

MACSIS 835 Health Care Claim/Payment Advice Informational Guide

IG PAGE	REF. DES	835 FILE SPECIFICATIONS NAME	PROPOSED VALUE/FORMAT	DATA TYPE/LENGTH	USAGE	Current ERA Ref.	MACSIS Comments	MACSIS Guide-Line
B.3	ISA	INTERCHANGE CONTROL HEADER	fixed length		R			
	ISA01	Authorization Info Qualifier	00 - No Auth Info Present	ID 2/2	R			
	ISA02	Authorization Info	SPACES	AN 10/10	R			
	ISA03	Security Info Qualifier	00 - No Security Info Present 01 - Password	ID 2/2	R			
	ISA04	Security Info	SPACES	AN 10/10	R			
	ISA05	Interchange ID Qualifier - Sender	ZZ - Mutually Defined	ID 2/2	R			
	ISA06	Interchange Sender ID	Board Company Code Left-justified, blank filled	AN 15/15	R	27	This field will contain the five character MACSIS Board Company Code, which identifies the county responsible for the adjudicated claim.	41A2
	ISA07	Interchange ID Qualifier - Receiver	ZZ - Mutually Defined	ID 2/2	R			
	ISA08	Interchange Receiver ID	MACSIS UPI Left-justified, blank filled	AN 15/15	R	1	This will contain the five digit MACSIS Unique Provider Identifier (UPI) assigned to the agency being remitted.	41A2 and 43D
	ISA09	Interchange Date	YYMMDD	DT 6/6	R		This date will be the date the 835 file was created. In an effort to assist the provider in matching the 835 to a check, some boards may refer to this date on the actual check disbursed from their County Auditor.	
	ISA10	Interchange Time	HHMM	TM 4/4	R			
	ISA11	Interchange Control Standards Identifier	U - U.S.EDI Community of ASC X 12	ID 1/1	R			
	ISA12	Interchange Control Version #	00401	ID 5/5	R			
	ISA13	Interchange Control Number	Same as in IEA02	N0 9/9	R		Per the standard implementation guide, this field must match IEA02 or the file will fail ANSI validation edits.	
	ISA14	Acknowledgment Request	0 - No Acknowledgment Requested	ID 1/1	R			
	ISA15	Usage Indicator	P - Production Data T - Test Data	ID 1/1	R			
	ISA16	Component Element Separator	:	1/1	R			40D6
B.8	GS	FUNCTIONAL GROUP HEADER			R			
	GS01	Functional Identifier Code	HP	ID 2/2	R			
	GS02	Application Sender's Code	Board Company Code	AN 2/15	R	27	This field will contain the five character MACSIS Board Company Code, which identifies the county responsible for the adjudicated claim.	
	GS03	Application Receiver's Code	UPI	AN 2/15	R	1	This will contain the five digit MACSIS Unique Provider Identifier (UPI) assigned to the agency being remitted.	
	GS04	Functional group creation date	CCYYMMDD	DT 8/8	R			
	GS05	Time	HHMM	TM 4/8	R			
	GS06	Group Control Number	Same as in GE02	N0 1/9	R		Per the standard implementation guide, this field must match GE02 or the file will fail ANSI validation edits.	
	GS07	Responsible Agency Code	X - Accredited Standards Committee X12	ID 1/2	R			
	GS08	Version/Release	004010X091A1	AN 1/12	R		MACSIS is assuming that the proposed addenda changes will be adopted prior to 7/1/03.	40B4
TABLE 1 - REMITTANCE HEADER LEVEL								
43	ST	Transaction Set Header			R			
	ST01	ITS ID Code	835	ID 3/3	R			

