County of Los Angeles
Department of Mental Health

Contract Providers Transition Project (CPTP)

SAMPLE SHORT DOYLE PHASE II TRANSACTION FORMATS

Version 1.1

---- DRAFT ----

January 2010

DOCUMENT REVISION HISTORY

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Draft 1.0	01/08/2010	Karen Bollow	Draft Short Doyle Phase II (SDII) Transaction Formats
Draft Version 1.1	01/13/2010	Karen Bollow	Modify SDII 837P – Medi-Medi Claim Format

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Sample Transaction Formats

1 Introduction

The purpose of this guideline to provide sample business scenarios that may be typical for most trading partners using that transaction.

2 277U (Bundled)

2.1 277U Description

This is the transaction in which the inbound 837P, unique submitter claim ID (CLM01 segment) will be assigned a unique IS claim number.

2.2 277U Sample

```
ISA*00*          *00*          *ZZ*000000010000000*ZZ*000000620000000*060326*0704*U*00404*000056774*0*P*:~
GS*HN*00000001*00000062*20060326*0704*54835*X*004040X167~
ST*277*0001*004040X167~
BHT*0085*08*0031270163384*20060326*0704*TH~
HL*1**20*1~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~

-----------------------------------------------------------------------

TRN*1*16513539~      <==============IS CLAIM NUMBER ASSIGNED BY IS 2.0
DTP*050*D8*2006-03-26~
DTP*009*D8*2006-03-26~
HL*2*1*21*1~
NM1*41*2*YOUR CLINIC NAME*****46*000010011~
```

```
TRN*2*0031212100001~
STC*060326:0704::65*20060326*WQ*80~                    ( FIRST 277U )
QTY*90*1~
AMT*YU*80~
HL*3*2*19*1~
NM1*85*1*YEGIAZARYAN*LILIT****24*952542763~
TRN*1*0031270163384~   <=================UNIQUE SUBMITTER CLAIM ID
REF*B3*13236~                        FROM INBOUND 837 CLM01
QTY*QA*1~
AMT*YU*80~
HL*4*3*PT*0~
NM1*QC*1*DORRES*GERARD*J***MI*9393046~
TRN*2*0031270163384~
-----------------------------------------------------------------------

TRN*1*16513540~       <==============IS CLAIM NUMBER ASSIGNED BY IS 2.0
DTP*050*D8*2006-03-26~
DTP*009*D8*2006-03-26~
HL*5*1*21*1~
NM1*41*2*YOUR CLINIC NAME*****46*000010011~
TRN*2*0031212100001~
STC*060326:0704::65*20060326*WQ*80~                    ( SECOND 277U )
QTY*90*1~
AMT*YU*80~
HL*6*2*19*1~
NM1*85*1*YEGIAZARYAN*LILIT****24*952542763~
TRN*1*9031270163385~   <=================UNIQUE SUBMITTER CLAIM ID
REF*B3*13236~                        FROM INBOUND 837 CLM01
QTY*QA*1~
AMT*YU*80~
HL*7*3*PT*0~
NM1*QC*1*TORR*JERAR*P***MI**393041~
TRN*2*0031270163384~

-----------------------------------------------------------------------
```

```
SE*23*0001~
GE*1*54835~
IEA*1*000056774~
```

==========

****** EXPLANATION OF THE STC SEGMENT: ******

STC*060326:0704::65*20060326*WQ*80~

060326:0704	- Date and time of the claim uploaded
65	- Health care claim transaction
20060326	- effective date of info
WQ	- ST-SE segment has been accepted
80	- Dollar amount ($80) claim amount submitted

3 835 Positive Negative Sample

```
ISA*00*          *00*          *ZZ*000000010000000*ZZ*000000060000000*060116*2033*U*00401*000008607*0*P*:
GS*HP*00000001*GS201*20060116*2033*50*X*004010X091A1
ST*835*0001
BPR*I*171005.97*C*CHK************20060116
TRN*1*12345*1953893470
DTM*405*20060110
N1*PR*LAC DEPARTMENT OF MENTAL HEALTH
N3*500 S. VERMONT AVENUE
N4*LOS ANGELES*CA*90020
PER*CX*JEREMY CORTEZ*TE*2137384625
N1*PE*YOUR CLINIC NAME*FI*IS0100029
LX*1
```

