

Pos: 220	Max: 1
Detail - Optional	
Loop: 2300	**Elements: 5**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Certification Condition Indicator*
Alias: *Certification Condition Code Applies Indicator*

Code	Name
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Industry: *Condition Code*
Alias: *Condition Indicator*

Code	Name
AV	Available - Not Used
NU	Not Used
S2	Under Treatment
ST	New Services Requested

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC04	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC05	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Medi-Cal Note: *Use the codes listed in CRC03.*

Example:
*CRC*ZZ*Y*ST~*

HI	**Health Care Diagnosis Code**	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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HI01	C022	**Health Care Code Information**	M	Comp		Required	1
		Alias: *Principal Diagnosis*					
	1270	**Code List Qualifier Code**	M	ID	1/3	Required	1
		Industry: *Diagnosis Type Code*					

Code	Name
BK	Principal Diagnosis
	CODE SOURCE:
	131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1271	**Industry Code**	M	AN	1/30	Required	1

Industry: *Diagnosis Code*
Medi-Cal Note: *Primary Diagnosis Code.*
Medi-Cal will only use the first 5 characters.
CMS-1500 form field number 21.1.

ExternalCodeList
Name: 131
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HI02	C022	**Health Care Code Information**	O	Comp		Situational	1
		Alias: *Diagnosis*					
	1270	**Code List Qualifier Code**	M	ID	1/30	Required	1

Industry: *Diagnosis Type Code*
Medi-Cal Note: *Secondary Diagnosis Code. Medi-Cal will only use the first 5 characters.*

Code	Name
BF	Diagnosis
	CODE SOURCE:
	131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1271	**Industry Code**	M	AN	1/30	Required	1

Industry: *Diagnosis Code*
Medi-Cal Note: *Secondary Diagnosis code.*
Medi-Cal will only use the first 5 characters.
CMS-1500 form field number 21.2.

ExternalCodeList
Name: 131
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Example:

HI*BK:8901*BF:87200*BF:5559~

Medi-Cal Note:

HI03-HI12 are not required for Medi-Cal Medical claims.

Loop 2310A

Pos: 250	Repeat: 2
	Optional
Loop: 2310A	Elements: N/A

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
250	NM1	Referring Provider Name	O	1		Situational
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational

Example:

*NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~*

NM1 Referring Provider 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	**Name**
DN	Referring Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	**Name**
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Referring Provider Last Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Referring Provider First Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Referring Provider Middle Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM106	1038	**Name Prefix**	O	AN	1/10	Not used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

Industry: *Referring Provider Name Suffix*
Alias: *Referring Provider Generation*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Situational	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: *Referring Provider Identifier*
Alias: *Referring Provider Primary Identifier*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:

*NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~*

PRV Referring Provider 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code**	M	ID	1/3	Required	1

Code	Name
RF	Referring

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV02	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

ExternalCodeList
Name: HCPT
Description: Health Care Provider Taxonomy

Example:
PRV*RF*ZZ*363LP0200N~

REF

Referring Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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
0B	State License Number
1D	Medicaid Provider Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Referring Provider Secondary Identifier*
Medi-Cal Note: *Medi-Cal provider number or State license number of the atypical provider.*
Medi-Cal will only use the first 9 characters.

Example:
 *REF*1D*A12345678~*
Medi-Cal Note:
 Medi-Cal uses this segment to capture the Medi-Cal provider number or the State license number of the atypical referring provider.

Loop 2310B

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
250	NM1	Rendering Provider Name	O	1		Situational
255	PRV	Rendering Provider Specialty Information	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational

Example:

*NM1*82*1*BEATTY*GARY*C**SR*XX*12345678~*

NM1 Rendering Provider Name

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	Name
82	Rendering Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Rendering Provider Last or Organization Name*
Alias: *Rendering Provider Last Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Rendering Provider First Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Rendering Provider Middle Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM106	1038	**Name Prefix**	O	AN	1/10	Not used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

Industry: *Rendering Provider Name Suffix*
Alias: *Rendering Provider Generation*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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: *Rendering Provider Identifier*
Alias: *Rendering Provider Primary Identifier*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:
 *NM1*82*1*BEATTY*GARY*C**SR*XX*12345678~*

PRV Rendering Provider Specialty Information

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

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code**	M	ID	1/3	Required	1

Code	Name
PE	Performing

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV02	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

ExternalCodeList
Name: HCPT
Description: Health Care Provider Taxonomy

Example:
*PRV*PE*ZZ*203BA0200N~*

REF Rendering Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Rendering Provider Secondary Identifier*
Medi-Cal Note: *Medi-Cal provider number of the atypical provider.*
Medi-Cal will only use the first 9 characters.

Example:
 *REF*1D*A12345678~*
Medi-Cal Note:
 Medi-Cal uses this segment to capture the Medi-Cal provider number of the atypical rendering provider.

Loop 2310D

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
250	NM1	Service Facility Location	O	1		Situational
265	N3	Service Facility Location Address	O	1		Required
270	N4	Service Facility Location City/State/ZIP	O	1		Required
271	REF	Service Facility Location Secondary Identification	O	5		Situational

Example:
NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~
NM1*77**AMBULANCE PROV NAME***********~.

NM1   Service Facility Location

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Medi-Cal Note: *CMS-1500 form field number 20.*

Code	Name
77	Service Location
FA	Facility
LI	Independent Lab

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Situational	1

Industry: *Laboratory or Facility Name*
Alias: *Laboratory/Facility Name/Provider Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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	Situational	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: *Lab/Facility Primary Identifier*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:

NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~
NM1*77**AMBULANCE PROV NAME************~

Medi-Cal Note:

Medi-Cal uses this segment to capture the outside laboratory, facility name or origin address of the service location for ambulance billing.

