

State of California  
Department of Health Care Services



# Supplemental Claims Payment Information User Guide

California Medicaid Management Information System

V 1.7

April 2026

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# General Information

## Introduction

Through individual agreements, the California MMIS Fiscal Intermediary (FI) supplies Supplemental Claims Payment Information (SCPI) to Medi-Cal providers and designated agents on computer media. The SCPI information is provided weekly for each Medi-Cal checkwrite. This system was previously known as Automated Remittance Data Services (ARDS) (Reference OIL 264-07). The SCPI information supplied is intended for claim reconciliation purposes only. Dollar values provided on the reconciliation data file may not balance with the dollar value on the check received from DHCS due to adjustment transactions that are not claim-specific. The claim information supplied is current and accurate as of the date the SCPI information was supplied to DHCS.

## Contract Information

Each Medi-Cal provider must complete a SCPI Enrollment form. If the SCPI data is being delivered to an address other than that specified in the Provider Master File (PMF), or the SCPI data is being delivered to a provider's designated agent, a SCPI Agreement must also be completed. All enrollment forms and service agreements must be returned to the FI prior to electronic SCPI record creation. The FI supplies SCPI information to the provider or designated agent by provider number.

The FI must be informed in writing if there are any additions or deletions to the list of provider numbers for which SCPI data is supplied. All correspondence should be conducted with the SCPI coordinator.

Providers wishing to receive more than one type of media delivered to their address as specified in the PMF must have the Adjudicated Claim Line (ACL) charges deducted from their weekly check write.

Medi-Cal designated agents are invoiced on a monthly basis for SCPI information received. A minimum monthly charge and a one-time implementation fee are applied to all designated agents of Medi-Cal providers. Providers can contact the FI by calling (916) 612-5378 or (916) 601-7402 and by email at [SCPI@us.ibm.com](mailto:SCPI@us.ibm.com) for current pricing information or to request copies of the SCPI forms.

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## Available Computer Media

SCPI information is currently available exclusively through Medi-Cal Transaction Services.

### Medi-Cal Transaction Services

Currently, the Medi-Cal reconciliation data can be retrieved through the Medi-Cal website at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Users must have access to a browser. The recommended browsers are Google Chrome, Microsoft Edge and Mozilla Firefox, and they can be downloaded from the vendor's website, free of charge. Users may find the best results viewing the website with these versions, along with a screen resolution set to at least 800 by 600 pixels.

Field	Descriptions
File Name	On Medi-Cal Transaction Services: SUB_CCYYMMDD.zip where SUB is the registered submitter ID and CCYYMMDD is the checkwrite date. On the PC, unachieved: RCCYYMMDD contains RAD records SCCYYMMDD contains Summary Report
Encoding Format	All archives are encoded in uppercase "American Standard Code for Information Interchange" (ASCII).
Record Length	Maximum of 1573 bytes (refer to Section 4 for specific record layouts).
File Format	Fixed record lengths depending on record type. All records on file are padded to the length of the longest record for the particular contract.
End of Record	Hex OD/OA Decimal 13/10 ASCII CR/LF
End of File	Hex 1A Decimal 26 ASCII SUB
Archiving Software	The SCPI File and Summary File are concatenated and compressed together into a single archive file in Zip format. The file must be downloaded to a PC to be uncompressed using a Zip program.

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## Record Layout Specification Form

### General

Record layouts now include two additional fields – Provider Owner Number and Provider Type – to accommodate the 10-digit National Provider Identifier (NPI) submitted with files created on or after November 19, 2007. Record layouts in this manual reflect the changes that were made to files created on or after June 25, 2010. The record layout specification for Medi-Cal Transaction Services is contained in Section 2 of this document. The claim type determines the following record format(s) computer media:

- Long Term Care (02)
- Inpatient (03)
- Outpatient (04)
- Medical/Physician (05)
- Medicare Crossover (06)

An additional C1 record is present for Other Health Coverage (OHC) Carrier Data if the OHC Data Indicator is Y on the claim type record.

The information contained in these records corresponds to the Remittance Advice Details (RAD) for providers. The RAD accompanies the checkwrite from DHCS.

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### Field Descriptions

Descriptions of the column headings on the Record Layout Specification Form are as follows:

Field	Descriptions
Record/Format Name	The claim type and, if applicable, whether it is a detail or total record.
Record/Format Length	The length of the record excluding any padding done on the record and control bytes on tape or end of record mark on Medi-Cal Transaction Services.
D.E. No.	Data Element Number. This number correlates to the field descriptions contained in Appendix 4.1.
A/N/P	The format of the field A/N = alphanumeric N = numeric only P = packed
No. of Occurs	Number of occurrences for a field or series of fields, if more than once.
Length	Length of the field.
Picture	Picture description of the field shown in COBOL notation. The number in parentheses indicates the number of bytes in the format preceding the parentheses. X = alphanumeric 9 = numeric only V = implied decimal S = signed (positive or negative)
Data Position	Inclusive starting and ending bytes of the field.
Field Name	Name of the field. Correlates to the field descriptions that are contained in Appendix 4.1. Field names that are indented are subdivisions of the primary field name.

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## Description of SCPI Data File

The SCPI data file is sorted by claim type within the provider number category.

The file is designed to simulate the Remittance Advice Detail (RAD) received from DHCS. Certain claim types contain total data records along with the detail service line records. These are Outpatient (T4), and Medical/Physician (T5). These records help mirror the RAD. It is recommended that reconciliation processing be done against detail services line records only.