==========

```
CLP*123ABC*1*49*49.00**HM*12229511    <====== positive
NM1*QC*1*DOE1*JOHN1****MI*5169950
DTM*232*20050726
DTM*233*20050726


CLP*456DEF*1*148*147.75**HM*12229123 <======= positive
CAS*CO*45*0.25
NM1*QC*1*DOE2*JOHN2****MI*4625200
DTM*232*20051011
DTM*233*20051011


CLP*789GHI*4*202*0**HM*16119000  <========= negative
CAS*OA*38*202.00
NM1*QC*1*DOE3*JOHN3****MI*5351388
DTM*232*20060306
DTM*233*20060306


CLP*012JKL*4*168*0**HM*16118321 <========= negative
CAS*OA*96*168.00
NM1*QC*1*DOE4*DOE4****MI*4808911
DTM*232*20060206
DTM*233*20060206

=====================================================================

SE*7097*0001
GE*1*50
IEA*1*000008607
```

4 837I (Health Care Claim Institutional)

```
ISA*00*          *00*          *ZZ*000009010000000*ZZ*000000010000000*041007*2301*U*00401*000000001*0*T*:~
GS*HC*00000901*00000001*20050327*230102*123456789*X*004010X096DA1~
ST*837*000000001~
BHT*0019*00*0403150355864100001*20050327*2301*CH~
REF*87*004010X096DA1~
NM1*41*2*LAC DMH CIO BUREAU*****46*00000901~
PER*IC*DEE ENG*TE*2132516631~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*MENTAL HEALTH CLINIC***** XX*1234567890~    <===NPI
N3*2102 AVA ST~
N4*LOS ANGELES*CA*90001~
REF*EI*Employer's Id Num~   <== NPI requirement, if SSN is used, change EI to SY
REF*B3*634~
REF*FH*3889~
NM1*87*2*MENTAL HEALTH CLINIC*****24*IS1234527~
N3*2102 AVA ST~
N4*LOS ANGELES*CA*90001~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*KORNET*RUB*DERET***MI*8638493~
N3*1003 95TH~
N4*LOS ANGELES*CA*91009~
DMG*D8*19940405*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*9012*11178***51:A:1*Y*A*Y*Y**********N~
DTP*434*RD8*20050302-20050324~
DTP*435*DT*200503021300~
CL1*1*1*01~
HI*BK:311~
NM1*71*1*VAL*MADEL**** XX*1234567890~   <===NPI
REF*N5*37235~
```

```
SBR*P*18***OT****MC~
DMG*D8*19930404*M~
OI***Y*B**Y~
NM1*IL*1*kORNET*RUB*DERET***MI*93159859D~
N3*1003 95TH~
N4*LOS ANGELES*CA*91009~
NM1*PR*2*MEDICAL*****PI*01~
SBR*T*18***OT****11~
DMG*D8*19930404*M~
OI***Y*B**Y~
NM1*IL*1*KORNET*RUB*DERET***MI*8638493~
N3*1003 95TH~
N4*LOS ANGELES*CA*91009~
REF*IG*1000-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV2*0100*HC:0100:HE:HA*11178*DA*23*486~
DTP*472*RD8*20050302-20050324~
SE*49*000000001~
GE*1*123456789~
IEA*1*000000001~
```

5 837I Medicare/Medi-Cal claim – SD/MC II DRAFT 01/07/2010

Please see comments in RED

```
ISA*00*          *00*          *ZZ*000097210000000*ZZ*000000010000000*090825*0415*U*00401*123477394*0*T*:~
GS*HC*00009722*00000001*20090825*0415*719*X*004010X096A1~
ST*837*000000001~
BHT*0019*00*0978593*20090825*0415*CH~
REF*87*004010X096A1~
NM1*41*2*BILLER INC*****46*00009721~
PER*IC*MAR DOE *TE*5556855999*~
NM1*40*2*LAC DMH*****46*00000001~
HL*1**20*1~
```

