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Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element ID	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1		BHT04	Date	Transaction Set Creation Date	Unbolded item. Not being stored in processing system.
12/15/2003	8	2000B	SBR03	Subscriber Information	Insured Group or Policy Number	Added format and length.
12/15/2003	8	2000B	SBR04	Subscriber Information	Insured Group Name	Added format and length.
12/15/2003	10	2010BC	NM1	Payer Name		Added clarifying language to the segment.
12/15/2003	10	2010BC	NM103	Name Last or Organization Name	Payer Name	Added clarifying language as to the importance of this field for Medi-Cal processing. Added Medi-Cal length (11/12).

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
	005	ST	Transaction Set Header			2	R	"ST"	
			Data Element Separator			1		Hex '1D'	
		ST01	Transaction Set Identifier Code	143	ID	3/3	R	"837" Health Care Claim	
			Data Element Separator			1		Hex '1D'	
		ST02	Transaction Set Control Number	329	AN	4/9	R	*Transaction Set Control Number* Sequential number assigned by the originator; ST02 and SE02 Control Numbers, must be equivelant.	
			Segment Terminator			1		Hex '1C'	
	010	BHT	Beginning of Hierarchical Transaction			3	R	"BHT"	
			Data Element Separator			1		Hex '1D'	
		BHT01	Hierarchical Structure Code	1005	ID	4/4	R	"0019" Information Source, Subscriber, Dependent	
			Data Element Separator			1		Hex '1D'	
		BHT02	Transaction Set Purpose Code	353	ID	2/2	R	"00" Original	
			Data Element Separator			1		Hex '1D'	
		BHT03	Reference Identification	127	AN	1/30	R	*Originator Application Transaction Identifier*	
			Data Element Separator			1		Hex '1D'	
		BHT04	Date	373	DT	8/8 (8)	R	*Transaction Set Creation Date (CCYYMMDD) (Date Billed)*	86/19
			Data Element Separator			1		Hex 'ID'	
		BHT05	Time	337	TM	4/8	R	*Transaction Set Creation Time (HHMM)*	
			Data Element Separator			1		Hex 'ID'	
		BHT06	Transaction Type Code	640	ID	2/2	R	"CH" Chargeable	
			Segment Terminator			1		Hex '1C'	
	015	REF	Transmission Type Identification			3	R	"REF"	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"87" Functional Category	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30	R	*Transmission Type Code* "004010X096DA1" Pilot (Test) "004010X096A1" Production	
			Segment Terminator			1		Hex '1C'	
1000A	020	NM1	Submitter Name			3	R	"NM1"	
			Data Element Separator			1		Hex '1D'	
		NM101	Entitiy Identifier Code	98	ID	2/3	R	"41" Submitter	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person "2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35 (1/33)	R	***Submitter Last or Organization Name (Submitter Name)***	
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Submitter First Name* Required if NM102 = 1	
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Submitter Middle Name* Required if NM102 = 1 and the middle name/initial of the person is known.	
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"46" Electronic Trasmitter Identification Number (ETIN)	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80 (3)	R	***Submitter Identifier (Medi-Cal Submitter ID)***	
			Segment Terminator			1		Hex '1C'	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
1000A	045	PER	Submitter EDI Contact Info			3	R	"PER" The contact information should point to the person in the submitter organization who deals with data transmission issues. Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		PER01	Contact Function Code	366	ID	2/2	R	"IC" Information Contact	
			Data Element Separator			1		Hex '1D'	
		PER02	Name	93	AN	1/60	R	*Submitter Contact Name*	
			Data Element Separator			1		Hex '1D'	
		PER03	Communication Number Qualifer	365	ID	2/2	R	*Communication Number Qualifier*	
			Data Element Separator			1		Hex '1D'	
		PER04	Communication Number	364	AN	1/80	R	*Communication Number*	
			Segment Terminator			1		Hex '1C'	
1000B	020	NM1	Receiver Name			3	R	"NM1"	
			Data Element Separator			1		Hex '1D'	
		NM101	Entitiy Identifier Code	98	ID	2/3	R	"40" Receiver	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35	R	*"Medi-Cal"*	
			Data Element Separator			1		Hex '1D'	
		NM104	Not Used	1036		1	N	Hex '1D'	
		NM105	Not Used	1037		1	N	Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"46" Electronic Transmitter Identification Number	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*"610442" Medi-Cal Receiver Primary Identifier*	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
			Segment Terminator			1		Hex '1C'	
2000A	001	HL	Billing/Pay-To Provider Hierarchical			2	R	"HL" Repeat: > 1	
			Data Element Separator			1		Hex '1D'	
		HL01	Hierarchical ID Number	628	AN	1/12	R	Begin with "1" and increment by “1” each time a Hierarchical Level is used in the transaction.	
