ANSI ASC X12N 837 v.4010A1 MEDICAL
Data Specifications

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	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	3	2300	CLM12	Claim Information	Special Program Indicator	Added clarifying language and removed references to specific codes. Codes may be found in the implementation guide.
12/15/2003	7	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	8	2300	NTE01	Claim Note	Note Reference Code	Added clarification statement to use the CER qualifier when submitting an Emergency Certification Statement.
12/15/2003	12	2300	HI01-3, -4, -5, -6, -7	Health Care Information Codes		Removed HI01-3 thru HI01-7 since subelements not used.
12/15/2003	12	2300	HI02	Health Care Information Codes	Diagnosis (Composite)	Bolded heading
12/15/2003	16	2310 D	NM103	Service Facility Location	Service Facility or Laboratory Last Name	Added clarifying language
12/15/2003	18	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.
12/15/2003	21	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	26	2400	SV101-7	Professional Service		Removed SV101-7 since subelement not used.
12/15/2003	26	2400	SV102	Professional Service	Line Item Charge Amount	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	28	2400	SV109	Professional Service	Emergency Indicator	Unbolded since Medi-Cal does not capture the indicator.
12/15/2003	35	2400	DTP02	Service Date	Date Time Period Format Qualifier	Added clarifying language around use of RD8 qualifier format and added D8 qualifier.
12/15/2003	36	2400	REF02	Line Item Control Number	Line Item Control Number	Removed Medi-Cal length (1/2).
12/15/2003	38	2420 A	PRV03	Rendering Provider Specialty	Provider Taxonomy Code	Bolded since Medi-Cal captures this data.
12/15/2003	39	2420 C	NM103	Service Facility Location	Service Facility or Laboratory Last Name	Added clarifying language.
12/15/2003	41	2420 F	NM103	Referring Provider Name	Referring Provider Last Name	Bolded since Medi-Cal captures this data.
12/15/2003	42	2420 F	PRV03	Referring Provider Specialty	Referring Provider Taxonomy	Bolded since Medi-Cal captures this data.

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2300	130	CLM	Claim Information			3	R	"CLM"	
								Repeat Loop: 100	
			Data Element Separator			1		Hex '1D'	
		CLM01	Claim Submitter's Identifier	1028	AN	1/38 (20)	R	***Patient Account Number***	26
			Data Element Separator			1		Hex '1D'	
.		CLM02	Monetary Amount	782	R	1/18 (9)	R	***Total Claim Charge Amount***	28
			Data Element Separator			1		Hex '1D'	
		CLM03	Not Used	1032		1	N	Hex '1D'	28
		CLM04	Not Used	1343		1	N	Hex '1D'	
		CLM05	Health Care Service Location Info	C023			R	***Place of Service Code (Composite)***	
		CLM05-1	Facility Code Value	1331	AN	1/2 (2)	R	***Facility Type Code (Place of Service)*** **For claims with dates of service prior to September 22, 2003, the Medi-Cal local place of service values must be used. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national place of service values as referenced in the Professional 837 version 4010A1 Implementation Guide must be used.**	24B
			Subelement Separator			1		Hex '1F'	
		CLM05-2	Not Used	1332		1	N	Hex '1F'	
		CLM05-3	Claim Frequency Type Code	1325	ID	1/1 (1)	R	***Claim Frequency Code*** "1" Original	
			Data Element Separator			1		Hex '1D'	
		CLM06	Yes/No Condition or Response Code	1073	ID	1/1	R	*Provider or Supplier Signature Indicator*	
			Data Element Separator			1		Hex '1D'	
		CLM07	Provider Accept Assignment Code	1359	ID	1/1	R	*Medicare Assignment Code*	27

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CLM08	Yes/No Condition or Response Code	1073	ID	1/1	R	*Benefits Assignment Certification Indicator*	N/A
			Data Element Separator			1		Hex '1D'	
		CLM09	Release of Information Code	1363	ID	1/1 (1)	R	***Release of Information Code***	N/A
			Data Element Separator			1		Hex '1D'	
		CLM10	Patient Signature Source Code	1351	D	1/1	S	*Patient Signature Source Code* Required except in cases where code "N" is used in CLM09.	
			Data Element Separator			1		Hex '1D'	
		CLM11	Related Causes Information	C024			S	*Accident/Employment/Related Causes (Composite)* CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If DTP date of accident (DTP01=439) is used, then CLM11 is required.	
		CLM11-1	Related Causes Code	1362	ID	2/3 (2)	R	***Related Causes Code*** "EM" Employment Related	10
			Subelement Separator			1		Hex '1F'	
		CLM11-2	Related Causes Code	1362	ID	2/3	S	*Related Causes Code* Used if more than one code applies.	10
			Subelement Separator			1		Hex '1F'	
		CLM11-3	Related Causes Code	1362	ID	2/3	S	*Related Causes Code* Used if more than one code applies.	10
			Subelement Separator			1		Hex '1F'	
		CLM11-4	State or Province Code	156	ID	2/2	S	*Auto Accident State or Province Code* Required if CLM11-1, -2, or –3 = AA to identify the state in which the automobile accident occurred. Use state postal code.	10
			Subelement Separator			1		Hex '1F'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		CLM11-5	Country Code	26	ID	2/3	S	*Country Code* Required if the auto accident occurred outside the U.S. to identify the country in which the accident occurred.	