The records are defined as four processing categories:

Claim Type	Adjudication Status	Disposition Code
1. Denied Claims	3	Not Applicable
2. Approved Claims	8	Not Applicable
3. Adjustments	8	2, 3, 5, 6
4. Suspended Claims	4, 5, 6	Not Applicable

Total Data records for Outpatient, Medical/Physician, and Vision Care are generated for each Claim Control Number (CCN) in a particular processing category.

Adjustments may have two records pertaining to a particular CCN. One record negates the original claim line and the second recreates it.

All suspended claims are included in the reconciliation data file; the RAD currently shows only those claims in suspense longer than 30 days.

## Generated Reports

The Summary Counts for Computer Media RAD Records report accompanies each reconciliation data file distributed. A sample of this report is shown in the figure below.

The Summary Counts for Computer Media RAD Records report lists summary information by Provider Number, Owner Number, Provider Type and Claim Type for total line counts and dollar figures in each processing category.

As of January 2, 1996, the Summary Counts for Computer Media RAD Records report is no longer distributed on paper but is sent as a second data set on the media requested. The data set holds an 80-column image of the Summary Counts for Computer Media RAD Records report. Header lines are printed every 54 lines, and no carriage control is included in this file.

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REPORT NO. AA-O-PPP PROVIDER NAME PAGE 1  
 REPORT DATE 11/12/05 SUMMARY COUNTS FOR COMPUTER MEDIA RAD RECORDS  
 RUN ON 11/12/04 AT 08:17

PROV:1234567890 OWN:01 PROV TYP:999 CLM TYPE:03 MEDICAL WARRANT DATE:11/12/05

	TOT LINES	CMC LINES	EPC LINES	TOT CHARGE		NON-COVERED		ALLOWABLE
				PAID AMOUNT	PATIENT LIAB	3RD PARTY AMT	REIM AMOUNT	
ADJ	0	0	0	0.00	0.00	0.00	0.00	0.00
APPR	11	0	0	47,179.03	0.00	15,924.32	31,254.71	6,563.49
DENY	7	0	0	16,983.45	0.00	0.00	0.00	0.00

PROV:1234567891 OWN:01 PROV TYP:999 CLM TYPE:03 MEDICAL WARRANT DATE:11/12/05

	TOT LINES	CMC LINES	EPC LINES	TOT CHARGE		NON-COVERED		ALLOWABLE
				PAID AMOUNT	PATIENT LIAB	3RD PARTY AMT	REIM AMOUNT	
ADJ	10	0	0	0.00	0.00	-12,694.04	12,694.04	1,362.25
APPR	10	0	0	0.00	0.00	-12,694.04	12,694.04	1,362.25
DENY	5	0	0	11,344.04	0.00	0.00	0.00	0.00

SUMMARY TOTAL COUNTS FOR PROVIDER NAME

	TOT LINES	CMC LINES	CMC PERCENT OF TOTAL	TOTAL CHARGE	REIM AMOUNT
ADJ	10	0	0.0	0.00	1,362.25
APPR	21	0	0.0	47,179.03	7,925.74
DENY	12	0	0.0	28,327.49	0.00
SUSP	0	0	0.0	0.00	0.00
TOTAL	43	0	0.0		

43 0 TOTAL ADJ, APPR, AND DENY LINES  
 0 0 TOTAL SUSP LINES

MEDI-CAL FISCAL INTERMEDIARY  
 CMC OPERATIONS  
 820 STILLWATER ROAD  
 WEST SACRAMENTO CA 95605

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## Test Supplemental Claims Payment Information Files

A test file may be created upon request for use in program testing, delaying the start date for receiving actual payment data. The implementation fee is required prior to creating a test file. The regular contract invoicing begins when actual payment data is received.

To request a test file, users should contact the FI by calling (916) 612-5378 or (916) 601-7402 and by email at [SCPI@us.ibm.com](mailto:SCPI@us.ibm.com). The SCPI Coordinator can assist the user in setting up the correct specifications for receiving the SCPI file on computer media.

### **IBM 3490E Cartridge (EBCDIC only) Record Layout Specifications**

Effective June 25, 2010, DHCS no longer supports the delivery of Medi-Cal reconciliation data on IBM 3490E tape cartridges.

As a result, the "IBM 3490E Cartridge (EBCDIC only) Record Layout Specifications" section was deleted as of February 2010.

# Medi-Cal Transaction Services Record Layout Specifications

The following section contains layouts for files created on or after June 25, 2010.

Changes/additions are highlighted in bold.

**Note:** Vision Care claims were made obsolete with SDN 02014, HIPAA: Conversion of Vision Qualifier Code Set, (July 1, 2006) and are no longer included in the SCPI system.

**Note:** Pharmacy claims are no longer included in the SCPI system since January 1, 2023, as they are not processed by CA-MMIS.

