California Medicaid (Medi-Cal)

Standard Companion Guide Transaction Information

Instructions Related to Transactions Based on ASC X12 Implementation Guides, Version 005010

Companion Guide Version Number: 1.3

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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)

1 TI Introduction

1.1 Background

1.1.1 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

1.1.2 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)

1.1.3 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

1.2 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.

2 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
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)
005010X221A1	Health Care Claim Payment/Advice (835)

3 Instruction Tables

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

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

3.1 005010X279A1 Health Care Eligibility Benefit Inquiry

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code		Medi-Cal expects to receive: 610442
2100B	NM1	Information Receiver Name		
2100B	NM101	Entity Identifier Code	1P	Medi-Cal expects to receive the value listed in the codes column
	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		
2100B	REF01	Reference Identification Qualifier	4A	For Batch, Medi-Cal expects to receive the value listed in the codes column
2000C	HL	Subscriber Level		
2000C	HL01	Hierarchical ID Number		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		

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		
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

3.2   005010X279A1 Health Care Eligibility Benefit Response

Loop ID	Reference	Name	Codes	Notes/Comments
2000A	HL	Information Source Level		
2000A	HL04	Hierarchical Child Code	1	Medi-Cal will populate this data element with value listed in the codes column
2100A	NM1	Information Source Name		
2100A	NM103	Name Last or Organization Name		Medi-Cal will populate this data element with: Medi-Cal
	NM109	Identification Code		Medi-Cal will populate this data element with: 610442
2100A	PER	Information Source Contact Information		
2100A	PER02	Name		Medi-Cal will populate this data element with: POS Help Desk Toll Free Number or Voice AEVS
2000B	HL	Information Receiver Level		
2000B	HL04	Hierarchical Child Code	1	Medi-Cal will populate this data element with value listed in the codes column
2100B	NM1	Information Receiver Name		
2100B	NM101	Entity Identifier Code	1P	Medi-Cal will populate this data element with value listed in the codes column
	NM108	Identification Code Qualifier	XX SV	Medi-Cal will populate this data element with values listed in the codes column
2100C	HL	Subscriber Level		
2100C	HL01	Hierarchical ID Number		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
	HL04	Hierarchical Child Code	0	Medi-Cal will populate this data element with value listed in the codes column
2000C	TRN	Subscriber Trace Number		

Loop ID	Reference	Name	Codes	Notes/Comments
2000C	TRN03	Originating Company Identifier		Medi-Cal will populate this data element with: 610442
2100C	DTP	Subscriber Date		
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		
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

Loop ID	Reference	Name	Codes	Notes/Comments
	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
	EB04	Insurance Type Code	MA MB MC OT	Medi-Cal will populate this data element with values listed in the codes column

Loop ID	Reference	Name	Codes	Notes/Comments
	EB05	Plan Coverage Description		Medi-Cal will populate this data element with one of the following values: CCS CHDP CMSP FAMILY PACT FAMILY PACT BENEFITS GHPP HAP MEDICARE PART D
2110C	DTP	Subscriber Eligibility/Benefit Date		
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		
2110C	MSG01	Free-form Message Text		County Code will be included in the free form text, along with the eligibility information

3.3   005010X212 Health Care Claim Status Request

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Payer Name		
2100A	NM103	Payer Name		Medi-Cal expects to receive: Medi-Cal
	NM109	Payer Primary Identifier		Medi-Cal expects to receive: 610442

3.4   005010X212 Health Care Claim Status Response

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Payer Name		
2100A	NM103	Payer Name		Medi-Cal will populate this segment with: Medi-Cal
	NM109	Payer Primary Identifier		Medi-Cal will populate this segment with: 610442

