

MACSIS 837 Professional Claim Informational Guide

837 FILE SPECIFICATIONS								
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
B.3	ISA	Interchange Control Header					Please note that the ISA control segment is a fixed length segment. It is the only fixed length segment in the 837P v4010 file.	
	ISA01	Auth Information Qualifier	00-No autho info present	ID 2/2	R			
	ISA02	Auth Information	SPACES	AN 10/10	R			
	ISA03	Security Info Qualifier	00-No Security info present	ID 2/2	R			
	ISA04	Security Information	SPACES	AN 10/10	R			
	ISA05	Interchange ID Qualifier	ZZ- Mutually defined	ID 2/2	R			
	ISA06	Interchange Sender ID	UPI/VENDR ID/VAN ID Right Justified, zero fill	AN 15/15	R		<ul style="list-style-type: none"> · If provider and vendor number are the same and provider is the creator, value to MACSIS UPI. · If provider and vendor number are different, value to either MACSIS UPI or MACSIS Vendor Number depending on who created it. · If a clearinghouse is the creator, value to MACSIS-assigned VAN ID. 	41A2
	ISA07	Interchange ID Qualifier	ZZ- Mutually defined	ID 2/2	R			
	ISA08	Interchange Receiver ID	BOARD NUMBER and TYPE Left-justified, blank-fill	AN 15/15	R		This field should identify the board receiving the file (ex. 25B for Franklin County).	41A2
	ISA09	Interchange Date	YYMMDD	DT 6/6	R			
	ISA10	Interchange Time	HHMM	TM 4/4	R			
	ISA11	Interchange Control Standards ID	U	ID 1/1	R			
	ISA12	Interchange Control Version Number	00401	ID 5/5	R			
	ISA13	Interchange Control Number	same as in IEA02	N0 9/9	R		The interchange sender determines this value. Per the standard implementation guide, this field must match IEA02 or the file will fail ANSI validation edits.	
	ISA14	Acknowledgement Requested	0 - No Acknowledgement requested	ID 1/1	R		The receipt of an interchange acknowledgement is determined by the TPA. Per this document, the State will not be providing an acknowledgement transaction to the Boards. However, Boards may choose to negotiate this item in the TPAs with their providers if the board can and wants to create the acknowledgement transaction themselves.	42D
	ISA15	Usage Indicator	P-Production T-Test	ID 1/1	R		This field will be referenced by MACSIS to determine if the file is a production or test file.	
	ISA16	Component Element Separator	:	ID 1/1	R		To guarantee accurate evaluation and processing of the file, this field should be valued to :	40D6
B.8	GS	Functional Group Header						
	GS01	Functional Identifier Code	HC	ID 2/2	R			

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	GS02	Application Sender Code	UPI/VENDR ID	AN 2/15	R		- This field should identify the entity responsible for the claims contained in the functional group. In most cases, this field should equal the value in ISA06. Since this field is not a fixed-length field, the leading zeros are not required. (Note: It is not a problem if they are provided, however). -If a provider contracts with a clearinghouse to create this file on their behalf, then ISA06 would identify the clearinghouse and this field would identify the provider (Ex. UPI). Please note: This means clearinghouses should send one file per provider or vendor.	
	GS03	Application Receiver Code	BOARD NUMBER and TYPE	AN 2/15	R		This field should identify the entity receiving the claims contained in the functional group. This field should equal ISA08.	
	GS04	Date	CCYYMMDD	DT 8/8	R			
	GS05	Time	HHMM	TM 4/8	R			
	GS06	Group Control Number	Same as GE02	N0 1/9	R		The application sender determines this value. Per the standard implementation guide, this field must match GE02 or the file will fail ANSI validation edits.	
	GS07	Responsible Agency Code	X	ID 1/2	R			
	GS08	Version/Release Code	004010X098A1	AN 1/12	R		Addenda changes were adopted by the HHS Secretary on 2/13/03.	40B4
TABLE 1 - HEADER								
62	ST	Transaction Set Header			R			
	ST01	TS ID Code	837	ID 3/3	R			
	ST02	TS Control Number	Transaction Set Control Number	AN 4/9	R		It must match the value in SE02, but it will not be stored in MACSIS.	
63	BHT	Beginning of Hierarchical Transaction			R			
	BHT01	Hierarchical Structure Code	0019	ID 4/4	R			
	BHT02	TS Purpose Code	00-Original	ID 2/2	R			
	BHT03	Originator Application Transaction Identifier	Batch number assigned by application sender	AN 1/30	R	BA0/4 YA0/4	This number is determined by the application sender. It will not be stored in MACSIS.	
	BHT04	TS Creation Date	CCYYMMDD	DT 8/8	R	AA0/15		
	BHT05	TS Creation Time	HHMM	TM 4/8	R			
	BHT06	TS Type Code	CH-chargeable	ID 2/2	R		MACSIS will consider for payment "CH" transaction types only.	
66	REF	Transmission Type Identification			R			
	REF01	Reference Identification Qualifier	87	ID 2/3	R			
	REF02	Transmission Type Code	004010X098A1 (Prod) 004010X098DA1 (Test)	AN 1/30	R		Addenda changes were adopted by the HHS Secretary on 2/13/03.	
-- LOOP ID 1000A SUBMITTER NAME								
67	NM1	Submitter Name			R			
	NM101	Entity Identifier Code	41	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - non-person entity	ID 1/1	R			
	NM103	Submitter Name	Provider Name/Vendor Name/VAN Name	AN 1/35	R	AA0/6	It is recommended this field contain the name of the organization corresponding to the Sender ID in ISA06. Do not use "&" in the name.	
	NM108	Identification Code Qualifier	46-ETIN	ID 1/2	R			