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FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
LONG TERM CARE (01)				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203	96			031-126	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From
0313	N	6	9(06)	257-262	Service Date - To

**Figure 2.1: Long Term Care**

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FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
LONG TERM CARE (01)			FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	18	X(18)	263-280	Filler
0348	N	3	9(03)	281-283	Claim Covered Accom
0240	A/N	2	X(02)	284-285	Accommodation Code
0334	A/N	1	X(01)	286-286	Medicare Status
0316	A/N	2	X(02)	287-288	Patient Status
----	A/N	2	X(02)	289-290	Filler
0914	N	10	S9(07)V99	291-300	Claim Submitted Amount
0815	N	10	S9(07)V99	301-310	Non-Covered Charges
0380	N	10	S9(07)V99	311-320	Allowable Payment Amount
0382	N	5	S9V999	321-325	Reimbursement Rate
RC10	N	10	S9(07)V99	326-335	Paid Amount
0904	A/N	4	X(04)	336-339	Explanation Code 1
----	A/N	1	X(01)	340-340	Filler
0904	A/N	4	X(04)	341-344	Explanation Code 2
----	A/N	1	X(01)	345-345	Filler
0904	A/N	4	X(04)	346-349	Explanation Code 3
0901	N	10	S9(07)V99	350-359	Share of Cost / Patient Liability
0329	N	10	S9(07)V99	360-369	Other Coverage
0349	N	10	S9(07)V99	370-379	Amount Payable
1335	A/N	4	X(04)	380-383	OHC Carrier Code
1340	N	9	9(09)	384-392	OHC Policy Holder SSN
----	A/N	88	X(88)	393-480	Filler

**Figure 2.2:** Long Term Care (continued)

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FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
INPATIENT (03)			FIXED @ 1573		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203		100		031-130	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From
0313	N	6	9(06)	257-262	Service Date - To

Figure 2.3: Inpatient

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FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
INPATIENT (03)			FIXED @ 1573		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	6	X( 6)	263-268	Filler
RC80	A/N	2	X(02)	269-270	Line Count
	22	54		271-1458	Detail Service Lines
RC60	N	2	9(02)	271-272	Line Number
0925	N	3	9(03)	273-275	Days/Revenue Units
RC65	A/N	1	X(01)	276-276	Hours Indicator
0923	A/N	4	X(04)	277-280	Accommodation Code/Cost Center Code
0914	N	10	S9(07)V99	281-290	Claim Submitted Amount
0815	N	10	S9(07)V99	291-300	Non-Covered Charges
0380	N	10	S9(07)V99	301-310	Allowable Payment Amount
0904	A/N	4	X(04)	311-314	Explanation Code 1
----	A/N	1	X(01)	315-315	Filler
0904	A/N	4	X(04)	316-319	Explanation Code 2
----	A/N	1	X(01)	320-320	Filler
0904	A/N	4	X(04)	321-324	Explanation Code 3
RC15	N	3	9(03)	1459-1461	Total of Days/ Revenue Units
0321	N	10	S9(07)V99	1462-1471	Total Claim Charge
RC20	N	10	S9(07)V99	1472-1481	Total of Line Non-Covered Charges
RC25	N	10	S9(07)V99	1482-1491	Total of Line Payable Charges

Figure 2.4: Inpatient (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
INPATIENT (03)			FIXED @ 1573		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
0382	N	5	S9V999	1492-1496	Reimbursement Rate
RC30	N	10	S9(07)V99	1497-1506	Total of Line Paid Amounts
0904	A/N	4	X(04)	1507-1510	Explanation Code 1
----	A/N	1	X(01)	1511-1511	Filler
0904	A/N	4	X(04)	1512-1515	Explanation Code 2
----	A/N	1	X(01)	1516-1516	Filler
0904	A/N	4	X(04)	1517-1520	Explanation Code 3
0901	N	10	S9(07)V99	1521-1530	Share of Cost / Patient Liability
0329	N	10	S9(07)V99	1531-1540	Other Coverage
0349	N	10	S9(07)V99	1541-1550	Amount Payable
1335	A/N	4	X(04)	1551-1554	OHC Carrier Code
1340	N	9	9(09)	1555-1563	OHC Policy Holder SSN
----	A/N	10	X(10)	1564-1573	Filler

Figure 2.5: Inpatient (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
OUPATIENT (04) DETAIL SERVICE LINES				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203		100		031-130	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From 0313
0313	N	6	9(06)	257-262	Service Date - To

**Figure 2.6: Outpatient**

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FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL						
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS						
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH		
OUPATIENT (04) DETAIL SERVICE LINES				FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME	
----	A/N	18	X(18)	263-280	Filler	
0327	N	3	9(03)	281-283	Units of Service	
0500	A/N	5	X(05)	284-288	HCPCS Code	
0384	A/N	2	X(02)	289-290	HCPCS Code Modifier	
1343	A/N	4	X(04)	291-294	NUBC Revenue Code	
0091	A/N	2	X(02)	295-296	HCPCS Code Modifier 2	
0092	A/N	2	X(02)	297-298	HCPCS Code Modifier 3	
0093	A/N	2	X(02)	299-300	HCPCS Code Modifier 4	
0914	N	10	S9(07)V99	301-310	Claim Submitted Amount	
0815	N	10	S9(07)V99	311-320	Non-Covered Charges	
0380	N	10	S9(07)V99	321-330	Allowable Payment Amount	
0382	N	5	S9V999	331-335	Reimbursement Rate	
RC10	N	10	S9(07)V99	336-345	Paid Amount	
0904	A/N	4	X(04)	346-349	Explanation Code 1	
----	A/N	1	X(01)	350-350	Filler	
0904	A/N	4	X(04)	351-354	Explanation Code 2	
----	A/N	1	X(01)	355-355	Filler	
0904	A/N	4	X(04)	356-359	Explanation Code 3	
0901	N	10	S9(07)V99	360-369	Share of Cost / Patient Liability	
0329	N	10	S9(07)V99	370-379	Other Coverage	
0349	N	10	S9(07)V99	380-389	Amount Payable	
1335	A/N	4	X(04)	390-393	OHC Carrier Code	
1340	N	9	9(09)	394-402	OHC Policy Holder SSN	
----	A/N	10	X(10)	403-412	Filler	
	N	6	+9(03)V99	413-418	Co-pay Amount	
	A/N	1	X(01)	419-419	Co-pay Indicator	
----	A/N	71	X(71)	420-490	Filler	

