



Medi-Cal Companion Guide Transaction Information

ASC X12 Implementation Guides, Version
005010

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Medi-Cal Companion Guide Transaction Information

Preface

The Companion Guide (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

Introduction

Background

Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

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Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

| Unique ID | Name |
|--------------|--|
| ISA02 | Submitter ID & Software Version Number |
| 005010X279A1 | Health Care Eligibility Benefit Inquiry and Response (270/271) |
| 005010X212 | Health Care Claim Status Request and Response (276/277) |
| 005010X222A1 | Health Care Claim: Professional (837) |
| 005010X223A2 | Health Care Claim: Institutional (837) |

Note: Express Permission to use X12 copyrighted materials has been granted by ASC12 TR3s for all X12 Transactions are available at the [ASC X12 store](#).

Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

005010X279A1 Health Care Eligibility Benefit Inquiry

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--|----------|--|
| 2100A † | NM1 | Information Source Name | None | None |
| 2100A ‡ | NM109 | Identification Code | None | Medi-Cal expects to receive: 610442 |
| 2100B† | NM1 | Information Receiver Name | None | None |
| 2100B ‡ | NM101 | Entity Identifier Code | 1P | Medi-Cal expects to receive the value listed in the codes column. |
| None ‡ | NM108 | Identification Code Qualifier | SV XX | Medi-Cal expects to receive one of the values listed in the codes column. |
| 2100B† | REF | Information Receiver Additional Identification | None | None |
| 2100B‡ | REF01 | Reference Identification Qualifier | 4A | For Batch, Medi-Cal expects to receive the value listed in the codes column. |
| 2000C† | HL | Subscriber Level | None | None |
| 2000C‡ | HL01 | Hierarchical ID Number | None | Medi-Cal expects to receive the following: For Leased-Line and Dial-Up: 3 For Batch: Increment this for each Subscriber entered, from three and up to 99 Subscribers |
| 2100C† | REF | Subscriber Additional Identification | None | None |

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005010X279A1 Health Care Eligibility Benefit Inquiry (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|--|--|
| 2100C‡ | REF01 | Reference Identification Qualifier | 18 1L 1W 6P EA EJ IG N6 NQ | Medi-Cal expects to receive one of the code values listed in the codes column. |
| 2110C† | EQ | Subscriber Eligibility or Benefit Inquiry Information | None | None |
| 2110C‡ | EQ02-1 | Product/Service ID Qualifier | CJ HC ID IV N4 ZZ | Medi-Cal expects to receive one of the code values listed in the codes column. |

005010X279A1 Health Care Eligibility Benefit Response

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--|-------|---|
| 2000A† | HL | Information Source Level | None | None |
| 2000A‡ | HL04 | Hierarchical Child Code | 1 | Medi-Cal will populate this data element with the value listed in the codes column. |
| 2100A† | NM1 | Information Source Name | None | None |
| 2100A‡ | NM103 | Name Last or Organization Name | None | Medi-Cal will populate this data element with: Medi-Cal |
| None‡ | NM109 | Identification Code | None | Medi-Cal will populate this data element with: 610442 |
| 2100A† | PER | Information Source Contact Information | None | None |
| 2100A‡ | PER02 | Name | None | Medi-Cal will populate this data element with: POS Help Desk Toll Free Number or Voice AEVS |

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005010X279A1 Health Care Eligibility Benefit Response (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------------|----------|---|
| 2000B† | HL | Information Receiver Level | None | None |
| 2000B‡ | HL04 | Hierarchical Child Code | 1 | Medi-Cal will populate this data element with the value listed in the codes column. |
| 2100B† | NM1 | Information Receiver Name | None | None |
| 2100B‡ | NM101 | Entity Identifier Code | 1P | Medi-Cal will populate this data element with the value listed in the codes column. |
| None‡ | NM108 | Identification Code Qualifier | XX SV | Medi-Cal will populate this data element with values listed in the codes column. |
| 2100C† | HL | Subscriber Level | None | None |
| 2100C‡ | HL01 | Hierarchical ID Number | None | Medi-Cal will populate this data element with: For Leased-Line and Dial-Up: 3 For Batch: This will be incremented for each Subscriber, up to 99 Subscribers |
| None‡ | HL04 | Hierarchical Child Code | 0 | Medi-Cal will populate this data element with the value listed in the codes column. |
| 2000C† | TRN | Subscriber Trace Number | None | None |
| 2000C‡ | TRN03 | Originating Company Identifier | None | Medi-Cal will populate this data element with: 610442 |
| 2100C† | DTP | Subscriber Date | None | None |