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	NM109	Identification Code	UPI/VENDR ID/VAN ID	AN 2/80	R	AA0/2 ZA0/2	It is recommended this field contain the same value as noted in ISA06. Since this is not a fixed length field, the leading zeros are not required.	
71	PER	Submitter EDI contact Information						
	PER01	Contact Function Code	IC	ID 2/2	R			
	PER02	Submitter Contact Name	Contact person at provider, vendor, or clearinghouse	AN 1/60	R	AA0/13		
	PER03	Communication Number Qualifier	TE-Telephone	ID 2/2	R			
	PER04	Communication Number	Format: AAABBBCCCC, where AAA is the area code, BBB is the telephone number pre-fix and CCCC is the telephone number.	AN 1/80	R		The extension, when applicable, should be included immediately after the telephone number.	
-- LOOP ID 1000B RECEIVER NAME								
74	NM1	Individual or Organizational Name						
	NM101	Receiver Code	40	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - non-person Entity	ID 1/1	R			
	NM103	Receiver Name	Board Name	AN 1/35	R		It is recommended this field contain the name of the board corresponding to the value in ISA08	
	NM108	Identification Code Qualifier (ETIN)	46	ID 1/2	R			
	NM109	Receiver Primary Identifier	BOARD NUMBER and TYPE	AN 2/80	R		It is recommended this field contain the same value as noted in ISA08.	
TABLE 2 - BILLING/PAY-TO PROVIDER DETAIL								
-- LOOP ID 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL								
77	HL	Hierarchical Level						
	HL01	Hierarchical ID Number	start with 1, increment by 1	AN 1/12	R			
	HL03	Hierarchical Level Code	20	ID 1/2	R			
	HL04	Hierarchical Child Code	1	ID 1/1	R			
-- LOOP ID 2010AA BILLING PROVIDER NAME								
84	NM1	Individual or Organizational Name						
	NM101	Billing Provider	85	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R			
	NM103	Billing Provider Name	Agency Name	AN 1/35	R		This field should contain the name of the provider agency corresponding to the MACSIS-assigned UPI Number. Do not use "&" in the name.	
	NM108	Identification Code Qualifier	24-Employer's ID Number	ID 1/2	R			
	NM109	Billing Provider Identifier	Agency Tax-ID Number Hyphen included	AN 2/80	R		This field should contain the tax-id number of the agency. Please contact your Board representative to verify that your Tax-ID as recorded in MACSIS is correct prior to submitting test files.	
88	N3	Billing Provider Address						
	N301	Billing Provider Address 1	Agency Address Line 1	AN 1/55	R		This is the address associated with the MACSIS-assigned UPI number. It is recommended that the address be an exact match to what is stored in MACSIS. To determine value in MACSIS, refer to http://www.mh.state.oh.us/ois/mac.provf.top.html	
	N302	Billing Provider Address 2	Agency Address Line 2	AN 1/55	S		This is the address associated with the MACSIS-assigned UPI number. See note above (on N301).	
89	N4	Billing Provider Geographic Location						

