

277 Health Care Claim Status Response 4010X93A1 Implementation Format

HIPAA - EDI Health Care - Health Care Claim Status Response

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277 Health Care Claim Status Notification

Functional Group=HN

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

MEDI-CAL NOTE:

Guide Updates:

20041214 update:

Added missing "*" in HL example on page 13.

20050316 update:

Changed reference to segment terminator of Hex "0D" on page 4. The correct segment terminator is "~".

Added comment 3 regarding component element separator on page 6.

Replaced value (Hex '1F') to > on pages 6, 38, 61, 64.

Replace value ~ to > in ISA16 in "Medi-Cal NOTE" on page 8.

20070928 update:

Added statement about use of the NPI once implemented into production to page 2.

Updated references in introduction from Department of Health Services to Department of Health Care Services.

Added statement about use of NPI to GS02 and ISA06.

Added statement about use of NPI to NM108 and NM109 in 2100B loop.

Added statement about use of NPI to NM108 and NM109 in 2100C loop.

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.

COMPANION GUIDE DISCLAIMER

The California Department of Health Care Services (DHCS) has provided this Medicaid Companion Document for the 277 Health Care Claim Status Notification ASC X12N Transaction and associated addendum (004010X093A1) to assist providers, clearinghouses and all covered entities in processing HIPAA-compliant transactions. This document was prepared using the addendum version of the transaction. DHCS has focused primarily on the rules and policies regulating the submission of Medi-Cal data that is provided within this Companion Guide.

The information provided herein is believed to be true and correct based on the addenda version of the HIPAA guidelines. These regulations are continuing to evolve, therefore DHCS makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as DHCS policy changes or as HIPAA legislation is updated or revised.

INTRODUCTION

276 Health Care Claim Status Request and 277 Health Care Claim Status Notification Transactions are used in tandem. The 276 Transaction requests the current status of a specified claim or claims, and the 277 Transaction responds to that specified request. When the 276 request does not uniquely identify the claim within the payer's system, the 277 response may include multiple claims that meet the identification parameters supplied by the requester. The hierarchy of the looping structure is information source (payer), information receiver (sender), service provider, subscriber (insured) and dependent.

PURPOSE OF COMPANION GUIDE

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The HIPAA ASC X12N Implementation Guides (IG) have been established as the standards of compliance for claim transactions. The following information is intended to serve only as a companion guide to the HIPAA ASC X12N implementation guides. The use of this guide is solely for the purpose of clarification. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

When necessary, a "Medi-Cal NOTE" is included to describe Medi-Cal specific requirements. These notes provide guidance to ensure proper processing of the transaction. It is important to understand that Medi-Cal has excluded

situational loops and/or segments that are not relevant to the business requirements of Medi-Cal. The Provider is advised to refer to the IG, which lists all loops, segments and elements. The Companion Guide may omit some of the previously mentioned IG items unless they are defined as required in the IG, or the situation requires their use for Medi-Cal processing. Providers are encouraged to use the IG to understand the positioning of the data examples provided for every segment, since the Medi-Cal Companion Guide may not list all the elements.

PROCESSING OF 276 CLAIM STATUS REQUEST

Upon receipt of a 276 claim status request:

- a) If ISA segment is unreadable or does not comply with the IG, Medi-Cal will respond with an appropriate TA1 transaction. The 276 request will not be processed. Submitters should allow at least one hour for TA1 response to a 276 Inquiry.
- b) If ISA segment is readable and complies with the IG, Medi-Cal will not respond with a TA1 transaction. Medi-Cal will process the 276 and respond with 277 Claims status response. Medi-Cal adjudicates claims on a weekly basis.

276 Claim Status Requests will be processed Monday through Friday and the 277 Claim Status Responses will be available on the Medi-Cal Web site the following day, if the request is received before the 6 p.m. cutoff.

276 Claim Status Requests received after 6 p.m. on Friday night will be processed the following Monday night.

277 Claim Status Responses will be available for 14 days.

CLAIM STATUS DATABASE:

The Medi-Cal claim database contains 36 months of claim status information. The 277 Claim Status Response will not return any requested claims older than 36 months.

MATCHING CRITERIA

Medi-Cal will use one of the following search criteria in locating the claim(s) for which the 276 Health Care Claim Status Inquiry is being submitted:

Search Criteria 1

- a) Provider Identifier (Loop 2100C, NM109)
- b) Payer Claim Control Number (Loop 2200D, REF02)
- c) Subscriber Identifier (Loop 2100D, NM109)

Medi-Cal requests Payer Claim Control Number(s) to be submitted if available, as this provides the most positive identification of the claim(s) being queried.

Search Criteria 2

In the absence of the Payer Claim Control Number, Medi-Cal needs these data elements in order to identify the claim(s) being queried.

- a) Provider Identifier (Loop 2100C, NM109)
- b) Subscriber Identifier (Loop 2100D, NM109)
- c) Service Line Date (Loop 2210D, DTP03)
- d) Service Identification Code (Loop 2210D, SVC01-2)

Search Criteria 3

In the absence of 2210D - Service Line Information, Medi-Cal needs these data elements in order to identify the claim(s) being queried.

- a) Provider Identifier (Loop 2100C, NM109)
- b) Subscriber Identifier (Loop 2100D, NM109)
- c) Claim Service Period (Loop 2200D, DTP03)
- d) Total Claim Charge Amount (Loop 2200D, AMT02)

No other data elements submitted on the 276 Claim Status request are used in the selection of claims to be returned on the 277 Claim Status Response.

SPECIAL NOTES

Medi-Cal processes and pays claims at the line level for drug (pharmacy or medical supply), Long Term Care(LTC), outpatient, medical, vision care claims, so the total claim charge is the billed amount for the CLAIM LINE. For inpatient, crossovers and compound drug claims, the total claim charge is the billed amount for the entire claim, since these claim types are paid at a claim level.

In situations where the processing of a 276 request results in multiple claims for compound pharmacy, Inpatient and Crossover claims, Medi-Cal returns a 277 Response that loops on the claim Submitter Trace Number (2200D). There will be one 2200D loop for each claim that meets the selection criteria.

In situations where the processing of a 276 request results in multiple claims for drug (pharmacy or medical supply), LTC, outpatient, medical, and vision claims, Medi-Cal returns a 277 Response that loops on the Claim Submitter Trace Number (2200D) and Service Line Information (2220D). There will be one 2200D and 2220D loop for each claim that meets the selection criteria.

Claim status responses are limited to 99 per Claim status inquiry at the claim or service level.

Important note regarding data element separators: Between the first data element and the second data element (between 'ISA' and 'ISA01') a data element separator is needed. This is a character that is never used in any of the data fields. For Medi-Cal, an asterisk (*) is used. This first data element separator defines the data element separators used through the entire interchange response. A data element separator will always be needed after each data element used or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those that are NOT used and that come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note regarding segment terminators: After the first segment (the ISA segment), a segment terminator is needed. This is a character that is never used in any of the data fields, and it is different from the data element separator and the component separator (refer to ISA16). Medi-Cal uses '~'. This first segment terminator defines the segment terminators used through the entire interchange response. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments that are NOT used.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	TA1	Interchange Acknowledgement	O	>1			Used
	GS	Functional Group Header	M	1			Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ST	Transaction Set Header	M	1			Required
020	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					≥1		
010	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					≥1		
050	NM1	Payer Name	M	1			Required
LOOP ID - 2000B					≥1		
010	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					≥1		
050	NM1	Information Receiver Name	M	1			Required
LOOP ID - 2000C					≥1		
010	HL	Service Provider Level	M	1			Required
LOOP ID - 2100C					≥1		
050	NM1	Provider Name	M	1			Required
LOOP ID - 2000D					≥1		
010	HL	Subscriber Level	M	1			Required
040	DMG	Subscriber Demographic Information	O	1		N2/040	Used
LOOP ID - 2100D					1		
050	NM1	Subscriber Name	M	1			Required
LOOP ID - 2200D					≥1		

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
090	TRN	Claim Submitter Trace Number	O	1			Used
100	STC	Claim Level Status Information	M	1			Required
110	REF	Payer Claim Identification Number	O	1			Used
110	REF	Institutional Bill Type Identification	O	1			Situational
110	REF	Medical Record Identification	O	1			Situational
120	DTP	Claim Service Date	O	1			Used
LOOP ID - 2220D					≥1		
180	SVC	Service Line Information	O	1			Situational
190	STC	Service Line Status Information	O	1			Situational
200	REF	Service Line Item Identification	C	1			Situational
210	DTP	Service Line Date	C	1			Situational
270	SE	Transaction Set Trailer	M	1			Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

2/040 The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 15

User Option (Usage): Required

The ISA is a fixed record length segment and all positions within each of the data elements must be filled.