NM1*85*2* MEDICAL CENTER*****XX*9999676400~
N3*987 WEST STREET~
N4*LOS ANGELES*CA*91999~
REF*EI*123456789~
REF*B3*4421~
REF*FH*6783~
HL*2*1*22*0~
SBR*T*18*******11~
NM1*IL*1*COCO*CHRISTY****MI*9993659~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
DMG*D8*19750302*M~
NM1*PR*2*LAC DMH*****PI*953893470~
CLM*72032409010*9807***21:A:1*Y*A*Y*Y*********Y**1~
DTP*096*TM*1700~
DTP*434*RD8*20090129-20090131~
DTP*435*DT*200901291700~
CL1*1*7*01~
REF*EA*9993659~
HI*BK:29512~
NM1*71*1*MAK*MIC****XX*1039999981~
REF*N5*667136~
SBR*P*18***OT****MB~
AMT*C4*1324.5~ ← Amount paid by Medicare, even if it is zero.
DMG*D8*19750302*M~
OI***Y***Y~
NM1*IL*1*COCO*CHRISTY****MI*92996685C1~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
NM1*PR*2*MEDICARE*****PI*01192~
DTP*573*D8*20090228~ ←Date the claim was adjudicated by Medicare. Date equals to or before service date can cause HIPAA syntax error.
SBR*S*18***OT****MC~
DMG*D8*19750302*M~
OI***Y***Y~

```
NM1*IL*1*COCO*CHRISTY****MI*92999985A~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
NM1*PR*2*MEDICAL*****PI*01~
SBR*T*18***OT****11~
DMG*D8*19750302*M~
OI***Y***Y~
NM1*IL*1*COCO*CHRISTY****MI*9993659~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
REF*IG*1000-01~
NM1*PR*2*LAC DMH*****PI*953893470~
LX*1~
SV2*0100*HC:0100:HE:HT*9807*DA*3*3269~
DTP*472*RD8*20090129-20090131~
SE*57*000000001~
GE*1*719~
IEA*1*123477394~
```

6 837I Use of Share of Cost (SOC) and Indicators – SD/MC II DRAFT 01/07/2010

Please see comments in RED

```
ISA*00*          *00*          *ZZ*000097210000000*ZZ*000000010000000*090825*0415*U*00401*123477394*0*T*:~
GS*HC*00009722*00000001*20090825*0415*719*X*004010X096A1~
ST*837*000000001~
BHT*0019*00*0978593*20090825*0415*CH~
REF*87*004010X096A1~
NM1*41*2*BILLER INC*****46*00009721~
PER*IC*MAR DOE *TE*5556855999*~
NM1*40*2*LAC DMH*****46*00000001~
HL*1**20*1~
NM1*85*2* MEDICAL CENTER*****XX*9999676400~
N3*987 WEST STREET~
```

N4*LOS ANGELES*CA*91999~
REF*EI*123456789~
REF*B3*4421~
REF*FH*6783~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*COCO*CHRISTY****MI*9993659~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
DMG*D8*19750302*M~
NM1*PR*2*LAC DMH*****PI*953893470~
CLM*72032409010*9807***21:A:1*Y*A*Y*Y*********Y**1~
DTP*096*TM*1700~
DTP*434*RD8*20090129-20090131~
DTP*435*DT*200901291700~
CL1*1*7*01~
AMT*F5*304~ ←Put SOC amount cleared in loop 2300, AMT segment
REF*EA*9993659~
NTE*UPI*SED~ ←Healthy Families indicator in Loop 2300, NTE segment (Reminder – in SD/MC II, CIN is used in Loop 2330A, segment NM109, not the14-character Medi-Cal number anymore)
NTE*UPI*EMERGENCY~ ←Emergency indicator in Loop 2300, NTE segment
NTE*UPI*EPSDT~ ←EPSDT indicator in Loop 2300, NTE segment
NTE*UPI*PREGNANCY~ ←Pregnancy indicator in Loop 2300, NTE segment
NTE*UPI*76~ ←Duplicate Override indicator in Loop 2300, NTE segment
HI*BK:29512~
NM1*71*1*MAK*MIC****XX*1039999981~
REF*N5*667136~
SBR*P*18***OT****MC~
DMG*D8*19750302*M~
OI***Y***Y~
NM1*IL*1*COCO*CHRISTY****MI*92999985A~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
NM1*PR*2*MEDICAL*****PI*01~
SBR*T*18***OT****11~

```
DMG*D8*19750302*M~
OI***Y***Y~
NM1*IL*1*COCO*CHRISTY****MI*9993659~
N3*66 FIGUEROA ST~
N4*LOS ANGELES*CA*90011~
REF*IG*1000-01~
NM1*PR*2*LAC DMH*****PI*953893470~
LX*1~
SV2*0100*HC:0100:HE:HT*9807*DA*3*3269~
DTP*472*RD8*20090129-20090131~
SE*48*000000001~
GE*1*719~
IEA*1*123477394~
```