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	N401	Billing Provider's City	Agency City	AN 2/30	R		This is the city associated with the MACSIS-assigned UPI number. See note on N301.		
	N402	Billing Provider's State	Agency State	ID 2/2	R		This is the State abbreviation associated with the MACSIS-assigned UPI number. See note on N301.		
	N403	Billing Provider's Zip Code	Agency Zip Code	ID 3/15	R		This is the zip code associated with the MACSIS-assigned UPI number. See note on N301.		
91	REF	Billing Provider Secondary Identification			S		This segment will be required to ensure proper adjudication of the claim in MACSIS.		
	REF01	Reference Identification Qualifier	1G - Provider UPIN Number	ID 2/3	R				
	REF02	Billing Provider Secondary Identification	MACSIS-Assigned UPI Number 12 bytes with leading zeros	AN 1/30	R	BA0/2 YA0/2	This field should contain the MACSIS-Assigned UPI number. Please note the value must be 12 bytes in length and contain leading zeros.		
96	PER	Billing Provider contact Information			S		This segment is required if different than the submitter contact information in Loop 1000A, segment PER, but the information will not be used by MACSIS.		
	PER01	Contact Function Code	IC	ID 2/2	R				
	PER02	Billing Provider Contact Name	Agency Billing Contact Name	AN 1/60	R				
	PER03	Comm Number Qualifier	TE -Telephone	ID 2/2	R				
	PER04	Comm Number	Agency Contact Telephone Number	AN 1/80	R				
	-- LOOP ID 2010AB PAY-TO PROVIDER NAME							This loop is only required if the pay-to provider is a different entity than the billing provider.	
99	NM1	Individual or Organizational Name			R				
	NM101	Billing Provider	87	ID 2/3	R				
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R				
	NM103	Pay-To Provider Name	Pay-To Provider Name	AN 1/35	R		This field should contain the name of the organization associated with the MACSIS-assigned Vendor Number. Do not use "&" in the name.		
	NM108	Identification Code Qualifier	24 -Employer's ID Number	ID 1/2	R				
	NM109	Pay-To Provider Identifier	Pay-To Provider Tax-ID Number Hyphen included	AN 2/80	R		This field should contain the tax-id of the organization associated with the MACSIS-assigned Vendor Number. Please contact your Board representative to verify that your Tax-ID as recorded in MACSIS is correct prior to submitting test files.		
103	N3	Pay-To Provider Address			R				

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	N301	Pay-To Provider Address 1	Pay-To Provider Address Line 1	AN 1/55	R		This field should contain the address of the organization associated with the MACSIS-assigned Vendor Number. It is recommended that the address be an exact match to what is stored in MACSIS. To determine value in MACSIS, refer to http://www.mh.state.oh.us/ois/maccsis/mac.provf.top.html	
	N302	Pay-To Provider Address 2	Pay-To Provider Address Line 2	AN 1/55	S		This field should contain the address of the organization associated with the MACSIS-assigned Vendor Number. See note on N301.	
104	N4	Vendor Geographic Location						
	N401	Pay-To Provider's City	Pay-To Provider City	AN 2/30	R			
	N402	Pay-To Provider's State	Pay-To Provider State	ID 2/2	R			
	N403	Pay-To Provider's Zip Code	Pay-To Provider Zip Code	ID 3/15	R			
106	REF	Pay-to Provider Secondary Identification						
	REF01	Reference Identification Qualifier	1G - Provider UPIN Number	ID 2/3	R			
	REF02	Pay-to Provider Additional Identifier	MACSIS-Assigned Vendor Number 15 bytes, leading zeros	AN 1/30	R			
TABLE 2 - SUBSCRIBER DETAIL								
-- LOOP ID 2000B SUBSCRIBER HIERARCHICAL LEVEL								Implied max of 5000
108	HL	Hierarchical Level						
	HL01	Hierarchical ID Number	start with 1, increment by 1	AN 1/12	R			
	HL02	Hierarchical Parent Id Number	1 -Subscribe self	AN 1/12	R			
	HL03	Subscriber Level Code	22 -Subscriber	ID 1/2	R			
	HL04	Hierarchical Child Code	0 - No subordinate HL segment	ID 1/1	R			
110	SBR	Subscriber Information						
	SBR01	Payer Responsibility Seq # Code	P - Primary S - Secondary T - Tertiary	ID 1/1	R	DA0/2		
	SBR02	Relationship Code	18 - Self	AN 1/30	S			
	SBR09	Claim Filing Indicator Code	ZZ - Mutually defined	ID 1/2	S		This code is required prior to the mandated use of a national plan ID code. It will not be used by MACSIS for adjudication purposes.	
-- LOOP ID 2010BA SUBSCRIBER NAME								
117	NM1	Subscriber Name Information						
	NM101	Insured or Subscriber	IL -Insured	ID 2/3	R			
	NM102	Entity Type Qualifier	1 -Person	ID 1/1	R			
	NM103	Subscriber Last Name	MACSIS Client Last Name	AN 1/35	R	CA0/4		44B
	NM104	Subscriber First Name	MACSIS Client First Name	AN 1/25	S	CA0/5	Since all MACSIS clients are "person's", not "entities", first name should always be provided, even for pseudo-UCI's.	44B
	NM105	Subscriber Middle Name	MACSIS Client Middle Initial	AN 1/25	S	CA0/6		