			Data Element Separator			1		Hex '1D'	
		CLM12	Special Program Code	1366	ID	2/3 (2)	S	***Special Program Indicator*** Required if the services were rendered under one of the circumstances/programs/projects listed in the Professional 837 version 4010A1 Implementation Guide. **A list of valid values are contained in the Professional 837 version 4010A1 Implementation Guide.**	24H
			Data Element Separator			1		Hex '1D'	
		CLM13	Not Used	1073		1	N	Hex '1D'	
		CLM14	Not Used	1338		1	N	Hex '1D'	
		CLM15	Not Used	1073		1	N	Hex '1D'	
		CLM16	Provider Agreement Code	1360	ID	1/1	S	*Participation Agreement* "P" Participation Agreement	
			Data Element Separator			1		Hex '1D'	
		CLM17	Not Used	1029		1	N	Hex '1D'	
		CLM18	Not Used	1073		1	N	Hex '1D'	
		CLM19	Not Used	1383		1	N	Hex '1D'	
		CLM20	Delay Reason Code	1514	ID	1/2 (2)	S	***Delay Reason Code (Medi-Cal Billing Limit Exception Code)*** Required when claim is submitted late (past contracted date of filing limitation). **For claims with dates of service prior to September 22, 2003, the Medi-Cal local billing limit exception codes must be used. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national delay reason code values as referenced in the Professional 837 version 4010A1 Implementation Guide must be used.**	24J
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2300	135	DTP	Date- Onset of Current Illness/Symptom			3	S	"DTP" Required when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset or illness/symptoms.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"431" Onset of Current Symptoms or Illness	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	AN	1/35 (8)	R	***Onset of Current Illness or Injury Date (Date of Onset)***	14
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date – Similar Illness/Symptom Onset			3	S	"DTP" Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"438" Onset of Similar Symptoms or Illness	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	AN	1/35	R	*Similar Illness or Symptom Date*	15
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date - Accident			3	S	"DTP" Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AP or OA	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"439" Accident	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD "DT" CCYYMMDDHHMM Required if accident hour is known.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (8)	R	***Accident Date***	14
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date- Last Menstrual Period			3	S	"DTP" Required when claim involves pregnancy.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"484" Last Menstrual Period	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Last Menstrual Period Date*	
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date – Last X-Ray			3	S	"DTP" Required when claim involves spinal manipulation if an X-ray was taken.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"455" Last X-Ray	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Last X-Ray Date*	
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date – Hearing and Vision Prescription Date			3	S	"DTP" Required on claims where a prescription has been written for hearing devices and it is being billed on this claim.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"471" Prescription	
			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	HCFA 1500 #
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Prescription Date*	
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date - Admission			3	S	"DTP" Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"435" Admission	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (8)	R	***Related Hospitalization Admission Date***	18
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Date - Discharge			3	S	"DTP" Required for inpatient claims when the patient was discharged from the facility and the discharge date is known.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"096" Discharge	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (8)	R	***Related Hospitalization Discharge Date***	18
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2300	175	AMT	Patient Amount Paid			3	S	"AMT" Required when patient has made payment specifically toward this claim. Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s).	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"F5" Patient Amount Paid	
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18 (1/9)	R	***Patient Amount Paid (Medi-Cal Share of Cost)***	10d
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Mammography Certification Number			3	S	"REF" Required when mammography services are rendered by a certified mammography provider.	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"EW" Mammography Certification Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30	R	*Mammography Certification Number*	
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Prior Authorization or Referral Number			3	S	"REF" Required where services on this claim were preauthorized.	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"G1" Prior Authorization Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30 (11)	R	***Prior Authorization Number (Medi-Cal Treatment Authorization Request (TAR) Number)***	23
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number			3	S	"REF" Required on Medicare and Medicaid claims for any laboratory performing tests covered by the Clinical Laboratory Improvement Amendment (CLIA) Act.	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		REF01	Reference Number Qualifier	128	ID	2/3	R	"X4" Clinical Laboratory Improvement Amendment Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30	R	*CLIA Number*	
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Medical Record Number			3	S	"REF" Used at discretion of submitter.	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"EA" Medical Record Identification Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30	R	*Medical Record Number*	
			Segment Terminator			1		Hex '1C'	
2300	185	K3	File Information			2	S	"K3" **Medi-Cal may use this segment at a future date for legislatively mandated data not otherwise accommodated by the Professional 837 version.** Repeat: 10	
			Data Element Separator			1		Hex '1D'	
		K301	Fixed Format Information	449	AN	1/80	R	*Fixed File Format Information*	
			Segment Terminator			1		Hex '1C'	
2300	190	NTE	Claim Note			3	S	"NTE" Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. **Medi-Cal will use this segment to convey the Emergency Certification Statement as defined by Medi-Cal policy. Other additional information previously sent in the CMC *Remarks* field may be submitted in this segment.**	
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	*Note Reference Code* "CER" Certification Narrative (Medi-Cal requires that the "CER" qualifier be used when submitting an emergency certification statement).	24I

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80	R	***Claim Note Text (Emergency Certification Statement should be documented here)***	19
			Segment Terminator			1		Hex '1C'	
2300	195	CR1	Ambulance Transport Information			3	S	"CR1" Required on all claims involving ambulance services.	
			Data Element Separator			1		Hex '1D'	
		CR101	Unit or Basis for Measurement code	355	ID	2/2	S	"LB" Pound Required if needed to justify extra ambulance services.	
			Data Element Separator			1		Hex '1D'	
		CR102	Weight	81	R	1/10	S	*Patient Weight* Required if needed to justify extra ambulance services.	
			Data Element Separator			1		Hex '1D'	
		CR103	Ambulance Transport Code	1316	ID	1/1	R	*Ambulance Transport Code*	
			Data Element Separator			1		Hex '1D'	
		CR104	Ambulance Transport Reason Code	1317	ID	1/1	R	*Ambulance Transport Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CR105	Unit or Basis for Measurement Code	355	ID	2/2	R	"DH" Miles	
			Data Element Separator			1		Hex '1D'	
		CR106	Quantity	380	R	1/15	R	*Transport Distance*	
			Data Element Separator			1		Hex '1D'	
		CR107	Not Used	166		1	N	Hex '1D'	
		CR108	Not Used	166		1	N	Hex '1D'	
		CR109	Description	352	AN	1/80	S	*Round Trip Purpose Description* Required if CR103 (Ambulance Transport Code) = "X – Round Trip"; otherwise not used.	
			Data Element Separator			1		Hex '1D'	
		CR110	Description	352	AN	1/80	S	*Stretcher Purpose Description* Required if needed to justify usage of stretcher.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Segment Terminator					Hex '1C'	
2300	220	CRC	Ambulance Certification			3	S	"CRC" Required on ambulance claims/encounters when CR1 segment is used. Repeat: 3	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"07" Ambulance Certification	
			Data Element Separator			1		Hex '1D'	
		CRC02	Yes/No condition or Response code	1073	ID	1/1	R	*Certification Condition Indicator*	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2 (2)	R	***Condition Code***	
			Data Element Separator			1		Hex '1D'	
		CRC04	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Code*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC05	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Code*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC06	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Code*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC07	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Code*** Required if additional condition codes are needed.	