Example:

ISA*00*.....*01*.....*ZZ*PROV12345*ZZ*610442...*040220*0215*U*00401*000000001*0*P~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required	1
<p>Description: Code to identify the type of information found in the Authorization Information data element.</p> <p>Code Name</p> <p>00 No Authorization Information Present (No Meaningful Information in I02)</p>							
ISA02	I02	Authorization Information	M	AN	10/10	Required	1
<p>Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange. The Authorization Information Qualifier (I01) sets this type of information.</p> <p>MEDI-CAL NOTE: Spaces.</p>							
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required	1
<p>Description: Code to identify the type of information in the Security Information data element.</p> <p>MEDI-CAL NOTE: This field is not used by Medi-Cal, but required by the standard.</p> <p>Code Name</p> <p>01 Password</p>							
ISA04	I04	Security Information	M	AN	10/10	Required	1
<p>Description: This is used for identifying the security information about the interchange sender or the data in the interchange. The Security Information Qualifier (I03) sets this type of information.</p> <p>MEDI-CAL NOTE: This field is not used by Medi-Cal, but required by the standard.</p>							
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required	1
<p>Description: Code to identify system/method of code structure used in the sender or receiver ID data element (I06).</p> <p>Code Name</p> <p>ZZ Mutually Defined</p>							

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required	1
		<p>Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them.</p> <p>MEDI-CAL NOTE: Billing Provider Number or Submitter ID, left justified and padded with spaces.</p> <p>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, providers who qualify to receive an NPI must use the NPI. Providers who don't qualify to receive an NPI will use their Medi-Cal Provider ID. Medi-Cal uses the first 9 characters for the Medi-Cal Provider ID and the first 10 characters for the NPI. Submitters will continue to use their submitter ID.</p>					
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required	1
		<p>Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.</p> <p>MEDI-CAL NOTE: Receiver ID, left justified and padded with spaces.</p>					
ISA09	I08	Interchange Date	M	DT	6/6	Required	1
		<p>Description: Date of the interchange response.</p> <p>MEDI-CAL NOTE: Date is in YYYYMMDD format.</p>					
ISA10	I09	Interchange Time	M	TM	4/4	Required	1
		<p>Description: Time of the interchange response.</p> <p>MEDI-CAL NOTE: Time is in HHMM format.</p>					
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required	1
		<p>Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.</p> <p>Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS</p>					
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required	1
		<p>Description: This version number covers the interchange control segments.</p> <p>Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p>					
ISA13	I12	Interchange Control Number	M	N0	9/9	Required	1
		<p>Description: A control number assigned by the interchange sender. This data value must be identical with IEA02.</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		MEDI-CAL NOTE: A number, right justified and zero filled.					
ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required	1
		Description: Code sent by the sender to request an interchange acknowledgment (TA1).					
		Code Name					
		0 No Acknowledgment Requested					
ISA15	I14	Usage Indicator	M	ID	1/1	Required	1
		Description: Code to indicate data enclosed by this interchange envelope is production data.					
		Code Name					
		P Production Data					
ISA16	I15	Component Element Separator	M		1/1	Required	1
		Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure.					
		MEDI-CAL NOTE: Medi-Cal uses '>'.					

Comments:

1. The first element separator ('*' for MEDI-CAL) defines the element separator to be used through the entire interchange request.
2. The segment terminator ('~' for MEDI-CAL) used after the ISA defines the segment terminator to be used throughout the entire interchange request.
3. The component element separator (> for MEDI-CAL) defines the component element separator to be used through the entire interchange request.

TA1 Interchange Acknowledgement

Pos:	Max: >1
Not Defined - Optional	
Loop: N/A	Elements: 5

User Option (Usage): Used

The purpose of this segment is to report the status of processing a received interchange header and trailer or the non-delivery by a network provider.

Notes:

1. All fields must contain data.
2. This segment acknowledges the receipt of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.
3. See Section A.1.5.1 of the I.G. for interchange acknowledgment information.
4. The use of TA1 is subject to trading partner agreement and is neither mandated nor prohibited in this Appendix.

Example:

TA1*000000905*940101*0100*A*000~

MEDI-CAL NOTE:

Medi-Cal will only return a TA-1 Interchange Acknowledgement when errors are encountered in the interchange that cause the file to be rejected.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
TA101	I12	Interchange Control Number	M	NO	9/9	Required	1
		<p>Description: A control number assigned by the interchange sender.</p> <p>User Note 5: This number is assigned by the sender and uniquely identifies the interchange data to the sender. Together with the sender ID, it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver and all third parties be able to maintain an audit trail of interchanges using this number. In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.</p>					
TA102	I08	Interchange Date	M	DT	6/6	Required	1
		<p>Description: Date of the interchange.</p> <p>Industry: This is the date of the original interchange being acknowledged. (YYMMDD)</p>					
TA103	I09	Interchange Time	M	TM	4/4	Required	1
		<p>Description: Time of the interchange.</p> <p>Industry: This is the time of the original interchange being acknowledged. (HHMM)</p>					
TA104	I17	Interchange Acknowledgement Code	M	ID	1/1	Required	1
		<p>Description: This indicates the status of the receipt of the interchange control structure.</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Code Name					
		R					The Transmitted Interchange Control Structure Header and Trailer are rejected because of Errors.
TA105	I18	Interchange Note Code	M	ID	3/3	Required	1

Description: This numeric code indicates the error found processing the interchange control structure.

Code Name

- 000 No error
- 001 The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
- 002 This Standard as Noted in the Control Standards Identifier is Not Supported.
- 003 This Version of the Controls is Not Supported
- 004 The Segment Terminator is Invalid
- 005 Invalid Interchange ID Qualifier for Sender
- 006 Invalid Interchange Sender ID
- 007 Invalid Interchange ID Qualifier for Receiver
- 008 Invalid Interchange Receiver ID
- 009 Unknown Interchange Receiver ID
- 010 Invalid Authorization Information Qualifier Value
- 011 Invalid Authorization Information Value
- 012 Invalid Security Information Qualifier Value
- 013 Invalid Security Information Value
- 014 Invalid Interchange Date Value
- 015 Invalid Interchange Time Value
- 016 Invalid Interchange Standards Identifier Value
- 017 Invalid Interchange Version ID Value
- 018 Invalid Interchange Control Number Value
- 019 Invalid Acknowledgment Requested Value
- 020 Invalid Test Indicator Value
- 021 Invalid Number of Included Groups Value
- 022 Invalid Control Structure
- 023 Improper (Premature) End-of-File (Transmission)
- 024 Invalid Interchange Content (e.g., Invalid GS Segment)
- 025 Duplicate Interchange Control Number
- 026 Invalid Data Element Separator
- 027 Invalid Component Element Separator
- 028 Invalid Delivery Date in Deferred Delivery Request
- 029 Invalid Delivery Time in Deferred Delivery Request
- 030 Invalid Delivery Time Code in Deferred Delivery Request
- 031 Invalid Grade of Service Code

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

The purpose of this segment is to indicate the beginning of a functional group and to provide control information.