**Figure 2.7: Outpatient (continued)**

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL						
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS						
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH		
OUPATIENT (T4) TOTAL DATA				FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME	
RC05	A/N	2	X(02)	001-002	Record Type	
0202	A/N	28	X(28)	003-030	Provider Name	
0203		100		031-130	Provider Address	
	A/N	24	X(24)	031-054	Attention Line	
	A/N	24	X(24)	055-078	Address Line 1	
	A/N	24	X(24)	079-102	Address Line 2	
	A/N	17	X(17)	103-119	City	
	A/N	2	X(02)	120-121	State	
	N	9	9(09)	122-130	Zip Code	
0201	A/N	10	X(10)	131-140	Provider Number	
2002	N	2	9(02)	141-142	Owner Number	
0205	N	3	9(03)	143-145	Provider Type	
0800	N	2	9(02)	146-147	Claim Type	
0943	N	9	9(09)	148-156	Sequence Number	
0376	N	6	9(06)	157-162	Warrant Date	
0101	A/N	14	X(14)	163-176	Recipient ID Number	
0103	A/N	23	X(23)	177-199	Recipient Name	
0320	A/N	20	X(20)	200-219	Medical Record Number	
0300	A/N	13	X(13)	220-232	Claim Control Number	
0351	A/N	1	X(01)	233-233	Adjudication Status	
0816	A/N	1	X(01)	234-234	Claim Disposition	
0817	A/N	13	X(13)	235-247	Prior CCN	
0911	A/N	3	X(03)	248-250	Adjustment Reason Code	
0312	N	6	9(06)	251-256	Service Date - From 0313	
0313	N	6	9(06)	257-262	Service Date - To	

**Figure 2.8:** Outpatient (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
OUPATIENT (T4) TOTAL DATA			FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	28	X(28)	263-290	Filler
0321	N	11	S9(08)V99	291-301	Total Claim Charge
RC20	N	10	S9(07)V99	302-311	Total of Line Non-Covered Charges
RC25	N	11	S9(08)V99	312-322	Total of Line Payable Charge
0382	N	5	S9V999	323-327	Reimbursement Rate
RC30	N	10	S9(07)V99	328-337	Total of Line Paid Amounts
0904	A/N	4	X(04)	338-341	Explanation Code 1
----	A/N	1	X(01)	342-342	Filler
0904	A/N	4	X(04)	343-346	Explanation Code 2
----	A/N	1	X(01)	347-347	Filler
0904	A/N	4	X(04)	348-351	Explanation Code 3
RC35	N	10	S9(07)V99	352-361	Total of Line Share of Cost
RC40	N	10	S9(07)V99	362-371	Total of Line Other Coverage Am
RC45	N	11	S9(08)V99	372-382	Total of Line Amounts Payable
----	A/N	98	X(98)	383-480	Filler

**Figure 2.9:** Outpatient (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
MEDICAL/PHYSICIAN (05) DETAIL SERVICE LINES				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203		100		031-130	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From
0313	N	6	9(06)	257-262	Service Date - To

Figure 2.10: Medical/Physician

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
MEDICAL/PHYSICIAN (05) DETAIL SERVICE LINES				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	18	X(18)	263-280	Filler
9315	N	3	9(03)	281-283	Quantity
0500	A/N	5	X(05)	284-288	HCPCS Code
0384	A/N	2	X(02)	289-290	HCPCS Code Modifier
0914	N	10	S9(07)V99	291-300	Claim Submitted Amount
----	A/N	10	X(10)	301-310	Filler
0380	N	10	S9(07)V99	311-320	Allowable Payment Amount
----	A/N	15	X(15)	321-335	Filler
0904	A/N	4	X(04)	336-339	Explanation Code 1
----	A/N	1	X(01)	340-340	Filler
0904	A/N	4	X(04)	341-344	Explanation Code 2
----	A/N	1	X(01)	345-345	Filler
0904	A/N	4	X(04)	346-349	Explanation Code 3
0901	N	10	S((07)V99	350-359	Share of Cost/Patient Liability
0329	N	10	S9(07)V99	360-369	Other Coverage
0349	N	10	S9(07)V99	370-379	Amount Payable
1335	A/N	4	X(04)	380-383	OHC Carrier Code
1340	N	9	9(09)	384-392	OHC Policy Holder SSN
----	A/N	10	X(10)	393-402	Filler
	N	6	+9(03)V99	403-408	Co-pay Amount
	A/N	1	X(01)	409-409	Co-pay Indicator
----	A/N	71	X(71)	410-480	Filler

Figure 2.11: Medical/Physician

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME MEDICAL/PHYSICIAN (T5) TOTAL DATA				RECORD/FORMAT LENGTH FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203	100			031-130	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From
0313	N	6	9(06)	257-262	Service Date - To

