

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
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	MACSIS Submitter ID Right Justified, zero fill	AN 15/15	R	- For providers who do not use a value-added network (VAN), the submitter ID will be the provider's original MACSIS UPI. - For providers who do use a VAN, the submitter ID will be a MACSIS-assigned VAN ID.	41A2	Value and Comments Changed	The NPI final rule does not require trading partner IDs (such as sender/submitter IDs) change to equal the NPI. Palmetto and others will be retaining their existing trading partner IDs accordingly. MACSIS chose to retain the UPI as the submitter ID to be consistent with existing file naming lengths and to address concerns about potential inappropriate disclosure of NPI information.
	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	NO 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				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	GS02	Application Sender Code	MACSIS Submitter ID	AN 2/15	R	This field should equal the value in ISA06; however, since this segment is not required to be fixed-length, the leading zeros are not required. (Note: It is not a problem if they are provided.)		Value and Comments Changed	
	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	NO 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		
<b>TABLE 1 - HEADER</b>									
<b>62</b>	<b>ST</b>	<b>Transaction Set Header</b>			<b>R</b>				
	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.			
<b>63</b>	<b>BHT</b>	<b>Beginning of Hierarchical Transaction</b>			<b>R</b>				
	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	This number is determined by the application sender. It will not be stored in MACSIS.			
	BHT04	TS Creation Date	CCYYMMDD	DT 8/8	R				
	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.			
<b>66</b>	<b>REF</b>	<b>Transmission Type Identification</b>			<b>R</b>				
	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.		Note	Test files should contain the appropriate transmission type code.
<b>-- LOOP ID 1000A SUBMITTER NAME</b>									
<b>67</b>	<b>NM1</b>	<b>Submitter Name</b>			<b>R</b>				
	NM101	Entity Identifier Code	41	ID 2/3	R				
	NM102	Entity Type Qualifier	2 - non-person entity	ID 1/1	R				
	NM103	Submitter Name	Submitter Name	AN 1/35	R	This should be the organization name associated with the MACSIS Submitter ID provided in ISA06 and GS02. Do not use "&" in the name.		Value and Comments Changed	
	NM108	Identification Code Qualifier	46-ETIN	ID 1/2	R				
	NM109	Identification Code	MACSIS Submitter ID	AN 2/80	R	This field should equal the value in ISA06; however, since this segment is not required to be fixed-length, the leading zeros are not required. (Note: It is not a problem if they are provided.)		Value and Comments Changed	
<b>71</b>	<b>PER</b>	<b>Submitter EDI contact Information</b>			<b>R</b>				
	PER01	Contact Function Code	IC	ID 2/2	R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	PER02	Submitter Contact Name	Contact Person	AN 1/60	R	This field should contain the name of the person who should be contacted if there is a technical problem with the file.		Value and Comments Changed	For most providers, this value will remain the same as pre-NPI; however, the explanation was changed to provide more clarity.
	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 prefix and CCCC is the telephone number.	AN 1/80	R	The extension, when applicable, should be included immediately after the telephone number.			
<b>-- LOOP ID 1000B RECEIVER NAME</b>									
74	NM1	Individual or Organizational Name			R				
	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.			
<b>TABLE 2 - BILLING/PAY-TO PROVIDER DETAIL</b>									
<b>-- LOOP ID 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL</b>									
77	HL	Hierarchical Level			R	Implied max of 5000			
	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				
<b>-- LOOP ID 2010AA BILLING PROVIDER NAME</b>									
84	NM1	Individual or Organizational Name			R				
	NM101	Billing Provider	85	ID 2/3	R				
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R				
	NM103	Billing Provider Name	Billing Provider Name D/B/A	AN 1/35	R	This field should contain the billing provider name under which the provider is doing business as noted on the provider's type-2 NPI application. If the provider applied for a subpart, this identifier must reflect the subpart who is billing for the service. Do not use & in the name.		Value and comments changed	The MACSIS NPI Workgroup felt it would be important for providers to be consistent in the business name used for MACSIS and the name on file with the NPI enumerator (Fox Systems). However, MACSIS will not be rejecting files where the provider's organization name is inconsistent.