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005010X279A1 Health Care Eligibility Benefit Response (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|---|--|
| 2100C‡ | DTP01 | Date/Time Qualifier | 102 291 307 458 472 | Medi-Cal will populate this data element with values listed in the codes column. |
| 2110C† | EB | Subscriber Eligibility or Benefit Information | None | None |
| 2110C‡ | EB01 | Eligibility or Benefit Information Code | 1 6 CB E F I K MC N R V W Y | Medi-Cal will populate this data element with values listed in the codes column. |

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005010X279A1 Health Care Eligibility Benefit Response (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---------------------|--|--|
| None‡ | EB03 | Service Type Code | 1 9 30 33 35 43 45 47 48 50 54 61 69 76 82 83 84 86 88 89 90 91 92 96 98 99 A0 A1 A2 A3 A8 AI AJ AK AL MH UC | Medi-Cal will populate this data element with values listed in the codes column. Refer to the Medi-Cal Provider Manual for more detailed information regarding services covered under the Medi-Cal program. |
| None‡ | EB04 | Insurance Type Code | MA MB MC OT | Medi-Cal will populate this data element with values listed in the codes column. |

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005010X279A1 Health Care Eligibility Benefit Response (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-------------------------------------|---------------------------------|--|
| None‡ | EB05 | Plan Coverage Description | None | Medi-Cal will populate this data element with one of the following values: CCS CHDP FAMILY PACT FAMILY PACT BENEFITS GHPP HAP MEDICARE PART D |
| 2110C† | DTP | Subscriber Eligibility/Benefit Date | None | None |
| 2110C‡ | DTP01 | Date/Time Qualifier | 102 291 307 458 472 | Medi-Cal will populate this data element with one of the values shown in the codes column. |
| 2110C† | MSG | Message Text | None | None |
| 2110C‡ | MSG01 | Free-form Message Text | None | County Code will be included in the free form text, along with the eligibility information. |

005010X212 Health Care Claim Status Request

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------|-------|--|
| 2100A† | NM1 | Payer Name | None | None |
| 2100A‡ | NM103 | Payer Name | None | Medi-Cal expects to receive: Medi-Cal |
| None‡ | NM109 | Payer Primary Identifier | None | Medi-Cal expects to receive: 610442 |

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005010X212 Health Care Claim Status Response

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------|-------|--|
| 2100A† | NM1 | Payer Name | None | None |
| 2100A‡ | NM103 | Payer Name | None | Medi-Cal will populate this segment with: Medi-Cal |
| None‡ | NM109 | Payer Primary Identifier | None | Medi-Cal will populate this segment with: 610442 |

005010X222A1 Health Care Claim: Professional

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------------------|-------|---|
| 1000B† | NM1 | Receiver Name | None | None |
| 1000B‡ | NM103 | Receiver Name | None | Medi-Cal expects to receive: Medi-Cal |
| None‡ | NM109 | Receiver Primary Identifier | None | Medi-Cal expects to receive: 610442 |
| 2000A† | CUR | Foreign Currency Information | None | All amounts within Medi-Cal electronic transactions represent U.S. currency |
| 2010AA† | PER | Billing Provider Contact Information | None | None |
| 2010AA‡ | PER03 | Communication Number Qualifier | TE | Medi-Cal expects to receive the value shown in the codes column. In the event communication is required related to this transaction, Medi-Cal will contact you by telephone. |