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	ST02	TS Control Number	System-generated sequential number	AN 4/9	R			
44	BPR	Financial Information			R			
	BPR01	Transaction Handling Code	H - Notification Only	ID 1/2	R		Since checks are issued independently from MACSIS via the individual boards and county auditors, this 835 transaction will not contain check-related information. Therefore, it is considered "Notification Only".	
	BPR02	Total Actual Provider Pmt Amt	Total of Net Amount Paid	R 1/18	R		Negative balance claims will be included on the 835 transmission, even if the total transmission results in a debit balance. Please note that a positive amount will be placed here regardless. BPR03 will determine if the amount is a credit or debit.	
	BPR03	Credit/Debit Flag Code	C - Credit D - Debit	ID 1/1	R		The majority of the time, this field would contain "C-Credit". However, if the provider has a net negative balance due from the board, then this value will be "D-Debit". Please note that numerous discussions with both boards and providers resulted in the decision to include negative balance claims on remittance advices. Provider software vendors should plan accordingly when designing electronic remittance posting programs.	43D
	BPR04	Payment Method Code	NON - Non-Payment Data	ID 3/3	R		Please note the value of "NON" in this field is the only permissible value when check information will not be included with the 835 transmission.	
	BPR16	Check issue or EFT Effective Date	Date the 835 Transaction Was Created	DT 8/8	R			
52	TRN	Reassociation Trace Number			R			
	TRN01	Trace Type Code	1-Current Transaction Trace Numbers	ID 1/2	R			
	TRN02	Check or EFT Trace Number	835 File Name	AN 1/30	R	62	See Guidelines Pertaining to MACSIS for further information about file naming conventions.	43B
	TRN03	Payer ID	1 + Board Tax ID	AN 10/10	R			
57	REF	Receiver Identification			S		This segment will only be valued if the receiver of the data is other than the payee (ex. a clearinghouse or VAN).	
	REF01	Receiver ID #	EV	ID 2/3	R			
	REF02	Receiver Identifier	MACSIS-Assigned VAN ID	AN 1/30	R			41A2 and 41A4
60	DTM	Production Date			S			
	DTM01	Date Time Qualifier	405 - Production (adjudication date)	ID 3/3	R			

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	DTM02	Production Date	Latest MACSIS Posted Date in file CCYYMMDD	DT 8/8	R		This field will contain the "APUPD" Post Date. This date can be used to cross-reference the 835 to the Remittance Reports available on the web (http://www.mh.state.oh.us/ois/macsis/mac.c.rpts.index.html). Posted dates are set when claims are "finalized" in MACSIS via the MACSIS APUPD process. The posted date for all claims in an 835 file may or may not be the same, since the APUPD process can run past midnight for a given week's process. Therefore, the value in this field will be the most recent (highest, latest) value associated with a claim on this 835 file.	
-- LOOP ID 1000A PAYER IDENTIFICATION repeat 1								
62	N1	Payee Name				R		
	N101	Payee	PR-Payer	ID 2/3	R			
	N102	Payee Name	Board Company Code Name	AN 1/60	S			
64	N3	Payee Address				R		
	N301	Payee Address Line	Board Company Address	AN 1/55	R			
65	N4	Payee City, State, Zip code				R		
	N401	Payee city name	Board Company City	AN 2/30	R			
	N402	Payee State Code	Board Company State	ID 2/2	R			
	N403	Payee Zip Code	Board Company Zip	ID 3/15	R			
-- LOOP ID 1000B PAYEE IDENTIFICATION repeat 1								
72	N1	Payee Name				R		
	N101	Payee	PE	ID 2/3	R			
	N102	Payee Name	MACSIS Vendor Name	AN 1/60	S	4		
	N103	ID code qualifier	FI - Federal Taxpayer's ID Number	ID 1/2	R			
	N104	Payee ID Code	MACSIS Vendor Tax ID	AN 2/80	R			
74	N3	Payee Address				S	The Payee Address information is not required; however, MACSIS felt it would be worthwhile to value these fields for use by VANs or clearinghouses.	
	N301	Payee Address Line	MACSIS Vendor Address	AN 1/55	R			
75	N4	Payee City, State, Zip Code				S		
	N401	Payee City Name	MACSIS Vendor City	AN 2/30	R			
	N402	Payee State Code	MACSIS Vendor State	ID 2/2	R			
	N403	Payee Postal Zone or ZIP Code	MACSIS Vendor Zip Code	ID 3/15	R			
77	REF	Payee Additional Identification						
	REF01	Reference Identification Qualifier	PQ - Payee Identification	ID 2/3	R			
	REF02	Additional Payee Identifier	MACSIS Vendor Number	AN 1/30	R	3		
-- LOOP ID 2000 PROVIDER SUMMARY INFORMATION repeat 1								
79	LX	Header Number				S		
	LX01	Assigned Number	Sequential Number	N0 1/6	R			
-- LOOP ID 2100 CLAIM PAYMENT INFORMATION repeat >1								
89	CLP	Claim Payment Information				R		