			Segment Terminator					Hex '1C'	
2300	220	CRC	Homebound Indicator			3	S	"CRC" Required for Medicare claims/encounters when an independent lab renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"75" Functional Limitations	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		CRC02	Yes/No Condition or Response Code	1073	ID	1/1	R	*Certification Condition Indicator*	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2	R	"IH" Independent at home	
			Segment Terminator					Hex '1C'	
2300	220	CRC	EPSDT Referral			3	S	"CRC" Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims/encounters.	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"ZZ" Mutually Defined - EPSDT Screening Referral Information	
			Data Element Separator			1		Hex '1D'	
		CRC02	Yes/No Condition or Response Code	1073	ID	1/1	R	*Certification Condition Indicator* Y = EPSDT referral given to patient	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2	R	*Condition Code*	
			Data Element Separator			1		Hex '1D'	
		CRC04	Condition Indicator	1321	ID	2/2	S	*Condition Code* Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC05	Condition Indicator	1321	ID	2/2	S	*Condition Code* Required if additional condition codes are needed.	
			Segment Terminator					Hex '1C'	
2300	235	HI	Health Care Information Codes			2	R	"HI" Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims). Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022			R	***Principal Diagnosis (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	*Diagnosis Type Code* "BK" Principal Diagnosis - ICD-9 Codes Volumes 1 and 2	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (3/5)	R	***Diagnosis Code (Primary Diagnosis Code)***	21.1
			Data Element Separator			1		Hex '1D'	
		HI02	Health Care Code Information	C022			S	***Diagnosis (Composite)*** Required if needed to report an additional diagnoses and if the preceding HI data elements have been used to report other diagnoses.	
		HI02-01	Code List Qualifier Code	1270	ID	1/3	R	*Diagnosis Type Code* "BF" Diagnosis - ICD-9 Codes	
			Subelement Separator			1		Hex '1F'	
		HI02-02	Industry Code	1271	AN	1/30 (3/5)	R	***Diagnosis Code (Secondary Diagnosis Code)***	21.2
			Segment Terminator					Hex '1C' NOTE: HI03-HI12 are not required for Medi-Cal Medical claims.	
2310A	250	NM1	Referring Provider Name			3	S	"NM1" Required if claim involved a referral.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"DN" Referring Physician	
			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 (35)	R	***Referring Provider Last Name***	17
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Referring Provider First Name* Required if NM102=1 (person)	17
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		NM105	Name Middle	1037	AN	1/25	S	*Referring Provider Middle Name* Required if NM102=1 and the middle name/initial of the person is known.	17
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Referring Provider Name Suffix* Required if known.	17
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	S	*Identification Code Qualifier* Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	S	*Referring Provider Identifier* Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.	
			Segment Terminator			1		Hex '1C'	
2310A	255	PRV	Referring Provider Specialty			3	S	"PRV" Required when adjudication is known to be impacted by provider taxonomy code.	
			Data Element Separator			1		Hex '1D'	
		PRV01	Provider Code	1221	ID	1/3	R	"RF" Referring	
			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'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2310A	271	REF	Referring Provider Secondary Identification			3	S	"REF" Required if NM108/09 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim. **Medi-Cal uses this segment to capture the Medi-Cal provider identifier or the State license number of the referring provider.**	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30 (1/9)	R	***Referring Provider Secondary Identifier (Medi-Cal Provider Number or State License number)***	
			Segment Terminator			1		Hex '1C'	
2310B	250	NM1	Rendering Provider Name			3	S	"NM1" Applies to the entire claim. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"82" Rendering Provider	
			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	R	*Rendering Provider Last or Organization Name*	
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Rendering Provider First Name* Required if NM102=1(person)	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		NM105	Name Middle	1037	AN	1/25	S	*Rendering Provider 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	Name Suffix	1039	AN	1/10	S	*Rendering Provider Name Suffix* Required if known.	
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Rendering Provider Identifier*	
			Segment Terminator			1		Hex '1C'	
2310B	255	PRV	Rendering Provider Specialty			3	S	"PRV" Required when adjudication is known to be impacted by provider taxonomy code.	
			Data Element Separator			1		Hex '1D'	
		PRV01	Provider Code	1221	ID	1/3	R	"PE" Performing	
			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'	
2310B	271	REF	Rendering Provider Secondary Identification			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 provider identifier of the rendering provider.**	
			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'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		REF02	Reference Identification	127	AN	1/30 (9)	R	***Rendering Provider Secondary Identifier (Medi-Cal Provider Number)***	
			Segment Terminator			1		Hex '1C'	
2310D	250	NM1	Service Facility Location			3	S	"NM1" This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops. **Medi-Cal uses this segment to capture the outside laboratory or facility name.**	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	*Entity Identifier Code* "FA" Facility "LI" Independent Lab	20
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Identifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Organization Name	1035	AN	1/35 (35)	S	***Laboratory or Facility Name*** When billing for outside laboratory services, state that the services rendered were performed at an "unaffiliated laboratory" in the Note (NTE) Segment.	