Example:

GS*HN*PROV12345*610442*20040305*1013*1*X.*004010X093A1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required	1
		Description: Code identifying a group of application related transaction sets.					
		Code Name					
		HN Health Care Claim Status Notification (277)					
GS02	142	Application Sender's Code	M	AN	2/15	Required	1
		Description: Code identifying party sending transmission.					
		MEDI-CAL NOTE: Billing Provider Number or Submitter ID.					
		NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, providers who qualify to receive an NPI must use the NPI. Providers who don't qualify to receive an NPI will use their Medi-Cal Provider ID. Medi-Cal uses the first 9 characters for the Medi-Cal Provider ID and the first 10 characters for the NPI. Submitters will continue to use their submitter ID.					
GS03	124	Application Receiver's Code	M	AN	2/15	Required	1
		Description: Code identifying party receiving transmission.					
		MEDI-CAL NOTE: Receiver ID.					
GS04	373	Date	M	DT	8/8	Required	1
		Description: Use this date for the functional group creation date.					
		MEDI-CAL NOTE: Date is in CCYYMMDD format.					
GS05	337	Time	M	TM	4/8	Required	1
		Description: Use this time for the functional group creation time. Time expressed in 24-hour clock time where H = hours (00-23), M = minutes (00-59).					
		MEDI-CAL NOTE: Time is in HHMM format.					
GS06	28	Group Control Number	M	NO	1/9	Required	1
		Description: Assigned number originated and maintained by the sender. This control					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		number must be identical to the same data element in the associated functional group trailer, GE02.					
GS07	455	Responsible Agency Code	M	ID	1/2	Required	1
		Description: Code used in conjunction with Data Element 480 to identify the issuer of the standard.					
		Code Name					
		X Accredited Standards Committee X12					
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required	1
		Description: Code indicating the version, release, sub-release, and industry identifier of the EDI standard being used, including the GS and GE segments.					
		Code Name					
		004010X093A 1					
		Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.					

ST Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the start of a transaction set and to assign a control number.

Example:

ST*277*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required	1
		Description: Code uniquely identifying a transaction set. The transaction set identifier code is used by the translation routines of the interchange partners to select the appropriate transaction set definition.					
		Code Name					
		277 Health Care Claim Status Notification					
ST02	329	Transaction Set Control Number	M	AN	4/9	Required	1
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This data value must be identical to SE02.					

BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Required

The purpose of this segment is to define the business hierarchical structure of the transaction set and identify the business application purpose and reference data.

Example:

BHT*0010*08*TRANS.ID...*20040214*DG~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required	1
		<p>Description: Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present.</p> <p>Code Name 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent</p>					
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required	1
		<p>Description: Code identifying purpose of transaction set.</p> <p>Code Name 08 Status</p>					
BHT03	127	Reference Identification	M	AN	1/30	Required	1
		<p>Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier.</p> <p>MEDI-CAL NOTE: The Medi-Cal six-digit VOLSER number is stored here.</p>					
BHT04	373	Date	M	DT	8/8	Required	1
		<p>Description: This is the date the transaction set was created.</p> <p>MEDI-CAL NOTE: Date is in CCYYMMDD format.</p>					
BHT06	640	Transaction Type Code	M	ID	2/2	Required	1
		<p>Description: Code specifying the type of transaction.</p> <p>Code Name DG Response</p>					

Loop 2000A

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000A	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Source Level	M	1		Required
050		Loop 2100A	M		>1	Required

HL Information Source Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

The purpose of this segment is to identify dependencies among, and the content of, hierarchically related groups of data segments.

Example:

HL*1**20*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. This ID shall contain a unique number for each occurrence of the HL segment in the transaction set.					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		Description: Code defining the characteristic of a level in a hierarchical structure. This code indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction.					
		Code Name					
		20 Information Source					
HL04	736	Hierarchical Child Code	O	ID	1/1	Situational	1
		Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000A level should always be "1".					
		Code Name					
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

Loop 2100A

Pos: 050	Repeat: >1
Mandatory	
Loop: 2100A	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Payer Name	M	1		Required

NM1 Payer Name

Pos: 050	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Example:

NM1*PR*2*MEDI-CAL*PI*610442(Hex '0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. Code Name PR Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Code Name 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: The payer name. MEDI-CAL NOTE: Value is "MEDI-CAL".	M	AN	1/35	Required	1
NM108	66	Identification Code Qualifier Description: Code used to qualify the Identification Code submitted in NM109. Code Name PI Payor Identification	M	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code. Use this number as qualified by the preceding data element NM108. MEDI-CAL NOTE: Value is "610442".	M	AN	2/80	Required	1

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Loop 2000B

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Receiver Level	M	1		Required
050		Loop 2100B	M		>1	Required

HL Information Receiver Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among and the content of hierarchically related groups of data segments.

Example:

HL*2*1*21*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		Description: This ID shall contain a unique number for each occurrence of the HL segment in the transaction set. The value would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.					
HL02	734	Hierarchical Parent ID Number	M	AN	1/12	Required	1
		Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.					
		Code Name					
		21 Information Receiver					
HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
		Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000B level will always be "1".					
		Code Name					
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

Loop 2100B

Pos: 050	Repeat: >1
Mandatory	
Loop: 2100B	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Information Receiver Name	M	1		Required

NM1 Information Receiver Name

Pos: 050	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 8

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Example:

NM1*41*2*CLAIM BILLERS****46*XYZ(Hex '0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. <u>Code</u> <u>Name</u> 41 Submitter	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. <u>Code</u> <u>Name</u> 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name.	M	AN	1/35	Required	1
NM104	1036	Name First Description: Information Receiver first name. MEDI-CAL NOTE: The first name is required when the value in NM102='1'.	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Information Receiver middle name or initial. MEDI-CAL NOTE: The middle name is recommended when the value in NM102='1'.	O	AN	1/25	Situational	1
NM107	1039	Name Suffix Description: Information Receiver name suffix. MEDI-CAL NOTE: The name suffix is recommended if the value in NM102='1'.	O	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code used to qualify the Identification Code submitted in NM109. MEDI-CAL NOTE: NPI Production: Once the NPI is mandated for use and	M	ID	1/2	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<p>implemented by Medi-Cal, providers who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Providers who don't qualify to receive an NPI will use either '46' Electronic Transmitter ID or 'FI' (Federal Taxpayer ID with the appropriate corresponding number in NM109.</p> <p>Code Name</p> <p>46 Electronic Transmitter Identification Number (ETIN) FI Federal Taxpayer's Identification Number XX Health Care Financing Administration National Provider Identifier</p>					
NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code. Use this number as qualified by the preceding data element NM108.</p> <p>MEDI-CAL NOTE: National Provider Identifier (NPI), Electronic Transaction ID (ETIN) or Federal Tax ID.</p>	M	AN	2/80	Required	1

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Loop 2000C

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000C	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Service Provider Level	M	1		Required
050		Loop 2100C	M		>1	Required

HL Service Provider Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among and the content of hierarchically related groups of data segments.