N3   Service Facility Location Address

<table>
<tr><td>Pos: 265</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2310D</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N301	166	**Address Information**	M	AN	1/55	Required	1
		Industry: *Laboratory or Facility Address Line* **Alias:** *Laboratory/Facility Address 1* **Medi-Cal Note:** *Medi-Cal will only use the first 38 characters.* **CMS-1500 form field number 32.*					
N302	166	**Address Information**	O	AN	1/55	Situational	1
		Industry: *Laboratory or Facility Address Line* **Alias:** *Laboratory/Facility Address 2* **Medi-Cal Note:** *Medi-Cal will only use the first 38 characters.* **CMS-1500 form field number 33.*					

Example:
N3*123 MAIN STREET*SUITE 101~

N4   Service Facility Location City/State/ZIP

Pos: 270   Max: 1
Detail - Optional
Loop: 2310D   Elements: 3

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	**City Name**	O	AN	2/30	Required	1

> **Industry:** *Laboratory or Facility City Name*
> **Alias:** *Laboratory/Facility City*
> **Medi-Cal Note:** *CMS-1500 form field number 32.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N402	156	**State or Province Code**	O	ID	2/2	Required	1

> **Industry:** *Laboratory or Facility State or Province Code*
> **Alias:** *Laboratory/Facility State*
> **Medi-Cal Note:** *CMS-1500 form field number 32.*

ExternalCodeList
Name: 22
Description: States and Outlying Areas of the U.S.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:** *CMS-1500 form field number 32. Medi-Cal will use only first 9 digits. Please enter 9 digit postal (zip) code.*

ExternalCodeList
Name: 51
Description: ZIP Code

Example:
N4*ANYTOWN*CA*987654321~

REF

Service Facility Location Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Laboratory or Facility Secondary Identifier*
Alias: *Laboratory/Facility Secondary Identification Number*
Medi-Cal Note: *Medi-Cal provider number for the atypical provider.*
Medi-Cal will only use the first 9 characters.
CMS-1500 form field number 32.

Example:
*REF*1D*A12345678~*
Medi-Cal Note:
Medi-Cal uses this segment to capture the Medi-Cal provider number of the atypical laboratory or service facility.

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
290	SBR	Other Subscriber Information	O	1		Situational
295	CAS	Claim Level Adjustments	O	5		Situational
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Approved Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1		Situational
305	DMG	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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required	1

Alias: *Payer responsibility sequence number code*

Code	Name
P	Primary
S	Secondary
T	Tertiary

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Required	1

Alias: *Individual relationship code*

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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR03	127	**Reference Identification**	O	AN	1/30	Situational	1

Industry: *Insured Group or Policy Number*
Alias: *Group or Policy Number*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SBR04	93	**Name**	O	AN	1/60	Situational	1

<table>
<tr><td colspan="2"></td><td>Industry: Other Insured Group Name
Alias: Group or Plan Name</td></tr>
</table>

SBR05	1336	**Insurance Type Code**	O	ID	1/3	Required	1

Alias: *Insurance type code*

Code	Name
AP	Auto Insurance Policy
C1	Commercial
CP	Medicare Conditionally Primary
GP	Group Policy
HM	Health Maintenance Organization (HMO)
IP	Individual Policy
LD	Long Term Policy
LT	Litigation
MB	Medicare Part B
MC	Medicaid
MI	Medigap Part B
MP	Medicare Primary
OT	Other
PP	Personal Payment (Cash - No Insurance)
SP	Supplemental Policy

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

Alias: *Claim filing indicator code*

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
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*GR00786**MC****OF~

CAS   Claim Level Adjustments

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required	1

Alias: *Claim Adjustment Group Code*

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 3 characters.*

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS03	782	**Monetary Amount**	M	R	1/18	Required	1

Industry: *Adjustment Amount*
Alias: *Adjusted Amount - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS04	380	**Quantity**	O	R	1/15	Situational	1

Industry: *Adjustment Quantity*
Alias: *Adjusted Units - Claim Level*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS05	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 3 characters.*

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS06	782	**Monetary Amount**	C	R	1/18	Situational	1

Industry: *Adjustment Amount*
Alias: *Adjusted Amount - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

CAS07	380	**Quantity**	C	R	1/15	Situational	1

Industry: *Adjustment Quantity*
Alias: *Adjusted Units - Claim Level*

CAS08	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Claim Level*
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*
Alias: *Adjusted Amount - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

CAS10	380	**Quantity**	C	R	1/15	Situational	1

Industry: *Adjustment Quantity*
Alias: *Adjusted Units - Claim Level*

CAS11	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Claim Level*
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*
Alias: *Adjusted Amount - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

CAS13	380	**Quantity**	C	R	1/15	Situational	1

Industry: *Adjustment Quantity*
Alias: *Adjusted Units - Claim Level*

CAS14	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Claim Level*
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*
Alias: *Adjusted Amount - Claim Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

CAS16	380	**Quantity**	C	R	1/15	Situational	1

Industry: *Adjustment Quantity*

		Alias: *Adjusted Units - Claim Level*					
CAS17	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1
		Industry: *Adjustment Reason Code* **Alias:** *Adjustment Reason Code - Claim Level* **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* **Alias:** *Adjusted Amount - Claim Level* **Medi-Cal Note:** *Medi-Cal will only use the first 9 characters.*					
CAS19	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity* **Alias:** *Adjusted Units - Claim Level*					

Example:
CAS*PR*1*7.93~
CAS*OA*93*15.06~

AMT Coordination of Benefits (COB) Payer Paid Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
D	Payor Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1

Industry: *Payer Paid Amount*
Medi-Cal Note: *Other Health Coverage (OHC) 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 or Medicare prior to billing Medi-Cal. (For details on Other Health Coverage or Medicare, refer to the Other Health Coverage section or Medicare/Medi-Cal section in the Medi-Cal provider manual.)*
Medi-Cal will only use the first 9 characters.
CMS-1500 form field number 11d.