			Data Element Separator					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	S	*Identification Code Qualifier* Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			Data Element Separator					Hex '1D'	
		NM109	Identification Code	67	AN	2/80	S	*Laboratory or Facility Primary Identifier* required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Segment Terminator					Hex '1C'	
2310D	265	N3	Address Information			2	R	"N3"	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55	R	***Laboratory or Facility Address Line***	32
			Segment Terminator			1		Hex '1C'	
2310D	270	N4	Geographic Location			2	R	"N4"	
			Data Element Separator			1		Hex '1D'	
		N401	City Name	19	AN	2/30	R	*Laboratory or Facility City Name*	32
			Data Element Separator			1		Hex '1D'	
		N402	State or Province code	156	ID	2/2	R	*Laboratory or Facility State Code*	32
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15	R	*Laboratory or Facility ZIP Code*	32
			Segment Terminator			1		Hex '1C'	
2310D	271	REF	Service Facility Location Secondary Identification			3	S	"REF" Required when secondary identification number is necessary to identify the entity. **Medi-Cal uses this segment to capture the Medi-Cal provider identifier of the laboratory or service facility.**	
			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 Identification	127	AN	1/30 (9)	R	***Service Facility Location Secondary Identifier (Medi-Cal Provider Number)***	32
			Segment Terminator			1		Hex '1C'	
2320	290	SBR	Other Subscriber information			3	S	"SBR" Required if other payers are known to potentially be involved in paying on this claim. Repeat Loop: 10	
			Data Element Separator			1		Hex '1D'	
		SBR01	Payer Responsibility Sequence Number Code	1138	ID	1/1	R	*Payer Responsibility Sequence Number Code*	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		SBR02	Individual Relationship Code	1069	ID	2/2	R	*Individual Relationship Code*	
			Data Element Separator			1		Hex '1D'	
		SBR03	Reference Identification	127	AN	1/30	S	*Insured Group or Policy Number* Required if the subscriber's payer identification includes Group or Plan number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber.	
			Data Element Separator			1		Hex '1D'	
		SBR04	Name	93	AN	1/60	S	*Other Insured Group Name* Required if the subscriber's payer identification includes a Group or Plan Name.	
			Data Element Separator			1		Hex '1D'	
		SBR05	Insurance Type Code	1336	ID	1/3	R	*Insurance Type Code*	
			Data Element Separator			1		Hex '1D'	
		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 Code	1032	ID	1/2	S	***Claim Filing Indicator Code*** Required prior to mandated use of Plan ID. Not used after Plan ID is mandated.	
			Segment Terminator			1		Hex '1C'	
2320	295	CAS	Claim Level Adjustments			3	S	"CAS" Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information. Repeat: 5	
			Data Element Separator			1		Hex '1D'	
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	*Claim Adjustment Group Code*	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	*Adjustment Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CAS03	Monetary Amount	782	R	1/18	R	*Adjustment Amount*	
			Data Element Separator			1		Hex '1D'	
		CAS04	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS05	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS06	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS07	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS08	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS09	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS10	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS11	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		CAS12	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS13	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS14	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS15	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS16	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS17	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS18	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS19	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Segment Terminator			1		Hex '1C'	
2320	300	AMT	Coordination of Benefits (COB) Payer Paid Amount			3	S	"AMT" Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show “0" amount paid.	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"D" Payer Amount Paid	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		AMT02	Monetary Amount	782	R	1/18 (9)	R	***Payer Paid Amount (Other Health Coverage)*** Other Health Coverage (OHC) includes insurance carriers as well as pre-paid health plans (PHPs) and health maintenance organizations (HMOs) that provide any of the recipient's health care needs. Medi-Cal policy requires that, with certain exceptions, providers must bill the recipient's other health insurance coverage prior to billing Medi-Cal. (For details on Other Health Coverage, refer to *the Other Health Coverage* section in the Medi-Cal provider manual.)	11d
			Segment Terminator			1		Hex '1C'	
2320	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount			3	S	"AMT" Required if patient is responsible for payment according to another payer's adjudication. This is the amount of money that is the responsibility of the patient according to the payer identified in this loop (2330B NM1).	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"F2" Patient Responsibility - Actual	
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18	R	*Other Payer Patient Responsibility Amount*	
			Segment Terminator			1		Hex '1C'	
2320	300	AMT	Coordination of Benefits (COB) Patient Paid Amount			3	S	"AMT" Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results. The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"F5" Patient Amount Paid	
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18	R	*Other Payer Patient Paid Amount*	
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2320	305	DMG	Subscriber Demographic Information			3	S	"DMG" Required when 2330A NM102 = 1 (person)	
			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	R	*Other Insured Birth Date*	9b
			Data Element Separator			1		Hex '1D'	
		DMG03	Gender Code	1068	ID	1/1	R	*Other Insured Gender Code*	9b
			Segment Terminator			1		Hex '1C'	
2320	310	OI	Other Insurance Coverage Information			2	R	"OI" All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of the iteration of the 2320 loop. It is specific only to that payer.	
			Data Element Separator			1		Hex '1D'	
		OI01	Not Used	1032		1	N	Hex '1D'	
		OI02	Not Used	1383		1	N	Hex '1D'	
		OI03	Yes/No Condition or Response Code	1073	ID	1/1	R	*Benefits Assignment Certification Indicator*	
			Data Element Separator			1		Hex '1D'	
		OI04	Patient Signature Source code	1351	ID	1/1	S	*Provider Signature Source Code* Required except in cases where "N" is used in OI06.	
			Data Element Separator			1		Hex '1D'	
		OI05	Not Used	1360			N	Hex '1D'	
		OI06	Release of Information Code	1363	ID	1/1	R	*Release of Information Code*	
			Segment Terminator			1		Hex '1C'	
2330A	325	NM1	Other Subscriber Name			3	R	"NM1" Submitters are required to send information on all known other subscribers in Loop ID-2330. This loop is required when loop ID-2320 – Other Subscriber Information is used. Otherwise, this loop is not used.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			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 Identifier	1065	ID	1/1	R	"1" Person "2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Organization Name	1035	AN	1/35	R	*Other Insured Last Name*	9
			Data Element Separator					Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Other Insured First Name* Required if NM102=1	9
			Data Element Separator					Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Other Insured Middle Name* Required if NM102=1 and the Middle Name is known.	9
			Data Element Separator					Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039		1/10	S	*Other Insured Name Suffix* Required if known.	9
			Data Element Separator					Hex ‘1D’	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"MI" Member Identification Number "ZZ" Mutually defined	
			Data Element Separator					Hex ‘1D’	
		NM109	Identification Code	67	AN	2/80	R	*Other Insured Identifier*	
			Segment Terminator					Hex ‘1C’	
2330A	265	N3	Other Subscriber Address			2	S	"N3" Required when information is available.	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55	R	*Other Insured Address Line*	
			Segment Terminator			1		Hex '1C'	
2330A	270	N4	Other Subscriber City/State/Zip Code			2	S	"N4" Required when information is available.	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		N401	City Name	19	AN	2/30	S	*Other Insured City Name* Required when information is available.	