Example:

HL*3*2*19*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		<p>Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. This ID shall contain a unique number for each occurrence of the HL segment in the transaction set. The value would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.</p>					
HL02	734	Hierarchical Parent ID Number	M	AN	1/12	Required	1
		<p>Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.</p>					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		<p>Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.</p>					
		<p>Code Name</p> <p>19 Provider of Service</p>					
HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
		<p>Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000B level will always be "1".</p>					
		<p>Code Name</p> <p>1 Additional Subordinate HL Data Segment in This Hierarchical Structure.</p>					

Loop 2100C

Pos: 050	Repeat: >1
Mandatory	
Loop: 2100C	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Provider Name	M	1		Required

NM1 Provider Name

Pos: 050	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 9

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Example:

NM1*1P*2*CITY.HOSPITAL*****SV*PROV12345~

MEDI-CAL NOTE:

This segment contains information about the billing provider.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Description: Code identifying an organizational entity, a physical location, property or an individual.					
		Code Name					
		1P Provider					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Description: Code qualifying the type of entity.					
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	M	AN	1/35	Required	1
		Description: Provider last name or organizational name.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Description: Provider First Name.					
		MEDI-CAL NOTE: The first name is required when the value in NM102='1'.					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Description: Provider middle name or initial.					
		MEDI-CAL NOTE: The middle name or initial is recommended when the value in NM102='1'.					
NM106	1038	Name Prefix	O	AN	1/10	Situational	1
		Description: Provider Name Prefix.					
		MEDI-CAL NOTE: Recommended if the value in the entity type qualifier is a person.					
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Description: Provider name Suffix.					
		MEDI-CAL NOTE: The name suffix is					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		recommended if NM102='1'.					
NM108	66	Identification Code Qualifier	M	ID	1/2	Required	1
		<p>Description: Code used to qualify the Identification Code submitted in NM109. The code "SV" is recommended to be used prior to the mandated use of a National Provider ID.</p> <p>MEDI-CAL NOTE: NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, providers who qualify to receive an NPI must use qualifier 'XX' with the NPI in NM109. Providers who don't qualify to receive an NPI will use qualifier 'SV' with their Medi-Cal Provider ID in NM109.</p>					

Code Name

SV Service Provider Number
 XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	M	AN	2/80	Required	1
		<p>Description: Code identifying a party or other code. Use this number as qualified by the preceding data element NM108.</p> <p>MEDI-CAL NOTE: NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, providers who qualify to receive an NPI must use the NPI. Providers who don't qualify to receive an NPI will use their Medi-Cal Provider ID. Medi-Cal uses the first 9 characters for the Medi-Cal Provider ID and the first 10 characters for the NPI.</p>					

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Loop 2000D

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000D	Elements: N/A

User Option (Usage): Required

The purpose of this segment is to identify dependencies among and the content of hierarchically related groups of data segments.

Notes:

1. If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

Example:

HL*4*3*22*0~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Subscriber Level	M	1		Required
040	DMG	Subscriber Demographic Information	O	1		Used
050		Loop 2100D	M		1	Required
090		Loop 2200D	O		>1	Used

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

HL Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000D	Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among and the content of hierarchically related groups of data segments.

Notes:

1. If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

Example:

HL*4*3*22*0~ or HL*4*3*22*1~

MEDI-CAL NOTE:

For Medi-Cal, the subscriber is ALWAYS the patient.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure					
HL02	734	Hierarchical Parent ID Number	M	AN	1/12	Required	1
		Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		Description: Code defining the characteristic of a level in a hierarchical structure					
		Mode: Automatic					
		Control: Text					
		Code	Name				
		22	Subscriber				
		Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits					
HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
		Description: Code indicating if there are hierarchical child data segments subordinate to the level being described					
		Code	Name				
		0	No Subordinate HL Segment in This Hierarchical Structure.				

Required when there are no dependent claim status requests for this subscriber.

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

DMG Subscriber Demographic Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

User Option (Usage): Used

The purpose of this segment is to supply demographic information.

Notes:

Required when the subscriber is the patient. Not used when the subscriber is not the patient.

Example:

DMG*D8*19330706*M~

MEDI-CAL NOTE:

Medi-Cal does not use the dependent level DMG, since the subscriber is always the patient.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required	1
<p>Description: Code indicating the date format, time format, or date and time format</p> <p>Code Name D8 Date Expressed in Format CCYYMMDD</p>							
DMG02	1251	Date Time Period	C	AN	1/35	Required	1
<p>Description: Expression of a date, a time, or range of dates, times or dates and times</p> <p>Industry: Subscriber Birth Date</p> <p>Alias: Date of Birth - Subscriber</p> <p>MEDI-CAL NOTE: Recipient date of birth. Medi-Cal returns the date of birth from the 276 transaction.</p>							
DMG03	1068	Gender Code	M	ID	1/1	Required	1
<p>Description: Code indicating the sex of the individual</p> <p>Industry: Subscriber Gender Code</p> <p>Alias: Gender - Subscriber</p> <p>MEDI-CAL NOTE: Recipient gender.</p> <p>Code Name F Female M Male U Unknown</p>							

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Loop 2100D

Pos: 050	Repeat: 1
Mandatory	
Loop: 2100D	Elements: N/A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Example:

NM1*QC*1*SMITH*FRED****MI*12345678A~ or
NM1*IL*1*SMITH*ROBERT****MI*987654321~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Subscriber Name	M	1		Required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

NM1 Subscriber Name

Pos: 050	Max: 1
Detail - Mandatory	
Loop: 2100D	Elements: 9

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Example:

NM1*QC*1*SMITH*FRED****MI*12345678A~ or
 NM1*IL*1*SMITH*ROBERT****MI*9876543210~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		<p>Description: Code identifying an organizational entity, a physical location, property or an individual. Mode: Automatic Control: Text</p> <p>Code Name IL Insured or Subscriber QC Patient Description: Individual receiving medical care Use this only when the subscriber is the patient.</p>					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		<p>Description: Code qualifying the type of entity.</p> <p>Code Name 1 Person</p>					
NM103	1035	Name Last or Organization Name	M	AN	1/35	Required	1
		<p>Description: Individual last name or organizational name Industry: Subscriber Last Name</p>					
NM104	1036	Name First	O	AN	1/25	Used	1
		<p>Description: Individual first name Industry: Subscriber First Name MEDI-CAL NOTE: The first name is required when the value in NM102 is '1' and the person has a first name.</p>					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		<p>Description: Individual middle name or initial Industry: Subscriber Middle Name MEDI-CAL NOTE: The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</p>					
NM106	1038	Name Prefix	O	AN	1/10	Used	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Description: Prefix to individual name Industry: Subscriber Name Prefix MEDI-CAL NOTE: Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.					
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Subscriber Name Suffix MEDI-CAL NOTE: Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.	O	AN	1/10	Used	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name MI Member Identification Number	M	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Subscriber Identifier MEDI-CAL NOTE: Medi-Cal Subscriber (Recipient) ID. This ID can be nine, 10, or 14 characters in length.	M	AN	2/80	Required	1

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Loop 2200D

Pos: 090	Repeat: >1
Optional	
Loop: 2200D	Elements: N/A

User Option (Usage): Used

To uniquely identify a transaction to an application

Notes:

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*2*172263482~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
090	TRN	Claim Submitter Trace Number	O	1		Used
100	STC	Claim Level Status Information	M	1		Required
110	REF	Payer Claim Identification Number	O	1		Used
110	REF	Institutional Bill Type Identification	O	1		Situational
110	REF	Medical Record Identification	O	1		Situational
120	DTP	Claim Service Date	O	1		Used
180		Loop 2220D	O		>1	Used

Semantics:

1. TRN02 provides unique identification for the transaction.
2. TRN03 identifies an organization.
3. TRN04 identifies a further subdivision within the organization.

TRN Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Used

The purpose of this segment is to uniquely identify a transaction to an application.

Notes:

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*2*172263482~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	Trace Type Code	M	ID	1/2	Required	1
		<p>Description: Code identifying which transaction is being referenced</p> <p>Mode: Automatic</p> <p>Control: Text</p> <p>Code Name</p> <p>2 Referenced Transaction Trace Numbers</p>					
TRN02	127	Reference Identification	M	AN	1/30	Required	1
		<p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Industry: Trace Number</p> <p>Alias: Patient Account Number</p> <p>MEDI-CAL NOTE: Per the 277 Addenda: "This data element corresponds to the CLM01 data element of the ASC X12N Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02." Medi-Cal returns the first 20 bytes of the patient account number.</p>					

Semantics:

1. TRN02 provides unique identification for the transaction.
2. TRN03 identifies an organization.
3. TRN04 identifies a further subdivision within the organization.