7 837P Claim Sample (DMH FFS)

Loop id	IG Page#	
---	---	
	62	ST*837*0008~
	63	BHT*0017*00*0008*20040202*0900*CH~
	65	REF*87*004010X098DA1~
1000A	67	NM1*41*2*Billing Service Co.*****46*00000999~
	72	PER*IC*Billing Agent Name*TE*2131114321~
1000B	74	NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
2000A	78	HL*1**20*1~
2010AA	85	NM1*85*1*Billing*Doctor**** XX*1234567890~ <===== NPI
	88	N3*1235 Street~
	89	N4*That City*CA*90001~
	92	REF*EI*Employer's Id Num~ <== NPI requirement, if SSN is used, change EI to SY
	92	REF*B3*IS Billing Prov#~
	92	REF*FH*IS Service Location#~
2000B	109	HL*2*1*22*0~
	110	SBR*S*18*******11~
2010BA	118	NM1*IL*1*John*Doe****MI*MIS#~

	121	N3*123 GetWell Street~
	122	N4*Best Wish City*CA*90010~
	124	DMG*D8*19231231*M~
2010BB	130	NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
2300	170	CLM*001*120***11::1*Y*A*Y*Y*B~
	227	REF*G1*12345678910~
	265	HI*BK:29652~
2310B	291	NM1*82*1*DR. GOOD*FIRST NAME**** XX*1234567890~ <==== NPI
	293	PRV*PE*ZZ*2084P0800X~
	296	REF*N5*IS Rendering Prov#~
2320	319	SBR*P*18***MC****MC~
	342	DMG*D8*19231231*M~
	344	OI***Y*B**Y~
2330A	350	NM1*IL*1*John*Doe***MI*987654321~
	354	N3*123 GetWell Street~
	355	N4*Best Wish City*CA*90010~
2330B	359	NM1*PR*2*MEDI-CAL*****PI*01~
2400	398	LX*1~
	400	SV1*HC:90806*120*MJ*50***1~
	435	DTP*472*D8*20040123~

8 837P - One Plan no Medi-Cal

Loop id	IG Page#	
---	---	
	62	ST*837*0008~
	63	BHT*0017*00*0008*20040202*0900*CH~
	65	REF*87*004010X098DA1~
1000A	67	NM1*41*2*Billing Service Co.*****46*00000999~
	72	PER*IC*Billing Agent Name*TE*2131114321~
1000B	74	NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
2000A	78	HL*1**20*1~
2010AA	85	NM1*85*1*Billing*Doctor**** XX*1234567890~ <====NPI

```
                88          N3*1235 Street~
                89          N4*That City*CA*90001~
                92          REF*EI*Employer's Id Num~ <==== NPI requirement, if SSN is used, change EI to SY
                92          REF*B3*IS Billing Prov#~
                92          REF*FH*IS Service Location#~
2000B           109         HL*2*1*22*0~
                110         SBR*S*18*******11~
2010BA          118         NM1*IL*1*John*Doe****MI*MIS#~
                121         N3*123 GetWell Street~
                122         N4*Best Wish City*CA*90010~
                124         DMG*D8*19231231*M~
2010BB          130         NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
2300            170         CLM*001*120***11::1*Y*A*Y*Y*B~
                265         HI*BK:29652~
2310B           291         NM1*82*1*DR. GOOD*FIRST NAME**** XX*1234567890~   <= = =NPI
                293         PRV*PE*ZZ*2084P0800X~
                296         REF*N5*IS Rendering Prov#~
================================================================================
2320            319         SBR*P*18***OT****11~
                332         AMT*D*0.00~
                342         DMG*D8*19231231*M~
                344         OI***Y*B**Y~
2330A           350         NM1*IL*1*John*Doe***MI*MIS#~
                354         N3*123 GetWell Street~
                355         N4*Best Wish City*CA*90010~
                357         REF*IG*1000-01~
2330B           359         NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
                370         REF*G1*19000290151~
=============================================================================
2400            398         LX*1~
                400         SV1*HC:90806*120*MJ*50***1~
                435         DTP*472*D8*20040123~
```