	NM108	Identification Code Qualifier	XX- National Provider Identifier	ID 1/2	R	The value in this field must be "XX" or the file will be rejected.		Value and comments changed	
	NM109	Billing Provider Identifier	Provider National Provider Identifier	AN 2/80	R	This field must contain the type-2 national provider identifier assigned to the organization or subpart who is billing for the service.  All 10 digits of the NPI number are required. The claim file will be rejected for the following:  - It is not a valid NPI number on file with MACSIS - The calculated self-check digit for the NPI number does not match the last digit of the NPI.		Comments changed	
88	N3	Billing Provider Address			R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	N301	Billing Provider Address 1	Provider Primary Practice Location Address Line 1	AN 1/55	R	This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.		Value and comments changed	MACSIS will not be validating the provider's location information against the information on file in MACSIS.
	N302	Billing Provider Address 2	Provider Primary Practice Location Address Line 2	AN 1/55	S	This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.		Value and comments changed	MACSIS will not be validating the provider's location information against the information on file in MACSIS.
89	N4	<b>Billing Provider Geographic Location</b>			R				
	N401	Billing Provider's City	Provider Primary Practice City	AN 2/30	R	This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.		Value and comments changed	MACSIS will not be validating the provider's location information against the information on file in MACSIS.
	N402	Billing Provider's State	Provider Primary Practice State	ID 2/2	R	This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.		Value and comments changed	MACSIS will not be validating the provider's location information against the information on file in MACSIS; however, this field must contain a valid State value.
	N403	Billing Provider's Zip Code	Provider Primary Practice Zip Code	ID 3/15	R	This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.		Value and comments changed	MACSIS will not be validating the provider's location information against the information on file in MACSIS; however, this field must contain a valid zip code.
91	REF	<b>Billing Provider Secondary Identification</b>			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	S	Required by MACSIS - Submitters must provide a "1G" reference qualifier and corresponding UPI value.		Comments changed	
	REF02	Billing Provider Secondary Identification	MACSIS-Assigned UPI Number 12 bytes with leading zeros	AN 1/30	S	Required by MACSIS - this field must contain the MACSIS-Assigned UPI number. Please note the value must be 12 bytes in length and containing leading zeros. The claim file will reject if the UPI number provided does not match the NPI or Tax ID numbers provided in Loop 2010AA according to MACSIS provider enrollment records.		Comments changed	
	REF01	Reference Identification Qualifier	EI - Employer's Identification Number	ID 2/3	R			Added	Under the NPI rule, payers may request the provider's tax ID as a secondary identifier, if it is necessary to identify the entity.

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	REF02	Billing Provider Secondary Identification	Provider Tax ID Number Hyphen included	AN 1/30	R	This field must contain the Tax ID number associated with the provider's type-2 National Provider Identifier. A hyphen is required between the second and third digits only.  The claim file will reject if the Tax ID number provided does not match the NPI provided in Loop 2010AA according to MACSIS provider enrollment records.		Comments changed	
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	Provider Contact Person	AN 1/60	R	This field should contain the name of the provider contact person who should receive questions regarding the provider's NPI.		Value and Comments changed	This information should match the information provided in Section 5 of the NPI Application.
	PER03	Comm Number Qualifier	TE-Telephone	ID 2/2	R				
	PER04	Comm Number	Provider Contact Telephone Number	AN 1/80	R			Value changed	This information should match the information provided in Section 5 of the NPI Application.
	-- LOOP ID 2010AB PAY-TO PROVIDER NAME					This loop is only required if the pay-to provider information is different than the billing provider information. It will not be used by MACSIS for payment purposes.			