Example:
   *AMT*D*411~*

AMT Coordination of Benefits (COB) Approved Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
AAE	Approved Amount

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1

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

Example:
AMT*AAE*500.35~

AMT   Coordination of Benefits (COB) Allowed Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
B6	Allowed - Actual

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1

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

Example:
　*AMT*B6*519.21~*

AMT Coordination of Benefits (COB) Patient Responsibility Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
F2	Patient Responsibility - Actual

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1
		Industry: *Other Payer Patient Responsibility Amount*					

Example:
  *AMT*F2*15~*

AMT   Coordination of Benefits (COB) Patient Paid Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required	1

Code	Name
F5	Patient Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT02	782	**Monetary Amount**	M	R	1/18	Required	1

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

Example:
  AMT*F5*152.45~

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG02	1251	**Date Time Period**	C	AN	1/35	Required	1

Industry: *Other Insured Birth Date*
Alias: *Date of Birth - Subscriber*
Medi-Cal Note: *CMS-1500 form field number 9b.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG03	1068	**Gender Code**	O	ID	1/1	Required	1

Industry: *Other Insured Gender Code*
Alias: *Gender - Subscriber*
Medi-Cal Note: *CMS-1500 form field number 9b.*

Code	Name
F	Female
M	Male

Example:
DMG*D8*19671105*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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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*
Alias: *Assignment of Benefits Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
OI04	1351	**Patient Signature Source Code**	O	ID	1/1	Situational	1

Alias: *Patient Signature Source Code*

Code	Name
B	Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file
C	Signed HCFA-1500 Claim Form on file
M	Signed signature authorization form for HCFA-1500 Claim Form block 13 on file
P	Signature generated by provider because the patient was not physically present for services
S	Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
OI05	1360	**Provider Agreement Code**	O	ID	1/1	Not used	1
OI06	1363	**Release of Information Code**	O	ID	1/1	Required	1

Alias: *Release of Information Code*

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*B**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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
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**JR*MI*123456~*

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	Name
IL	Insured or Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Other Insured Last Name*
Alias: *Subscriber Last Name*
Medi-Cal Note: *CMS-1500 form field number 9.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Other Insured First Name*
Alias: *Subscriber First Name*
Medi-Cal Note: *CMS-1500 form field number 9.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Other Insured Middle Name*
Alias: *Subscriber Middle Name*
Medi-Cal Note: *CMS-1500 form field number 9.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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*
Alias: *Subscriber Generation*
Medi-Cal Note: *CMS-1500 form field number 9.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required	1

Code	Name
MI	Member Identification Number
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM109	67	**Identification Code**	C	AN	2/80	Required	1

Industry: *Other Insured Identifier*
Alias: *Other Subscriber Primary Identifier*
Medi-Cal Note: *Health Insurance Claim (HIC) Number.*
Medi-Cal will only use the first 12 characters.

Example:
  NM1*IL*1*DOE*JOHN*T**JR*MI*123456~

N3   Other Subscriber Address

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

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N301	166	**Address Information**	M	AN	1/55	Required	1
		Industry: *Other Insured Address Line* **Alias:** *Subscriber Address 1*					

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:

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

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
325	NM1	Other Payer Name	O	1		Required
350	DTP	Claim Adjudication Date	O	1		Situational
355	REF	Other Payer Secondary Identifier	O	2		Situational

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~

NM1   Other Payer Name

<table>
<tr><td>Pos: 325</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2330B</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	**Name**
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	**Name**
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

> Industry: *Other Payer Last or Organization Name*
> Alias: *Payer Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Code	**Name**
PI	Payor Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM109	67	**Identification Code**	C	AN	2/80	Required	1

> Industry: *Other Payer Primary Identifier*
> Alias: *Other Payer Primary Identification Number*
> Medi-Cal Note: *Medi-Cal will only use the first 5 characters.*

ExternalCodeList
Name: 540
Description: Health Care Financing Administration National Plan ID

Example:
NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~

DTP Claim Adjudication Date

<table>
<tr><td>Pos: 350</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2330B</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
573	Date Claim Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Adjudication or Payment Date*
Medi-Cal Note: *Explanation of Medicare*
Benefits (EOMB) Date.*
Medi-Cal will only use the first 8*
characters.*

Example:
*DTP*573*D8*19980314~*

REF   Other Payer Secondary Identifier

<table>
<tr><td>Pos: 355</td><td>Max: 2</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2330B</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
2U	Payer Identification Number
F8	Original Reference Number
FY	Claim Office Number
NF	National Association of Insurance Commissioners (NAIC) Code

CODE SOURCE:
245: National Association of Insurance Commissioners (NAIC) Code

Code	Name
TJ	Federal Taxpayer's Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.

Example:
*REF*FY*435261708~*

Loop 2400

<table>
<tr><td>Pos: 365</td><td>Repeat: 50</td></tr>
<tr><td colspan="2" align="center">Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: N/A</td></tr>
</table>

User Option (Usage): Required

To reference a line number in a transaction set

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
365	LX	Service Line	O	1		Required
370	SV1	Professional Service	O	1		Required
400	SV5	Durable Medical Equipment Service	O	1		Situational
425	CR1	Ambulance Transport Information	O	1		Situational
445	CR5	Home Oxygen Therapy Information	O	1		Situational
450	CRC	Ambulance Certification	O	3		Situational
450	CRC	Hospice Employee Indicator	O	1		Situational
450	CRC	DMERC Condition Indicator	O	2		Situational
455	DTP	Date - Service Date	O	1		Required
455	DTP	Date - Onset of Current Symptom/Illness	O	1		Situational
455	DTP	Date - Last X-ray	O	1		Situational
455	DTP	Date - Similar Illness/Symptom Onset	O	1		Situational
462	MEA	Test Result	O	20		Situational
470	REF	Prior Authorization or Referral Number	O	2		Situational
470	REF	Line Item Control Number	O	1		Situational
470	REF	Mammography Certification Number	O	1		Situational
470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	O	1		Situational
480	K3	File Information	O	10		Situational
485	NTE	Line Note	O	1		Situational
494		Loop 2410	O		25	Situational
500		Loop 2420A	O		1	Situational
500		Loop 2420C	O		1	Situational
500		Loop 2420F	O		2	Situational
540		Loop 2430	O		25	Situational

Example:
*LX*1~*

LX   Service Line

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LX01	554	**Assigned Number**	M	N0	1/6	Required	1

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

Example:
   *LX*1~*
Medi-Cal Note:
   Although the Professional 837 version 4010A1 Implementation Guide allows up to 50 LX/Service Line Loops, Medi-Cal only accepts up to 6 lines per claim at this time.