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005010X222A1 Health Care Claim: Professional (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|-------|--|
| 2010AC† | None | Pay-to Plan Name | None | Medi-Cal does not currently process subrogation payment requests. |
| 2010BB† | NM1 | Payer Name | None | None |
| 2010BB‡ | NM103 | Payer Name | None | Medi-Cal expects to receive: Medi-Cal |
| None‡ | NM109 | Payer Identifier | None | Medi-Cal expects to receive: 610442 |
| 2010BB† | REF | Billing Provider Secondary Identification | None | <p>This segment should be submitted for “atypical” Medi-Cal providers who are not eligible to receive an NPI.</p> <p>Medi-Cal expects to receive the Medi-Cal Provider Number in this segment for Blood Bank, Christian Science Practitioner and MSSP providers who are not eligible for an NPI.</p> <p>These providers are considered “atypical” providers and must bill the Medi-Cal program using their Medi-Cal Provider Number.</p> |

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005010X222A1 Health Care Claim: Professional (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|----------------------------|-------|---|
| 2000C† | HL | Patient Hierarchical Level | None | <p>This segment is not required for the payer's adjudication system.</p> <p>Medi-Cal recipients are all identified to the payer by a unique Identification Number.</p> <p>All patients/recipients are considered the subscriber and must be identified at the Subscriber Level.</p> |

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005010X222A1 Health Care Claim: Professional (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------------|-------|--|
| 2300† | PWK | Claim Supplemental Information | None | <p>1. Only the first iteration of the PWK segment at the header will be considered in the claim adjudication process.</p> <p>2. Attachments associated with a PWK segment should be sent at the same time the 837 claim transaction is sent. Medi-Cal's business practice is that additional documentation received more than 30 days after the receipt of your 837 claim transmission will not be considered in adjudication of your claim.</p> <p>3. An Attachment Control Form must be used when submitting supplemental information in support of an electronic claim. The Attachment Control Number on this form must match the control number submitted in the PWK06 data element. That control number is assigned by the provider or the provider's system.</p> |

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005010X222A1 Health Care Claim: Professional (Continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|----------------------------|------------------------------|----------------|---|
| 2300‡ | PWK02 | Attachment Transmission Code | BM EL FX | Medi-Cal's processing and policy procedures support the methods for transmission of attachments shown in the codes column. |
| 2300† | NTE | Claim Note | None | None |
| 2300‡ | NTE01 | Attachment Transmission Code | None | Medi-Cal uses one of the occurrences of this segment to convey the Emergency Certification Statement as defined by Medi-Cal policy. Medi-Cal expects to receive "CER" when submitting Emergency Certification Statement information. |
| 2300† | HI | Health Care Diagnosis Code | None | None |
| 2300‡ | HI01-2 and HI12-2 | Diagnosis Code | None | Medi-Cal will accept 12 diagnosis codes Only the first two diagnosis codes submitted in this segment will be used in the adjudication process |
| 2400† | SV1 | Professional Services | None | None |
| None‡ | SV101-3 thru SV101-6 | Procedure Modifier | None | Medi-Cal will accept 4 Procedure Modifiers but only the first two will be utilized in the adjudication process. See the Medi-Cal Provider Manual for the appropriate usage of Modifier Codes. |

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005010X223A2 Health Care Claim: Institutional

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|------------------------------|-------|--|
| 1000B† | NM1 | Receiver Name | None | None |
| None‡ | NM103 | Receiver Name | None | Medi-Cal expects to receive: Medi-Cal |
| None‡ | NM109 | Receiver Primary Identifier | None | Medi-Cal expects to receive: 610442 |
| 2000A† | CUR | Foreign Currency Information | None | All amounts within Medi-Cal electronic transactions represent U.S. currency. |
| 2010AC† | None | Pay-to Plan Name | None | Medi-Cal does not currently process subrogation payment requests. |
| 2010BB† | NM1 | Payer Name | None | None |
| None‡ | NM103 | Payer Name | None | Medi-Cal expects to receive one of the following based on the claim type for: <ul style="list-style-type: none"> • Long Term Care “Medi-Cal LTC” • Outpatient “Medi-Cal OP” • Inpatient “Medi-Cal IP” |
| None‡ | NM109 | Payer Identifier | None | Medi-Cal expects to receive: 610442 |