			Data Element Separator			1		Hex '1D'	
		N402	State or Province code	156	ID	2/2	S	*Other Insured State Code* Required when information is available.	
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15	S	*Other Insured ZIP Code* Required when information is available.	
			Segment Terminator			1		Hex '1C'	
2330B	325	NM1	Other Payer Name			3	R	"NM1" Submitters are required to send information on all known other subscribers in Loop ID-2330. This loop is required when loop ID-2320 – Other Subscriber Information is used. Otherwise, this loop is not used.	
			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 Identifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Organization Name	1035	AN	1/35	R	*Other Payer Last or Organization Name*	
			Data Element Separator					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	Name Suffix	1039	AN	1/10	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1 / 2	R	"PI" Payer Identification Number	
			Data Element Separator					Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Other Payer Primary Identification Number* This number must be identical to SVD01 (Loop ID-2430) For COB.	
			Segment Terminator					Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2330B	455	DTP	Date – Claim Adjudication Date			3	S	"DTP" This segment is required when the payer identified in this iteration of the 2330 loop has previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is not used.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"573" Date Claim Paid	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Adjudication or Payment Date*	
			Segment Terminator			1		Hex '1C'	
2400	365	LX	Assigned Number			2	R	"LX"	
								Repeat Loop: 50 **(Although the Professional 837 version 4010A1 Implementation Guide allows up to 50 LX/Service Line Loops, Medi-Cal only accepts up to 6 lines per claim at this time.)**	
			Data Element Separator			1		Hex '1D'	
		LX01	Assigned Number	554	N0	1/6 (2)	R	***Line Number*** Begin with 1 and increment by 1 for each additional Service Line of the claim.	
			Segment Terminator			1		Hex '1C'	
2400	370	SV1	Professional Service			3	R	"SV1"	
			Data Element Separator			1		Hex '1D'	
		SV101	Composite Medical Procedure Identifier	C003			R	***Procedure Identifier (Composite)***	
		SV101-1	Product/Service ID Qualifier	235	ID	2/2 (2)	R	"HC" HCPCS Codes	
			Subelement Separator			1		Hex '1F'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		SV101-2	Product/Service ID	234	AN	1/48 (1/5)	R	***Procedure Code*** **See the Medi-Cal Provider Manual for additional information on the appropriate billing codes and descriptions.**	24D
			Subelement Separator			1		Hex '1F'	
		SV101-3	Procedure Modifier	1339	AN	2/2 (2)	S	***Procedure Modifier 1*** Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. **See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.**	24D
			Subelement Separator			1		Hex '1F'	
		SV101-4	Procedure Modifier	1339		2/2 (2)	S	***Procedure Modifier 2*** Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. **See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.**	
			Subelement Separator			1		Hex '1F'	
		SV101-5	Procedure Modifier	1339		2/2 (2)	S	***Procedure Modifier 3*** Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. **See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.**	
			Subelement Separator			1		Hex '1F'	
		SV101-6	Procedure Modifier	1339		2/2 (2)	S	***Procedure Modifier 4*** Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. **See the Medi-Cal Provider Manual for additional information on the appropriate billing modifiers and descriptions.**	
			Data Element Separator			1		Hex '1D'	
		SV102	Monetary Amount	782	R	1/18 (1/9)	R	***Line Item Charge Amount***	24F
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		SV103	Unit of Basis for Measurement Code	355	ID	2/2	R	"UN" Unit	
			Data Element Separator			1		Hex '1D'	
		SV104	Quantity	380	R	1/15 (1/3)	R	***Service Unit Count***	24G
			Data Element Separator			1		Hex '1D'	
		SV105	Facility Code Value	1331	AN	1/3 (2)	S	***Place of Service*** Required if value is different than value carried in CLM05-1 in Loop ID-2300. **For claims with dates of service prior to September 22, 2003, the Medi-Cal local Place of Service values must be used. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national Place of Service values as referenced in the Professional 837 version 4010A1 Implementation Guide must be used.**	24B
			Data Element Separator			1		Hex '1D'	
		SV106	Not Used	1365		1	N	Hex '1D'	
		SV107	Composite Diagnosis Code Pointer	C004			S	***Diagnosis Code Pointer (Composite)*** Required if HI segment in Loop ID-2300 is used.	
		SV107 – 1	Diagnosis Code Pointer	1328	N0	1/2	R	Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. **Medi-Cal uses values 1 and 2.**	
			Subelement Separator			1		Hex '1F'	
		SV107 – 2	Diagnosis Code Pointer	1328	N0	1/2	S	Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. **Medi-Cal uses values 1 and 2.**	
			Data Element Separator			1		Hex '1D'	
		SV108	Not Used	782		1	N	Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		SV109	Yes/No Condition or Response Code	1073	ID	1/1	S	*Emergency Indicator* Required when the service is known to be an emergency by the provider. Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. "Y" Indicates service provided was emergency related	N/A
			Data Element Separator			1		Hex '1D'	
		SV110	Not Used			1	N	Hex '1D'	
		SV111	Yes/No Condition or Response Code	1073	ID	1/1 (1)	S	***EPSDT Indicator*** Required if Medicaid services are the results of a screening referral. "Y" EPSDT (CHDP) Involvement	24H
			Data Element Separator			1		Hex '1D'	
		SV112	Yes/No Condition or Response Code	1073	ID	1/1 (1)	S	***Family Planning Indicator*** Required if applicable for Medicaid claims. "Y" Family Planning Involvement	24H
			Segment Terminator			1		Hex '1C'	
2400	400	SV5	Durable Medical Equipment Service			3	S	"SV5" Required when reporting rental and purchase price information for durable medical equipment.	
			Data Element Separator			1		Hex '1D'	
		SV501	Composite Medical Procedure Identifier	C0003			R	Procedure Identifier (Composite)	
		SV501-1	Product/Service ID Qualifier	235	ID	2/1	R	"HC' HCPCS Codes	
			Subelement Separator			1		Hex '1F'	
		SV501-2	Product Service ID	234	AN	1/48 (5)	R	*Procedure Code* This value must be the same as that reported in SV101-2.	