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	NM107	Subscriber Name Suffix	MACSIS Client Suffix	AN 1/10	S	CA0/4	This field should contain the suffix of the client (ex. Jr, Sr, I, II, III). Do not value the suffix here and in NM103.	
	NM108	ID Code Qualifier	MI - Member ID Number	ID 1/2	R			
	NM109	Subscriber Primary Identifier	MACSIS UCI Number	AN 2/80	R	DA0/18		44B
121	N3	Subscriber Address			R		This segment data is required, but will not be validated by MACSIS.	
	N301	Subscriber address 1	MACSIS Client/Enrollment Address 1	AN 1/55	R			
	N302	Subscriber address 2	MACSIS Client/Enrollment Address 2	AN 1/55	S			
122	N4	Subscriber City/State/Zip Code			R		This segment data is required, but will not be validated by MACSIS.	
	N401	Subscriber City Name	MACSIS Client City Name	AN 2/30	R			
	N402	Subscriber or Province Code	MACSIS Client State	ID 2/2	R			
	N403	Subscriber zip code	MACSIS Client Zip Code	ID 3/15	R			
124	DMG	Subscriber Demographic Info			R		This segment will likely be used by MACSIS for matching the claim to an existing client.	
	DMG01	Date Time Period Format Qualifier	D8	ID 2/3	R			
	DMG02	Subscriber Birth Date	MACSIS Client Date of Birth CCYYMMDD	AN 1/35	R	CA0/8		
	DMG03	Subscriber Gender	F,M,U	ID 1/1	R	CA0/9		
126	REF	Subscriber Secondary Identification			S			
	REF01	Reference Identification Qualifier	SY-Social Security Number	ID 2/3	R		To ensure proper adjudication of the claim in MACSIS, the social security number of the client should be provided. It will be used to help link the incoming claim to the appropriate client's records in MACSIS.	
	REF02	Subscriber Supplemental Identifier	MACSIS Client SSN	AN 1/30	R		Do not include dashes.	
-- LOOP ID 2010BB PAYER NAME								
130	NM1	Payer Name Information			R			
	NM101	Entity Identifier Code	PR	ID 2/3	R			
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R			
	NM103	Payer Name	MACSIS	AN 1/35	R	DA0/9		
	NM108	Identification Code Qualifier	PI-Payer ID	ID 1/2	R			
	NM109	Payer Primary Identifier	MACSIS	AN 2/80	R			
-- LOOP ID 2300 CLAIM INFORMATION								
170	CLM	Claim Information			R			44A and 44H

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IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
	CLM01	Patient Control Number	Provider-assigned claim-level control number	AN 1/38	R	CA0/3	<p>If this element is valued and Loop 2400, field REF02 (Line Item Control Number) is not, this field will be returned on the 835 in Loop 2100, field CLP01. Alphanumeric values are permissible, but not special characters.</p> <p>Please note this field is longer in length (up to 38 characters) than the REF02 field. It is also longer in length than the 15-character HCFA 1500 NSF control number (CA0/3) and the control number returned on the ERA/RA.</p> <p>Therefore, MACSIS will return all 38 characters on the 835 for dates of service on or after July 1, 2003, if REF02 is not provided. For dates of service before July 1, 2003 and/or any transactions on the ERA/RA, the control number returned will be a maximum of 15-characters.</p> <p>See guidelines for specific requirements for AOD prevention services.</p>	44B
	CLM02	Total Claim Charge Amount		R 1/18	R	XA0/12	<p>The addenda further clarified how decimal points should be used for Type "R" fields. If there are no "cents" involved in the amount (ex., \$100), then the value should not include the decimal point or subsequent decimal positions (ex., 100). If however, there are "cents" involved in the amount (ex., \$100.50), then the value must include the decimal point and subsequent decimal positions (ex. 100.50)</p>	
	CLM05	Health Care Service Location Info		ID 1/2	R			
	CLM05 - 1	Facility Code Value	See http://www.cms.gov/states/posdata.pdf for a complete list of codes.	AN 1/2	R	FA0/7	<p>This information will be stored at the claim header level in MACSIS. If no information is provided in Loop 2400, SV105, then this code will default to the service location on the associated claim detail record(s) and will be used for adjudication purposes.</p> <p>Please note that the new HIPAA-compliant place of service codes must be used when reporting dates of service on or after July 1, 2003. In May 2003, CMS announced availability of several new place of service codes.</p> <p>The "old" MACSIS place of service codes must be used when reporting dates of service prior to July 1, 2003</p>	44E
	CLM05 - 3	Claim Frequency Code		ID 1/1	R		MACSIS will not use this information for adjudication purposes.	
	CLM06	Provider Signature on File	Y-Yes	ID 1/1	R			