9 837P - One Plan, Medi-Cal

1. Interchange Control Header	ISA*00*AUTHORIZAT*00*SECURITY I*ZZ*000009060000000*ZZ*000000010000000* 070605*1600*U*00401*424114621*0*T*:~
2. Functional Group Header	GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
3. Transaction Set Header	ST*837*000000001~
4. Beginning of Hierarchical Transaction	BHT*0019*00*183811600001*20070529*1645*CH~
5. Transmission Type Identification	REF*87*004010X098A1~
6. Submitter Name (1000A)	NM1*41*2*YOUR CLINIC*****46*00000906~
7. Submitter EDI Contact Information	PER*IC*Jane Doe*TE*9005555555~
8. Receiver Name (1000B)	NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
9. Billing/Pay-to Provider Hierarchical Level (2000A)	HL*1**20*1~
10. Billing Provider Name (2010AA)	NM1*85*2*YOUR CLINICS*****XX*1234567890~ <====NPI
11. Billing Provider Address	N3*225 Main Street~
12. Billing Provider City/State/ZIP Code	N4*Centerville*PA*17111~
13. Billing Provider Secondary Identification	REF*EI*123456789~ <====NPI requirement, enter EIN with qualifier EI. if SSN is entered, qualifier is SY
14. Billing Provider Secondary Identification	REF*B3*919~
15. Billing Provider Secondary Identification	REF*FH*5161~

16. Subscriber Hierarchical Level (2000B)	HL*2*1*22*0~
17. Subscriber Information	SBR*S*18*******11~ <========== (2000B)
18. Subscriber Name (2010BA)	NM1*IL*1*Doe*John****MI*9234567~
19. Subscriber Address	N3*225 Main Street~
20. Subscriber City/State/ZIP Code	N4*Centerville*PA*17111~
21. Subscriber Demographic Information	DMG*D8*19330706*M~
22. Payer Name (2010BB)	NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
23. Claim Information (2300)	CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
24. Health Care Diagnosis Code	HI*BK:30921~
25. Rendering Provider Name (2310B)	NM1*82*1*HERNAN*MONICOCO****XX*1234567890~ <===NPI
26. Rendering Provider Specialty Information	PRV*PE*ZZ*225400000X~
27. Rendering Provider Secondary Identification	REF*N5*943580~
28. Other Subscriber Information (2320)	SBR*P*18***OT****MC~ <========== (2320)
29. Subscriber Demographic Information	DMG*D8*19330706*M~
30. Other Insurance Coverage Information	OI***Y*B**Y~
31. Other Subscriber Name (2330A)	NM1*IL*1*Doe*John****MI*12345678D~
32. Other Subscriber Address	N3*225 Main Street~
33. Other Subscriber City/State/ZIP Code	N4*Centerville*PA*17111~

34. Other Payer Name (2330B)	NM1*PR*2*MEDI-CAL*****PI*01~
35. Other Subscriber Information (2320)	SBR*T*18***OT****11~ <========== (2320)
36. Subscriber Demographic Information	DMG*D8*19330706*M~
37. Other Insurance Coverage Information	OI***Y*B**Y~
38. Other Subscriber Name (2330A)	NM1*IL*1*Doe*John****MI*9234567~
39. Other Subscriber Address	N3*225 Main Street~
40. Other Subscriber City/State/ZIP Code	N4*Centerville*PA*17111~
41. Other Subscriber Secondary Identification	REF*IG*1000-1~
42. Other Payer Name (2330B)	NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
43. Service Line (2400)	LX*1~
44. Professional Service	SV1*HC:90887*39.4*MJ*20***1~
45. Date - Service Date	DTP*472*D8*20040114~
46. Transaction Set Trailer	SE*44*000000001~
47. Functional Group Trailer	GE*1*123456789~
48. Interchange Control Trailer	IEA*1*424114621~