STC Claim Level Status Information

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2200D	Elements: 10

User Option (Usage): Required

The purpose of this segment is to report the status, required action, and paid information of a claim or service line.

Notes:

1. This is required if the subscriber is the patient.
2. Claim Status information in response to solicited inquiry.

Example:

Claim in process:
 STC*P1>20040501**50*0~ or

Paid Claim:
 STC*F1>20040511**50*49.50*20040515*CHK*20040515*23170685~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
STC01	C043	Health Care Claim Status	M	Comp		Required	1
		Description: Used to convey status of the entire claim or a specific service line					
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a specific industry code list					
		Industry: Health Care Claim Status Category Code					
		MEDI-CAL NOTE: This is the Category code from code source 507.					
		<u>ExternalCodeList</u>					
		Name: 507					
		Description: Health Care Claim Status Category Code					
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a specific industry code list					
		Industry: Health Care Claim Status Code					
		MEDI-CAL NOTE: This is the Status code from code source 508.					
		<u>ExternalCodeList</u>					
		Name: 508					
		Description: Health Care Claim Status Code					
	98	Entity Identifier Code	O	ID	2/3	Situational	1
		Description: Code identifying an organizational entity, a physical location, property or an individual					
		MEDI-CAL NOTE: STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<u>Code</u> <u>Name</u>					
	13	Contracted Service Provider					
	17	Consultant's Office					
	1E	Health Maintenance Organization (HMO)					
	1G	Oncology Center					
	1H	Kidney Dialysis Unit					
	1I	Preferred Provider Organization (PPO)					
	1O	Acute Care Hospital					
	1P	Provider					
	1Q	Military Facility					
	1R	University, College or School					
	1S	Outpatient Surgicenter					
	1T	Physician, Clinic or Group Practice					
	1U	Long Term Care Facility					
	1V	Extended Care Facility					
	1W	Psychiatric Health Facility					
	1X	Laboratory					
	1Y	Retail Pharmacy					
	1Z	Home Health Care					
	28	Subcontractor					
	2A	Federal, State, County or City Facility					
	2B	Third-Party Administrator					
	2E	Non-Health Care Miscellaneous Facility					
	2I	Church Operated Facility					
	2K	Partnership					
	2P	Public Health Service Facility					
	2Q	Veterans Administration Facility					
	2S	Public Health Service Indian Service Facility					
	2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)					
	30	Service Supplier					
	36	Employer					
	3A	Hospital Unit Within an Institution for the Mentally Retarded					
	3C	Tuberculosis and Other Respiratory Diseases Facility					
	3D	Obstetrics and Gynecology Facility					
	3E	Eye, Ear, Nose and Throat Facility					
	3F	Rehabilitation Facility					
	3G	Orthopedic Facility					
	3H	Chronic Disease Facility					
	3I	Other Specialty Facility					
	3J	Children's General Facility					
	3K	Children's Hospital Unit of an Institution					
	3L	Children's Psychiatric Facility					
	3M	Children's Tuberculosis and Other Respiratory Diseases Facility					
	3N	Children's Eye, Ear, Nose and Throat Facility					
	3O	Children's Rehabilitation Facility					
	3P	Children's Orthopedic Facility					
	3Q	Children's Chronic Disease Facility					
	3R	Children's Other Specialty Facility					
	3S	Institution for Mental Retardation					
	3T	Alcoholism and Other Chemical Dependency Facility					
	3U	General Inpatient Care for AIDS/ARC Facility					
	3V	AIDS/ARC Unit					

Code	Name
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Histopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit

Code Name

5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed
72	Operating Physician
	Description: Doctor who performs a surgical procedure
73	Other Physician
	Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon

Code Name

DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
	Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility
	Description: Facility where patient resides
P2	Primary Insured or Subscriber
	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy

Code Name

Description: Establishment responsible for preparing and dispensing drugs and medicines

QB Purchase Service Provider

Description: Entity from which medical supplies may be bought

QC Patient

Description: Individual receiving medical care

QD Responsible Party

Description: Person responsible for the affairs of the person having services rendered

QE Policyholder

QH Physician

QK Managed Care

QL Chiropractor

QN Dentist

QO Doctor of Osteopathy

QS Podiatrist

QV Group Practice

QY Medical Doctor

Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)

RC Receiving Location

RW Rural Health Clinic

S4 Skilled Nursing Facility

SJ Service Provider

Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered

SU Supplier/Manufacturer

T4 Transfer Point

Description: A geographic location where a shipment is transferred or diverted to a new destination

Used to identify the geographic location where a patient is transferred or diverted.

TQ Third Party Reviewing Organization (TPO)

TT Transfer To

TU Third Party Repricing Organization (TPO)

UH Nursing Home

X3 Utilization Management Organization

X4 Spouse

X5 Durable Medical Equipment Supplier

ZZ Mutually Defined

STC02 373 **Date** M DT 8/8 Required 1

Description: Date expressed as CCYYMMDD

Industry: Status Information Effective Date

MEDI-CAL NOTE: This date indicates the effective date of the claim status response.

STC04 782 **Monetary Amount** M R 1/18 Required 1

Description: Monetary amount

Industry: Total Claim Charge Amount

MEDI-CAL NOTE: For compound pharmacy, inpatient and crossover claims, this element contains the total billed amount.

For non-compound pharmacy, long term care, outpatient, medical, and vision

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		claims this element contains the service line billed amount, since claim lines are processed individually.					
STC05	782	Monetary Amount Description: Monetary amount Industry: Claim Payment Amount MEDI-CAL NOTE: For compound pharmacy, inpatient and crossover claims, this element contains the claim paid amount. For non-compound pharmacy, long term care, outpatient, medical, and vision claims this element contains the service line paid amount. This amount is zero if the adjudication process is not complete.	M	R	1/18	Required	1
STC06	373	Date Description: Date expressed as CCYYMMDD Industry: Adjudication or Payment Date MEDI-CAL NOTE: This element contains the date of denial or payment. The date will only be present if the payment determination is complete.	O	DT	8/8	Used	1
STC07	591	Payment Method Code Description: Code identifying the method for the movement of payment instructions MEDI-CAL NOTE: This element is used when claim has a dollar payment to the provider of service. Code Name ACH Automated Clearing House (ACH) Use this code to move money electronically through the Automated Clearing House (ACH). When this code is used, information in BPR05 through BPR15 also must be included. BOP Financial Institution Option Use this code to indicate that the third party processor will choose the method of payment based on end point requests or capabilities. CHK Check Use this code to indicate that a check was issued for payment. FWT Federal Reserve Funds/Wire Transfer - Non repetitive Use this code to indicate that the funds were sent through the wire system. NON Non-Payment Data Use this code to indicate that this is information only and no dollars are to be moved.	O	ID	3/3	Used	1
STC08	373	Date Description: Date expressed as CCYYMMDD Industry: Check Issue or EFT Effective Date MEDI-CAL NOTE: This element is used for the check issue date or for the date that EFT funds were released to the Automated Clearing House. EDS	O	DT	8/8	Used	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		assigns a temporary number prior to receiving actual check numbers from DcHS. Actual check numbers are available 10 days after the claim adjudication date.					
STC09	429	Check Number Description: Check identification number Industry: Check or EFT Trace Number MEDI-CAL NOTE: This element is returned with a Finalized and Paid claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims. If the payment is EFT (electronic file transfer), this number is the trace number.	O	AN	1/16	Used	1
STC10	C043	Health Care Claim Status Description: Used to convey status of the entire claim or a specific service line MEDI-CAL NOTE: Use this element if a second claim status is needed.	O	Comp		Situational	1
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Category Code MEDI-CAL NOTE: This is the Category code from code source 507. Required if STC10 is used. <u>ExternalCodeList</u> Name: 507 Description: Health Care Claim Status Category Code	M	AN	1/30	Situational	1
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Code MEDI-CAL NOTE: This is the Status code from code source 508. Required if STC10 is used. <u>ExternalCodeList</u> Name: 508 Description: Health Care Claim Status Code	M	AN	1/30	Required	1
	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual MEDI-CAL NOTE: STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. <u>Code Name</u> 13 Contracted Service Provider	O	ID	2/3	Used	1