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	CLM07	Medicare Assignment Code	A-Assigned B-Assignment Accepted on Clinical Lab Services Only C-Not Assigned P-Patient Refuses to Assign Benefits	ID 1/1	R		This information will not be used by MACSIS for adjudication purposes.	
	CLM08	Assignment of Benefits Indicator	N-No Y- Yes	ID 1/1	R		This information will not be used by MACSIS for adjudication purposes.	
	CLM09	Release of Information Code	A-Appropriate Release of Info on File I-Informed Consent to Release Medical Info M-Limited or restricted ability release data N-Not allowed to release data O-On file at Payer or plan sponsor Y-Signed statement permitting release of data	ID 1/1	R		This information will not be used by MACSIS for adjudication purposes. Existing policies regarding obtaining appropriate release information still apply.	4
	CLM10	Patient Signature Source Code	B-Signed on HCFA-1500, block 12 and block 13 C-Signed on HCFA-1500 M-Signed on HCFA-1500 block 13 P-Physician signed due to patient not present S-Signed on HCFA-1500 block 12	ID 1/1	S		Although this information is required (except if CLM09=N), it will not be used by MACSIS for adjudication purposes.	
	CLM11	Related Causes Info	Composite field - see below	O	S		Although this information is required if the cause of the client's condition is related to other factors, it will not be used for adjudication purposes in MACSIS.	
	CLM11-1	Related Causes Code	AA - Auto Accident AP - Another Party Responsible EM - Employment OA - Other Accident	ID 2/3	R		The value of "AB" for abuse was deleted in the October 2002 Addenda. MACSIS does not use this information for adjudication purposes.	
	CLM11-2	Related Causes Code	AA - Auto Accident AP - Another Party Responsible EM - Employment OA - Other Accident	ID 2/3	S		The value of "AB" for abuse was deleted in the October 2002 Addenda. MACSIS does not use this information for adjudication purposes.	
	CLM11-3	Related Causes Code	AA - Auto Accident AP - Another Party Responsible EM - Employment OA - Other Accident	ID 2/3	S		The value of "AB" for abuse was deleted in the October 2002 Addenda. MACSIS does not use this information for adjudication purposes.	
	CLM11-4	Auto Accident State or Province Code	State where accident occurred	ID 2/2	S			
	CLM11-5	Country Code	Country where accident occurred	ID 2/3	S			
	CLM12	Special Program Indicator	01 - Early & Periodic Screening 02 - Physically Handicapped Childrens' program 03 - Special Federal Funding 05 - Disability etc.	ID 2/3	S		This information will not be used by MACSIS for adjudication purposes.	
265	HI	Health Care Diagnosis Code			S		As with current MACSIS billing policy, not all procedure codes require a diagnosis code. Please refer to MH and AOD Procedure Code Matrices to determine which procedures require a diagnosis code.	44F
	HI01	Health Care Code Information		AN 1/30	R			