10 837P Plan ID 2024 no Medi-Cal

This is an example for PlanID 2024, Schiff-Cardenas. Medi-Cal will not pay if the client is institutionalized in Juvenile Hall even if the client has EPSDT. Notice in the example that LAC-DMH is the primary payer and PlanID 2024 is used. Please also note that Medi-Cal is not in this business scenario.

```
Loop id         IG Page#
-------         ---------
                62          ST*837*0008~
                63          BHT*0017*00*0008*20040202*0900*CH~
                65          REF*87*004010X098DA1~
1000A           67          NM1*41*2*Billing Service Co.*****46*00000999~
                72          PER*IC*Billing Agent Name*TE*2131114321~
1000B           74          NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
2000A           78          HL*1**20*1~
2010AA          85          NM1*85*1*Billing*Doctor**** XX*1234567890~ <===NPI
                88          N3*1235 Street~
                89          N4*That City*CA*90001~
                92          REF*EI*Employer's Id Num~ <== NPI requirement,if SSN is used, change EI to SY
                92          REF*B3*IS Billing Prov#~
                92          REF*FH*IS Service Location#~
2000B           109         HL*2*1*22*0~
                110         SBR*S*18*******11~
2010BA          118         NM1*IL*1*John*Doe****MI*MIS#~
                121         N3*123 GetWell Street~
                122         N4*Best Wish City*CA*90010~
                124         DMG*D8*19231231*M~
2010BB          130         NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
2300            170         CLM*001*120***11::1*Y*A*Y*Y*B~
                265         HI*BK:29652~
2310B           291         NM1*82*1*DR. GOOD*FIRST NAME**** XX*1234567890~ <====NPI
                293         PRV*PE*ZZ*2084P0800X~
                296         REF*N5*IS Rendering Prov#~
```

```
==============================================================================
2320        319     SBR*P*18***OT****11~    <====LAC-DMH is primary payer
            332     AMT*D*0.00~
            342     DMG*D8*19231231*M~
            344     OI***Y*B**Y~
2330A       350     NM1*IL*1*John*Doe***MI*MIS#~
            354     N3*123 GetWell Street~
            355     N4*Best Wish City*CA*90010~
            357     REF*IG*2024-01~       <=====2024, Schiff-Cardenas
2330B       359     NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
            370     REF*G1*19000290151~
==============================================================================
2400        398     LX*1~
            400     SV1*HC:90806*120*MJ*50***1~
            435     DTP*472*D8*20040123~
```

11 837P MediCare – Medi-Cal (Medi-Medi) – SD/MC II Draft 01-13-2010

9.1 837P Medi-Medi Introduction

Local Contract Providers must first claim Medicare directly. Put the amount received from the Medicare 835 in the Medi-Medi 837P to claim LAC-DMH. Even if the amount paid by Medicare is zero, 0 in the 837P to LAC-DMH.

Provider must retain the 835 from Medicare for auditing purpose.

In the following example, segments ISA to REF and segments LX to IEA are omitted. They are identical to the example of DMH LPCP 837P One Plan Medi-Cal shown in section 7 above.

Please refer to the pointing arrows in the following example for loops and segments for a MediMedi claim. There is one more 2320 loop than the 837P One-Plan Medi-Cal claim scenario. And the arrangement of primary, secondary and tertiary payers is also different in the 2320 loops.

9.2 Medicare/Medi-Cal - 837P in SD/MC II - Draft 01-13-2010

Please see comments in RED

```
ISA*00*AUTHORIZAT*00*SECURITY I*ZZ*000000060000000*ZZ*000000010000000*080825*1301*U*00401*094130105*0*T*:~
GS*HC*00000006*00000001*20080825*130102*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*2346060100001*20080825*1301*CH~
REF*87*004010X098A1~
NM1*41*2*PACIFIC CLINICS*****46*00000006~
PER*IC*HEALTH SOFTWARE*TE*6616000554~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*PACIFIC CLINICS*****XX*1023128485~
N3*800 S. SANTA ANITA AVENUE~
N4*ARCADIA*CA*91106~
REF*EI*951644034~
REF*FH*4409~
REF*B3*768~
HL*2*1*22*0~
SBR*T*18*******11~
NM1*IL*1*BARR*NETH*M***MI*9974554~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
DMG*D8*19550201*F~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*2346060180325*56.81***53::1*Y*C*Y*Y*B**********3~
HI*BK:29622~
NM1*82*1*VIRAMONTES*JUDY****XX*1871635805~
PRV*PE*ZZ*225400000X~
REF*N5*143554~
NM1*FA*2*PACIFIC CLINICS*****24*951644034~
N3*800 S. SANTA ANITA AVENUE~
N4*ARCADIA*CA*91106~
SBR*P*18***OT****MB~
AMT*D*0~ ← Amount paid by Medicare, even if it is zero.
```

DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*999271740A~
NM1*PR*2*MEDICARE*****PI*01192~
DTP*573*D8*20071231~ ←Date the claim was adjudicated by Medicare. Date equals to or before service date can cause HIPAA syntax error.
SBR*S*18***OT****MC~
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*99999590D~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
NM1*PR*2*MEDI-CAL*****PI*01~
SBR*T*18***OT****11~
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*9974554~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
REF*IG*1000-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:H2015:HE:HQ*56.81*MJ*23***1~
DTP*472*D8*20071112~
SE*54*000000001~
GE*1*123456789~
IEA*1*094130105~

12 837P OHC/Medicare/Medi-Cal - SD/MC II Draft 01-06-2010

Please see comments in RED

ISA*00*AUTHORIZAT*00*SECURITY I*ZZ*000000060000000*ZZ*000000010000000*080825*1301*U*00401*094130105*0*T*:~
GS*HC*00000006*00000001*20080825*130102*123456789*X*004010X098A1~
ST*837*000000001~

BHT*0019*00*2346060100001*20080825*1301*CH~
REF*87*004010X098A1~
NM1*41*2*PACIFIC CLINICS*****46*00000006~
PER*IC*HEALTH SOFTWARE*TE*6616000554~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*PACIFIC CLINICS*****XX*1023128485~
N3*800 S. SANTA ANITA AVENUE~
N4*ARCADIA*CA*91106~
REF*EI*951644034~
REF*FH*4409~
REF*B3*768~
HL*2*1*22*0~
SBR*T*18*******11~
NM1*IL*1*BARR*NETH*M***MI*9974554~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
DMG*D8*19550201*F~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*2346060180325*56.81***53::1*Y*C*Y*Y*B**********3~
HI*BK:29622~
NM1*82*1*VIRAMONTES*JUDY****XX*1871635805~
PRV*PE*ZZ*225400000X~
REF*N5*143554~
NM1*FA*2*PACIFIC CLINICS*****24*951644034~
N3*800 S. SANTA ANITA AVENUE~
N4*ARCADIA*CA*91106~
SBR*P*18***OT****11~
AMT*D*0~ ← Amount paid by OHC, even if it is zero.
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*OE27174ZZ~
NM1*PR*2*Other Health Insurance*****PI*11~
DTP*573*D8*20071225~ ←Date the claim was adjudicated by OHC. Date equals to or before service date can cause HIPAA syntax error.

SBR*S*18***OT****MB~
AMT*D*0~ ← Amount paid by Medicare, even if it is zero.
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*999271740A~
NM1*PR*2*MEDICARE*****PI*01192~
DTP*573*D8*20071231~ ←Date the claim was adjudicated by Medicare. Date equals to or before service date can cause HIPAA syntax error.
SBR*T*18***OT****MC~
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*99999590D~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
NM1*PR*2*MEDI-CAL*****PI*01~
SBR*T*18***OT****11~
DMG*D8*19550201*F~
OI***Y*B**Y~
NM1*IL*1*BARR*NETH*M***MI*9974554~
N3*735 MEAD STREET~
N4*SANTA SPRING*CA*99970~
REF*IG*1000-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:H2015:HE:HQ*56.81*MJ*23***1~
DTP*472*D8*20071112~
SE*61*000000001~
GE*1*123456789~
IEA*1*094130105~

13 837P EPSDT indicator - SD/MC II Draft 01-04-2010

Please see comments in RED

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~  ←NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ← Use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered.
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~  ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320)  Medi-Cal is the primary payer
```

DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*xxxx-01~ ←Must not be PlanID of EPSDT, it is no longer a Plan
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1****Y~ ← EPSDT indicator is in SV111. Put Y to turn it on for an EPSDT claim. DO NOT do anything if it is not an EPSDT claim. Putting N in SV111 can cause HIPAA syntax error.
DTP*472*D8*20040114~
SE*43*000000001~
GE*1*123456789~
IEA*1*424114621~

14 837P Healthy Families claim - SD/MC II Draft 01-04-2010

Please see comments in RED

ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~

NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~ ←=NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~ ←Use qualifier EI for Employer's ID Num,
use qualifier SY if SSN is entered
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
NTE*ADD*SED~ ←Healthy Families claim requires this segment.
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~ ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320) Medi-Cal is the primary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*12345678D~ ← Healthy Families claim must use CIN#.
In SD/MC II, the 14-digit Medi-Cal Id will be invalid.
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~