3.5 005010X222A1 Health Care Claim: Professional

Loop ID	Reference	Name	Codes	Notes/Comments
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name		Medi-Cal expects to receive: Medi-Cal
	NM109	Receiver Primary Identifier		Medi-Cal expects to receive: 610442
2000A	CUR	Foreign Currency Information		All amounts within Medi-Cal electronic transactions represent U.S. currency
2010AA	PER	Billing Provider Contact Information		
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
2010AC		Pay-to Plan Name		Medi-Cal does not currently process subrogation payment requests
2010BB	NM1	Payer Name		
2010BB	NM103	Payer Name		Medi-Cal expects to receive: Medi-Cal
	NM109	Payer Identifier		Medi-Cal expects to receive: 610442
2010BB	REF	Billing Provider Secondary Identification		This segment should be submitted for "atypical" Medi-Cal providers who are not eligible to receive an NPI 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 These providers are considered "atypical" providers and must bill the Medi-Cal program using their Medi-Cal Provider Number

Loop ID	Reference	Name	Codes	Notes/Comments
2000C	HL	Patient Hierarchical Level		This segment is not required for the payer's adjudication system Medi-Cal recipients are all identified to the payer by a unique Identification Number All patients/recipients are considered the subscriber and must be identified at the Subscriber Level
2300	PWK	Claim Supplemental Information		1. Only the first iteration of the PWK segment at the header will be considered in the claim adjudication process 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 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
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		

Loop ID	Reference	Name	Codes	Notes/Comments
2300	NTE01	Attachment Transmission Code		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		
2300	HI01–2 and HI12–2	Diagnosis Code		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	LX	Service Line Number		Medi-Cal will accept and process 6 Claim Service Lines for Professional Claims
2400	SV1	Professional Services		
	SV101–3 thru SV101–6	Procedure Modifier		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

3.6   005010X223A2 Health Care Claim: Institutional

Loop ID	Reference	Name	Codes	Notes/Comments
1000B	NM1	Receiver Name		
	NM103	Receiver Name		Medi-Cal expects to receive: Medi-Cal
	NM109	Receiver Primary Identifier		Medi-Cal expects to receive: 610442
2000A	CUR	Foreign Currency Information		All amounts within Medi-Cal electronic transactions represent U.S. currency
2010AC		Pay-to Plan Name		Medi-Cal does not currently process subrogation payment requests
2010BB	NM1	Payer Name		
	NM103	Payer Name		Medi-Cal expects to receive one of the following based on the claim type for: ▪ Long Term Care "'MEDI-CAL LTC" ▪ Outpatient "MEDI-CAL OP" ▪ Inpatient "MEDI-CAL IP"
	NM109	Payer Identifier		Medi-Cal expects to receive: 610442
2010BB	REF	Billing Provider Secondary Identification		This segment should be submitted for "atypical" Medi-Cal providers who are not eligible to receive an NPI 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 These providers are considered "atypical" providers and must bill the Medi-Cal program using their Medi-Cal Provider Number

Loop ID	Reference	Name	Codes	Notes/Comments
2300	PWK	Claim Supplemental Information		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 2. An Attachment Control Form (ACF) must be used when submitting supplemental information in support of an electronic claim 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
	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		
2300	NTE01	Note Reference Code		*OP and IP Claims Only* Medi-Cal expects to receive "DGN" in the first and second occurrence of this segment
	NTE02	Claim Note Text		*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		

Loop ID	Reference	Name	Codes	Notes/Comments
2300	NTE02	Billing Note Text		*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
2300	HI	Other Diagnosis Information		Medi-Cal will accept up to 12 Diagnosis codes and their associated elements in this segment but will only use one additional Diagnosis Code in the adjudication process
2300	HI	Other Procedure Information		Medi-Cal will accept up to 12 Other Procedure Codes and their associated elements in this segment but will only use one additional Procedure Code in the adjudication process
2400	LX	Service Line Number		Medi-Cal accepts and processes the following number of claim service lines for the document types indicated: 1. Inpatient – 22 lines 2. Outpatient – 22 lines 3. Long Term Care – 1 line
2410	REF	Prescription of Compound Drug Association Number		
2410	REF01	Reference Identification Number	XZ	Medi-Cal expects to receive the value shown in the codes column

