



# **Medi-Cal Companion Guide Transaction Information User Guide**

ASC X12 Implementation Guides, Version  
005010

California Medicaid Management Information System  
V 2.2  
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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)

# Medi-Cal Companion Guide Transaction Information User Guide 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](#).

# Medi-Cal Companion Guide Transaction Information User Guide

## 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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X279A1 Health Care Eligibility Benefit Inquiry (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X279A1 Health Care Eligibility Benefit Response (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X279A1 Health Care Eligibility Benefit Response (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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.

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X279A1 Health Care Eligibility Benefit Response (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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.

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X279A1 Health Care Eligibility Benefit Response (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
None‡	EB05	Plan Coverage Description	None	Medi-Cal will populate this data element with one of the following values: CCS 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	Responsibility County Code and Residence County Code will be included in the free form text, along with the eligibility information.

**005010X212 Health Care Claim Status Request**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X212 Health Care Claim Status Response**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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.

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X222A1 Health Care Claim: Professional (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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>

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X222A1 Health Care Claim: Professional (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
2000†	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>

**Medi-Cal Companion Guide Transaction Information User Guide  
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>

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X222A1 Health Care Claim: Professional (Continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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.

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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"> <li>• Long Term Care “Medi-Cal LTC”</li> <li>• Outpatient “Medi-Cal OP”</li> <li>• Inpatient “Medi-Cal IP”</li> </ul>
None‡	NM109	Payer Identifier	None	Medi-Cal expects to receive: 610442

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional (continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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>

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional (continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional (continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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.

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional (continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
005010X223A2 Health Care Claim: Institutional (continued)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
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](https://files.medi-cal.ca.gov/pubsdoco/CTM_manual.aspx)

Medi-Cal Provider Manuals

[https://files.medi-cal.ca.gov/pubsdoco/Manuals\\_menu.aspx](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

**Medi-Cal Companion Guide Transaction Information User Guide  
Envelope segments for inbound transaction 005010X279 (270) (continued)**

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

**Medi-Cal Companion Guide Transaction Information User Guide  
Envelope segments for inbound transaction 005010X279 (270) (continued)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
Envelope segments for outbound transaction 005010X217 (271)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
Envelope segments for outbound transaction 005010X217 (271) (continued)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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

**Medi-Cal Companion Guide Transaction Information User Guide  
Envelope segments for inbound transaction 005010X222A1 (837P)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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 User Guide  
Envelope segments for inbound transaction 005010X223A2 (837I)**

<b>Loop ID</b>	<b>References</b>	<b>Name</b>	<b>Code</b>	<b>Notes/Comments</b>
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.

<b>Symbol</b>	<b>Description</b>
†	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
2.0	06/26/2024	Updates from SDN 22024	CHDP name change to CPE
2.1	11/20/2024	SDN 23036	Updated DHCS logo
2.2	5/15/2026	SDN 25023	New template. Responsibility County Code and Residence County Code information added to page 8