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005010X223A2 Health Care Claim: Institutional (continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|-------|--|
| 2010BB† | REF | Billing Provider Secondary Identification | None | <p>This segment should be submitted for “atypical” Medi-Cal providers who are not eligible to receive an NPI.</p> <p>Medi-Cal expects to receive the Medi-Cal Provider Number in this segment for Blood Bank, Christian Science Practitioner and MSSP providers who are not eligible for an NPI.</p> <p>These providers are considered “atypical” providers and must bill the Medi-Cal program using their Medi-Cal Provider Number.</p> |

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005010X223A2 Health Care Claim: Institutional (continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--------------------------------|----------------|--|
| 2300† | PWK | Claim Supplemental Information | None | <p>1. Attachments associated with a PWK segment should be sent at the same time the 837 claim transaction is sent. Medi-Cal's business practice is that additional documentation received more than 30 days after the receipt of your 837 claim transmission will not be considered in adjudication of your claim.</p> <p>2. An Attachment Control Form (ACF) must be used when submitting supplemental information in support of an electronic claim.</p> <p>3. The Attachment Control Number (ACN) on this form must match the control number submitted in the PWK06 data element. That control number is assigned by the provider or the provider's system.</p> |
| None‡ | PWK02 | Attachment Transmission Code | BM EL FX | Medi-Cal's processing and policy procedures support the methods for transmission of attachments shown in the codes column. |
| 2300† | NTE | Claim Note | None | None |

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005010X223A2 Health Care Claim: Institutional (continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---------------------|-------|---|
| 2300‡ | NTE01 | Note Reference Code | None | OP and IP Claims Only Medi-Cal expects to receive "DGN" in the first and second occurrence of this segment. |
| None‡ | NTE02 | Claim Note Text | None | OP and IP Claims Only Medi-Cal expects to receive the Primary and Secondary Diagnosis Code Description in the first and second occurrence of this segment. |
| 2300† | NTE | Billing Note | None | |
| 2300‡ | NTE02 | Billing Note Text | None | OP and IP Claims only Medi-Cal will use this segment to convey the Emergency Certification Statement as defined by Medi-Cal policy. Medi-Cal expects to receive "EMCER" in the first five characters followed by the Emergency Certification documentation. If the Emergency Certification Statement is not needed, other additional information may be submitted in this segment. |

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005010X223A2 Health Care Claim: Institutional (continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-----------------------------|-------|---|
| 2300† | HI | Other Diagnosis Information | None | Medi-Cal will only use the first two diagnosis codes in the claims adjudication process, with the exception of All-Patient Refined Diagnosis-Related Group (APR-DRG) hospitals, where all received diagnosis codes are used for APR-DRG pricing. Inpatient providers are encouraged to submit all applicable diagnosis codes. |
| 2300† | HI | Other Procedure Information | None | Medi-Cal will only use the one additional procedure code in the claims adjudication process, with the exception of All-Patient Refined Diagnosis-Related Group (APR-DRG) hospitals, where all received procedure codes are used for APR-DRG pricing. Inpatient providers are encouraged to submit all applicable procedure codes. |
| 2400† | LX | Service Line Number | None | Medi-Cal accepts and processes the following number of claim service lines for the document types indicated: 1. Long Term Care – 1 line |

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005010X223A2 Health Care Claim: Institutional (continued)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|--|-------|--|
| 2410† | REF | Prescription of Compound Drug Association Number | None | None |
| 2410‡ | REF01 | Reference Identification Number | XZ | Medi-Cal expects to receive the value shown in the codes column. |

TI Additional Information

Business Scenarios

There is currently no additional information to report in this section.

Payer-Specific Business Rules and Limitations

There is currently no additional information to report in this section.

Frequently Asked Questions

There is currently no additional information to report in this section.