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 D/B/A	AN 1/35	R	This field should contain the name under which the provider is doing business as noted on their type-2 NPI application. If the provider applied for a subpart, this name should reflect the NPI or subpart where payments should be sent. It will not be used by MACSIS for payment purposes.		Comments changed	
	NM108	Identification Code Qualifier	XX- National Provider Identifier	ID 1/2	R	The value in this field must be "XX" or the file will be rejected.		Value and Comment changed	
	NM109	Pay-To Provider Identifier	Pay-To Provider's National Provider Identifier	AN 2/80	R	This field must contain the type-2 national provider identifier assigned to the organization or subpart who should receive payment. It will not be used by MACSIS for payment purposes.		Value and comment changed	
103	N3	Pay-To Provider Address			R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	N301	Pay-To Provider Address 1	Pay-To Provider Address Line 1	AN 1/55	R	This field should contain the mailing address information associated with the NPI who should receive payment. It will not be used by MACSIS for payment purposes.  Since Boards disburse payments, providers should verify with their main Board that they have the correct address for remittance information.		Comment changed	
	N302	Pay-To Provider Address 2	Pay-To Provider Address Line 2	AN 1/55	S	This field should contain the mailing address information associated with the NPI who should receive payment. It will not be used by MACSIS for payment purposes.		Comment changed	
<b>104</b>	<b>N4</b>	<b>Vendor Geographic Location</b>							
	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				
<b>TABLE 2 - SUBSCRIBER DETAIL</b>									
<b>-- LOOP ID 2000B SUBSCRIBER HIERARCHICAL LEVEL</b>						Implied max of 5000			
<b>108</b>	<b>HL</b>	<b>Hierarchical Level</b>							
	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				
<b>110</b>	<b>SBR</b>	<b>Subscriber Information</b>							
	SBR01	Payer Responsibility Seq # Code	<b>P</b> - Primary <b>S</b> - Secondary <b>T</b> - Tertiary	ID 1/1	R				
	SBR02	Relationship Code	<b>18</b> - Self	AN 1/30	S				
	SBR09	Claim Filing Indicator Code	<b>ZZ- Mutually defined</b>	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.			
<b>-- LOOP ID 2010BA SUBSCRIBER NAME</b>									
<b>117</b>	<b>NM1</b>	<b>Subscriber Name Information</b>							
	NM101	Insured or Subscriber	<b>IL</b> -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		44B		
	NM104	Subscriber First Name	MACSIS Client First Name	AN 1/25	S	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				
	NM107	Subscriber Name Suffix	MACSIS Client Suffix	AN 1/10	S	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	<b>MI</b> - Member ID Number	ID 1/2	R				
	NM109	Subscriber Primary Identifier	MACSIS UCI Number	AN 2/80	R		44B		

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
121	N3	<b>Subscriber Address</b>			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	<b>Subscriber City/State/Zip Code</b>			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	<b>Subscriber Demographic Info</b>			R	This segment will likely be used by MACSIS for matching the claim to an existing client.			
	DMG01	Date Time Period Format Qualifier	<b>D8</b>	ID 2/3	R				
	DMG02	Subscriber Birth Date	MACSIS Client Date of Birth CCYYMMDD	AN 1/35	R				
	DMG03	Subscriber Gender	<b>F,M,U</b>	ID 1/1	R				
126	REF	<b>Subscriber Secondary Identification</b>			S				
	REF01	Reference Identification Qualifier	<b>SY</b> -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.			
<b>-- LOOP ID 2010BB PAYER NAME</b>									
130	NM1	<b>Payer Name Information</b>			R				
	NM101	Entity Identifier Code	<b>PR</b>	ID 2/3	R				
	NM102	Entity Type Qualifier	<b>2</b> - Non-Person Entity	ID 1/1	R				
	NM103	Payer Name	<b>MACSIS</b>	AN 1/35	R				
	NM108	Identification Code Qualifier	<b>PI</b> -Payer ID	ID 1/2	R				
	NM109	Payer Primary Identifier	<b>MACSIS</b>	AN 2/80	R				
<b>-- LOOP ID 2300 CLAIM INFORMATION</b>							44A and 44H		
170	CLM	<b>Claim Information</b>			R				
	CLM01	Patient Control Number	Provider-assigned claim-level control number	AN 1/38	R	<b>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.</b>  Please note this field is longer in length (up to 38 characters) than the Loop 2400/REF02 field. It is also longer in length than the 15-character control number returned on the ERA/RA.  See guidelines for specific requirements for AOD prevention services.	44B	Comment changed	The content of this element has not changed from pre-NPI requirements.