**Figure 2.12: Medical/Physician**

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
MEDICAL/PHYSICIAN (T5) TOTAL DATA				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	28	X(28)	263-290	Filler
0321	N	11	S9(08)V99	291-301	Total Claim Charge
----	A/N	10	X(10)	302-311	Filler
RC25	N	11	S9(08)V99	312-322	Total of Line Payable Charges
----	A/N	15	X(15)	323-337	Filler
0904	A/N	4	X(04)	338-341	Explanation Code 1
----	A/N	1	X(01)	342-342	Filler
0904	A/N	4	X(04)	343-346	Explanation Code 2
----	A/N	1	X(01)	347-347	Filler
0904	A/N	4	X(04)	348-351	Explanation Code 3
RC35	N	10	S9(07)V99	352-361	Total of Line Share of Cost
RC40	N	10	S9(07)V99	362-371	Total of Line Other Coverage Am
RC45	N	11	S9(08)V99	372-382	Total of Line Amounts Payable
----	A/N	98	X(98)	383-480	Filler

**Figure 2.13: Medical/Physician**

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
MEDICARE CROSSOVER (06)			FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC05	A/N	2	X(02)	001-002	Record Type
0202	A/N	28	X(28)	003-030	Provider Name
0203		100		031-130	Provider Address
	A/N	24	X(24)	031-054	Attention Line
	A/N	24	X(24)	055-078	Address Line 1
	A/N	24	X(24)	079-102	Address Line 2
	A/N	17	X(17)	103-119	City
	A/N	2	X(02)	120-121	State
	N	9	9(09)	122-130	Zip Code
0201	A/N	10	X(10)	131-140	Provider Number
2002	N	2	9(02)	141-142	Owner Number
0205	N	3	9(03)	143-145	Provider Type
0800	N	2	9(02)	146-147	Claim Type
0943	N	9	9(09)	148-156	Sequence Number
0376	N	6	9(06)	157-162	Warrant Date
0101	A/N	14	X(14)	163-176	Recipient ID Number
0103	A/N	23	X(23)	177-199	Recipient Name
0320	A/N	20	X(20)	200-219	Medical Record Number
0300	A/N	13	X(13)	220-232	Claim Control Number
0351	A/N	1	X(01)	233-233	Adjudication Status
0816	A/N	1	X(01)	234-234	Claim Disposition
0817	A/N	13	X(13)	235-247	Prior CCN
0911	A/N	3	X(03)	248-250	Adjustment Reason Code
0312	N	6	9(06)	251-256	Service Date - From
0313	N	6	9(06)	257-262	Service Date - To

**Figure 2.14: Medicare Crossover**

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME				RECORD/FORMAT LENGTH	
MEDICARE CROSSOVER (06)				FIXED @ 480	
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
----	A/N	23	X(23)	263-285	Filler
0334	A/N	1	X(01)	286-286	Medicare Status
----	A/N	4	X(04)	287-290	Filler
0914	N	10	S9(07)V99	291-300	Claim Submitted Amount
0815	N	10	S9(07)V99	301-310	Non-Covered Charges
0380	N	10	S9(07)V99	311-320	Allowable Payment Amount
0382	N	5	S9V999	321-325	Reimbursement Rate
RC10	N	10	S9(07)V99	326-335	Paid Amount
0904	A/N	4	X(04)	336-339	Explanation Code 1
----	A/N	1	X(01)	340-340	Filler
0904	A/N	4	X(04)	341-344	Explanation Code 2
----	A/N	1	X(01)	345-345	Filler
0904	A/N	4	X(04)	346-349	Explanation Code 3
0901	N	10	S9(07)V99	350-359	Share of Cost / Patient Liability
0329	N	10	S9(07)V99	360-369	Other Coverage
0349	N	10	S9(07)V99	370-379	Amount Payable
0331	N	8	S9(05)V99	380-387	Blood Deductible Amount
0330	N	8	S9(05)V99	388-395	Medicare Cash Deductible
0332	N	10	S9(07)V99	396-405	Medicare Coinsurance Amount
RC70	N	10	S9(07)V99	406-415	Medicare Billed

**Figure 2.15: Medicare Crossover (continued)**

## Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
MEDICARE CROSSOVER (06)			FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
RC75	N	10	S9(07)V99	416-425	Medicare Share of Cost / Other Coverage
0897	N	10	S9(07)V99	426-435	Medicare Allowed
0898	N	10	S9(07)V99	436-445	Medicare Paid
0117	A/N	2	X(02)	446-447	Medicare Claim Type
1335	A/N	4	X(04)	448-451	OHC Carrier Code
1340	N	9	9(09)	452-460	OHC Policy Holder SSN
----	A/N	20	X(20)	461-480	Filler

**Figure 2.16:** Medicare Crossover (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION (SCPI) MANUAL					
MEDI-CAL TRANSACTION SERVICES RECORD LAYOUT SPECIFICATIONS					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
OHC CARRIER DATA (C1)			FIXED @ 480		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
1332	A/N	2	X(02)	001-002	Record Type
1335	A/N	4	X(04)	003-006	OHC Carrier Code
3356	A/N	30	X(30)	007-036	OHC Carrier Name
3358	A/N	50	X(50)	037-086	OHC Carrier Address Li
3359	A/N	50	X(50)	087-136	OHC Carrier Address Li
3361	A/N	20	X(20)	137-156	OHC Carrier City
3362	A/N	2	X(02)	157-158	OHC Carrier State
3363	A/N	9	X(09)	159-167	OHC Carrier Zip
----	A/N	313	X(313)	168-480	Filler