Other Resources

Transaction Enrollment Requirements

<https://files.medi-cal.ca.gov/pubsdoco/signup.aspx>

Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual

https://files.medi-cal.ca.gov/pubsdoco/CTM_manual.aspx

Medi-Cal Provider Manuals

https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx

Washington Publishing Company

<http://www.wpc-edi.com/>

Appendix A – Communication/Connectivity Instructions (CCI)

Envelope segments for inbound transaction 005010X279 (270)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|--------------------------------|----------|--|
| Header† | ISA | Interchange Control Header | None | None |
| Header‡ | ISA02 | Authorization Information | None | Submitters must enter (left justified) their three-character Submitter (software vendor) ID, followed by their four-character Software Version Number, and with trailing spaces. |
| None‡ | ISA03 | Security Information Qualifier | 00 01 | For Leased-Line and Dial-Up Medi-Cal expects to receive: 00 For Batch, Medi-Cal expects to receive: 01 |
| None‡ | ISA04 | Security Information | None | For Leased-Line and Dial-Up: Required Submitter PIN/Password, left justified and with trailing spaces For Batch: leave blank, PIN is validated against the Medi-Cal Provider website login password |

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Envelope segments for inbound transaction 005010X279 (270) (continued)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|--------------------------|------|--|
| None‡ | ISA05 | None | ZZ | <p>For Leased-Line and Dial-Up:</p> <p>Use the Provider Number as is in NM109 Receiver Level</p> <p>For Batch:</p> <p>Use the Submitter ID as used when you logged onto the Medi-Cal Provider website</p> |
| None‡ | ISA06 | Interchange Sender ID | None | <p>For Leased-Line and Dial-Up:</p> <p>NPI or Medi-Cal Provider number</p> <p>For all types of providers, left justify and with trailing spaces</p> <p>For Batch:</p> <p>Enter the Submitter ID as used when you logged onto the Medi-Cal Provider website</p> |
| None‡ | ISA07 | Interchange ID Qualifier | ZZ | <p>Medi-Cal expects to receive the value shown in the codes column.</p> |
| None‡ | ISA08 | Interchange Receiver ID | None | <p>For Leased-Line and Dial-Up:</p> <p>610442ACS214, left justify and with trailing spaces</p> <p>For Batch:</p> <p>610442</p> |

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Envelope segments for inbound transaction 005010X279 (270) (continued)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|-----------------------------|--------|--|
| None‡ | ISA14 | Acknowledgment Requested | 0 1 | For Leased-Line and Dial-Up Medi-Cal expects to receive: 0 No Acknowledgment Requested For Batch, Medi-Cal expects to receive: 1 Interchange Acknowledgment Requested |
| None‡ | ISA16 | Component Element Separator | None | Medi-Cal expects to receive: “~” as component separator |
| Header† | GS | Functional Group Header | None | None |
| Header‡ | GS02 | Application Sender's Code | None | For Leased-Line and Dial-Up Medi-Cal expects to receive: NPI or Medi-Cal provider number For Batch, Medi-Cal expects to receive: Submitter ID |
| None‡ | GS03 | Application Receiver's Code | None | Medi-Cal expects to receive: 610442 |

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Envelope segments for outbound transaction 005010X217 (271)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|-------------------------------------|-----------|---|
| Header† | ISA | Interchange Control Header | None | None |
| Header‡ | ISA01 | Authorization Information Qualifier | 00 | Medi-Cal will populate this data element with: 00 No Authorization Information Present |
| None‡ | ISA03 | Security Information Qualifier | 00 | Medi-Cal will populate this data element with the value shown in the codes column. |
| None‡ | ISA05 | None | ZZ | Medi-Cal will populate this data element with the value shown in the codes column. |
| None‡ | ISA06 | Interchange Sender ID | None | Medi-Cal will populate this data element with: 610442 |
| None‡ | ISA07 | Interchange ID Qualifier | ZZ | Medi-Cal will populate this data element with the value shown in the codes column. |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal will populate this data element with: For Leased-Line and Dial-Up: Medi-Cal Provider Number or NPI For Batch: Sender ID |
| None‡ | ISA13 | Interchange Control Number | 000000001 | Medi-Cal will populate this data element with the value shown in the codes column. |
| None‡ | ISA14 | Acknowledgment Requested | 0 | Medi-Cal will populate this data element with the value shown in the codes column. |
| Header† | GS | Functional Group Header | None | None |