```
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*yyyy-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
SE*44*000000001~
GE*1*123456789~
IEA*1*424114621~
```

15 837P Share of Cost (SOC) - SD/MC II Draft 01-04-2010

Please see comments in RED

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~   ←=NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ←Use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
```

N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
AMT*F5*21.05~ ← Report SOC amount obligated in loop 2300 AMT segment
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~ ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320) Medi-Cal is the primary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*yyyy-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
SE*44*000000001~
GE*1*123456789~
IEA*1*424114621~

16 837P Emergency aid code only indicator - SD/MC II Draft 01-04-2010

Please see comments in RED

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~  ←NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ← Use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered.
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19700706*F~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~  ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320)  Medi-Cal is the primary payer
DMG*D8*19700706*F~
```

OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19700706*F~
OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*xxxx-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1**Y~ ← SV109 is the emergency aid code indicator; a "Y" value indicates the client has an emergency aid code. Put Y to turn it on. DO NOT do anything if client has no emergency aid code. Putting N in SV109 can cause HIPAA syntax error.
DTP*472*D8*20040114~
SE*43*000000001~
GE*1*123456789~
IEA*1*424114621~

17 837P Pregnancy aid code only indicator - SD/MC II Draft 01-04-2010

Please see comments in RED

ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~

HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~ ←NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~ ← Use qualifier EI for Employer's ID Num,
use qualifier SY if SSN is entered.
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
PAT*********Y~ ← PAT09 indicates whether the Client has a pregnancy aid code. DMH requires this segment if aid code is a pregnancy aid code, otherwise do not send this segment.
NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19700706*F~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~ ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320) Medi-Cal is the primary payer
DMG*D8*19700706*F~
OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19700706*F~
OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~

N4*Centerville*PA*17111~
REF*IG*xxxx-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
SE*44*000000001~
GE*1*123456789~
IEA*1*424114621~

18 837P Pregnancy & Emergency aid codes indicators - SD/MC II Draft 01-04-2010

Please see comments in RED

ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~ ←NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~ ← Use qualifier EI for Employer's ID Num,
use qualifier SY if SSN is entered.
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
PAT*********Y~ ← PAT09 indicates whether the Client has a pregnancy aid code. DMH requires this segment if aid code is a pregnancy aid code, otherwise do not send this segment.

NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19700706*F~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~ ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320) Medi-Cal is the primary payer
DMG*D8*19700706*F~
OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19700706*F~
OI***Y*B**Y~
NM1*IL*1*Doe*Lady****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*xxxx-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1**Y~ ← SV109 is the emergency aid code indicator; a "Y" value indicates the client has an emergency aid code. Put Y to turn it on. DO NOT do anything if client has no emergency aid code. Putting N in SV109 can cause HIPAA syntax error.
DTP*472*D8*20040114~
SE*44*000000001~
GE*1*123456789~
IEA*1*424114621~

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Please see comments in RED

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~   ←=NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ←Use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~   ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~  ← (loop 2320)  Medi-Cal is the primary payer
DMG*D8*19330706*M~
```

OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*12345678D~
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*yyyy-01~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
NTE*ADD*76~ ←Required when override code is present. Loop 2400, segment NTE is not required for FFS Providers
SE*44*000000001~
GE*1*123456789~
IEA*1*424114621~

20 997 Example

```
ISA*00*          *00*          *ZZ*000000010000000*ZZ*000000270000000*060803*0925*U*00400*000000002*0*P*:~
GS*FA*00000001*00000027*20060803*0925*2*X*004010~
ST*997*0001~
AK1*HC*372~
AK2*837*0001~
AK3*SV1*37**8~
AK4*3**1~
AK5*R*5~
AK9*R*1*1*0~
SE*8*0001~
GE*1*2~
IEA*1*000000002~
```