SV1 Professional Service

Pos: 370	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 12**

User Option (Usage): Required

To specify the claim service detail for a Health Care professional

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV101	C003	**Composite Medical Procedure Identifier**	M	Comp		Required	1
		*Alias: **Procedure identifier***					
	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
	CODE SOURCE:
	130: Health Care Financing Administration Common Procedural Coding System

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	234	**Product/Service ID**	M	AN	1/48	Required	1

*Industry: **Procedure Code***
Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing codes and descriptions.
Medi-Cal will only use the first 5 characters.
CMS-1500 form field number 24d.

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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

*Alias: **Procedure Modifier 1***
Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.
CMS-1500 form field number 24d.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

*Alias: **Procedure Modifier 2***
Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

*Alias: **Procedure Modifier 3***
Medi-Cal Note: See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and

descriptions.

	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

Alias: *Procedure Modifier 4*
Medi-Cal Note: *See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.*

SV102	782	**Monetary Amount**	O	R	1/18	Required	1

Industry: *Line Item Charge Amount*
Alias: *Submitted charge amount*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*
CMS-1500 form field number 24f.

SV103	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Required	1

Code | **Name**
UN | Unit

SV104	380	**Quantity**	C	R	1/15	Required	1

Industry: *Service Unit Count*
Alias: *Units or Minutes*
Medi-Cal Note: *Medi-Cal will only use the first 3 characters.*
CMS-1500 form field number 24g.

SV105	1331	**Facility Code Value**	O	AN	1/2	Situational	1

Industry: *Place of Service Code*
Alias: *Place of Service Code*
Medi-Cal Note: *For claims with dates of service prior to September 22, 2003, the Medi-Cal local Place of Service values must be used. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national Place of Service values as referenced in external code list 237 must be used.*
CMS-1500 form field number 24b.

ExternalCodeList
Name: 237
Description: Place of Service from Health Care Financing Administration Claim Form

SV106	1365	**Service Type Code**	O	ID	1/2	Not used	1
SV107	C004	**Composite Diagnosis Code Pointer**	O	Comp		Situational	1

Alias: *Diagnosis Code Pointer*

	1328	**Diagnosis Code Pointer**	M	N0	1/2	Required	1

Medi-Cal Note: *Medi-Cal uses values 1 and 2.*

	1328	**Diagnosis Code Pointer**	O	N0	1/2	Situational	1

Medi-Cal Note: *Medi-Cal uses values 1 and 2.*

SV108	782	**Monetary Amount**	O	R	1/18	Not used	1
SV109	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational	1

Industry: *Emergency Indicator*

Code | **Name**
Y | Yes

SV110	1340	**Multiple Procedure Code**	O	ID	1/2	Not used	1
SV111	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational	1

Industry: *EPSDT Indicator*
Medi-Cal Note: *CMS-1500 form field number 24h.*

<u>Code</u>	<u>Name</u>
Y	Yes

SV112	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational	1

Industry: *Family Planning Indicator*
Medi-Cal Note: *CMS-1500 form field number 24h.*

<u>Code</u>	<u>Name</u>
Y	Yes

Example:

*SV1*HC:99211:25*12.25*UN*1*11**1:2:3**N~*

SV5 Durable Medical Equipment Service

Pos: 400	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 6**

User Option (Usage): Situational

To specify the claim service detail for durable medical equipment

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV501	C003	**Composite Medical Procedure Identifier**	M	Comp		Required	1
	235	**Product/Service ID Qualifier**	M	ID	2/2	Required	1

Industry: *Procedure Identifier*

Code	Name
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

CODE SOURCE:
130: Health Care Financing Administration Common Procedural Coding System

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV502	355	**Unit or Basis for Measurement Code**	M	ID	2/2	Required	1

Code	Name
DA	Days

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV503	380	**Quantity**	M	R	1/15	Required	1

Industry: *Length of Medical Necessity*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV504	782	**Monetary Amount**	X	R	1/18	Situational	1

Industry: *DME Rental Price*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV505	782	**Monetary Amount**	X	R	1/18	Situational	1

Industry: *DME Purchase Price*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV506	594	**Frequency Code**	O	ID	1/1	Situational	1

Industry: *Rental Unit Price Indicator*

Code	Name
1	Weekly
4	Monthly
6	Daily

Example:
*SV5*HC:A4631*DA*30*50*5000*4~*

CR1 Ambulance Transport Information

Pos: 425	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 10**

User Option (Usage): Situational

To supply information related to the ambulance service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR101	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Situational	1

Code	Name
LB	Pound

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR102	81	**Weight**	C	R	1/10	Situational	1

Industry: *Patient Weight*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR103	1316	**Ambulance Transport Code**	O	ID	1/1	Required	1

Alias: *Ambulance transport code*

Code	Name
I	Initial Trip
R	Return Trip
T	Transfer Trip
X	Round Trip

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR104	1317	**Ambulance Transport Reason Code**	O	ID	1/1	Required	1

Alias: *Ambulance Transport Reason Code*

Code	Name
A	Patient was transported to nearest facility for care of symptoms, complaints, or both
B	Patient was transported for the benefit of a preferred physician
C	Patient was transported for the nearness of family members
D	Patient was transported for the care of a specialist or for availability of specialized equipment
E	Patient Transferred to Rehabilitation Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR105	355	**Unit or Basis for Measurement Code**	C	ID	2/2	Required	1

Code	Name
DH	Miles

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR106	380	**Quantity**	C	R	1/15	Required	1

Industry: *Transport Distance*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR107	166	**Address Information**	O	AN	1/55	Not used	1
CR108	166	**Address Information**	O	AN	1/55	Not used	1
CR109	352	**Description**	O	AN	1/80	Situational	1

Industry: *Round Trip Purpose Description*
Alias: *Transport purpose description*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR110	352	**Description**	O	AN	1/80	Situational	1

Industry: *Stretcher Purpose Description*

Example:
CR1*LB*140*I*A*DH*12****UNCONSCIOUS~

CR5

Home Oxygen Therapy Information

Pos: 445	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 15**

User Option (Usage): Situational

To supply information regarding certification of medical necessity for home oxygen therapy