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IG PAGE	REF. DES	NAME	PROPOSED VALUE/FORMAT	DATA TYPE/LENGTH	USAGE	Current ERA Ref.	MACSIS Comments	MACSIS Guide-Line
	CLP01	Patient Control Number	Provider-assigned claim-level control number	AN 1/38	R	17	MACSIS can only store one control number per claim. Therefore, if the provider submitted a service line item control number on the 837P in Loop 2400, field REF02, then this field will equate to the service line control number value. If the provider did not submit a service line control number, then the number submitted at the claim level (Loop 2300, CLM01) will appear here. See Guidelines for specific information related to AOD Prevention Service Provider requirements.	44B
	CLP02	Claim Status Code	1 - Processed as Primary 2 - Processed as Secondary 4 - Denied 22 - Reversal of Previous Payment 25 - Predetermination pricing only, no payment	ID 1/2	R	26	This value will be calculated based on the combination of MACSIS Claim Status, MACSIS Processing Status, MACSIS Other Carrier Amount and MACSIS Withhold Amount.	
	CLP03	Total Claims Charge Amount	Provider Claim Billed amount	R 1/18	R		Value can be less than zero.	
	CLP04	Claim Payment amount	MACSIS Claim Net Paid Amount	R 1/18	R			
	CLP05	Patient Responsibility Amount	MACSIS Copayment + Notcovered Amount + Deductible Amount	R 1/18	S	32, 35, 42		
	CLP06	Claim Filing Indicator Code	13 - POS (for Non-Medicaid Claims) MC - Medicaid Claims	ID 1/2	R	46	This value will identify how the claim was adjudicated (as Medicaid or Non-Medicaid) based on the MACSIS MEDEF value.	
	CLP07	Payer Claim Control #	MACSIS-Assigned Claim Number	AN 1/30	S	18		
	CLP08	Facility Type Code	Place of Service Code	AN 1/2	S		This value equates to the Place of Service Code submitted on the 837 Professional Transaction, Loop 2300, CLM05-1 or in Loop 2400, SV105, if different.	
102	NM1	Patient Name			R			
	NM101	Entity Identifier Code	QC-Patient	ID 2/3	R			
	NM102	Entity Type Qualifier	1 - Person	ID 1/1	R			
	NM103	Patient Last Name	MACSIS Client Last Name	AN 1/35	R	6		
	NM104	Patient First Name	MACSIS Client First Name	AN 1/25	R	7		
	NM105	Patient Middle Name	MACSIS Client Middle Initial	AN 1/25	R	8		
	NM108	Identification Code Qualifier	MI - Member Identification Number	ID 1/2	S			
	NM109	Patient Identifier	MACSIS Client UCI Number	AN 2/80	S	5		
111	NM1	Service Provider Name			S		This segment is required only when the rendering provider is different than the payee.	
	NM101	Entity Identifier Code	82 - Rendering Provider	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R			
	NM103	Rendering Prov Last or Org Name	Provider Name	AN 1/35	S	2		
	NM108	Identification Code Qualifier	FI - Tax ID	ID 1/2	R			
	NM109	Rendering Provider ID	Provider Tax ID	AN 2/80	R			

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116	NM1	Corrected Priority Payer Name			S		This segment will be produced for reversed Medicaid Payments only, when the ODJFS error code is "218" (Other Ins Coverage). It may repeat up to two times if more than one other payer is identified.	
	NM101	Entity Identifier Code	PR - Payer	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R			
	NM103	Corrected Priority Payer Name	ODJFS Carrier Code	AN 1/35	R	53 and 54	This field will contain the ODJFS Carrier ID code which identifies the payer responsible for other insurance coverage for this client.	
	NM108	Identification Code Qualifier	PI - Payer Identification	ID 1/2	R			
	NM109	Corrected Priority Payer ID	ODJFS Policy + Group + Insured	AN 2/80	R	55 - 60	This field will contain concatenated value of policy, group and insured data as provided by ODJFS. Sub-elements will be valued as follows: Pos 1-15 will contain the Policy Data, Pos 16-27 will contain the Group Data, and Pos 28-42 will contain the Insured Data. All sub-elements will be left-justified.	
126	REF	Other Claim Related Identification						
	REF01	Reference Identification Qualifier	F8 - Original Reference Number	ID 2/3	S			
	REF02	Other Claim Related Identifier	MACSIS Batch Number	AN 1/30	S	65	This field will contain the MACSIS Batch Number related to the claim associated with this remittance transaction.	
-- LOOP ID 2110 SERVICE PAYMENT INFORMATION repeat 999								
139	SVC	Service Information						
	SVC01-1	Service ID Qualifier	HC - HCPCS (Healthcare) ZZ - Mutually Defined (Non-Healthcare)	ID 2/2	R			
	SVC01-2	Procedure Code	HCPCS/CPT/Non-Healthcare Procedure Code	AN 1/48	R	21		40C
	SVC01-3	Procedure Modifier	HCPCS/CPT Modifier	AN 2/2	S	23		40C
	SVC01-4	Procedure Modifier		AN 2/2	S			40C
	SVC01-5	Procedure Modifier		AN 2/2	S			40C
	SVC01-6	Procedure Modifier		AN 2/2	S			40C
	SVC02	Line Item Charge Amount	Provider service billed amount	R 1/18	R	28		
	SVC03	Line Item Provider Payment Amount	Net amount	R 1/18	R	45		43A1
	SVC05	Units of Service	Units of Service	R 1/15	S	24		
146	DTM	Service Date						
	DTM01	Date Time Qualifier	472 - Service	ID 3/3				
	DTM02	Service Date	Date of Service	DT 8/8		25		
148	CAS	Claims Adjustment					All adjustments will be reflected at the service-line level, not claim level	
	CAS01	Claim Adjustment Group Code	CO - Contractual Obligation CR - Correction and Reversals OA - Other Adjustment PI - Payor Initiated Reductions PR - Patient Responsibility	ID 1/2	R			