Code	Name
17	Consultant's Office
1E	Health Maintenance Organization (HMO)
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit

Code	Name
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility

Code Name

5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed
72	Operating Physician
	Description: Doctor who performs a surgical procedure
73	Other Physician
	Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician

Code Name

DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
	Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility
	Description: Facility where patient resides
P2	Primary Insured or Subscriber
	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
	Description: Establishment responsible for preparing and dispensing drugs and medicines
QB	Purchase Service Provider

Code Name

- Description:** Entity from which medical supplies may be bought
- QC Patient
Description: Individual receiving medical care
- QD Responsible Party
Description: Person responsible for the affairs of the person having services rendered
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered
- SU Supplier/Manufacturer
- T4 Transfer Point
Description: A geographic location where a shipment is transferred or diverted to a new destination
Used to identify the geographic location where a patient is transferred or diverted.
- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

STC11	C043	Health Care Claim Status	O	Comp		Situational	1
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Description: Used to convey status of the entire claim or a specific service line

MEDI-CAL NOTE: Use this element if a third claim status is needed.

	1271	Industry Code	M	AN	1/30	Required	1
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Description: Code indicating a code from a specific industry code list

Industry: Health Care Claim Status Category Code

MEDI-CAL NOTE: This is the Category code from code source 507. Required if STC11 is used.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

	1271	Industry Code	M	AN	1/30	Required	1
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<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Code MEDI-CAL NOTE: This is the Status code from code source 508. Required if STC11 is used.					
		<u>ExternalCodeList</u> Name: 508 Description: Health Care Claim Status Code					
98		Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual MEDI-CAL NOTE: STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.	O	ID	2/3	Used	1

Code Name

- 13 Contracted Service Provider
- 17 Consultant's Office
- 1E Health Maintenance Organization (HMO)
- 1G Oncology Center
- 1H Kidney Dialysis Unit
- 1I Preferred Provider Organization (PPO)
- 1O Acute Care Hospital
- 1P Provider
- 1Q Military Facility
- 1R University, College or School
- 1S Outpatient Surgicenter
- 1T Physician, Clinic or Group Practice
- 1U Long Term Care Facility
- 1V Extended Care Facility
- 1W Psychiatric Health Facility
- 1X Laboratory
- 1Y Retail Pharmacy
- 1Z Home Health Care
- 28 Subcontractor
- 2A Federal, State, County or City Facility
- 2B Third-Party Administrator
- 2E Non-Health Care Miscellaneous Facility
- 2I Church Operated Facility
- 2K Partnership
- 2P Public Health Service Facility
- 2Q Veterans Administration Facility
- 2S Public Health Service Indian Service Facility
- 2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
- 30 Service Supplier
- 36 Employer
- 3A Hospital Unit Within an Institution for the Mentally Retarded
- 3C Tuberculosis and Other Respiratory Diseases Facility
- 3D Obstetrics and Gynecology Facility
- 3E Eye, Ear, Nose and Throat Facility

<u>Code</u>	<u>Name</u>
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank

Code Name

5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed
72	Operating Physician

Code	Name
	Description: Doctor who performs a surgical procedure
73	Other Physician
	Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By

Code	Name
OD	Doctor of Optometry
OX	Oxygen Therapy Facility Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility Description: Facility where patient resides
P2	Primary Insured or Subscriber Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy Description: Establishment responsible for preparing and dispensing drugs and medicines
QB	Purchase Service Provider Description: Entity from which medical supplies may be bought
QC	Patient Description: Individual receiving medical care
QD	Responsible Party Description: Person responsible for the affairs of the person having services rendered
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered
SU	Supplier/Manufacturer
T4	Transfer Point Description: A geographic location where a shipment is transferred or diverted to a new destination Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

Semantics:

1. STC02 is the effective date of the status information.
2. STC04 is the amount of original submitted charges.
3. STC05 is the amount paid.
4. STC06 is the paid date.
5. STC08 is the check issue date.
6. STC12 allows additional free-form status information.

REF Payer Claim Identification Number

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Used

The purpose of this segment is to specify identifying information.

Notes:

1. Use this only if the subscriber is the patient.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*1K*4035046987002~

MEDI-CAL NOTE:

This element contains the Medi-Cal Claim Control Number (CCN).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Description: Code qualifying the Reference Identification Mode: Automatic Control: Text <u>Code</u> <u>Name</u> 1K Payor's Claim Number					
REF02	127	Reference Identification	M	AN	1/30	Required	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Payer Claim Control Number MEDI-CAL NOTE: This element contains the 13-digit Claim Control Number (CCN). The last two digits contain the claim line number.					

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

REF Institutional Bill Type Identification

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Notes:

1. This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two-position Facility Type Code, and the one-position Claim Frequency Code. The payer may use it as a primary lookup key.
2. Use when subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*BLT*111~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Description: Code qualifying the Reference Identification					
		Mode: Automatic					
		Control: Text					
		Code Name					
		BLT Billing Type					
REF02	127	Reference Identification	M	AN	1/30	Required	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
		Industry: Bill Type Identifier					

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

REF Medical Record Identification

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Notes:

1. This is the Medical Record number submitted on the original claim and should be returned when available from the submitted claim.
2. Use this only when the subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*EA*J354789~

Element Summary:

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

Description: Code qualifying the Reference Identification

Mode: Automatic

Control: Text

Code Name

EA Medical Record Identification Number

Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Medical Record Number

MEDI-CAL NOTE: This data element is only available for claims adjudicated more than one week prior to claim status inquiry.

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

DTP Claim Service Date

Pos: 120	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 3

User Option (Usage): Used

The purpose of this segment is to specify any or all of a date, a time, or a time period.

Notes:

1. Use this segment for the institutional claim statement period.
2. Use this segment if the subscriber is the patient.
3. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Example:

DTP*232*RD8*20040401-20040402~
or
DTP*232*RD8*20040522-20040522~

MEDI-CAL NOTE:

For non-compound pharmacy, long term care, outpatient, medical and vision claims, this is the service (line) level date of service.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		<p>Description: Code specifying type of date or time, or both date and time</p> <p>Industry: Date Time Qualifier</p> <p>Code Name 232 Claim Statement Period Start</p>					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		<p>Description: Code indicating the date format, time format, or date and time format</p> <p>Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date</p> <p>If there is a single date of service, the begin date equals the end date.</p>					
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		<p>Description: Expression of a date, a time, or range of dates, times or dates and times</p> <p>Industry: Claim Service Period</p> <p>MEDI-CAL NOTE: Claim from and through dates of service in CCYYMMDD-CCYYMMDD format. For one-day services, the through date is the same as the from date.</p>					

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Loop 2220D

Pos: 180	Repeat: >1
Optional	
Loop: 2220D	Elements: N/A

User Option (Usage): Used

To supply payment and control information to a provider for a particular service

MEDI-CAL NOTE:

For claim level inquiries on non-compound pharmacy, long term care, outpatient, medical and vision claims, Loop 2220D is returned because claim lines are processed as individual claim records.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
180	SVC	Service Line Information	O	1		Situational
190	STC	Service Line Status Information	O	1		Situational
200	REF	Service Line Item Identification	C	1		Situational
210	DTP	Service Line Date	C	1		Situational

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

- 1.