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR501	1322	**Certification Type Code**	O	ID	1/1	Required	1

Alias: *Certification Type Code. Oxygen Therapy*

Code	Name
I	Initial
R	Renewal
S	Revised

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR502	380	**Quantity**	O	R	1/15	Required	1

Industry: *Treatment Period Count*
Alias: *Certification Period, Home Oxygen Therapy*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR503	1348	**Oxygen Equipment Type Code**	O	ID	1/1	Not used	1
CR504	1348	**Oxygen Equipment Type Code**	O	ID	1/1	Not used	1
CR505	352	**Description**	O	AN	1/80	Not used	1
CR506	380	**Quantity**	O	R	1/15	Not used	1
CR507	380	**Quantity**	O	R	1/15	Not used	1
CR508	380	**Quantity**	O	R	1/15	Not used	1
CR509	352	**Description**	O	AN	1/80	Not used	1
CR510	380	**Quantity**	O	R	1/15	Situational	1

Industry: *Arterial Blood Gas Quantity*
Alias: *Arterial Blood Gas*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR511	380	**Quantity**	O	R	1/15	Situational	1

Industry: *Oxygen Saturation Quantity*
Alias: *Oxygen Saturation*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR512	1349	**Oxygen Test Condition Code**	O	ID	1/1	Required	1

Alias: *Oxygen test condition code*

Code	Name
E	Exercising
R	At rest on room air
S	Sleeping

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR513	1350	**Oxygen Test Findings Code**	O	ID	1/1	Situational	1

Alias: *Oxygen test finding code*

Code	Name
1	Dependent edema suggesting congestive heart failure

CR514	1350	**Oxygen Test Findings Code**	O	ID	1/1	Situational	1

Alias: *Oxygen test finding code*

Code	Name
2	"P" Pulmonale on Electrocardiogram (EKG)

CR515	1350	**Oxygen Test Findings Code**	O	ID	1/1	Situational	1

Alias: *Oxygen test finding code*

Code	Name
3	Erythrocythemia with a hematocrit greater than 56 percent

Example:

*CR5*I*6********56**R*1~*

CRC Ambulance Certification

Pos: 450	**Max: 3**
Detail - Optional	
Loop: 2400	**Elements: 7**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
07	Ambulance Certification

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Certification Condition Indicator*
Alias: *Certification Condition Code, Ambulance Certification*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Industry: *Condition Code*
Alias: *Condition Indicator*

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC04	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC05	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC06	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Industry: *Condition Code*
Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

| CRC07 | 1321 | **Condition Indicator** | O | ID | 2/2 | Situational | 1 |

> **Industry:** *Condition Code*
> **Alias:** *Condition Indicator*
> **Medi-Cal Note:** *Use the codes listed in CRC03.*

Example:

*CRC*07*Y*08~*

CRC — Hospice Employee Indicator

Pos: 450	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 3**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
70	Hospice

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Hospice Employed Provider Indicator*
Alias: *Hospice Employee Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Code	Name
65	Open

Example:
   *CRC*70*Y*65~*

CRC   DMERC Condition Indicator

Pos: 450	**Max: 2**
Detail - Optional	
Loop: 2400	**Elements: 7**

User Option (Usage): Situational

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	**Code Category**	M	ID	2/2	Required	1

Code	Name
09	Durable Medical Equipment Certification
11	Oxygen Therapy Certification

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required	1

Industry: *Certification Condition Indicator*
Alias: *Certification Condition Code Applies Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required	1

Alias: *Condition Indicator*

Code	Name
37	Oxygen delivery equipment is stationary
38	Certification signed by the physician is on file at the supplier's office
AL	Ambulation Limitations
P1	Patient was Discharged from the First Facility
ZV	Replacement Item

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC04	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC05	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC06	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC07	1321	**Condition Indicator**	O	ID	2/2	Situational	1

Alias: *Condition Indicator*
Medi-Cal Note: *Use the codes listed in CRC03.*

Example:
CRC*09*N*ZV~
CRC*11*Y*37*38*P1~

DTP Date - Service Date

<table>
<tr><td>Pos: 455</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Required

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
472	Service

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Service Date*
Medi-Cal Note: *Medi-Cal will only use the first 17 characters.*
CMS-1500 form field number 24a.

Example:
*DTP*472*RD8*19970607-19970608~*

DTP   Date - Onset of Current Symptom/Illness

<table>
<tr><td>Pos: 455</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
431	Onset of Current Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Onset Date*
Medi-Cal Note: *Medi-Cal will only use the first 8 characters.*
CMS-1500 form field number 14.

Example:
DTP*431*D8*19971112~

DTP **Date - Last X-ray**

<table>
<tr><td>Pos: 455</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
455	Last X-Ray

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Last X-Ray Date*

Example:
DTP*455*D8*19970220~

DTP Date - Similar Illness/Symptom Onset

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
438	Onset of Similar Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Similar Illness or Symptom Date*
Medi-Cal Note: *CMS-1500 form field number 15.*

Example:
DTP*438*D8*19970115~

MEA   Test Result

<table>
<tr><td>Pos: 462</td><td>Max: 20</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

To specify physical measurements or counts, including dimensions, tolerances, variances, and weights(See Figures Appendix for example of use of C001)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
MEA01	737	**Measurement Reference ID Code**	O	ID	2/2	Required	1

Industry: *Measurement Reference Identification Code*
Alias: *Measurement identifier*

Code	Name
OG	Original
TR	Test Results

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
MEA02	738	**Measurement Qualifier**	O	ID	1/3	Required	1

Code	Name
HT	Height
R1	Hemoglobin
R2	Hematocrit
R3	Epoetin Starting Dosage
R4	Creatin
ZO	Oxygen
GRA	Gas Test Rate

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
MEA03	739	**Measurement Value**	C	R	1/20	Required	1

Industry: *Test Results*

Example:
MEA*TR*R1*113.4~

REF Prior Authorization or Referral Number

Pos: 470 Max: 2
Detail - Optional
Loop: 2400 Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
G1	Prior Authorization Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Prior Authorization or Referral Number*
Medi-Cal Note: *Medi-Cal TAR number. Medi-Cal will only use the first 11 characters.*