**Figure 2.17: OHC Carrier Data**

# Summary File Record Layout Specifications

ALL FORMATS - CARTRIDGE TAPE AND MEDI-CAL TRANSACTION SERVICES					
RECORD/FORMAT NAME			RECORD/FORMAT LENGTH		
SUMMARY REPORT FILE			FIXED @ 80		
DE No.	No. of A/N/P OCCURS	LENGTH	PICTURE	DATA POSITION	FIELD NAME
---	A/N	80	X(80)	001-080	Report Line

**Figure 3.1:** Summary Report File Layout

# Appendix

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL									
DATA ELEMENT (D.E.) DESCRIPTIONS									
D.E. No.	01	CLAIM TYPE			04	05	06	07	D. E. NAME / DESCRIPTION
		02	03						
0091				X					HCPCS CODE MODIFIER 2 A code used in conjunction with a Procedure (D.E. 0500) to indicate the method used for calculating payment.
Code									
0092				X					HCPCS CODE MODIFIER 3 A code used in conjunction with a Procedure Code (D.E. 0500) to indicate the method used for calculating payment.
0093				X					HCPCS CODE MODIFIER 4 A code used in conjunction with a Procedure (D.E. 0500) to indicate the method used for Calculating payment.
Code									
0101	X	X	X	X	X	X	X	X	RECIPIENT ID NUMBER Recipient identification number assigned by the counties.
0103	X	X	X	X	X	X	X	X	RECIPIENT NAME Name of the individual for whom services were performed.
0117			X						MEDICARE CLAIM TYPE The original claim type of the Medicare claim.
0201	X	X	X	X	X	X	X	X	PROVIDER NUMBER Provider number registered with the California Department of Health Care Services.
0202	X	X	X	X	X	X	X	X	PROVIDER NAME Legal name as used on official records.
0203	X	X	X	X	X	X	X	X	PROVIDER ADDRESS Current business address.
0205	X	X	X	X	X	X	X	X	PROVIDER TYPE A code assigned based upon the type of service provided by the provider (inpatient, pharmacy, etc.)

Figure 4.1: Data Element Dictionary

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL								
DATA ELEMENT (D.E.) DESCRIPTIONS								
D.E. No.	01	CLAIM TYPE		04	05	06	07	D. E. NAME / DESCRIPTION
		02	03					
0240	X							<b>ACCOMMODATION CODE</b> A code indicating the type of accommodation available for hospital categories of service. Refer to the Provider Manual for a complete list of codes and explanations
0300	X	X	X	X	X	X	X	<b>CLAIM CONTROL NUMBER (CCN)</b> A unique number assigned by FI to identify each claim received. Format is YDDDBBBSSLL, where:  Y = last digit of the year. DDD= Julian day of the year (001-365). BBBB= assigned by type of activity SSS= claim sequence number LL = claim service line item  If BBBB starts with either 63, 64, or 65, this indicates that the claim was received electronically through the CMC Program.
0312	X	X	X	X	X	X	X	<b>SERVICE DATE - FROM</b> The date upon which the first service covered by a claim was rendered. MMDDYY format.
0313	X	X	X	X	X	X	X	<b>SERVICE DATE - TO</b> The date upon which the last service covered by a claim was rendered. MMDDYY format.
0316	X							<b>PATIENT STATUS</b> A code explaining recipient's status as of the "to" service date (DE 0313). Refer to the Provider Manual for a complete list of codes and explanations.
0320	X	X	X	X	X	X	X	<b>MEDICAL RECORD NUMBER</b> A number assigned (optionally) by the provider to a recipient's claim for reference purposes.
0321		X	X	X	X			<b>TOTAL CLAIM CHARGE</b> The sum of all Claim Submitted Amounts (DE 0914) associated with an individual claim.
0327	X		X					<b>UNITS of SERVICE</b> The number of units rendered to a recipient (i.e., days, procedures, visits, miles, or number dispensed).

**Figure 4.2:** Data Element Dictionary (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL								
DATA ELEMENT (D.E.) DESCRIPTIONS								
D.E. No.	01	CLAIM TYPE		04	05	06	07	D. E. NAME / DESCRIPTION
		02	03					
0329	X	X	X	X	X			<b>OTHER COVERAGE</b> The amount of payment rendered toward a claim by third party sources.
0330			X					<b>MEDICARE CASH DEDUCTIBLE</b> The unmet Medicare deductible which is to be paid by Medi-Cal. Applies to Part A and Part B.
0331			X					<b>BLOOD DEDUCTIBLE AMOUNT</b> The unmet Medicare deductible for blood which is to be paid by Medi-Cal.
0332			X					<b>MEDICARE COINSURANCE AMOUNT</b> The Medicare coinsurance amount to be paid by Medi-Cal. Applies to Part A and Part B.
0334	X							<b>MEDICARE STATUS</b> A code indicating the recipient's Medicare status. Refer to the Provider Manual for complete list of codes and explanations.
0348	X							<b>CLAIM COVERED ACCOMMODATION DAYS</b> Number of claim covered accommodation days.
0349	X	X	X	X	X	X	X	<b>AMOUNT PAYABLE</b> Non-Institutional: The payment amount due to a provider for a claim after deductions have been made from the Allowable Payment (DE 0380) for Share of Cost/Patient Liability (DE 0901) and Other Coverage (DE 0329). Claim Types 01, 05, 07.  Institutional: The payment amount due a provider for a claim after deductions have been made from the Paid Amount (DE RC10) for Share of Cost/Patient Liability (DE 0901) and Other Coverage (DE 0329). Claim Types 02, 03, 04, 06.