SVC Service Line Information

Pos: 180	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 5

User Option (Usage): Situational

The purpose of this segment is to supply payment and control information to a provider for a particular service.

Notes:

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.

Example:

HPCS:

SVC*HC~99214*75*100.34****1~

Revenue Code:

SVC*NU~71X*50.01*0****1~

NDC:

SVC*N4~00006484300*25.56*0****1~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SVC01	C003	Composite Medical Procedure Identifier	M	Comp		Required	1
		Description: To identify a medical procedure by its standardized codes and applicable modifiers					
	235	Product/Service ID Qualifier	M	ID	2/2	Required	1
		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)					
		Mode: Automatic					
		Control: Text					
		Industry: Product or Service ID Qualifier					
		Code Name					
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes					
		Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments					
		Because CPT codes of the American Medical Association are also level 1 HCPCS codes, the CPT codes are reported under the code HC.					
		CODE SOURCE:					
		130: Health Care Financing Administration Common Procedural Coding System					
	ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure					
		Description: The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code					
		CODE SOURCE:					
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	N4	National Drug Code in 5-4-2 Format					
		Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size					
		CODE SOURCE:					
		240: National Drug Code by Format					

Code Name

NU National Uniform Billing Committee (NUBC) UB92 Codes

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

234	Product/Service ID	M	AN	1/48	Required	1
	<p>Description: Identifying number for a product or service</p> <p>Industry: Service Identification Code</p> <p>MEDI-CAL NOTE: If the value in SVC01-1 is "NU", then this is an NUBC Revenue Code. If it is present here, then SVC04 is not used.</p> <p>Claims Adjudicated in the past week: For inpatient, crossover and long term care claims adjudicated in the past week, the value returned is the diagnosis code. All other claim types will have procedure codes.</p> <p>Pending claims or claims adjudicated more than one week ago will contain procedure codes or revenue codes for all claim types.</p> <p>ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System</p> <p>ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p>ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes</p> <p>ExternalCodeList Name: 134 Description: National Drug Code</p> <p>ExternalCodeList Name: 240 Description: National Drug Code by Format</p>					
1339	Procedure Modifier	C	AN	2/2	Situational	1
	<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>MEDI-CAL NOTE: Returned if submitted on the original claim service line.</p>					
1339	Procedure Modifier	C	AN	2/2	Situational	1
	<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>MEDI-CAL NOTE: Returned if submitted on the original claim service line.</p>					
1339	Procedure Modifier	C	AN	2/2	Situational	1
	<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		MEDI-CAL NOTE: Returned if submitted on the original claim service line.					
	1339	Procedure Modifier	C	AN	2/2	Situational	1
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners					
		MEDI-CAL NOTE: Returned if submitted on the original claim service line.					
SVC02	782	Monetary Amount	M	R	1/18	Required	1
		Description: Monetary amount					
		Industry: Line Item Charge Amount					
		MEDI-CAL NOTE: This amount is the original submitted charge for the claim line. For compound pharmacy, inpatient and crossover claims this is the total billed for the claim.					
SVC03	782	Monetary Amount	M	R	1/18	Required	1
		Description: Monetary amount					
		Industry: Line Item Provider Payment Amount					
		MEDI-CAL NOTE: This amount is the amount paid for the claim line. If the adjudication process is not complete, this is zero-filled. For compound pharmacy, inpatient and crossover claims, this is the total amount paid for the claim.					
SVC04	234	Product/Service ID	C	AN	1/48	Situational	1
		Description: Identifying number for a product or service					
		Industry: Revenue Code					
		MEDI-CAL NOTE: This is the NUBC Revenue Code. When SVC01-1 equals "NU" the NUBC Revenue Code is returned in SVC01-2.					
		ExternalCodeList					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
SVC07	380	Quantity	C	R	1/15	Situational	1
		Description: Numeric value of quantity					
		Industry: Original Units of Service Count					
		MEDI-CAL NOTE: This quantity is the submitted units of service. For pharmacy claims, the quantity is seven digits plus 3 decimal places (9999999.999). For long term care claims, the number of accommodation days is returned.					

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

- 1.

STC Service Line Status Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 6

User Option (Usage): Situational

The purpose of this segment is to report the status, required action, and paid information of a claim or service line.

Notes:

1. Use this segment if the subscriber is the patient.
2. This segment is used when an information source system has the capability to provide line item information.

Example:

STC*A3>110*19960501***65~ or STC*FI~65*19960501*****A3>400~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
STC01	C043	Health Care Claim Status	M	Comp		Required	1
		Description: Used to convey status of the entire claim or a specific service line					
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a specific industry code list					
		Industry: Health Care Claim Status Category Code					
		MEDI-CAL NOTE: This is the Category code. Use code source 507.					
		ExternalCodeList					
		Name: 507					
		Description: Health Care Claim Status Category Code					
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a specific industry code list					
		Industry: Health Care Claim Status Code					
		MEDI-CAL NOTE: This is the Status code. Use code source 508.					
		ExternalCodeList					
		Name: 508					
		Description: Health Care Claim Status Code					
	98	Entity Identifier Code	O	ID	2/3	Situational	1
		Description: Code identifying an organizational entity, a physical location, property or an individual					
		MEDI-CAL NOTE: STC01-3 further modifies the value in STC01-2. This element is not always returned by Medi-Cal.					
		Code Name					
		13	Contracted Service Provider				
		17	Consultant's Office				
		1E	Health Maintenance Organization (HMO)				

Code	Name
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
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3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center

<u>Code</u>	<u>Name</u>
40	Receiver Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit

Code Name

5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed
72	Operating Physician
	Description: Doctor who performs a surgical procedure
73	Other Physician
	Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name

Code Name

DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility Description: Facility where patient resides
P2	Primary Insured or Subscriber Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy Description: Establishment responsible for preparing and dispensing drugs and medicines
QB	Purchase Service Provider Description: Entity from which medical supplies may be bought
QC	Patient Description: Individual receiving medical care
QD	Responsible Party

Code Name

Description: Person responsible for the affairs of the person having services rendered

- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor

Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)

- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider

Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered

- SU Supplier/Manufacturer
- T4 Transfer Point

Description: A geographic location where a shipment is transferred or diverted to a new destination

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

STC02	373	Date	M	DT	8/8	Required	1
		Description: Date expressed as CCYYMMDD					
		Industry: Status Information Effective Date					
STC04	782	Monetary Amount	C	R	1/18	Situational	1
		Description: Monetary amount					
		Industry: Line Item Charge Amount					
		MEDI-CAL NOTE: This is the submitted line charge amount.					
STC05	782	Monetary Amount	C	R	1/18	Situational	1
		Description: Monetary amount					
		Industry: Line Item Provider Payment Amount					
		MEDI-CAL NOTE: Use this element for the line item paid amount.					
STC10	C043	Health Care Claim Status	C	Comp		Situational	1
		Description: Used to convey status of the entire claim or a specific service line					
		MEDI-CAL NOTE: Use this element if a second claim status is needed.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
	1271	Industry Code	M	AN	1/30	Required	1
		<p>Description: Code indicating a code from a specific industry code list</p> <p>Industry: Health Care Claim Status Category Code</p> <p>MEDI-CAL NOTE: This is the Category code. Use code source 507. Required if STC10 is used.</p> <p>ExternalCodeList Name: 507 Description: Health Care Claim Status Category Code</p>					
	1271	Industry Code	M	AN	1/30	Required	1
		<p>Description: Code indicating a code from a specific industry code list</p> <p>Industry: Health Care Claim Status Code</p> <p>MEDI-CAL NOTE: This is the Status code. Use code source 508. Required if STC10 is used.</p> <p>ExternalCodeList Name: 508 Description: Health Care Claim Status Code</p>					
	98	Entity Identifier Code	O	ID	2/3	Situational	1
		<p>Description: Code identifying an organizational entity, a physical location, property or an individual</p> <p>MEDI-CAL NOTE: STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. This element is not always returned by Medi-Cal.</p> <p>Code Name</p> <p>13 Contracted Service Provider 17 Consultant's Office 1E Health Maintenance Organization (HMO) 1G Oncology Center 1H Kidney Dialysis Unit 1I Preferred Provider Organization (PPO) 1O Acute Care Hospital 1P Provider 1Q Military Facility 1R University, College or School 1S Outpatient Surgicenter 1T Physician, Clinic or Group Practice 1U Long Term Care Facility 1V Extended Care Facility 1W Psychiatric Health Facility 1X Laboratory 1Y Retail Pharmacy 1Z Home Health Care 28 Subcontractor 2A Federal, State, County or City Facility</p>					