			Data Element Separator			1		Hex '1D'	
		HL02	Not Used	734		1	N	Hex '1D'	
		HL03	Hierarchical Level Code	735	AN	1/2	R	"20" Information source	
			Data Element Separator			1		Hex '1D'	
		HL04	Hierarchical Child Code	736	ID	1/1	R	"1" Additional Subordinate HL Data Segment Segment in this hierarchical sturcture	
			Segment Terminator			1		Hex '1C'	
2000A	003	PRV	Billing/Pay-To Provider Specialty Information			3	S	"PRV" Required when adjudication is known to be impacted by the provider taxonomy code and the service facility provider is the same entity as the billing and/or pay-to provider. In these cases, the rendering provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310E is not used.	
			Data Element Separator			1		Hex '1D'	
		PRV01	Provider Code	1221	ID	1/3	R	"BI" Billing	
			Data Element Separator			1		Hex '1D'	
		PRV02	Reference Identification Qualifier	128	ID	2/3	R	"ZZ" Mutually Defined – Health Care Provider Taxonomy Code List	
			Data Element Separator			1		Hex '1D'	
		PRV03	Reference Identification	127	AN	1/30 (10)	R	***Provider Taxonomy Code***	
			Segment Terminator			1		Hex '1C'	
2010AA	015	NM1	Billing Provider Name			3	R	"NM1"	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"85" Billing Provider	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"2" Non-person entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35 (1/33)	R	***Billing Provider Last or Organization Name***	1
			Data Element Separator			1		Hex '1D'	
		NM104	Not Used	1036		1	N	Hex '1D'	
		NM105	Not Used	1037		1	N	Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"24" Employer's Identification Number "34" Social Security Number "XX" NPI	
			Data Element Separator			1		Hex '1D'	
		NM109	Submitter Identifier	67	AN	2/80	R	*Billing Provider Identifier*	
			Segment Terminator			1		Hex '1C'	
2010AA	025	N3	Billing Provider Address			2	R	"N3"	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55 (1/26)	R	***Billing Provider Address***	1
			Data Element Separator			1		Hex '1D'	
		N302	Address Information	166	AN	1/55 (1/26)	S	***Billing Provider Address***	1
			Segment Terminator			1		Hex '1C'	
2010AA	030	N4	Billing Provider City/State/Zip Code			2	R	"N4"	
			Data Element Separator			1		Hex '1D'	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
		N401	City Name	19	AN	2/30 (2/18)	R	***Billing Provider City Name***	1
			Data Element Separator			1		Hex '1D'	
		N402	State or Province Code	156	ID	2/2 (2)	R	***Billing Provider State Code***	1
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15 (5)	R	***Billing Provider ZIP Code***	1/3
			Segment Terminator			1		Hex '1C'	
2010AA	035	REF	Billing Provider Secondary ID			3	S	"REF" Required when a secondary identification number is necessary to identify the entity. **Medi-Cal uses this segment to capture the Medi-Cal billing provider identifier.** Repeat: 8	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30 (9)	R	***Billing Provider Additional Identifier (Medi-Cal Provider Number)***	51/128
			Segment Terminator			1		Hex '1C'	
2010AA	040	PER	Billing Provider Contact Information			3	S	"PER" Required if different from that in Loop 1000A. Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		PER01	Contact Function Code	366	ID	2/2	R	"IC" Information Contact	
			Data Element Separator			1		Hex '1D'	
		PER02	Name	93	AN	1/60	R	*Billing Provider Contact Name*	
			Data Element Separator			1		Hex '1D'	
		PER03	Communication Number Qualifier	365	ID	2/2	R	"TE" Telephone	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
			Data Element Separator			1		Hex '1D'	
		PER04	Communication Number	364	AN	1/80 (10)	R	***Communication Number (Provider Phone Number)***	1
			Segment Terminator			1		Hex '1C'	
2000B	001	HL	Subscriber Hierarchical Level			2	R	"HL"	
								Repeat: > 1	
			Data Element Separator			1		Hex '1D'	
		HL01	Hierarchical ID Number	628	AN	1/12	R	*Hierarchical ID Number*	
								Increment by "1" for each Hierarchical Level in this transaction.	
			Data Element Separator			1		Hex '1D'	
		HL02	Hierarchical Parent ID Number	734	AN	1/12	R	*Hierarchical Parent ID Number*	
								HL02 identifies the hierarchical ID number of the HL7 segment to which the current HL segment is subordinate.	