**Figure 4.3:** Data Element Dictionary (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL								
DATA ELEMENT (D.E.) DESCRIPTIONS								
D.E. No.	01	CLAIM TYPE		04	05	06	07	D. E. NAME / DESCRIPTION
		02	03					
0351	X	X	X	X	X	X	X	<b>ADJUDICATION STATUS</b> A code to indicate the current status of a claim.  3 - denied 4 - returned to provider via RTD 5 - error suspend 6 - review suspend 8 - paid
0376	X	X	X	X	X	X	X	<b>WARRANT DATE</b> The date a warrant authorization was generated. MMDDYY format.
0380	X	X	X	X	X	X	X	<b>ALLOWABLE PAYMENT AMOUNT</b> The calculated maximum allowable payment amount for a particular service as determined by Title 22. Share of Cost/Patient Liability (DE 0901) and Other Cover (DE 0329) have not been applied.
0382	X	X	X	X	X			<b>REIMBURSEMENT RATE</b> The percent of the Allowable Payment Amount (DE 0380) which is applied to determine the Paid Amount (DE. RC10).
0384		X	X	X				<b>HCPCS CODE MODIFIER</b> A code used in conjunction with a Procedure Code (DE 0500) to indicate the method used for calculating payment.
0386	X							<b>PRESCRIPTION NUMBER</b> The number assigned by a Pharmacist when he fills a prescription.
0500		X	X	X				<b>HCPCS CODE</b> The California Relative Values Studies (CRVS), the Schedule of Maximum Allowances HCPCS code that identifies a procedure.

**Figure 4.4:** Data Element Dictionary (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL									
DATA ELEMENT (D.E.) DESCRIPTIONS									
D.E. No.	01	CLAIM TYPE			04	05	06	07	D. E. NAME / DESCRIPTION
		02	03						
0501	X								<b>DRUG CODE</b> The Medi-Cal drug code used to describe a particular drug or supply.  <b>FORMAT 1:</b> Medi-Cal Drug Code LLLMMDDDDQ  L = Low Values M = Manufacturer Code D = Generic Drug Code Q = Alpha Strength Code <b>FORMAT 2:</b> National Drug Code (NDC) MMMMPPPPSS  M = NDC Labeler P = Product Code S = Package Size
0800									<b>CLAIM TYPE</b> A code indicating the type of claim received from the provider.  01 = Drug 02 = LTC 03 = Inpatient 04 = Outpatient 05 = Medical 06 = Medicare Crossover 07 = Vision
	X								
	X								
		X							
		X							
			X						
			X						
				X					
0815	X	X	X	X					<b>NON-COVERED CHARGES</b> The non-allowed charges for the claim line. The difference between the Claim Submitted Amount (DE 0914) and the Allowable Payment Amount (DE 0380)  Crossover = The non-covered charges is determined by Change Order 20 pricing
0816	X	X	X	X	X	X	X	X	<b>CLAIM DISPOSITION</b> 0 = Original claim 1 = CMC claim 2 = Debit adjustment 3 = Retroactive debit adjustment 5 = Credit adjustment 6 = Void

**Figure 4.5:** Data Element Dictionary (continued)

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL								
DATA ELEMENT (D.E.) DESCRIPTIONS								
D.E. No.	01	CLAIM TYPE		04	05	06	07	D. E. NAME / DESCRIPTION
		02	03					
0817	X	X	X	X	X	X	X	PRIOR CCN The Claim Control Number (DE 0300) of the previously paid claim being adjusted.
0897			X					MEDICARE ALLOWED The amount approved for Medicare.
0898			X					MEDICARE PAID The amount paid by Medicare.
0901	X	X	X	X	X	X	X	SHARE of COST/ PATIENT LIABILITY Amount owed by the recipient for the services being billed by the provider.
0904	X	X	X	X	X	X	X	EXPLANATION CODE A code used to notify the provider of any unusual conditions; i.e. 401 = payment adjusted to maximum allowable. Refer to the appropriate Provider Manual for a complete list of codes and explanations.
0911	X	X	X	X	X	X	X	ADJUSTMENT REASON CODE
0914	X	X	X	X	X	X	X	CLAIM SUBMITTED AMOUNT The charge associated with an individual line item as submitted by the Provider.
0923		X						ACCOMMODATION CODE/COST CENTER CODE The codes identifying accommodations and ancillary services billed on an inpatient claim. Refer to the Provider Manual for a complete list of codes and explanations.
0925		X						DAYS/REVENUE UNITS The number of days associated with an Accommodation Code / Cost Center (DE 0923) on an inpatient claim.
0943	X	X	X	X	X	X	X	SEQUENCE NUMBER An FI assigned number which is also printed on the hardcopy RAD.
1332	X	X	X	X	X	X	X	RECORD TYPE C1 OHC Carrier Data
1333	X	X	X	X	X	X	X	OHC DATA PRESENT INDICATOR "Y" indicates OHC carrier data is present in the C1 record. "N" indicates no OHC data.

