

## ANSI ASC X12 837v4010A1 Inpatient Data Specifications Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
07/31/2007	Cover	N/A	N/A	N/A	N/A	Removed reference to tape submissions. As of June 1, 2007, Medi-Cal is no longer accepting claim submissions via magnetic tape.
07/31/2007	N/A	N/A	N/A	N/A	N/A	Changed document version to version 2.1 on title page
07/31/2007	N/A	N/A	N/A	N/A	N/A	Added note to beginning of document describing the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	Various	Various	Various	Various	Various	Updated all references to <i>UB-04</i> Claim Form Field Numbers in the Medi-Cal Notes.
07/31/2007	18	2010AA	N/A	Billing Provider Name	Example	Modified Example: <i>NM1*85*2*JONES HOSPITAL *****XX*4560931290~</i>
07/31/2007	19	2010AA	NM108	Billing Provider Name	Identification Code Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	20	2010AA	NM1	Billing Provider Name	Example	Modified Example: <i>NM1*85*2*JONES HOSPITAL *****XX*4560931290~</i>
07/31/2007	21	2010AA	N4	Billing Provider City/State/ZIP Code	N/A	Modified Example: <i>N4*CENTERVILLE*PA*123456789~</i>
07/31/2007	22	2010AA	N403	Billing Provider City/State/ZIP Code	Postal Code	Updated Medi-Cal Note: Medi-Cal will only use the first 9 characters. Please enter 9-digit postal (ZIP) code.
07/31/2007	23	2010AA	REF01	Billing Provider Secondary Identification	Reference Identification Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	55	2300	NTE02	Billing Note	Description, Example and Medi-Cal Note	Added more "Emergency Certification" text to the description field and Medi-Cal Note. Updated the example with 'EMCER.'
07/31/2007	61	2300	HI01	Value Information	Industry Code	Updated Medi-Cal Note: Co-insurance, Deductible, Blood Pints, Blood Deductible. Medicare requires that co-insurance and deductible amounts be reported in the CAS segment of Loop 2320. Medicare will reject claims submitted with value codes in this segment for co-insurance and deductible amounts effective with July 1, 2007 discharge dates.
07/31/2007	64	2310A	N/A	Attending Physician Name	Example	Modified Example: <i>'NM1*71*1*JONES*JOHN*****XX*1234567890~'</i>
07/31/2007	65	2310A	NM108	Attending Physician Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use and NPI Implementation periods and the use of the NPI.
07/31/2007	66	2310A	NM1	Attending Physician Name	Example	Modified Example: <i>'NM1*71*1*JONES*JOHN*****XX*1234567890~'</i>
07/31/2007	68	2310A	REF01	Attending Physician Secondary Identification	Reference Identification Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	69	2310B	N/A	Operating Physician Name	Example	Modified Example: <i>'NM1*72*1*MEYERS*JANE*****XX*1234567890~'</i>
07/31/2007	70	2310B	NM109	Operating Physician Name	Identification Code	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
07/31/2007	71	2310B	NM1	Operating Physician Name	Example	Modified Example: 'NM1*72*1*MEYERS*JANE****XX*1234567890~'
07/31/2007	72	2310B	REF01	Operating Physician Secondary Identification	Reference Identification Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	73	2310C	N/A	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~(NPI)'
07/31/2007	74	2310C	NM109	Other Provider Name	Identification Code	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	75	2310C	NM1	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~(NPI)'
07/31/2007	76	2310C	REF01	Other Provider Secondary Identification	Reference Identification Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	77	2310E	N/A	Service Facility Name	Example	Modified Example: 'NM1*FA*2*Rehab Facility****XX*1234567890~'
07/31/2007	78	2310E	NM109	Service Facility Name	Example	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	79	2310E	NM1	Service Facility Name	Example	Modified Example: 'NM1*FA*2*Rehab Facility****XX*1234567890~'
07/31/2007	80	2310E	REF01	Service Facility Secondary Identification	Reference Identification Qualifier	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	86	2420	CAS	Claim Level Adjustment	N/A	Added Medi-Cal note: Co-insurance and deductible amounts for Medicare/Medi-Cal claims must be reported in this segment with a group code of 'PR' and the appropriate Claim Adjustment Reason code effective with discharge dates of July 1, 2007.
05/15/2006	55	2300	NTE02	Billing Note	Description, Example and Medi-Cal Note	Added more "Emergency Certification" text to the description field and Medi-Cal Note. Updated the example with EMCER.
01/02/2006	45	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added Medi-Cal Note to indicate "Currently, Medi-Cal will accept only 'BM', 'EL', and 'FX'."
01/02/2006	All	All	All	All	All	Added Medi-Cal Note stating the corresponding UB-92 paper claim field/box number.
08/08/2005	Title pg	NA	NA	NA	NA	Updated notes to indicate for Dialup, Tape & Internet Submissions.
08/08/2005	7	NA	ISA	Interchange Control Header	Example	Added Medi-Cal Note: The ISA is a fixed 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.
08/08/2005	59	2300	HI01	Occurrence Information	Date Time Period	Updated Medi-Cal Note, modified verbiage: Please see the NUBC manual for the appropriate value for HI01-02 to indicate discharge date or accident/injury date.
08/08/2005	60	2300	HI	Value Information	NA	Added Segment.
08/08/2005	60	2300	HI01	Value Information	Qualifier Code	Selected Qualifier Code "BE".