			Data Element Separator			1		Hex '1D'	
		HL03	Hierarchical Level Code	735	ID	1/2	R	"22" Subscriber	
			Data Element Separator			1		Hex '1D'	
		HL04	Hierarchical Child Code	736	ID	1/1	R	"0" No Subordinate HL Segment in Hierarchical Structure	
			Segment Terminator			1		Hex '1C'	
2000B	005	SBR	Subscriber Information			3	R	"SBR"	
			Data Element Separator			1		Hex '1D'	
		SBR01	Payer Responsibility Sequence Number Code	1138	ID	1/1	R	*Responsibility Sequence Number Code*	
			Data Element Separator			1		Hex '1D'	
		SBR02	Individual Relationship to Insured	1069	ID	2/2	S	"18" Self	59
			Data Element Separator			1		Hex '1D'	
		SBR03	Reference Identification	127	AN	1/30	S	Hex '1D'	
		SBR04	Name	93	AN	1/60	S	Hex '1D'	
		SBR05	Not Used	1336		1	N	Hex '1D'	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
		SBR06	Not Used	1143		1	N	Hex '1D'	
		SBR07	Not Used	1073		1	N	Hex '1D'	
		SBR08	Not Used	584		1	N	Hex '1D'	
		SBR09	Claim Filing Indicator	1032	ID	1/2	S	"MC" Medicaid Required prior to mandated use of PlanID. Not mandated after PlanID is mandated.	
			Segment Terminator			1		Hex '1C'	
2010BA	015	NM1	Subscriber Name			3	R	"NM1"	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"IL" Insured or Subscriber	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35 (14)	R	***Subscriber Last Name (Recipient Last Name)***	12/4
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25 (8)	S	***Subscriber First Name (Recipient First Name)***	12/4
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25 (1)	S	***Subscriber Middle Name (Recipient Middle Name)***	12/4
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Subscriber Name Suffix*	
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"MI" Member Identification Number	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80 (9/15)	R	***Subscriber Primary Identifier (Medi-Cal Recipient ID)***	60/5
			Segment Terminator			1		Hex '1C'	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
2010BA	025	N3	Address Information			2	S	"N3" Required when the patient is the same person as the subscriber.	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55 (29)	R	***Subscriber Address Line (Recipient Address Line 1)***	13
			Data Element Separator			1		Hex '1D'	
		N302	Address Information	166	AN	1/55 (29)	S	***Subscriber Address Line (Recipient Address Line 2)***	13
			Segment Terminator			1		Hex '1C'	
2010BA	030	N4	Subscriber City/State/Zip Code			2	S	"N4" Required when the patient is the same person as the subscriber.	
			Data Element Separator			1		Hex '1D'	
		N401	City Name	19	AN	2/30	R	*Subscriber City Name (Recipient City Name)*	13
			Data Element Separator			1		Hex '1D'	
		N402	State or Province Code	156	ID	2/2	R	*Subscriber State Code (Recipient State Code)*	13
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15 (5)	R	***Subscriber Zip Code (Recipient Zip Code)***	13
			Segment Terminator			1		Hex '1C'	
2010BA	032	DMG	Subscriber Demographic Information			3	S	"DMG" Required when the patient is the same person as the subscriber.	
			Data Element Separator			1		Hex '1D'	
		DMG01	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DMG02	Date Time Period	1251	AN	1/35 (8)	R	***Subscriber Birth Date (Recipient Birth Date)***	14/6, 25, 44, 63, 82, 101
			Data Element Separator			1		Hex '1D'	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92/ 25-1
		DMG03	Gender Code	1068	ID	1/1 (1)	R	***Gender Code*** "F" Female "M" Male	15/7, 26, 45, 64, 83, 102
			Segment Terminator			1		Hex '1C'	
2010BC	015	NM1	Payer Name			3	R	"NM1" **Medi-Cal uses field NM103 of this loop to appropriately differentiate between the three institutional based claim types. The Payer Name is required for Medi-Cal processing.**	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"PR" Payer	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"2" Non-person entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35 (11/12)	R	***Payer Name*** **(Please submit as defined below for the appropriate claim type. May be upper, lower or mixed case.)**"Medi-Cal IP" (Inpatient) "Medi-Cal OP" (Outpatient) "Medi-Cal LTC" (Long Term Care)	50
			Data Element Separator			1		Hex 'ID'	
		NM104	Not Used	1036		1	N	Hex '1D'	
		NM105	Not Used	1037		1	N	Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"PI" Payor Identification	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*"610442" Primary Payer ID (Medi-Cal Payer/Receiver ID)*	
			Segment Terminator			1		Hex '1C'	