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Envelope segments for outbound transaction 005010X217 (271) (continued)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|-----------------------------|------|---|
| Header† | GS02 | Application Sender's Code | None | Medi-Cal will populate this data element with: 610442 |
| None‡ | GS03 | Application Receiver's Code | None | Medi-Cal will populate this data element with: For Leased-Line and Dial-Up: Medi-Cal Provider Number or NPI For Batch: Submitter ID |
| Header† | ISA | Interchange Control Header | None | None |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal expects to receive: 610442 |
| Header† | GS | Functional Group Header | None | None |
| None‡ | GS03 | Application Receiver Code | None | Medi-Cal expects to receive: 610442 |

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Envelope segments for inbound transaction 005010X222A1 (837P)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|----------------------------|------|-------------------------------------|
| Header† | ISA | Interchange Control Header | None | None |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal expects to receive: 610442 |
| Header† | GS | Functional Group Header | None | None |
| None‡ | GS03 | Application Receiver Code | None | Medi-Cal expects to receive: 610442 |

Envelope segments for inbound transaction 005010X223A2 (837I)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|----------------------------|------|-------------------------------------|
| Header† | ISA | Interchange Control Header | None | None |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal expects to receive: 610442 |
| Header† | GS | Functional Group Header | None | None |
| None‡ | GS03 | Application Receiver Code | None | Medi-Cal expects to receive: 610442 |

Envelope segments for inbound transaction 005010X223A2 (837I)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|----------------------------|------|--|
| Header† | ISA | Interchange Control Header | None | None |
| Header‡ | ISA06 | Interchange Sender ID | None | Medi-Cal expects to receive: Submitter ID, NPI or Medi-Cal Provider Number |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal expects to receive: 610442 |
| Header† | GS | Functional Group Header | None | None |
| Header‡ | GS02 | Application Sender's Code | None | Medi-Cal expects to receive: Submitter ID, NPI or Medi-Cal Provider Number |
| None‡ | GS03 | Application Receiver Code | None | Medi-Cal expects to receive: 610442 |

Medi-Cal Companion Guide Transaction Information

Page updated: October 2021

Envelope segments for inbound transaction 005010X223A2 (837I)

| Loop ID | References | Name | Code | Notes/Comments |
|---------|------------|----------------------------|------|---|
| Header† | ISA | Interchange Control Header | None | None |
| None‡ | ISA08 | Interchange Receiver ID | None | Medi-Cal will populate this segment with: 610442 |
| Header† | GS | Functional Group Header | None | None |
| None‡ | GS03 | Application Receiver Code | None | Medi-Cal will populate this segment with: 610442 |

Legend

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

| Symbol | Description |
|---------------|---|
| † | Rows with symbol represents “segments” in the X12N implementation guide. |
| ‡ | Rows with symbol represents “data elements” in the X12N implementation guide. |

Change Summary

| Version Number | Date | Description | Notes/Comments |
|----------------|------------|---|--|
| 1.0 | 7/8/2011 | Initial Version | None |
| 1.1 | 8/11/2011 | Xerox State Healthcare, LLC (formerly ACS) and IV&V edits captured throughout document | None |
| 1.2 | 6/14/2012 | Removed hyphens in Loop 1000A (PER02 and PER04); removed X and Y from ISA04 codes column | Updated comments for ISA04 |
| 1.3 | 10/23/2012 | Xerox National Standards Review | Deleted non-California specific information |
| 1.4 | 05/06/2013 | Feedback from ASCX12 | Added 2 statements per ASCX12 recommendation |
| 1.5 | 06/27/2013 | DRG Reimbursement methodology comments added Sender DFI and Sender Bank Account Numbers were updated | None |
| 1.6 | 06/04/2014 | SDN 12006 | None |
| 1.8 | 03/16/2017 | Name change of fiscal intermediary from Xerox State Healthcare, LLC to Conduent | None |
| 1.9 | 10/27/2021 | Standardized user guide formatting | None |