Code Name

2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services

Code Name

4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility

Code Name

6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician Description: Physician present when medical services are performed
72	Operating Physician Description: Doctor who performs a surgical procedure
73	Other Physician Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company Description: A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured

Code Name

GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility Description: Facility where patient resides
P2	Primary Insured or Subscriber Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy Description: Establishment responsible for preparing and dispensing drugs and medicines
QB	Purchase Service Provider Description: Entity from which medical supplies may be bought
QC	Patient Description: Individual receiving medical care
QD	Responsible Party Description: Person responsible for the affairs of the person having services rendered
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider

Code Name

Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered

SU Supplier/Manufacturer

T4 Transfer Point

Description: A geographic location where a shipment is transferred or diverted to a new destination

Used to identify the geographic location where a patient is transferred or diverted.

TQ Third Party Reviewing Organization (TPO)

TT Transfer To

TU Third Party Repricing Organization (TPO)

UH Nursing Home

X3 Utilization Management Organization

X4 Spouse

X5 Durable Medical Equipment Supplier

ZZ Mutually Defined

STC11	C043	Health Care Claim Status	C	Comp		Situational	1
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Description: Used to convey status of the entire claim or a specific service line

MEDI-CAL NOTE: Use this element if a third claim status is needed.

	1271	Industry Code	M	AN	1/30	Required	1
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Description: Code indicating a code from a specific industry code list

Industry: Health Care Claim Status Category Code

MEDI-CAL NOTE: Required if STC11 is used. This is the Category Code. Use code source 507.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

	1271	Industry Code	M	AN	1/30	Required	1
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Description: Code indicating a code from a specific industry code list

Industry: Health Care Claim Status Code

MEDI-CAL NOTE: Required if STC11 is used. This is the Status Code. Use code source 508.

ExternalCodeList

Name: 508

Description: Health Care Claim Status Code

	98	Entity Identifier Code	C	ID	2/3	Situational	1
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Description: Code identifying an organizational entity, a physical location, property or an individual

MEDI-CAL NOTE: STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3. This element is not always returned by Medi-Cal.

Code Name

13	Contracted Service Provider
17	Consultant's Office
1E	Health Maintenance Organization (HMO)
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC

<u>Code</u>	<u>Name</u>
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit

Code Name

5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed
72	Operating Physician
	Description: Doctor who performs a surgical procedure
73	Other Physician
	Description: Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician

Code Name

DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
	Description: Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility
	Description: Facility where patient resides
P2	Primary Insured or Subscriber
	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
	Description: Establishment responsible for preparing and dispensing drugs and medicines

Code Name

QB	Purchase Service Provider	Description: Entity from which medical supplies may be bought
QC	Patient	Description: Individual receiving medical care
QD	Responsible Party	Description: Person responsible for the affairs of the person having services rendered
QE	Policyholder	
QH	Physician	
QK	Managed Care	
QL	Chiropractor	
QN	Dentist	
QO	Doctor of Osteopathy	
QS	Podiatrist	
QV	Group Practice	
QY	Medical Doctor	Description: An individual trained and licensed to practice as a Medical Doctor (M.D.)
RC	Receiving Location	
RW	Rural Health Clinic	
S4	Skilled Nursing Facility	
SJ	Service Provider	Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered
SU	Supplier/Manufacturer	
T4	Transfer Point	Description: A geographic location where a shipment is transferred or diverted to a new destination Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)	
TT	Transfer To	
TU	Third Party Repricing Organization (TPO)	
UH	Nursing Home	
X3	Utilization Management Organization	
X4	Spouse	
X5	Durable Medical Equipment Supplier	
ZZ	Mutually Defined	

Semantics:

1. STC02 is the effective date of the status information.
2. STC04 is the amount of original submitted charges.
3. STC05 is the amount paid.
4. STC06 is the paid date.
5. STC08 is the check issue date.
6. STC12 allows additional free-form status information.

REF Service Line Item Identification

Pos: 200	Max: 1
Detail - Conditional	
Loop: 2220D	Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Notes:

1. Required when available from the original claim. When the Information Receiver is the Provider, this is required when the number was assigned by the provider on the original claim.

Example:

REF*FJ*96042201~

MEDI-CAL NOTE:

The line item control number is only available for claims adjudicated in the past week.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Description: Code qualifying the Reference Identification					
		Code	Name				
		FJ	Line Item Control Number				
		Description: A unique number assigned to each charge line used for tracking purposes					
REF02	127	Reference Identification	M	AN	1/30	Required	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
		Industry: Line Item Control Number					

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

- 1.

DTP Service Line Date

Pos: 210	Max: 1
Detail - Conditional	
Loop: 2220D	Elements: 3

User Option (Usage): Situational

The purpose of this segment is to specify any or all of a date, a time, or a time period.

Notes:

1. This is the date of service from the original submitted claim for a specific line item.
2. Whenever the 2220D loop is used this segment must be present, unless reported in the claim level, Loop 2200D (Claim Service Dates).

Example:

DTP*472*RD8*20040401-20040402~

MEDI-CAL NOTE:

For inpatient and crossover claims, this will be the claim service date range.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Description: Code specifying type of date or time, or both date and time					
		Industry: Date Time Qualifier					
		Code Name					
		472 Service					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		Description: Code indicating the date format, time format, or date and time format					
		Code Name					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.					
		For a single date of service, the begin date equals the end date.					
DTP03	1251	Date Time Period	M	AN	1/35	Required	1
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: Service Line Date					
		MEDI-CAL NOTE: For inpatient and crossovers the claim date of service is returned.					

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

SE Transaction Set Trailer

Pos: 270	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Example:

SE*34*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments	M	NO	1/10	Required	1
		Description: Total number of segments included in a transaction set including ST and SE segments					
		Industry: Transaction Segment Count					
SE02	329	Transaction Set Control Number	M	AN	4/9	Required	1
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set					
		MEDI-CAL NOTE: Data value in SE02 must be identical to ST02.					

Comments:

- SE is the last segment of each transaction set.

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the end of a functional group and to provide control information.

Example:

GE*1*1013~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	Number of Transaction Sets Included	M	N0	1/6	Required	1
		Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.					
GE02	28	Group Control Number	M	N0	1/9	Required	1
		Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group header, GS06.					

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

The purpose of this segment is to define the end of an interchange of zero or more functional groups and interchange-related control segments.

Example:

IEA*1*000000001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups	M	N0	1/5	Required	1
		Description: A count of the number of functional groups included in an interchange.					
IEA02	I12	Interchange Control Number	M	N0	9/9	Required	1
		Description: A control number assigned by the interchange sender. This data value must be identical with ISA13.					
		MEDI-CAL NOTE: A number, right justified and zero filled. Always nine characters.					