

Code Correlations: Condition Codes

Medi-Cal has developed administrative code set correlation tables for provider use to begin to prepare for business and billing operation changes, software and practice management system modification and vendor or clearinghouse use. Additional policy, billing instructions and provider manual replacement pages will be included in future *Medi-Cal Updates*. These correlation tables are separated by claim type and billing media (paper, current proprietary and non-standard formats as well as the HIPAA standard formats). These values are not to be used for billing purposes for dates of service prior to September 22, 2003. The correlation tables apply to both paper and electronic claims submission, with each billing Media and table being represented separately. Information for this code set is provided for the following billing media:

- ❖ Inpatient and Outpatient Paper Claims (UB-92)
- ❖ Version 4 Flat File
- ❖ CMC Proprietary
- ❖ ANSI ASC X12N 837 version 3041
- ❖ ANSI ASC X12N 837I version 4010A1

Code Set: Condition Codes – Inpatient and Outpatient Billing Media: Paper Claims (UB-92)

Modifications for billing: Field Locator (FL) 24-30 – Condition Codes

- The delay reason code (billing limit exception indicator) values used in Medi-Cal billing will no longer be inserted in the condition codes Field Locator (FL) 24-30 for paper but instead will be inserted into FL 31. Please reference the delay reason code correlation section for the appropriate correlations.

General billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The following correlation shows the national value for this field to be used when completing a claim with a beginning date of service on or after September 22, 2003.
- When completing a claim with a beginning date of service before September 22, 2003, the current Medi-Cal code must be used.
- The Medicare Status and Medi/Medi Charpentier condition codes (Y0 thru Z3) will not be changed since these claims cannot be billed electronically at this time due to paper attachment requirements.
- The following correlation is in Medi-Cal current code value order.

CONDITION CODES			
CURRENT VALUE	DESCRIPTION	NATIONAL VALUE	DESCRIPTION
A1	CHDP Screening	A1	EPSDT/CHAP
A3	Family Planning/Sterilization	AI	Sterilization - Paper submission due to required attachments
A4	Family Planning/Other	A4	Family Planning
80	Other Coverage	80	Other Coverage
81	Emergency Indicator	81	Emergency Indicator - Inpatient claims currently are currently being submitted on paper if the emergency indicator is needed, due to the requirements for emergency certification.
82	Outside Lab	82	Outside Lab

Bolded items denote changes to previously used values.

**Code Set: Condition Codes – Inpatient and Outpatient
Billing Media: Version 4 Flat File**

Modifications for billing: Type 41, Field #4-13 – Condition Codes

- The delay reason code (billing limit exception indicator) values used in Medi-Cal billing will continue to be inserted in the condition codes field for the Version 4 Flat File format (Record Type 41, Field #4-13). Please reference the delay reason code section for more information.

General billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The following correlation shows the national value for this field to be used when completing a claim with a beginning date of service on or after September 22, 2003.
- When completing a claim with a beginning date of service before September 22, 2003, the current Medi-Cal code must be used.
- The Medicare Status and Medi/Medi Charpentier Condition codes (Y0 thru Z3) will not be changed since these claims cannot be billed electronically at this time due to paper attachment requirements.
- The following correlation is in Medi-Cal current code value order.

CONDITION CODES			
CURRENT VALUE	DESCRIPTION	NATIONAL VALUE	DESCRIPTION
A1	CHDP Screening	A1	EPSDT/CHAP
A3	Family Planning/Sterilization	AI	Sterilization - Paper submission due to required attachments
A4	Family Planning/Other	A4	Family Planning
80	Other Coverage	80	Other Coverage
81	Emergency Indicator	81	Emergency Indicator - Inpatient claims currently are currently being submitted on paper if the emergency indicator is needed, due to the requirements for emergency certification.
82	Outside Lab	82	Outside Lab

Bolded items denote changes to previously used values.

Code Set: Condition Codes – Inpatient and Outpatient

Billing Media: CMC Proprietary (CMC 03 and CMC 04)

Billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The CMC proprietary formats will not be modified; therefore, continue to use the CMC-designated fields for the CHDP Screening, Family Planning/Sterilization, Family Planning/Other, Outside Lab, Other Coverage, Emergency Certification, and Medicare Status indicators.

Code Set: Condition Codes – Inpatient and Outpatient

Billing Media: ANSI ASC X12 837 version 3041

Billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The ANSI ASC X12N format will not be modified; therefore, continue to use the ANSI ASC X12N 837 designated fields for the CHDP Screening, Family Planning, Outside Lab, Other Coverage, Emergency Certification, and Medicare Status indicators.

**Code Set: Condition Codes – Inpatient and Outpatient
Billing Media: ANSI ASC X12N 837 version 4010A1**

Modifications for billing: Loop 2300, HI – Condition Information

- The delay reason code (billing limit exception indicator) values used in Medi-Cal billing will no longer be inserted in the condition codes field on the new version 4010A1 837I but instead will be inserted into the designated ASC X12N 837I delay reason field (Loop 2300, CLM20). Please reference the delay reason code correlation section for the appropriate correlations.

General billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The following correlation shows the national value for this field to be used when completing a claim with a beginning date of service on or after September, 22, 2003.
- When completing a claim with a beginning date of service before September 22, 2003, the current Medi-Cal code must be used.
- The Medicare Status and Medi/Medi Charpentier condition codes (Y0 thru Z3) will not be changed since these claims cannot be billed electronically at this time due to paper attachment requirements.
- The following correlation is in Medi-Cal current code value order.

CONDITION CODES			
CURRENT VALUE	DESCRIPTION	NATIONAL VALUE	DESCRIPTION
A1	CHDP Screening	A1	EPSDT/CHAP
A3*	Family Planning/Sterilization	A1	Sterilization - Paper submission due to required attachments
A4	Family Planning/Other	A4	Family Planning
80	Other Coverage	Loop 2320, AMT02	Other Coverage – This information will now be carried in the Payer Prior Payment field on the 837 v.4010A1
81*	Emergency Indicator	81	Emergency Indicator - Inpatient claims currently are currently being submitted on paper if the emergency indicator is needed, due to the requirements for emergency certification.
82	Outside Lab	Loop 2310E, NM109	Outside Lab – This information will now be carried in the Other Facility Name segment.

Bolded items denote changes to previously used values.

* Asterisked items cannot be billed electronically at this time due to paper attachment requirements.