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	HI01-1	Diagnosis Type Code	BK-Principle Diagnosis ICD-9 Codes	ID 1/3	R				
	HI01-2	Diagnosis Code	ICD-9 Code	AN 1/30	R	EA0/30	Only the principal diagnosis code will be sent to ODJFS for Medicaid eligible services to Medicaid eligible clients. Do not include decimal point.		
	HI02	Health Care Code Information	R if additional Diagnosis	AN 1/30	S				
	HI02-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/3	R				
	HI02-2	Diagnosis Code	ICD-9 Code	AN 1/30	R	EA0/31			
	HI03	Health Care Code Information	R if additional Diagnosis	AN 1/31	S				
	HI03-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/4	R				
	HI03-2	Diagnosis Code	ICD-9 Code	AN 1/31	R	EA0/32			
	HI04	Health Care Code Information	R if additional Diagnosis	AN 1/32	S				
	HI04-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/5	R				
	HI04-2	Diagnosis Code	ICD-9 Code	AN 1/32	R				
	HI05	Health Care Code Information	R if additional Diagnosis	AN 1/33	S				
	HI05-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/6	R				
	HI05-2	Diagnosis Code	ICD-9 Code	AN 1/33	R				
	HI06	Health Care Code Information	R if additional Diagnosis	AN 1/34	S				
	HI06-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/7	R				
	HI06-2	Diagnosis Code	ICD-9 Code	AN 1/34	R				
	HI07	Health Care Code Information	R if additional Diagnosis	AN 1/35	S				
	HI07-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/8	R				
	HI07-2	Diagnosis Code	ICD-9 Code	AN 1/35	R				
	HI08	Health Care Code Information	R if additional Diagnosis	AN 1/36	S				
	HI08-1	Diagnosis Type Code	BF-Diagnosis ICD-9 Codes	ID 1/9	R				
	HI08-2	Diagnosis Code	ICD-9 Code	AN 1/36	R				
	-- LOOP ID 2310B RENDERING PROVIDER NAME							Required if different than billing provider noted in Loop 2010AA. However, this segment will not be used by MACSIS for adjudication purposes.	
290	NM1	Rendering Provider Name Info				S			
	NM101	Entity Identifier Code	82 - Rendering Provider			R			
	NM102	Entity Type Qualifier	2-Non-Person Entity	ID 1/1		R			
	NM103	Rendering Provider Last Name	Rendering Provider Organization Name	AN 1/35		R	Do not use "&" in the name.		
	NM108	Identification Code Qualifier	24-Employer's ID Number	ID 1/2		R			
	NM109	Rendering Provider ID	Rendering Provider ID	AN 2/80		R			
	-- LOOP ID 2320 OTHER SUBSCRIBER INFORMATION (CLAIM LEVEL ADJUSTMENTS)							This loop is required to be sent by the provider when another payer has adjudicated the claim. MACSIS plans on using only the first iteration of the segments noted below for adjudication purposes. If the provider submitted claims in FY03 with other payer information, they must include atleast one claim with this loop, Loop 2330A and 2330B in their Tier 1 and 2 test files.	44G
318	SBR	Other Subscriber Information				S			
	SBR01	Payer Responsibility Sequence Number Code	P - Primary S - Secondary T - Tertiary	ID 1/1		R			
	SBR02	Individual Relationship Code	See guide for valid values	ID 2/2		R			
	SBR05	Insurance Type Code	See guide for valid values	ID 1/3		R			

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	SBR09	Claim Filing Indicator Code	ZZ - Mutually Defined	ID 1/2	S		This code is required prior to the mandated use of a national plan ID code. It will not be used by MACSIS for adjudication purposes.		
332	AMT	COB Amount			S		Payments from another payer should be reported in this segment. MACSIS will reference this segment for adjudication purposes. Please note MACSIS will not use prior payor paid amounts reported in Loop 2430, SVD Segment for adjudication purposes.		
	AMT01	Amount Qualifier Code	D- Payer Amount Paid	ID 1/3	R		MACSIS plans to only use COB amount reported as "D" - Payer Amount Paid for adjudication purposes.		
	AMT02	Amount	Payer Amount Paid	R 1/18	R	FA0/35	Report the amount paid by the prior payer in this field. Do not include any amounts paid or due from the patient including provider-determined sliding fee amounts here. If the payer denied the claim or adjudicated the claim payment as zero, enter zero. If the provider determines the patient copayment at the time of service and therefore must reflect patient paid amounts, they can reduce the amount billed rather than report patient paid amounts here. Please see clarification in addenda as to how Type "R" amount fields should be reported in terms of including or excluding the decimal point.		
342	DMG	Subscriber Demographic Info			R		This information will not be used by MACSIS for adjudication purposes.		
	DMG01	Date Time Period Format Qualifier	D8	ID 2/3	R				
	DMG02	Date of Birth - Subscriber	CCYYMMDD	AN 1/35	R				
	DMG03	Gender - Subscriber	F-Female M-Male U-Unknown	ID 1/1	R				
344	OI	Other Insurance Coverage Information			R		This information will not be used by MACSIS for adjudication purposes.		
	OI03	Assignment of Benefits Indicator	N-No Y-Yes	ID 1/1	R				
	OI06	Release of Information Code	A-Appropriate Release of Info on File I-Informed Consent to Release Medical Info M-Limited or Restricted Ability to Release Info N-Not Allowed to Release info O-On file Y-Yes, signed release form	ID 1/1	R				
	-- LOOP ID 2330A OTHER SUBSCRIBER NAME							This loop is required when Loop 2320 is used. To be consistent with ODJFS requirements, MACSIS plans on using the first iteration of this loop to capture the ODJFS COB indicator.	
350	NM1	Other subscriber name			R				
	NM101	Entity Identifier Code	IL	ID 2/3	R				