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08/08/2005	60	2300	HI01	Value Information	Industry Code	Added Medi-Cal Note: Coinsurance, Deductible, Blood Pints, Blood Deductible. A list of valid values may be found in the NUBC manual, field locator 39-41. A subset of this list may be found in the Medi-Cal Inpatient Provider Manual. Medi-Cal will only use the first 2 characters.
08/08/2005	60	2300	HI01	Value Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	64	2310A	NM109	Attending Physician Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	68	2310B	NM109	Operating Physician Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	71	2310C	NM109	Other Provider Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	75	2310E	NM103	Service Facility Name	Name Last or Organization Name	Removed Medi-Cal Note.
08/08/2005	76	2310E	REF02	Service Facility Secondary Identification	Reference Identification	Removed Medi-Cal Note.
08/08/2005	80	2320	CAS02	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	80	2320	CAS03	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	80	2320	CAS05	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	80	2320	CAS06	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	80	2320	CAS08	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	81	2320	CAS09	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	81	2320	CAS11	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	81	2320	CAS12	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	81	2320	CAS14	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	81	2320	CAS15	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	81	2320	CAS17	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	81	2320	CAS18	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
08/08/2005	84	2320	AMT	COB Total Allowed Amount	NA	Added Segment.
08/08/2005	84	2320	AMT01	COB Total Allowed Amount	Amount Qualifier Code	Selected Qualifier Code "B6".
08/08/2005	84	2320	AMT02	COB Total Allowed Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2320	AMT	COB Total Medicare Paid Amount	NA	Added Segment.
08/08/2005	85	2320	AMT01	COB Total Medicare Paid Amount	Amount Qualifier Code	Selected Qualifier Code "N1".
08/08/2005	85	2320	AMT02	COB Total Medicare Paid Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	89	2330A	NM109	Other Subscriber Name	Identification Code	Added Medi-Cal Note: Health Insurance Claim (HIC) Number. Medi-Cal will use only the first 12 characters.
08/08/2005	93	2330B	NM109	Other Payer Name	Identification Code	Added Medi-Cal Note to indicate the first 5 characters will be used.
08/08/2005	94	2330B	DTP03	Claim Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will use only the first 8 characters.
08/08/2005	95	2330B	REF	Other Payer Secondary Identification & Reference Number	NA	Added Segment.
08/08/2005	95	2330B	REF02	Other Payer Secondary Identification & Reference Number	Reference Identification	Added Medi-Cal Note: Medicare Internal Control Number (ICN). Medi-Cal will only use the first 15 characters.
08/08/2005	101	2430	SVD01	Service Line Adjudication Information	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	101	2430	SVD02	Service Line Adjudication Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	101	2430	SVD04	Service Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 4 characters will be used.
08/08/2005	101	2430	SVD05	Service Line Adjudication Information	Quantity	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	101	2430	SVD06	Service Line Adjudication Information	Assigned Number	Added Data Element. Added Medi-Cal Note to indicate first 2 characters will be used.
08/08/2005	102	2430	CAS02	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	102	2430	CAS03	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
08/08/2005	102	2430	CAS05	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	102	2430	CAS06	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	102	2430	CAS08	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	103	2430	CAS09	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	103	2430	CAS11	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	103	2430	CAS12	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	103	2430	CAS14	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	103	2430	CAS15	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	103	2430	CAS17	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	105	2430	DTP03	Service Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.
07/25/2005	103	2430	CAS18	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
03/16/2005	all	NA	NA	NA	NA	Fixed erroneous duplication of segments and elements.
01/21/2005	all	NA	NA	NA	NA	Reformatted document in its entirety.
01/21/2005	42	2300	PWK01	Claim Supplemental Information	Attachment Report Type Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK05	Claim Supplemental Information	Identification Code Qualifier	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK06	Claim Supplemental Information	Attachment Control Number	Added PWK segment to link attachments with electronic claims.
01/21/2005	52	2300	NTE	Billing Note	Note Reference Code	Added clarifying language for use of the NTE segments.

The page numbers for the following changes are based on the previous format. They do not apply to the current format of the specifications.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	1	2300	CLM05-1	Claim Information	Facility Type	Added clarifying language on where to find code values.
12/15/2003	1	2300	CLM05-3	Claim Information	Claim Frequency Code	Added clarifying language on where to find code values and removed the value of "1" from the specifications since Medi-Cal accepts more than just the "1".
12/15/2003	2	2300	CLM19	Claim Information		Added 'Not Used' field.
12/15/2003	2	2300	CLM20	Claim Information	Delay Reason Code	Corrected Min/Max length value.
12/15/2003	3	2300	DTP02	Statement Dates	Statement Date Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	4	2300	CL101	Institutional Claim Code	Admit Date	Added clarifying language.
12/15/2003	4	2300	CL102	Institutional Claim Code	Admit Source	Added clarifying language.
12/15/2003	4	2300	CL103	Institutional Claim Code	Patient Status	Added clarifying language.
12/15/2003	4	2300	AMT	Payer Estimated Amount Due		Added segment note.
12/15/2003	4	2300	AMT02	Payer Estimated Amount Due	Estimated Claim Due Amount	Added clarifying language about how this data is reported on the CMC error reports and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Edited for typo and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	REF01	Reference Number Qualifier Data Element Separator	Qualifier	Corrected qualifier from GI to G1.
12/15/2003	6	2300	NTE	Claim Note		Changed clarifying language.
12/15/2003	6-7	2300	NTE	Billing Note		Changed clarifying language.
12/15/2003	7	2300	HI02	Principal, Admitting, E-code and Patient Reason for Visit Diagnosis Information	Admitting Diagnosis (Composite)	Removed bolding because Medi-Cal does not capture this information for processing.
12/15/2003	8	2300	HI01	Principal Procedure Information	Procedure Code (composite)	Added composite name.
12/15/2003	8	2300	HI01-03	Principal Procedure Information	Date Time Period Format Qualifier	Removed comment.
12/15/2003	8	2300	HI01-04	Principal Procedure Information	Date Time Period	Added comment.