			Data Element Separator			1		Hex '1D'	
		SV502	Unit or Basis for Measurement Code	355	ID	2/2	R	"DA" Days	
			Data Element Separator			1		Hex '1D'	
		SV503	Quantity	380	R	1/15	R	*Length of Medical Necessity*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		SV504	Monetary Amount	782	R	1/18	S	*DME Rental Price*	
			Data Element Separator			1		Hex '1D'	
		SV505	Monetary Amount	782	R	1/18	S	*DME Purchase Price*	
			Data Element Separator			1		Hex '1D'	
		SV506	Frequency Code	594	ID	1/1	S	*Rental Unit Price Indicator*	
			Segment Terminator					Hex '1C'	
2400	425	CR1	Ambulance Transport Information			3	S	"CR1" Required on all ambulance claims if the information is different than in the CR1 at the claim level (Loop ID-2300).	
			Data Element Separator			1		Hex '1D'	
		CR101	Unit or Basis for Measurement code	355	ID	2/2	S	"LB" Pound Required if CR102 is present	
			Data Element Separator			1		Hex '1D'	
		CR102	Weight	81	R	1/10	S	*Patient Weight* Required if needed to justify extra ambulance services.	
			Data Element Separator			1		Hex '1D'	
		CR103	Ambulance Transport Code	1316	ID	1/1	R	*Ambulance Transport Code*	
			Data Element Separator			1		Hex '1D'	
		CR104	Ambulance Transport Reason Code	1317	ID	1/1	R	*Ambulance Transport Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CR105	Unit or Basis for Measurement Code	355	ID	2/2	R	"DH" Miles	
			Data Element Separator			1		Hex '1D'	
		CR106	Quantity	380	R	1/15	R	*Transport Distance*	
			Data Element Separator			1		Hex '1D'	
		CR107	Not Used	166		1	N	Hex '1D'	
		CR108	Not Used	166		1	N	Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		CR109	Description	352	AN	1/80	S	*Round Trip Purpose Description* Required if CR103 (Ambulance Transport Code) = "X – Round Trip"; otherwise not used.	
			Data Element Separator			1		Hex '1D'	
		CR110	Description	352	AN	1/80	S	*Stretcher Purpose Description* Required if needed to justify usage of stretcher.	
			Segment Terminator					Hex '1C'	
2400	445	CR5	Home Oxygen Therapy Information			3	S	"CR5" Required on all initial, renewal, and revision home oxygen therapy claims.	
			Data Element Separator			1		Hex '1D'	
		CR501	Certification Type Code	1322	ID	1/1	R	*Certification Type Code-Oxygen Therapy*	
			Data Element Separator			1		Hex '1D'	
		CR502	Quantity	380	R	1/15	R	*Treatment Period Count*	
			Data Element Separator			1		Hex '1D'	
		CR503	Not Used	1348		1	N	Hex '1D'	
		CR504	Not Used	1348		1	N	Hex '1D'	
		CR505	Not Used	352		1	N	Hex '1D'	
		CR506	Not Used	380		1	N	Hex '1D'	
		CR507	Not Used	380		1	N	Hex '1D'	
		CR508	Not Used	380		1	N	Hex '1D'	
		CR509	Not Used	352		1	N	Hex '1D'	
		CR510	Quantity	380	R	1/15	S	*Arterial Blood Gas Quantity* Required on claims that report arterial blood gas. Either CR510 or CR511 is required.	
			Data Element Separator			1		Hex '1D'	
		CR511	Quantity	380	R	1/15	S	*Oxygen Saturation Quantity* Required on claims that report oxygen saturation quantity. Either CR510 or CR511 is required.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CR512	Oxygen Test Condition Code	1349	ID	1/1	R	*Oxygen Test Condition*	
			Data Element Separator			1		Hex '1D'	
		CR513	Oxygen Test Findings Code	1350	ID	1/1	S	"1" Dependent edema suggesting congestive heart failure. Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			Data Element Separator			1		Hex '1D'	
		CR514	Oxygen Test Findings Code	1350	ID	1/1	S	"2" "P" Pulmonale on Electrocardiogram (EKG) Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			Data Element Separator			1		Hex '1D'	
		CR515	Oxygen Test Findings Code	1350	ID	1/1	S	"3" Erythrocythemia with a hematocrit greater than 56 percent Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			Segment Terminator					Hex '1C'	
2400	450	CRC	Ambulance Certification			3	S	"CRC" Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300. Repeat: 3	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"07" Ambulance Certification	
			Data Element Separator			1		Hex '1D'	
		CRC02	Yes/No condition or Response code	1073	ID	1/1	R	*Certification Condition Indicator*	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2 (2)	R	***Condition Code*** The codes for CRC03 also can be used for CRC04-CRC07	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CRC04	Condition Indicator	1321	ID	2/2	S	***Condition Code***	
						(2)		Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC05	Condition Indicator	1321	ID	2/2	S	***Condition Code***	
						(2)		Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC06	Condition Indicator	1321	ID	2/2	S	***Condition Code***	
						(2)		Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC07	Condition Indicator	1321	ID	2/2	S	***Condition Code***	
						(2)		Required if additional condition codes are needed.	
			Segment Terminator					Hex '1C'	
2400	450	CRC	Hospice Employee Indicator			3	S	"CRC"	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"70" Hospice	
			Data Element Separator			1		Hex '1D'	
		CRC02	Yes/No condition or Response code	1073	ID	1/1	R	***Hospice Employed Provider Indicator***	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2	R	"65" Open	
						(2)		Use this code as a place holder (element is mandatory) when reporting whether the provider is a hospice employee.	
			Segment Terminator					Hex '1C'	
2400	450	CRC	DMERC Condition Indicator			3	S	"CRC" Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).	
								Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		CRC01	Code Category	1136	ID	2/2	R	"09" DME Certification	
								"11" Oxygen Therapy Certification	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CRC02	Yes/No condition or Response code	1073	ID	1/1	R	*Certification Condition Indicator*	
			Data Element Separator			1		Hex '1D'	
		CRC03	Condition Indicator	1321	ID	2/2 (2)	R	***Condition Indicator***	
			Data Element Separator			1		Hex '1D'	
		CRC04	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Indicator*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC05	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Indicator*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC06	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Indicator*** Required if additional condition codes are needed.	
