

## ANSI ASC X12N 837v4010A1 Vision Data Specifications Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
06/19/2006	39	2010BB	NM103	Payer Name	Name Last or Organization Name	Changed the note from ""Medi-Cal VIS" is no longer required on or after July 1, 2006." To say ""Medi-Cal VIS" is no longer required for dates of service on or after July 1, 2006."
01/02/2006	5	NA	NA	NA	NA	Added Medi-Cal Note to General section to indicate "This transaction, set for Vision, is no longer valid for dates of service on or after July 1, 2006; use the 837 Health Care Claim: Professional HIPAA/V4010X098A1/837: Medical Companion Guide."
01/02/2006	39	2010BB	NM1	Payer Name	Example	Added Medi-Cal Note to indicate ""Medi-Cal VIS" is no longer required on or after July 1, 2006."
01/02/2006	46	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added Medi-Cal Note to indicate "Currently, Medi-Cal will accept only 'BM', 'EL', and 'FX'."
08/09/2005	Title pg	NA	NA	NA	NA	Updated notes to indicate for Dialup, Tape & Internet Submissions.
08/09/2005	7	NA	ISA16	Interchange Control Header	Component Element Separator	Added Medi-Cal Note: X'1F' ANSI recommended Sub element Separator.
08/09/2005	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.
08/09/2005	60	2310A	REF02	Referring Provider Secondary Identifier	Reference Identification	Removed Medi-Cal Note.
08/09/2005	60	2310A	REF02	Referring Provider Secondary Identifier	Example	Removed Medi-Cal Note.
08/09/2005	68	2320	CAS02	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	68	2320	CAS03	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	68	2320	CAS05	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	68	2320	CAS06	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	69	2320	CAS08	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	69	2320	CAS09	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	69	2320	CAS11	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	69	2320	CAS12	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	69	2320	CAS14	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	69	2320	CAS15	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.

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08/09/2005	70	2320	CAS17	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	70	2320	CAS18	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	72	2320	AMT	COB Approved Amount	NA	Added Segment.
08/09/2005	72	2320	AMT01	COB Approved Amount	Amount Qualifier Code	Selected Qualifier Code "AAE".
08/09/2005	72	2320	AMT02	COB Approved Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	73	2320	AMT	COB Allowed Amount	NA	Added Segment.
08/09/2005	73	2320	AMT01	COB Allowed Amount	Amount Qualifier Code	Selected Qualifier Code "B6"
08/09/2005	73	2320	AMT02	COB Allowed Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	75	2320	AMT02	COB Patient Paid Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	79	2330A	NM109	Other Subscriber Name	Identification Code	Added Medi-Cal Note to indicate first 12 characters will be used.
08/09/2005	83	2330B	NM109	Other Payer Name	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/09/2005	84	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.
08/09/2005	85	2330B	REF	Other Payer Secondary Identifier	NA	Added Segment.
08/09/2005	85	2330B	REF02	Other Payer Secondary Identifier	Reference Identification	Added Medi-Cal Note to indicate first 15 characters will be used; Medicare Internal Control Number (ICN).
08/09/2005	98	2420A	NM109	Rendering Provider Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/09/2005	102	2430	SVD01	Line Adjudication Information	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/09/2005	102	2430	SVD02	Line Adjudication Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	102	2430	SVD03	Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 5 characters will be used.
08/09/2005	103	2430	SVD05	Line Adjudication Information	Quantity	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	103	2430	SVD06	Line Adjudication Information	Assigned Number	Added Medi-Cal Note to indicate first 2 characters will be used.
08/09/2005	104	2430	CAS02	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	104	2430	CAS03	Claims 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
08/09/2005	104	2430	CAS05	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	104	2430	CAS06	Claims Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	105	2430	CAS08	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	105	2430	CAS09	Claims Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	105	2430	CAS11	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	105	2430	CAS12	Claims Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	105	2430	CAS14	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	105	2430	CAS15	Claims Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	106	2430	CAS17	Claims Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/09/2005	106	2430	CAS18	Claims Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/09/2005	107	2430	DTP03	Line 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.

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	3	2300	CLM12	Claim Information	Special Program Indicator	Added clarifying language and removed references to specific codes. Codes may be found in the implementation guide.
12/15/2003	4	2300	DTP03	Date-Hearing and Vision Prescription Date	Prescription Date	Added clarifying language.
12/15/2003	5	2300	AMT02	Patient Amount Paid	Patient Amount Paid	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	8	2300	HI01-02	Health Care Diagnosis Code	Diagnosis Code	Changed note to reflect fields not required.
12/15/2003	12	2310B	REF01	Rendering Provider Secondary Identification	Reference ID Qualifier	Added "0B" qualifier to allow for Refractionist License Number.
12/15/2003	13	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.
12/15/2003	15	2320	AMT02	COB Payer Paid Amount	Payer Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	19	2330B	NM109	Other Payer Name	Other Payer Primary ID Number	Unbolded since Medi-Cal does not capture this information.
12/15/2003	20	2400	LX	Assigned Number		Corrected note for number of lines accepted from 7 to 6. Added segment terminator.
12/15/2003	20	2400	SV1	Professional Service		Several data items were not showing on the final copy, this was corrected.

### ANSI ASC X12N 837v4010A1 Vision Data Specifications Change Log (Continued)

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	21	2400	SV101-4, -5, -6	Professional Service	Modifiers 2-4	Unbolded since Medi-Cal does not use these fields. Removed reference to use of these fields for the vision qualifier since Medi-Cal captures this data in only the first modifier field.
12/15/2003	21	2400	SV102	Professional Service	Line Item Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	23	2400	SV109	Professional Service	Emergency Indicator	Unbolded since Medi-Cal does not capture this indicator.
12/15/2003	24	2400	DTP03	Shipped Date	Shipped Date	Bolded this item and added clarifying language since Medi-Cal uses this field to capture the date the appliance was delivered.
12/15/2003	27	2420A	REF01	Rendering Provider Secondary Identification	Rendering Provider Secondary Identifier	Changed qualifier from 'OB' to '0B'.