Example:
 *REF*9F*12345678~*

REF   Line Item Control Number

Pos: 470	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
6R	Provider Control Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1
		Industry: *Line Item Control Number*					

Example:
   *REF*6R*54321~*

REF **Mammography Certification Number**

Pos: 470   **Max: 1**
Detail - Optional
Loop: 2400   **Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
EW	Mammography Certification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Mammography Certification Number*

Example:
*REF*EW*T554~*

REF Clinical Laboratory Improvement Amendment (CLIA) Identification

Pos: 470 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

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

Code	Name
X4	Clinical Laboratory Improvement Amendment Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1
		Industry: *Clinical Laboratory Improvement Amendment Number*					

Example:
*REF*X4*12D4567890~*

K3 File Information

Pos: 480	**Max: 10**
Detail - Optional	
Loop: 2400	**Elements: 1**

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Element Summary:

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

Example:

K3*STATE DATA REQUIREMENT~

Medi-Cal Note:

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

NTE   Line Note

<table>
<tr><td>Pos: 485</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2400</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Situational

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE01	363	**Note Reference Code**	O	ID	3/3	Required	1

Code	Name
ADD	Additional Information
DCP	Goals, Rehabilitation Potential, or Discharge Plans
PMT	Payment
TPO	Third Party Organization Notes

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE02	352	**Description**	M	AN	1/80	Required	1

Industry: *Line Note Text*
Medi-Cal Note: *CMS-1500 form field number 19.*

Example:
   *NTE*DCP*PATIENT GOAL TO BE OFF OXYGEN BY END OF MONTH~*
Medi-Cal Note:
   Providers may submit data in this segment that was previously sent in the Medi-Cal CMC Remarks records.

Loop 2410

Pos: 494	**Repeat: 25**
	Optional
Loop: 2410	**Elements: N/A**

User Option (Usage): Situational

To specify basic item identification data

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
494	LIN	Drug Identification	O	1		Situational
495	CTP	Drug Pricing	O	1		Situational
496	REF	Prescription Number	O	1		Situational

Example:
LIN**N4*01234567891~

Medi-Cal Note:
Although the Implementation Guide allows twenty-five iterations of Loop 2410 per Loop 2400, Medi-Cal will only use one iteration of Loop 2410 per Loop 2400.

LIN   **Drug Identification**

Pos: 494	**Max: 1**
Detail - Optional	
Loop: 2410	**Elements: 3**

User Option (Usage): Situational

To specify basic item identification data

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LIN01	350	**Assigned Identification**	O	AN	1/20	Not used	1
LIN02	235	**Product/Service ID Qualifier**	M	ID	2/2	Required	1

Industry: *Product or Service ID Qualifier*
Medi-Cal Note: *Use only the Product/Service ID Qualifier values listed below.*

CMS-1500 form field number 24A (shaded area), bytes 1-2.

Code	Name
EN	European Article Number (EAN) (2-5-5-1)
EO	GTIN EAN/UCC
HI	HIBC (Health Care Industry Bar Code)
N4	National Drug Code in 5-4-2 Format

    CODE SOURCE:
      240: National Drug Code by Format

ON	Customer Order Number
UK	U.P.C./EAN Shipping Container Code (1-2-5-5-1)

    CODE SOURCE:
      See code source 41.

UP	U.P.C. Consumer Package Code (1-5-5-1)

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LIN03	234	**Product/Service ID**	M	AN	1/48	Required	1

Industry: *National Drug Code*
Alias: *National Drug Code*
Medi-Cal Note: *Specify the UPN for the service in the SV1 Segment.*

Medi-Cal will only use the first nineteen characters (field can be up to nineteen characters depending on Product/Service ID Qualifier).

CMS-1500 form field number 24A (shaded area), bytes 3-21.

ExternalCodeList
Name: 240
Description: National Drug Code by Format
ExternalCodeList
Name: 41
Description: Universal Product Code

Example:

LIN**HI*01234567891~

CTP   Drug Pricing

<table>
<tr><td>Pos: 495</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2410</td><td>Elements: 5</td></tr>
</table>

User Option (Usage): Situational

To specify pricing information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CTP01	687	**Class of Trade Code**	O	ID	2/2	Not used	1
CTP02	236	**Price Identifier Code**	X	ID	3/3	Not used	1
CTP03	212	**Unit Price**	X	R	1/17	Required	1
		Industry: *Drug Unit Price* Alias: *Drug Unit Price* Medi-Cal Note: *Price per unit of product, service, commodity, etc.* *This field is not captured on the CMS-1500 form.*					
CTP04	380	**Quantity**	X	R	1/15	Required	1
		Industry: *National Drug Unit Count* Alias: *National Drug Unit Count* Medi-Cal Note: *Defines the quantity used. Medi-Cal will only use the first ten characters. CMS-1500 form field number 24D (shaded area), bytes 3-12.*					
CTP05	C001	**Composite Unit of Measure**	X	Comp		Required	1
		Industry: *Unit or Basis of Measurement* Alias: *Unit or Basis of Measurement* Medi-Cal Note: *CMS-1500 form field number 24D (shaded area), bytes 1-2.*					
	355	**Unit or Basis for Measurement Code**	M	ID	2/2	Required	1
		Alias: *Code qualifier*					

Code	Name
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit

Example:
*CTP***1.15*2*UN~*

REF Prescription Number

<table>
<tr><td>Pos: 496</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2410</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1
		Alias: *Code qualifier*					

Code	Name
XZ	Pharmacy Prescription Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	X	AN	1/30	Required	1
		Industry: *Prescription Number* Alias: *Prescription Number* Medi-Cal Note: *This field is not captured on the CMS-1500 form.*					

Example:

REF*XZ*12345678~

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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
500	NM1	Rendering Provider Name	O	1		Situational
505	PRV	Rendering Provider Specialty Information	O	1		Situational
525	REF	Rendering Provider Secondary Identification	O	5		Situational

Example:

*NM1*82*1*SMITH*JUNE*L ***XX*87654321~*

NM1   Rendering Provider 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	Name
82	Rendering Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