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	CLM02	Total Claim Charge Amount		R 1/18	R	This amount should match the amount in Loop 2400, SV102.  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)		Comment changed	The content of this element has not changed from pre-NPI requirements. The comment was changed to provide additional information about editing (i.e., The amount should match the amount in Loop 2400, SV102.)
	CLM05	Health Care Service Location Info		ID 1/2	R				
	CLM05 - 1	Facility Code Value	See <a href="http://www.cms.gov/states/posdata.pdf">http://www.cms.gov/states/posdata.pdf</a> for a complete list of codes.	AN 1/2	R	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.	44E	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
	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				
	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.			

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	CLM11-2	Related Causes Code	<b>AA</b> - Auto Accident <b>AP</b> - Another Party Responsible <b>EM</b> - Employment <b>OA</b> - 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	<b>AA</b> - Auto Accident <b>AP</b> - Another Party Responsible <b>EM</b> - Employment <b>OA</b> - 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	<b>01</b> - Early & Periodic Screening <b>02</b> - Physically Handicapped Childrens' program <b>03</b> - Special Federal Funding <b>05</b> - 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				
	HI01-1	Diagnosis Type Code	<b>BK</b> -Principle Diagnosis ICD-9 Codes	ID 1/3	R				
	HI01-2	Diagnosis Code	ICD-9 Code	AN 1/30	R	Only the principal diagnosis code will be sent to ODJFS for Medicaid eligible services to Medicaid eligible clients. Do not include decimal point.			No new 2006 ICD-9 codes have been added to the list of diagnoses considered for payment under MACSIS.
	HI02	Health Care Code Information	R if additional Diagnosis	AN 1/30	S				
	HI02-1	Diagnosis Type Code	<b>BF</b> -Diagnosis ICD-9 Codes	ID 1/3	R				
	HI02-2	Diagnosis Code	ICD-9 Code	AN 1/30	R				
	HI03	Health Care Code Information	R if additional Diagnosis	AN 1/31	S				
	HI03-1	Diagnosis Type Code	<b>BF</b> -Diagnosis ICD-9 Codes	ID 1/4	R				
	HI03-2	Diagnosis Code	ICD-9 Code	AN 1/31	R				
	HI04	Health Care Code Information	R if additional Diagnosis	AN 1/32	S				
	HI04-1	Diagnosis Type Code	<b>BF</b> -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	<b>BF</b> -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	<b>BF</b> -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	<b>BF</b> -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	<b>BF</b> -Diagnosis ICD-9 Codes	ID 1/9	R				
	HI08-2	Diagnosis Code	ICD-9 Code	AN 1/36	R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
		<b>-- LOOP ID 2310B RENDERING PROVIDER NAME</b>				Required if different than billing provider noted in Loop 2010AA. However, this segment will not be used by MACSIS for adjudication purposes.		Delete	Although the rendering provider loop is required if different than the billing provider (Loop 2010AA), this loop description will be removed since it is not used for adjudication purposes in MACSIS.
<b>290</b>	<b>NM1</b>	<b>Rendering Provider Name Info</b>				<b>S</b>		Delete	
	NM101	Entity Identifier Code	<b>82</b> - Rendering Provider			R		Delete	
	NM102	Entity Type Qualifier	<b>2</b> -Non-Person Entity	ID 1/1		R		Delete	
	NM103	Rendering Provider Last Name	Rendering Provider Organization Name	AN 1/35		R	Do not use "&" in the name.	Delete	
	NM108	Identification Code Qualifier	<b>24</b> -Employer's ID Number	ID 1/2		R		Delete	
	NM109	Rendering Provider ID	Rendering Provider ID	AN 2/80		R		Delete	
		<b>-- LOOP ID 2320 OTHER SUBSCRIBER INFORMATION (CLAIM LEVEL ADJUSTMENTS)</b>							
						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.	44G		
<b>318</b>	<b>SBR</b>	<b>Other Subscriber Information</b>				<b>S</b>			
	SBR01	Payer Responsibility Sequence Number Code	<b>P</b> - Primary <b>S</b> - Secondary <b>T</b> - 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			
	SBR09	Claim Filing Indicator Code	<b>ZZ</b> - 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.		