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	CAS02	Adjustment Reason Code	Service Adjustment Reason Code	ID 1/5	R	30,33,36,39,41,43	See standard implementation guide for a complete list of valid "Claim Adjustment Reason Codes". Please note that any withhold amounts will be reflected in a CAS segment with a adjustment reason code of "104".	
	CAS03	Adjustment Amount	Adjusted Amount	R 1/18	S			
	CAS04	Adjustment Quantity	Adjusted Quantity	R 1/15	S			
	CAS05	Adjustment Reason Code		ID 1/5	S			
	CAS06	Adjustment Amount		R 1/18	S			
	CAS07	Adjustment Quantity		R 1/15	S			
	CAS08	Adjustment Reason Code		ID 1/5	S			
	CAS09	Adjustment Amount		R 1/18	S			
	CAS10	Adjustment Quantity		R 1/15	S			
154	REF	Service Identification			S			
	REF01	Reference Identification Qualifier	6R - Provider Control Number	ID 2/3	R			
	REF02	Provider Identifier	Provider-assigned service line item control number	AN 1/30	R	17	MACSIS can only store one control number per claim. Therefore, if the provider submitted a line item control number on the 837P in Loop 2400, field REF02, then this field will equate to the service line control number value. If the provider did not submit a service line control number, then the number submitted at the claim level (Loop 2300, CLM01) will appear here. See Guidelines for specific information related to AOD Prevention Service Provider requirements.	44B
162	LQ	Health Care Remark Codes						
	LQ01	Code List Qualifier Code	HE - Claim Payment Remark Codes	ID 1/3	S			
	LQ02	Remark Code	Service Level Remark Code				See MACSIS Reason Code Cross-Reference Table.	
164	PLB	Provider Adjustment					The Departments may choose to use this segment to report Medicaid reconciliation amounts due.	
	PLB01	Provider Identifier	MACSIS UPI	AN 1/30	R			
	PLB02	Fiscal Period Date	The fiscal year-end date to which the reconciliation amount applies	DT 8/8	R			
	PLB03-1	Adjustment Identifier	WO - Overpayment Recovery	ID 2/2	R			
	PLB04	Provider Adjustment Amount	Medicaid Reconciliation Amount	R 1/18	R			
173	SE	TRANSACTION SET TRAILER			R			
	SE01	Transaction Segment Count	Total number of segments including SE and ST	N0 1/10	R			
	SE02	Transaction Set Control Number	Same as ST02	AN 4/9	R		This value must equal the value in ST01, but it will not be stored in MACSIS.	
B.10	GE	FUNCTIONAL GROUP TRAILER			R			
	GE01	# of Transaction Sets Included		N0 1/6	R			
	GE02	Group Control Number	Same as GS06	N) 1/9	R		Per the standard implementation guide, this field must match GS06 or the file will fail ANSI validation edits.	
B.7	IEA	INTERCHANGE CONTROL TRAILER			R			

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	IEA01	# of Included Functional Groups		N0 1/5	R			
	IEA02	Interchange Control Number	Save as ISA13	N0 9/9	R		Per the standard implementation guide, this field must match ISA13 or the file will fail ANSI validation edits.	