**Industry: *Rendering Provider Last or Organization Name*
Alias: *Rendering Provider Last Name***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Situational	1

Industry: *Rendering Provider First Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Rendering Provider Middle Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM106	1038	**Name Prefix**	O	AN	1/10	Not used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

**Industry: *Rendering Provider Name Suffix*
Alias: *Rendering Provider Generation***

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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: *Rendering Provider Identifier*
Alias: *Rendering Provider Primary Identifier*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:
 *NM1*82*1*SMITH*JUNE*L***XX*87654321~*

PRV Rendering Provider Specialty Information

Pos: 505   **Max: 1**
Detail - Optional
Loop: 2420A   **Elements: 3**

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code**	M	ID	1/3	Required	1

Code	Name
PE	Performing

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV02	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

ExternalCodeList
Name: HCPT
Description: Health Care Provider Taxonomy

Example:
*PRV*PE*ZZ*203BA050N~*

REF — Rendering Provider Secondary Identification

Pos: 525	**Max: 5**
Detail - Optional	
Loop: 2420A	**Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Rendering Provider Secondary Identifier*
Medi-Cal Note: *Medi-Cal provider number of the atypical provider. Medi-Cal will only use the first 9 characters.*
CMS-1500 form field number 24j (shaded).

Example:
*REF*1D*A12345678~*
Medi-Cal Note:
Medi-Cal uses this segment to capture the Medi-Cal provider number of the 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:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
500	NM1	Service Facility Location	O	1		Situational
514	N3	Service Facility Location Address	O	1		Required
520	N4	Service Facility Location City/State/ZIP	O	1		Required
525	REF	Service Facility Location Secondary Identification	O	5		Situational

Example:

NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~
NM1*77**AMBULANCE PROV NAME***********~.

Medi-Cal Note:

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

NM1   Service Facility Location

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Medi-Cal Note: *CMS-1500 form field number 20.*

Code	Name
77	Service Location
FA	Facility
LI	Independent Lab

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Situational	1

Industry: *Laboratory or Facility Name*
Alias: *Service Facility Location Name/Provider Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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	Situational	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: *Service Facility Location Identification Number*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:
 *NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~*
 *NM1*77**AMBULANCE PROV NAME************~*

Medi-Cal Note:
 This should only be included in the 2400 loop for ambulance mileage service line.

N3   Service Facility Location Address

<table>
<tr><td>Pos: 514</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2420C</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N301	166	**Address Information**	M	AN	1/55	Required	1
		Industry: *Laboratory or Facility Address Line* **Alias:** *Service Facility Location Address 1* **Medi-Cal Note:** *Medi-Cal will only use the first 38 characters.*					
N302	166	**Address Information**	O	AN	1/55	Situational	1
		Industry: *Laboratory or Facility Address Line* **Alias:** *Service Facility Location Address 2* **Medi-Cal Note:** *Medi-Cal will only use the first 38 characters.*					

Example:
*N3*2400 HEALTHY WAY*SUITE 101~*

N4

Service Facility Location City/State/ZIP

Pos: 520	Max: 1
Detail - Optional	
Loop: 2420C	**Elements: 3**

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	**City Name**	O	AN	2/30	Required	1

> **Industry:** *Laboratory or Facility City Name*
> **Alias:** *Service Facility Location City*
> **Medi-Cal Note:** *CMS-1500 form field number 32.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N402	156	**State or Province Code**	O	ID	2/2	Required	1

> **Industry:** *Laboratory or Facility State or Province Code*
> **Alias:** *Service Facility Location State*
> **Medi-Cal Note:** *CMS-1500 form field number 32.*

ExternalCodeList
Name: 22
Description: States and Outlying Areas of the U.S.

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N403	116	**Postal Code**	O	ID	3/15	Required	1

> **Industry:** *Laboratory or Facility Postal Zone or ZIP Code*
> **Alias:** *Service Facility Location ZIP Code*
> **Medi-Cal Note:** *CMS-1500 form field number 32. Medi-Cal will use only first 9 characters. Please enter 9 digit postal (ZIP) code.*

ExternalCodeList
Name: 51
Description: ZIP Code

Example:
N4*ANYTOWN*CA*987654321~

REF — Service Facility Location Secondary Identification

<div>
Pos: 525   Max: 5
Detail - Optional
Loop: 2420C   Elements: 2
</div>

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Service Facility Location Secondary Identifier*
Alias: *Service Facility Location Secondary Identification Number*
Medi-Cal Note: *Medi-Cal provider number of the atypical provider. Medi-Cal will only use the first 9 characters.*

Example:
 *REF*1D*A12345678~*
Medi-Cal Note:
 Medi-Cal uses this segment to capture the Medi-Cal provider number of the outside atypical laboratory or facility.

Loop 2420F

Pos: 500	**Repeat: 2**
Optional	
Loop: 2420F	**Elements: N/A**

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
500	NM1	Referring Provider Name	O	1		Situational
505	PRV	Referring Provider Specialty Information	O	1		Situational
525	REF	Referring Provider Secondary Identification	O	5		Situational

Example:

NM1*DN*1*WELBY*MARCUS*W**JR*34*4443322222~

NM1 Referring Provider Name

<table>
<tr><td>Pos: 500</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2420F</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1

Code	**Name**
DN	Referring Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1

Code	**Name**
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1

Industry: *Referring Provider Last Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM104	1036	**Name First**	O	AN	1/25	Required	1

Industry: *Referring Provider First Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1

Industry: *Referring Provider Middle Name*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM106	1038	**Name Prefix**	O	AN	1/10	Not used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

Industry: *Referring Provider Name Suffix*
Alias: *Referring Provider Generation*
Medi-Cal Note: *CMS-1500 form field number 17.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Situational	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: *Referring Provider Identifier*
Alias: *Referring Provider's Identification Number*
Medi-Cal Note: *Medi-Cal will only use the first 10 characters.*
CMS-1500 form field number 17a.