3.7   005010X221A1 Health Care Claim Payment/Advice

Loop ID	Reference	Name	Codes	Notes/Comments
Header	BPR	Financial Information		
Header	BPR01	Transaction Handling Code	I	Medi-Cal will populate this data element with the value shown in the codes column This transaction contains remittance information only. Medi-Cal will always send the Payment and Remittance information separately
	BPR03	Credit/Debit Flag Code	C	Medi-Cal will populate this data element with the code value shown in the codes column
	BPR04	Payment Method Code	ACH CHK	Medi-Cal will populate this data element with one of the values shown in the codes column
	BPR05	Payment Format Code	CCP	Data Elements BPR05 – BPR15 are only populated when BPR04 is ACH Medi-Cal will populate this data element with the code value shown in the codes column
	BPR07	Sender DFI Identification		Medi-Cal will populate this data element with the value: 121000358
	BPR09	Sender Bank Acct. number		Medi-Cal will populate this data element with the code value: 1436100418
	BPR10	Payer Identifier (Tax ID)		Medi-Cal will populate this data element with the code value: 1680217053
Header	TRN	Check Number		
Header	TRN03	Payer Identifier		Medi-Cal will populate this data element with the code value: 1680217053
	TRN04	Reference Identification	1 2 4 5 6 7 A M N L	Medi-Cal will send this information to identify the financial program payment association. Medi-Cal will populate this data element with one of the values shown in the codes column
Header	CUR	Foreign Currency Information		All Medi-Cal payments are made in US dollars
1000A	N1	Payer Name		

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N102	Payer Name		Medi-Cal will populate this data element with: State of California Department of Health Care Services
1000A	N3	Payer Address		
1000A	N301	Address Information		Medi-Cal will populate this data element with: 714 P Street RM 950
	N302	Address Information		Medi-Cal will populate this data element with: P.O. Box 942732
1000A	N4	Payer City, State and ZIP Code		
1000A	N401	City Name		Medi-Cal will populate this data element with: Sacramento
	N402	State or Province Code		Medi-Cal will populate this data element with: CA
	N403	Postal Code		Medi-Cal will populate this data element with: 942347320
1000A	PER	Payer Technical Contact Information		
1000A	PER02	Payer Contact Name		Medi-Cal will populate this data element with: State of California Medi-Cal Department
	PER04	Payer Contact Communication Number		Medi-Cal will populate this data element with: 8005415555
	PER06	Payer Contact Communication Number		Medi-Cal will populate this data element with: www.medi-cal.ca.gov
1000B	N1	Payee Identification		
1000B	N103	Identification Code Qualifier	XX FI	Medi-Cal will populate this data element with one of the values shown in the codes column
2100	CLP	Claims Payment Information		
2100	CLP02	Claim Status Code	1 2 3 4 22	Medi-Cal will populate this data element with one of the values shown in the codes column

Loop ID	Reference	Name	Codes	Notes/Comments
	CLP06	Claim Filing Indicator Code	MC	Medi-Cal will populate this data element with value shown in codes column
2100	NM1	Service Provider Name		
2100	NM108	Identification Code Qualifier	XX MC	Medi-Cal will populate this data element with one of the values shown in the codes column
2100	NM1	Corrected Priority Payer Name		
2100	NM108	Identification Code Qualifier	PI	Medi-Cal will populate this data element with value shown in codes column
2110	SVC			
2110	SVC01–1	Product/Service ID Qualifier	NU HC N4	Medi-Cal will populate this data element with one of the values shown in the codes column
2110	REF	Rendering Provider Information		
2110	REF01	Reference Identification Qualifier	1D	Medi-Cal will populate this data element with value shown in the codes column
2110	AMT	Service Supplemental Amount		
2110	AMT01	Amount Qualifier Code	T T2	Medi-Cal will populate this data element with values shown in the codes column

4 TI Additional Information

4.1 Business Scenarios

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

4.2 Payer-Specific Business Rules and Limitations

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

4.3 Frequently Asked Questions

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

4.4 Other Resources

https://www.Medi-Cal.ca.gov/signup.asp

http://files.Medi-Cal.ca.gov/pubsdoco/CTM_manual.asp

http://files.Medi-Cal.ca.gov/pubsdoco/Manuals_menu.asp

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

5 TI Change Summary

Version Number	Date	Reason for Revision	Notes/Comments
1.0	7/8/2011	Initial Version	
1.1	8/11/2011	ACS and IV&V edits captured throughout document	
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

