
CMC Data Specifications General Information

Page updated: September 2020

The Computer Media Claims (CMC) record formats described in this section meet the requirements of the Medi-Cal claims processing system. Certain data fields found on hard copy claims, such as the *Deletion, Attachments and Signature* fields, have been eliminated from the CMC data specifications. Although most claims can be submitted through CMC, some claims are billed on hard copy only. For a list of claims acceptable and unacceptable through CMC billing, refer to the *Billing Instructions: Acceptable Claims, Attachments and ASC X12N 835 v.5010 Transactions* section of this manual.

ASC X12 837 v.5010

The ASC X12N 837 v.5010 Health Care Claim standard was developed by the Accredited Standards Committee (ASC) X12N. It is intended to provide standard format for the electronic transmission of all health care claims. Medi-Cal has implemented the ASC X12N 837 v.5010 specifically for inpatient, outpatient and medical claims. «Submitters may transmit the ASC X12N 837 v.5010 using the Internet.»

NCPDP Batch Version 1.2

Medi-Cal began accepting pharmacy NCPDP Batch Version 1.2 claims on June 25, 2012. This is the HIPAA standard for pharmacy. «Claims may be submitted using NCPDP Batch Version 1.2 through CMC on the Internet.» Compound claims are not accepted through CMC, but can be submitted electronically through the Point of Service (POS) Network using the NCPDP Telecommunications Version D.Ø Standard.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.