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IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
	NM102	Entity Type Qualifier	1-Person	ID 1/1	R			
	NM103	Subscriber Last Name	Other Subscriber Last Name	AN 1/35	R			
	NM104	Subscriber First Name	Other Subscriber First Name	AN 1/25	R			
	NM108	Identification Code Qualifier	MI-Member ID Number	ID 1/2	R			
	NM109	Other subscriber primary identifier	Other Subscriber Member ID Number	AN 2/80	R			
357	REF	Other Subscriber Secondary Identification						
	REF01	Reference Identification Qualifier	IG - Insurance Policy Number	ID 2/3	S			
	REF02	Other Insured Additional Identifier	2 - Blue Cross/Blue Shield 3 - A private carrier 4 - Employer or Union 5 - Public Agency (Medicare, Worker's Comp) 6 - Other carrier R - No response from carrier P - No coverage for this recipient number F - No coverage for all recipient numbers L - Disputed or contest liability S - Non-covered service E - Insurance benefits exhausted X - Non-cooperative member.	AN 1/30	R	FA0/21	ODJFS is using this element to capture the third party COB indicator currently on the NSF file. If this field is valued, an amount must be provided in Loop 2320, Field AMT02 (COB Amount) and AMT01 must equal "D" (Payer Amount Paid).	
-- LOOP ID 2330B OTHER PAYER NAME						CA0/22 (Other Ins. Ind.)	Although required when Loop 2320 is used, this loop will not be used for adjudication purposes in MACSIS.	
359	NM1	Other Payer Name			R			
	NM101	Entity Identifier Code	PR-Payer	ID 2/3	R			
	NM102	Entity Type Qualifier	2-Non-Person Entity	ID 1/1	R			
	NM103	Payer Name	Other Payer Name	AN 1/35	R			
	NM108	Identification Code Qualifier	PI-Payer ID	ID 1/2	R			
	NM109	Other payer primary id number	Other Payer ID Number	AN 2/80	R			
366	DTP	Claim Adjudication Date			S		Although required if claim was previously adjudicated and a service level adjudication date is not reported in Loop 2430, this information will not be used by MACSIS for adjudication purposes.	
	DTP01	Date/Time Qualifier	573-Date Claim Paid	ID 3/3	R			
	DTP02	Date Time Period Format Qualifier	D8	ID 2/3	R			
	DTP03	Adjudication or Payment Date	Date claim adjudicated by other payer	AN 1/35	R			
-- LOOP ID 2400 - SERVICE LINE								44A and 44I
398	LX	Service Line - repeat >=1			R			
	LX01	Line Counter	Incremented by 1 for each service line	N0 1/6	R			
400	SV1	Professional Service			R			
	SV101	Composite Medical Procedure Identifier						
	SV101-1	Product/Service ID Qualifier	HC-HCPCS (incl. CPT, for Healthcare) ZZ-Mutually Defined (Non-Healthcare)	ID 2/2	R			