**Figure 4.6: Data Element Dictionary (continued)**

# Supplemental Claims Payment Information User Guide

FI SUPPLEMENTAL CLAIMS PAYMENT INFORMATION MANUAL									
DATA ELEMENT (D.E.) DESCRIPTIONS									
D.E. No.	01	CLAIM TYPE			04	05	06	07	D. E. NAME / DESCRIPTION
		02	03						
1335	X	X	X	X	X	X	X	X	OHC CARRIER CODE A Medi-Cal assigned number, which identifies unique OHC insurance companies (carriers).
1340	X	X	X	X	X	X	X	X	OHC POLICY HOLDER SSN The SSN of the person holding the policy related to this claim.
1343				X					NUBC REVENUE CODE Codes that identify specific Accommodations, Ancillary service, or Unique billing calculations or Arrangements.
2002	X	X	X	X	X	X	X	X	PROVIDER OWNER NUMBER A number assigned to owner(s) of the provider number due to ownership changes, etc.
3356	X	X	X	X	X	X	X	X	OHC CARRIER NAME
3358	X	X	X	X	X	X	X	X	OHC CARRIER ADDRESS LINE 1
3359	X	X	X	X	X	X	X	X	OHC CARRIER ADDRESS LINE 2
3361	X	X	X	X	X	X	X	X	OHC CARRIER CITY
3362	X	X	X	X	X	X	X	X	OHC CARRIER STATE
3363	X	X	X	X	X	X	X	X	OHC CARRIER ZIP
9315			X	X					QUANTITY The number of times a procedure was rendered.
RC05									RECORD TYPE
	X								01 - Detail record for claim type 01
	X								02 - Detail record for claim type 02
		X							03 - Detail record for claim type 03
		X							04 - Detail record for claim type 04
		X							T4 - Total record for claim type 04
			X						05 - Detail record for claim type 05
			X						T5 - Total record for claim type 05
			X						06 - Detail record for claim type 06
				X					07 - Detail record for claim type 07
				X					T7 - Total record for claim type 07

**Figure 4.7:** Data Element Dictionary (continued)

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D.E. No.	01	CLAIM TYPE				05	06	07	D. E. NAME / DESCRIPTION	
		02	03	04						
RC10	X	X	X	X					PAID AMOUNT The amount payable by Medi-Cal for the claim or claim line after the Reimbursement Rate (DE 0382) has been applied to the Allowable Payment Amount (DE 0380), but prior to deductions for Share of Cost/Patient Liability (DE 0901) and Other Coverage (DE 0329) amounts.	
RC15		X							TOTAL of DAYS/REVENUE UNITS The sum of all Days/Revenue Units (DE 0925) associated with an individual claim.	
RC20		X	X			X			TOTAL of LINE NON-COVERED CHARGES The sum of all Non-Covered Charges (DE 0815) associated with an individual claim.	
RC25		X	X	X		X			TOTAL of LINE PAYABLE CHARGES The sum of all Allowable Payment Amounts (DE 0380) associated with an individual claim.	
RC30		X	X			X			TOTAL of LINE PAID AMOUNTS The sum of all Paid Amounts (DE RC10) associated with an individual claim.	
RC35		X	X	X					TOTAL of LINE SHARE of COST The sum of all Share of Cost/Patient Liability (DE 0901) associated with an individual claim.	
RC40		X	X	X					TOTAL of LINE OTHER COVERAGE AMOUNTS The sum of all Other Coverage (DE 0329) associated with an individual claim.	
RC45		X	X	X					TOTAL of LINE AMOUNTS PAYABLE The sum of all Amount Payable (DE 0349) associated with an individual claim.	

**Figure 4.8:** Data Element Dictionary (continued)

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D.E. No.	01	CLAIM TYPE			04	05	06	07	D. E. NAME / DESCRIPTION
		02	03						
RC60		X							LINE NUMBER Number of a detail service line on the original claim.
RC65		X							HOUR INDICATOR Indicates units are in hours instead of days.
RC70			X						MEDICARE BILLED The amount billed to Medicare as reflected on the Medicare EOMB.
RC75			X						MEDICARE SHARE of COST/ OTHER COVERAGE Amount owed by the recipient for the services being billed by the provider.
RC80		X							LINE COUNT Number of Detail Service Lines on the record.

**Figure 4.9:** Data Element Dictionary (continued)

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## Forms: SCPI Enrollment Form and SCPI Services Agreement

The forms required for provider and vendor enrollment in the SCPI program are available upon request.

These forms include the enrollment form and the release authorization form to be filled out by the vendor or provider for enrollment in the SCPI program.

For information and to enroll in SCPI, contact the California MMIS Fiscal Intermediary by calling either (916) 612-5378 or (916) 601-7402, or emailing [SCPI@us.ibm.com](mailto:SCPI@us.ibm.com).

# Change Summary

<b>Version Number</b>	<b>Date</b>	<b>Description</b>	<b>Notes/Comments</b>
4	8/18/2021	Update to Make Formatting Consistent Across Multiple User Guides	Not Applicable
5	10/10/2023	Revised due to paper RAD decommissioning	Not Applicable
6	11/20/2024	SDN 23036	Updated DHCS logo
7	4/28/26	Template update.	Corrected phone number on page 37.