6 Appendix A – Communication/Connectivity Instructions (CCI)

Envelope segments for inbound transaction 005010X279 (270)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
Header	ISA02	Authorization Information		Submitters must enter (left justified) their three-character Submitter (software vendor) ID, followed by their four-character Software Version Number, and with trailing spaces

Loop ID	Reference	Name	Codes	Notes/Comments
	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
	ISA04	Security Information		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 website login password
	ISA05		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 website
	ISA06	Interchange Sender ID		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 website
	ISA07	Interchange ID Qualifier	ZZ	Medi-Cal expects to receive the value shown in the codes column
	ISA08	Interchange Receiver ID		For Leased-Line and Dial-Up: 610442ACS214, left justify and with trailing spaces For Batch: 610442

Loop ID	Reference	Name	Codes	Notes/Comments
	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
	ISA16	Component Element Separator		Medi-Cal expects to receive: "~" as component separator
Header	GS	Functional Group Header		
Header	GS02	Application Sender's Code		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
	GS03	Application Receiver's Code		Medi-Cal expects to receive: 610442

Envelope segments for outbound transaction 005010X217 (271)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
Header	ISA01	Authorization Information Qualifier	00	Medi-Cal will populate this data element with: 00 No Authorization Information Present
	ISA03	Security Information Qualifier	00	Medi-Cal will populate this data element with the value shown in the codes column
	ISA05		ZZ	Medi-Cal will populate this data element with the value shown in the codes column
	ISA06	Interchange Sender ID		Medi-Cal will populate this data element with: 610442

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA07	Interchange ID Qualifier	ZZ	Medi-Cal will populate this data element with the value shown in the codes column
	ISA08	Interchange Receiver ID		Medi-Cal will populate this data element with: For Leased-Line and Dial-Up: Medi-Cal Provider Number or NPI For Batch**:** Sender ID
	ISA13	Interchange Control Number	000000001	Medi-Cal will populate this data element with the value shown in the codes column
	ISA14	Acknowledgment Requested	0	Medi-Cal will populate this data element with the value shown in the codes column
Header	GS	Functional Group Header		
Header	GS02	Application Sender's Code		Medi-Cal will populate this data element with: 610442
	GS03	Application Receiver's Code		Medi-Cal will populate this data element with: For Leased-Line and Dial-Up: Medi-Cal Provider Number or NPI For Batch: Submitter ID

Envelope segments for inbound transaction 005010X222A1 (837P)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA08	Interchange Receiver ID		Medi-Cal expects to receive: 610442
Header	GS	Functional Group Header		
	GS03	Application Receiver Code		Medi-Cal expects to receive: 610442

Envelope segments for inbound transaction 005010X223A2 (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA08	Interchange Receiver ID		Medi-Cal expects to receive: 610442
Header	GS	Functional Group Header		
	GS03	Application Receiver Code		Medi-Cal expects to receive: 610442

Envelope segments for inbound transaction 005010X223A2 (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
Header	ISA06	Interchange Sender ID		Medi-Cal expects to receive: Submitter ID, NPI or Medi-Cal Provider Number
	ISA08	Interchange Receiver ID		Medi-Cal expects to receive: 610442
Header	GS	Functional Group Header		
Header	GS02	Application Sender's Code		Medi-Cal expects to receive: Submitter ID, NPI or Medi-Cal Provider Number
	GS03	Application Receiver Code		Medi-Cal expects to receive: 610442

Envelope segments for inbound transaction 005010X223A2 (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA08	Interchange Receiver ID		Medi-Cal will populate this segment with: 610442
Header	GS	Functional Group Header		
	GS03	Application Receiver Code		Medi-Cal will populate this segment with: 610442

Envelope segments for outbound transaction 005010X221A1 (835)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA08	Interchange Receiver ID		Medi-Cal will populate this segment with: 610442
Header	GS	Functional Group Header		
	GS03	Application Receiver Code		Medi-Cal will populate this segment with: 610442