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IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
	SV101-2	Procedure Code	HCPCS/CPT/Non-Healthcare Procedure Code	AN 1/48	R	FA0/9 FA0/10	It is important to note that the new HIPAA-compliant procedure codes must be used when reporting claims with dates of service on or after July 1, 2003. The "old" MACSIS procedure codes must be used when reporting claims with dates of service prior to July 1, 2003.	40A, 40C, 44C
	SV101-3 thru SV101 - 6	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	FA0/11	It is important to note that the new HIPAA-compliant modifier codes must be used when reporting claims with dates of service on or after July 1, 2003. Additionally, modifier 1 must always be valued. The "old" MACSIS modifier codes must be used when reporting claims with dates of service prior to July 1, 2003.	40A, 40C, 44D
	SV102	Line Item Charge Amount	Amount billed for service	R 1/18	R	FA0/13	The addenda further clarified how decimal points should be used for Type "R" fields. If there are no "cents" involved in the amount (ex., \$100), then the value should not include the decimal point or subsequent decimal positions (ex., 100). If however, there are "cents" involved in the amount (ex., \$100.50), then the value must include the decimal point and subsequent decimal positions (ex. 100.50)	
	SV103	Unit or Basis for Measurement Code	UN-Unit	ID 2/2	R			
	SV104	Quantity	Units of Service	R 1/15	R	FA0/18	To report partial units, include the decimal and only one tenth decimal position to assure proper adjudication in MACSIS (ex., 15.6). Refer to addenda for clarification as to how Type "R" fields should be reported (in terms of including or excluding the decimal point). Please note that for same day services occurring on or after July 1, 2003, these services must be "summed and rounded" according to the MACSIS guidelines and reported as one service line.	44C and 44I

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IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
	SV105	Place of Service Code	See http://www.cms.gov/states/posdata.pdf for a complete list of codes.	AN 1/2	S	FA0/7	Required if different than facility code value reported in Loop 2300, CLM05-1. It will be stored in MACSIS at the claim detail level for only the associated service being reported. If provided, use new HIPAA-compliant place of service codes for dates of service on or after July 1, 2003. In May 2003, CMS announced the availability of several new place of service codes. Use "old" place of service codes for dates of service prior to July 1, 2003.	44E
	SV107	Composite Diagnosis Code Pointer			S		This segment is required if the diagnosis is reported in the HI segment of Loop 2300.	
	SV107-1 thru SV107-4	Diagnosis Code Pointer		NO 1/2	R	FA0/14 FA0/15 FA0/16	This value can be repeated up to four times, but only the first value will be used by MACSIS for adjudication purposes.	
	SV109	Emergency Indicator	Y	ID 1/1	S		This field was changed to "situational" usage per the Oct 2002 addenda. The allowable values also changed from "Y or N" to just "Y". Do not value the data element if it does not apply. Even if valued, MACSIS will not use it for adjudication purposes.	
435	DTP	Service Date			R			
	DTP01	Date/Time Qualifier	472-Service	ID 3/3	R			
	DTP02	Date Time Period Format Qualifier	D8	ID 2/3	R		Per Medicaid Policy, a range of dates of service (i.e., RD8) is not permissible for behavioral health services. For services administered over range of dates, only a single start date of service should be provided.	
	DTP03	Service Date	CCYYMMDD	AN 1/35	R	FA0/5		40A and 40C
472	REF	Line Item Control Number			S			
	REF01	Provider Control Number	6R	ID 2/3	R			

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IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS NSF Ref.	MACSIS Comments	MACSIS Guide-Line
	REF02	Line Item Control Number	Provider-assigned line item control number	AN 1/30	R	FA0/4	<p>If this field is valued, MACSIS will store this number as the control number, not the value sent in Loop 2300, CLM01. It will be returned on the 835 file in Loop 2100, CLP01. Alphanumeric values are permissible, but not special characters.</p> <p>Please note this field is shorter in length (up to 30 characters) than the CLM01 field. It is longer in length than the 15-character HCFA 1500 NSF Control Number (FA0/4) and the control number on the ERA/RA.</p> <p>Therefore, MACSIS will return all 30 characters if provided for dates of service on or after July 1, 2003. For dates of service before July 1, 2003 and/or for transactions on the ERA/RA, the maximum returned will be 15-characters.</p> <p>See guidelines for specific requirements for AOD prevention services.</p>	44B
572	SE	TRANSACTION SET TRAILER			R			
	SE01	Segment Count	Total number of segments including SE and ST	N0 1/10	R			
	SE02	Transaction Set Control Number	Same as in ST02	AN 4/9	R		This value must equal the value in ST02, but it will not be stored in MACSIS.	
B.10	GE	Functional Group Trailer			R			
	GE01	# of Transaction Sets included	# of STs	N0 1/6	R			
	GE02	Group Control Number	Save as in GS06	N0 1/9	R		The application sender determines this value. 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			
	IEA01	# of Included functional Groups	# of GS	N0 1/5	R			
	IEA02	Interchange Control Number	same as in ISA13	N0 9/9	R		The interchange sender determines this value. Per the standard implementation guide, this field must match ISA13 or the file will fail ANSI validation edits.	