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Example:
 *NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~*

PRV Referring Provider Specialty Information

Pos: 505　　　**Max: 1**
Detail - Optional
Loop: 2420F　　**Elements: 3**

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code**	M	ID	1/3	Required	1

Code	Name
RF	Referring

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV02	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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.*

ExternalCodeList
Name: HCPT
Description: Health Care Provider Taxonomy

Example:
 *PRV*RF*ZZ*363LP0200N~*

REF Referring Provider Secondary Identification

Pos: 525   **Max: 5**
Detail - Optional
Loop: 2420F   **Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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
0B	State License Number
1D	Medicaid Provider Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Industry: *Referring Provider Secondary Identifier*
Medi-Cal Note: *Medi-Cal provider number or State license number of the atypical provider. Medi-Cal will only use the first 9 characters.*
CMS-1500 form field number 17a.

Example:
*REF*1D*A12345678~*

Medi-Cal Note:
Medi-Cal uses this segment to capture the Medi-Cal provider number or the State license number of the atypical 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:

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

Example:

SVD*43*55*HC:84550**3~

SVD	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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SVD01	67	**Identification Code**	M	AN	2/80	Required	1

> **Industry:** *Other Payer Primary Identifier*
> **Alias:** *Other Payer identification code*
> **Medi-Cal Note:** *Medi-Cal will only use the first 5 characters.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SVD02	782	**Monetary Amount**	M	R	1/18	Required	1

> **Industry:** *Service Line Paid Amount*
> **Alias:** *Paid Amount*
> **Medi-Cal Note:** *Medi-Cal will only use the first 9 characters.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SVD03	C003	**Composite Medical Procedure Identifier**	O	Comp		Required	1

> **Alias:** *Procedure identifier*

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	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

> **CODE SOURCE:**
> *130: Health Care Financing Administration Common Procedural Coding System*

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	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

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

> **Alias:** *Procedure Modifier 1*

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

> **Alias:** *Procedure Modifier 2*

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

> **Alias:** *Procedure Modifier 3*

	Id	Element Name	Req	Type	Min/Max	Usage	Rep
	1339	**Procedure Modifier**	O	AN	2/2	Situational	1

> **Alias:** *Procedure Modifier 4*

	352	**Description**	O	AN	1/80	Situational	1
		Industry: *Procedure Code Description*					
SVD04	234	**Product/Service ID**	O	AN	1/48	Not used	1
SVD05	380	**Quantity**	O	R	1/15	Required	1
		Industry: *Paid Service Unit Count* **Alias:** *Paid units of service* **Medi-Cal Note:** *Medi-Cal will only use the first 3 characters.*					
SVD06	554	**Assigned Number**	O	N0	1/6	Situational	1
		Industry: *Bundled Line Number* **Alias:** *Bundled Line Number* **Medi-Cal Note:** *Medi-Cal will only use the first 2 characters.*					

Example:
  *SVD*43*55*HC:84550**3~*

CAS **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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required	1

Alias: *Adjustment Group Code*

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Line Level*
Medi-Cal Note: *Medi-Cal will only use the first 3 characters.*

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS03	782	**Monetary Amount**	M	R	1/18	Required	1

Industry: *Adjustment Amount*
Alias: *Adjusted Amount - Line Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS04	380	**Quantity**	O	R	1/15	Situational	1

Industry: *Adjustment Quantity*
Alias: *Adjusted Units - Line Level*

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS05	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1

Industry: *Adjustment Reason Code*
Alias: *Adjustment Reason Code - Line Level*
Medi-Cal Note: *Medi-Cal will only use the first 3 characters.*

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CAS06	782	**Monetary Amount**	C	R	1/18	Situational	1

Industry: *Adjustment Amount*
Alias: *Adjusted Amount - Line Level*
Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*

CAS07	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity* Alias: *Adjusted Units - Line Level*					
CAS08	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1
		Industry: *Adjustment Reason Code* Alias: *Adjustment Reason Code - Line Level* 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* Alias: *Adjusted Amount - Line Level* Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*					
CAS10	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity* Alias: *Adjusted Units - Line Level*					
CAS11	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1
		Industry: *Adjustment Reason Code* Alias: *Adjustment Reason Code - Line Level* 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* Alias: *Adjusted Amount - Line Level* Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*					
CAS13	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity* Alias: *Adjusted Units - Line Level*					
CAS14	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1
		Industry: *Adjustment Reason Code* Alias: *Adjustment Reason Code - Line Level* 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* Alias: *Adjusted Amount - Line Level* Medi-Cal Note: *Medi-Cal will only use the first 9 characters.*					
CAS16	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity*					

		Alias: *Adjusted Units - Line Level*					
CAS17	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Situational	1
		Industry: *Adjustment Reason Code* **Alias:** *Adjustment Reason Code - Line Level* **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* **Alias:** *Adjusted Amount - Line Level* **Medi-Cal Note:** *Medi-Cal will only use the first 9 characters.*					
CAS19	380	**Quantity**	C	R	1/15	Situational	1
		Industry: *Adjustment Quantity* **Alias:** *Adjusted Units - Line Level*					

Example:
*CAS*PR*1*7.93~*
*CAS*OA*93*15.06~*

DTP Line Adjudication Date

<table>
<tr><td>Pos: 550</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2430</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Required

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required	1

Industry: *Date Time Qualifier*

Code	Name
573	Date Claim Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP03	1251	**Date Time Period**	M	AN	1/35	Required	1

Industry: *Adjudication or Payment Date*
Medi-Cal Note: *Explanation of Medicare Benefits (EOMB) Date.*
Medi-Cal will only use the first 8 characters.

Example:
DTP*573*D8*19970131~

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	**Number of Included Segments**	M	N0	1/10	Required	1
		Industry: *Transaction Segment Count* **Alias:** *Segment Count*					
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required	1
		Alias: *Transaction Set Control Number*					

Example:
SE*211*987654~

GE   Functional Group Trailer

<table>
<tr><td>Pos:</td><td>Max: 1</td></tr>
<tr><td colspan="2">Not Defined - Mandatory</td></tr>
<tr><td>Loop: N/A</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required

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

Element Summary:

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

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
IEA01	I16	**Number of Included Functional Groups**	M	N0	1/5	Required	1
		Medi-Cal Note: *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~*