

ANSI ASC X12N 837v4010A1 Outpatient 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 and 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	22	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 Code	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI. Added qualifiers EI and SY to comply with IG rules.
07/31/2007	65	2300	HI01	Value Information	Industry Code	Updated Medi-Cal Note to add: Medicare requires that co-insurance and deductible amounts be reported in the CAS segment of Loop 2430. Medicare will reject claims submitted with values codes in this segment for co-insurance and deductibles effective with July 1, 2007 dates of service.
07/31/2007	67	2310A	N/A	Attending Physician Name	Example	Modified Example: <i>'NM1*71*1*JONES*JOHN****XX*1234567890~'</i>
07/31/2007	68	2310A	NM108	Attending Physician Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	69	2310A	NM1	Attending Physician Name	Example	Modified Example: <i>'NM1*71*1*JONES*JOHN****XX*1234567890~'</i>
07/31/2007	71	2310A	REF01	Attending Physician Secondary Identification	Reference Identification Qualifier Code	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.

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07/31/2007	72	2310C	N/A	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~(NPI)'
07/31/2007	73	2310C	NM108	Other Provider Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period , NPI implementation and the use of the NPI.
07/31/2007	74	2310C	NM1	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~ (NPI)'
07/31/2007	75	2310C	REF01	Other Provider Secondary Identification	Reference Identification Qualifier Code	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation periods and the use of the NPI.
07/31/2007	76	2310E	N/A	Service Facility Name	Example	Modified Example: 'NM1*FA*2*Rehab Facility****XX*1234567890~'
07/31/2007	77	2310E	NM108	Service Facility Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	78	2310E	NM1	Service Facility Name	Example	Modified Example: 'NM1*FA*2*Rehab Facility****XX*1234567890~'
07/31/2007	79	2310E	N4	Service Facility City/State/ZIP Code	N/A	Modified Example: 'N4*ANY TOWN*TX*751231234~'
07/31/2007	80	2310E	N403	Service Facility City/State/ZIP Code	Postal Code	Added Medi-Cal Note: Medi-Cal will only use the first 9 characters. Please enter 9 digit postal (ZIP)code.
07/31/2007	107	2420A	N/A	Attending Physician Name	Example	Modified Example: 'NM1*71*1*JONES*JOHN****XX*1234567890~'
07/31/2007	108	2420A	NM108	Attending Physician Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	109	2420A	NM1	Attending Physician Name	Example	Modified Example: 'NM1*71*1*JONES*JOHN****XX*1234567890~'
07/31/2007	110	2420A	REF01	Attending Physician Secondary Identification	Reference Identification Qualifier Code	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	111	2420C	N/A	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~(NPI)'
07/31/2007	112	2420C	NM108	Other Provider Name	Identification Code Qualifier	Updated Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	113	2420C	NM1	Other Provider Name	Example	Modified Example: 'NM1*73*1*DOE*JOHN*A***XX*2017495860~(NPI)'

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07/31/2007	114	2420C	REF01	Other Provider Secondary Identification	Reference Identification Qualifier Code	Added Medi-Cal Note to describe the Medi-Cal Dual-Use Period, NPI implementation and the use of the NPI.
07/31/2007	120	2430	CAS	Service Line Adjustment	NA	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 for dates of service effective 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 Supplementa l 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	64	2300	HI	Value Information	NA	Added Segment.
08/08/2005	64	2300	HI01	Value Information	Qualifier Code	Selected Qualifier Code "BE".
08/08/2005	64	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 Outpatient Provider Manual. Medi-Cal will only use the first 2 characters.
08/08/2005	64	2300	HI01	Value Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	65	2300	HI01	Condition Information	Qualifier Code	Selected Qualifier Code "BE"
08/08/2005	67	2310A	NM109	Attending Physician Name	Identification Code	Added Medi-Cal Note: Rendering Provider Primary Identifier. Medi-Cal will use only the first 10 characters.
08/08/2005	71	2310C	NM109	Other Provider Name	Identification Code	Added Medi-Cal Note: Referring Provider Primary Identifier. Medi-Cal will use only the first 10 characters.
08/08/2005	76	2310E	REF	Service Facility Secondary Identification	NA	Removed Loop.
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.

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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.
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 only use the first 12 characters.
08/08/2005	93	2330B	NM109	Other Payer Name	Identification Code	Added Medi-Cal Note to indicate 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 only use the first 8 characters.
08/08/2005	95	2330B	REF	Other Payer Secondary Identification Number & Reference Number	NA	Added Segment.

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08/08/2005	95	2330B	REF02	Other Payer Secondary Identification Number & 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	2420A	NM109	Attending Physician Name	Identification Code	Added Medi-Cal Note: Rendering Provider Primary Identifier. Medi-Cal will only use the first 10 characters.
08/08/2005	105	2420C	NM109	Other Provider Name	Identification Code	Added Medi-Cal Note: Referring Provider Primary Identifier. Medi-Cal will only use the first 10 characters.
08/08/2005	108	2430	SVD01	Service Line Adjudication Information	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	108	2430	SVD02	Service Line Adjudication Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	108	2430	SVD03	Service Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	108	2430	SVD04	Service Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 4 characters will be used.
08/08/2005	108	2430	SVD05	Service Line Adjudication Information	Quantity	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	109	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	110	2430	CAS02	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	110	2430	CAS03	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	110	2430	CAS05	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	110	2430	CAS06	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	110	2430	CAS08	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	111	2430	CAS09	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	111	2430	CAS11	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	111	2430	CAS12	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	111	2430	CAS14	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	111	2430	CAS15	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	111	2430	CAS17	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.

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08/08/2005	111	2430	CAS18	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	113	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.
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	40	2300	PWK01	Claim Supplemental Information	Attachment Report Type Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK05	Claim Supplemental Information	Identification Code Qualifier	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK06	Claim Supplemental Information	Attachment Control Number	Added PWK segment to link attachments with electronic claims.
1/21/2005	50	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	2	2300	CLM05-3	Claim Information	Claim Frequency Code	Added clarifying language on where to find code values and corrected description of value "1".
12/15/2003	3	2300	CLM19	Claim Information		Added 'Not Used' field.
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	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	4	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	7	2300	CR603	Home Health Care Information	Date Time Period Format Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	8	2300	CR615	Home Health Care Information	Date Time Period Format Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	12	2300	HI01-02	Occurrence Information	Occurrence Code	Added clarifying language on where to find the code values.
12/15/2003	13	2300	HI01-02	Condition Information	Condition Code	Added clarifying language on where to find the code values.
12/15/2003	17	2310C	PRV			Deleted segment.
12/15/2003	17	2310E	NM103	Service Facility Name	Service Facility or Lab Name	Added clarifying language.
12/15/2003	18	2310C	REF02	Other Provider Secondary Identification	Other Provider Secondary Identifier	Corrected clarifying language.
12/15/2003	18	2310E	PRV			Deleted segment.
12/15/2003	18	2320	SBR02	Other Subscriber Information	Individual Relationship Code	Changed following data element terminator (1C) to data element separator (1D).
12/15/2003	19	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.
12/15/2003	22	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	27	2400	SV203	Institutional Service Line	Line Item Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	32	2420C	NM1	Other Provider Name		Changed clarifying language in segment name from Rendering to Referring.