			Data Element Separator			1		Hex '1D'	
		CRC07	Condition Indicator	1321	ID	2/2 (2)	S	***Condition Indicator*** Required if additional condition codes are needed.	
			Segment Terminator					Hex '1C'	
2400	455	DTP	Date – Service Date			3	R	"DTP"	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"472" Service Use RD8 in DTP02 to indicate begin/end or from/to dates.	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"RD8" CCYYMMDD-CCYYMMDD (no spaces) "D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (1/17)	R	***Service Date (From/Through Date of Service)***	24A
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2400	455	DTP	Date –Onset of Current Symptom/illness			3	S	"DTP" Required if different from that entered at claim level (Loop ID-2300). Required on claims involving services to a patient experiencing symptoms similar or identical to previously reported symptoms.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"431" Onset of Current symptoms or illness	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" Date expressed in format CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (8)	R	***Onset Date***	14
			Segment Terminator			1		Hex '1C'	
2400	455	DTP	Date –Last X-Ray			3	S	"DTP" Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300)	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"455" Last X-Ray	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Last X-Ray Date*	
			Segment Terminator			1		Hex '1C'	
2400	455	DTP	Date – Similar Illness/Symptom Onset			3	S	"DTP" Required if line value is different than value given at claim level (Loop ID 2300) and claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"438" Onset of Similar Symptoms or Illness	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	R	1/35	R	*Similar Illness or Symptom Date*	15
			Segment Terminator			1		Hex '1C'	
2400	462	MEA	Test Result			3	S	"MEA" Required on service lines for Dialysis for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage and Creatinine test results. Required on Oxygen Therapy service lines to report CMN data. Required on DMERC service lines to report the Patient's Height from the CMN.	
			Data Element Separator			1		Hex '1D'	
		MEA01	Measurement Reference ID Code	737	ID	2/2	R	"OG" Original (Starting Dosage) "TR" Test Result	
			Data Element Separator			1		Hex '1D'	
		MEA2	Measurement Qualifier	738	ID	1/3	R	*Measurement Qualifier*	
			Data Element Separator			1		Hex '1D'	
		MEA3	Measurement Value	739	AN	1/20	R	*Test Results*	
			Segment Terminator			1		Hex '1C'	
2400	470	REF	Prior Authorization or Referral Number			3	S	"REF" Required if service line involved a prior authorization number that is different than the number reported at the claim level (Loop-ID 2300).	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"G1" Prior Authorization Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30 (11)	R	***Prior Authorization Number (Medi-Cal TAR number)***	
			Segment Terminator			1		Hex '1C'	
2400	470	REF	Line Item Control Number			3	S	"REF" Required if it is necessary to send a line control or inventory number.	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"6R" Provider Control Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30	R	***Line Item Control Number***	
			Segment Terminator			1		Hex '1C'	
2400	470	REF	Mammography Certification Number			3	S	"REF" Required when mammography services are rendered by a certified mammography provider.	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"EW" Mammography Certification Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30	R	*Mammography Certification Number*	
			Segment Terminator			1		Hex '1C'	
2400	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification			3	S	"REF" Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300)	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"X4" Clinical Laboratory Improvement Amendment Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30	R	*CLIA Number*	
			Segment Terminator			1		Hex '1C'	
2400	480	K3	File Information			2	S	"K3" **Medi-Cal may use this segment at a future date for legislatively mandated data not otherwise accommodated by the Professional 837 version 4010A1 Implementation Guide.** Repeat: 10	
			Data Element Separator			1		Hex '1D'	
		K301	Fixed Format Information	449	AN	1/80	R	*Fixed File Format Information*	
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2400	485	NTE	Line Note			3	S	"NTE" **Providers may submit data in this segment that was previously sent in the Medi-Cal CMC *Remarks* records.**	
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	Note Reference Code	
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80	R	***Line Note Text***	19
			Segment Terminator			1		Hex '1C'	
2420A	500	NM1	Rendering Provider Name			3	S	"NM1" Required if the Rendering Provider NM1 information is different than that carried in the 2310B (Claim) loop, or if the rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider than what is given in the 2010AA/AB loop.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"82" Rendering Provider	
			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	Rendering Provider Last name	1035	AN	1/35	R	*Rendering Provider Last Organization Name*	
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Rendering Provider First Name* Required if NM102=1 (person)	
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Rendering Provider Middle Name* Required if NM102=1 and the middle name/initial of the person is known.	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Rendering Provider Name Suffix* Required if known.	
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Rendering Provider Identifier*	
			Segment Terminator			1		Hex '1C'	
2420A	505	PRV	Rendering Provider Specialty			3	S	"PRV" Required when adjudication is known to be impacted by provider taxonomy code.	
			Data Element Separator			1			
		PRV01	Provider Code	1221	ID	1/3	R	"PE" Performing	
			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'	
2420A	271	REF	Rendering Provider Secondary Identification			3	S	"REF" Required when a secondary identification number is necessary to identify the entity. **Med-Cal uses this segment to capture the Medi-Cal provider identifier for the rendering provider.**	
			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 Identification	127	AN	1/30 (9)	R	***Rendering Provider Secondary Identifier***	24K
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
2420C	500	NM1	Service Facility Location			3	S	"NM1" Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. Please refer to Loop ID-2310D NM1 in the Professional ASC X12N Implementation Guide for more information. **Medi-Cal uses this segment to capture for facility or other laboratory name.**	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"FA" Facility "LI" Independent Lab	20
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Identifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Organization Name	1035	AN	1/35 (35)	S	***Laboratory or Facility Name*** When billing for outside laboratory services, state that the services rendered were performed at an "unaffiliated laboratory" in the Note (NTE) Segment.	
			Data Element Separator					Hex '1D'	
		NM104	Not Used	1036			N	Hex '1D'	
		NM105	Not Used	1037			N	Hex '1D'	
		NM106	Not Used	1038			N	Hex '1D'	
		NM107	Not Used	1039			N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1 / 2	S	*Identification Code Qualifier*	
			Data Element Separator					Hex '1D'	
		NM109	Identification Code	67	AN	2/80	S	*Laboratory or Facility Primary Identifier* Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.	