<b>332</b>	<b>AMT</b>	<b>COB Amount</b>				<b>S</b>			
	AMT01	Amount Qualifier Code	<b>D</b> - 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	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. Please see clarification in addenda as to how Type "R" amount fields should be reported in terms of including or excluding the decimal point.		Updated on 1/3/07 to reflect change in Medicaid Rate Setting Reimbursement Rules which no longer permits the following original language "If the provider determines the patient copayments 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."

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
342	DMG	<b>Subscriber Demographic Info</b>			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	<b>Other Insurance Coverage Information</b>			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.			
350	NM1	<b>Other subscriber name</b>			R				
	NM101	Entity Identifier Code	IL	ID 2/3	R				
	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	<b>Other Subscriber Secondary Identification</b>							
	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	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						Although required when Loop 2320 is used, this loop will not be used for adjudication purposes in MACSIS.			
359	NM1	<b>Other Payer Name</b>			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				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
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				
	SV101-2	Procedure Code	HCPCS/CPT/Non-Healthcare Procedure Code	AN 1/48	R	See <a href="http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html">http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html</a> for a list of valid procedure codes which will be considered for payment in MACSIS.	40A, 40C, 44C	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
	SV101-3 thru SV101 - 6	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	See <a href="http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html">http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html</a> for a list of valid modifier codes which will be considered for payment in MACSIS.	40A, 40C, 44D	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
	SV102	Line Item Charge Amount	Amount billed for service	R 1/18	R	This amount should match the amount in Loop 2300, CLM02.  The addenda clarifies 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)		Comment changed	The content of this element has not changed from pre-NPI requirements. Comment was changed to provide additional information about editing (i.e., This amount should match the amount in Loop 2300, CLM02).
	SV103	Unit or Basis for Measurement Code	UN-Unit	ID 2/2	R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	SV104	Quantity	Units of Service	R 1/15	R	Must be greater than 0. 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). Services must be "summed and rounded" according to the MACSIS guidelines and reported as one service line.	44C and 44I	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
	SV105	Place of Service Code	See <a href="http://www.cms.gov/states/posdata.pdf">http://www.cms.gov/states/posdata.pdf</a> for a complete list of codes.	AN 1/2	R	Must be same value reported in Loop 2300, CLM05-1.	44E	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
	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		N0 1/2	R	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.			
<b>435</b>	<b>DTP</b>	<b>Service Date</b>			<b>R</b>				
	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		40A and 40C		
<b>472</b>	<b>REF</b>	<b>Line Item Control Number</b>			<b>S</b>				
	REF01	Provider Control Number	6R	ID 2/3	R				

MACSIS 837 Professional Claim Informational Guide - Updated for NPI

837 FILE SPECIFICATIONS									
IG PAGE	REF. DES	NAME	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	MACSIS Guide-Line	Changed?	Explanation
	REF02	Line Item Control Number	Provider-assigned line item control number	AN 1/30	R	<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 control number on the ERA/RA.</p> <p>Therefore, MACSIS will return all 30 characters if provided on the 835. For the ERA/RA, the maximum returned will be 15-characters.</p> <p>See guidelines for specific requirements for AOD prevention services.</p>	44B	Comment changed to remove pre-HIPAA DOS references.	The content of this element has not changed from pre-NPI requirements.
<b>572</b>	<b>SE</b>	<b>TRANSACTION SET TRAILER</b>			<b>R</b>				
	SE01	Segment Count	Total number of segments including SE and ST	NO 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>B.10</b>	<b>GE</b>	<b>Functional Group Trailer</b>			<b>R</b>				
	GE01	# of Transaction Sets included	# of STs	NO 1/6	R				
	GE02	Group Control Number	Save as in GS06	NO 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>B.7</b>	<b>IEA</b>	<b>Interchange Control Trailer</b>			<b>R</b>				
	IEA01	# of Included functional Groups	# of GS	NO 1/5	R				
	IEA02	Interchange Control Number	same as in ISA13	NO 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.			