			Segment Terminator					Hex '1C'	
2420C	514	N3	Address Information			2	R	"N3"	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55	R	*Facility Address*	32

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Segment Terminator			1		Hex '1C'	
2420C	520	N4	Geographic Location			2	R	"N4"	
			Data Element Separator			1		Hex '1D'	
		N401	City Name	19	AN	2/30	R	*Laboratory or Facility City Name*	32
			Data Element Separator			1		Hex '1D'	
		N402	State or Province code	156	ID	2/2	R	*Laboratory or Facility State Code*	32
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15	R	*Laboratory or Facility ZIP Code*	32
			Segment Terminator			1		Hex '1C'	
2420C	525	REF	Service Facility Location Secondary Identification			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 provider identifier of the outside laboratory or facility.**	
			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 Identification	127	AN	1/30 (9)	R	***Service Facility Location Secondary Identifier (Medi-Cal Provider Identifier)***	
			Segment Terminator			1		Hex '1C'	
2420F	500	NM1	Referring Provider Name			3	S	"NM1" Required if claim involved a referral. Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"DN" Referring Provider	
			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 (35)	R	***Referring Provider Last Name***	17

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	R	*Referring Provider First Name* Required if NM102=1 (person).	17
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Referring Provider Middle Name* Required if NM102=1 and the middle name/initial of the person is known.	17
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Referring Provider Name Suffix* Required if known.	17
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	2	S	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	S	*Referring Provider Identifier*	17a
			Segment Terminator			1		Hex '1C'	
2420F	505	PRV	Referring Provider Specialty			3	S	"PRV" Required if required under provider-payer contract.	
			Data Element Separator			1		Hex '1D'	
		PRV01	Provider Code	1221	ID	1/3	R	"RF" Referring	
			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'	
2420F	525	REF	Referring Provider Secondary Identification			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 provider identifier or State license number of the referring provider.**	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Identification Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30 (1/9)	R	***Referring Provider Secondary Identifier*** ***(Medi-Cal Provider Number or State License Number)***	17a
			Segment Terminator			1		Hex '1C'	
2430	540	SVD	Line Adjudication Information			3	S	"SVD" Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it. Repeat Loop: 25	
			Data Element Separator			1		Hex '1D'	
		SVD01	Identification Code	67	AN	2/80	R	*Other Payer Primary Identifier* This number should match NM109 in Loop ID-2330B identifying Other Payer.	
			Data Element Separator			1		Hex '1D'	
		SVD02	Monetary Amount	782	R	1/18	R	*Service Line Paid Amount*	
			Data Element Separator			1		Hex '1D'	
		SVD03	Composite Medical Procedure	C003				*Procedure Identifier (Composite)*	
		SVD03-1	Product/Service ID qualifier	235	ID	2/2	R	"HC" HCPCS Codes	
			Subelement Separator			1		Hex '1F'	
		SVD03-2	Product/Service ID	234	AN	1/48	R	*Procedure Code*	
			Subelement Separator			1		Hex '1F'	
		SVD03-3	Procedure Modifier	1339	AN	2/2	S	*Procedure Modifier 1* Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
			Subelement Separator			1		Hex '1F'	
		SVD03-4	Procedure Modifier	1339	AN	2/2	S	*Procedure Modifier 2* Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Subelement Separator			1		Hex '1F'	
		SVD03-5	Procedure Modifier	1339	AN	2/2	S	*Procedure Modifier 3* Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
			Subelement Separator			1		Hex '1F'	
		SVD03-6	Procedure Modifier	1339	AN	2/2	S	*Procedure Modifier 4* Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
			Subelement Separator			1		Hex '1F'	
		SVD03-7	Description	352	AN	1/80	S	*Procedure Code Description* Required if SVC01-7 was returned in the 835 transaction.	
			Data Element Separator			1		Hex '1D'	
		SVD04	Not Used	234			N	Hex '1D'	
		SVD05	Quantity	380	R	1/15	R	*Paid Service Unit Count*	
			Data Element Separator			1		Hex '1D'	
		SVD06	Assigned Number	554	N0	1/6	S	*Bundled Line Number* Use the LX from this transaction which points to the bundled line. Required if payer bundled this service line.	
			Segment Terminator			1		Hex '1C'	
2430	545	CAS	Claim Level Adjustments			3	S	"CAS" Required if the payer identified in Loop 2330B made line level adjustments that caused the amount paid to differ from the amount originally charged. Repeat: 99	
			Data Element Separator			1		Hex '1D'	
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	*Claim Adjustment Group Code*	
			Data Element Separator			1		Hex '1D'	
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	*Adjustment Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CAS03	Monetary Amount	782	R	1/18	R	*Adjustment Amount*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CAS04	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS05	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS06	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS07	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS08	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS09	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS10	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS11	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS12	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS13	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
			Data Element Separator			1		Hex '1D'	
		CAS14	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS15	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS16	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS17	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS18	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Use as needed to show payer adjustment.	
			Data Element Separator			1		Hex '1D'	
		CAS19	Quantity	380	R	1/15	S	*Adjustment Quantity* Use as needed to show payer adjustment.	
			Segment Terminator			1		Hex '1C'	
2430	135	DTP	Date – Line Adjudication Date			3	S	"DTP"	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/2	R	"573" Date Claim Paid	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/2	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	AN	1/35	R	*Adjudication or Payment Date*	
			Segment Terminator			1		Hex '1C'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req Des.	Value	HCFA 1500 #
	555	SE	Transaction Set Trailer			2	R	"SE" To indicate the end of the transaction set and provider the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).	
			Data Element Separator			1		Hex '1D'	
		SE01	Number of Included Segments	96	N0	1/10	R	***Segment Count***	
			Data Element Separator			1		Hex '1D'	
		SE02	Transaction Set Control Number	329	AN	4/9	R	***Transaction Set Control Number*** The transaction set control numbers in ST02 and SE02 must be identical. The transaction set control number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.	
			Segment Terminator			1		Hex '1C'	