

The purpose of this communication is to provide the MACSIS 835 Professional Claim v5010 Informational Guide along with a sample 835 5010 file.

The informational guide will be available at the following link, when it is posted to the MACSIS website.  
<http://mentalhealth.ohio.gov/assets/macsis/claims/835-claim-payment-advice-5010-format.v09222011.pdf>.

The Sample 835 5010 will be available at the following link, when it is posted to the MACSIS website.  
<http://mentalhealth.ohio.gov/assets/macsis/claims/Sample-835-5010-File.pdf>.

The effective date of the Guide is identified in the worksheet footer and will be updated anytime the content is modified. Please distribute to staff, providers and vendors to assist with the transition to the ANSI v5010 format. The testing procedures for the MACSIS 835 v5010 are not yet finalized and will be communicated under separate cover as soon as possible.

If you have specific questions about the MACSIS 835 v5010 Informational Guide, please contact MACSIS Support at [MacsisSupport@mh.ohio.gov](mailto:MacsisSupport@mh.ohio.gov).

MACSIS Support Desk  
1-877-462-2747  
1-614-466-1562  
[MacsisSupport@mh.ohio.gov](mailto:MacsisSupport@mh.ohio.gov)  
Fax: 1-614-365-9006

835 SAMPLE DESCRIPTION

INTERCHANGE CONTROL HEADER

ISA\*00\* 00\* \*ZZ\*DELAB \*ZZ\*01418 \*030715\*1042\*U\*00401\*000000001\*0\*T\*:

FUNCTIONAL GROUP HEADER

GS\*HP\*DELAB\*01418\*20030715\*1042\*1\*X\*004010X091A1

REMITTANCE HEADER LEVEL

ST\*835\*000000001  
BPR\*H\*28.25\*C\*NON\*\*\*\*\*20030715  
TRN\*1\*A21B001418.03196\*1311234567  
REF\*EV\*00CLEARHOUSE00  
DTM\*405\*20030708

Amount is always positive, a "C" is a credit, a "D" is a Debit

REF segment only valued if receiver is not the payee

LOOP 1000A PAYER IDENTIFICATION

N1\*PR\*DELAWARE-MORROW MH & RS BD  
N3\*40 N. SANDUSKY STREET SUITE 301  
N4\*DELAWARE\*OH\*43015

LOOP 1000B PAYEE IDENTIFICATION

N1\*PE\*MORROW COUNTY COUNCIL ON ALCOHOL AND DRUGS INC\*FI\*31-1014363  
N3\*950 MEADOW DRIVE SUITE C  
N4\*MT GILEAD\*OH\*43338  
REF\*PQ\*1418

Vendor Number

LOOP 2000 PROVIDER SUMMARY INFORMATION

LX\*1

Provider-assigned Patient Control Number from 837P, Loop 2300, CLM01

LOOP 2100 CLAIM PAYMENT INFORMATION

CLP\*PCN0123456789\*1\*55.99\*55.99\*0\*13\*0000000032367210\*11  
NM1\*QC\*1\*DOE\*JOHN\*A\*\*\*MI\*5543589  
NM1\*82\*2\*A0D COUN-MOR\*\*\*\*\*FI\*31-10104363  
REF\*G1\*123AUTH000

Medicaid Claims will have a "MC", Non-Medicaid="13"

Authorization Number from 837P, Loop 2300, REF02, G1

LOOP 2110 SERVICE PAYMENT INFORMATION

SVC\*ZZ:A023000:HA:HD:HH:HJ\*55.99\*55.99\*\*1  
DTM\*472\*20030701  
REF\*6R\*PCN0123456789

LOOP 2100 CLAIM PAYMENT INFORMATION

CLP\*ABC0000000001\*22\*-15.99\*-15.99\*0\*MC\*0000000058960550\*11  
NM1\*QC\*1\*DOE\*JANE\*T\*\*\*MI\*5543590  
NM1\*82\*2\*A0D COUN-MOR\*\*\*\*\*FI\*31-0104363  
NM1\*PR\*2\*14539\*\*\*\*\*PI\*INS1023200 GRP00001 DOE CHARLES

Policy, Group and Insurance

LOOP 2110 SERVICE PAYMENT INFORMATION

SVC\*ZZ:A012000\*-15.99\*-15.99\*\*-1  
DTM\*472\*20000114  
REF\*6R\*ABC000000XYZ  
CAS\*CR\*23\*0\*0  
LQ\*HE\*M43

Provider-assigned Line Item Control Number from 837P, Loop 2400, REF02, 6R

PLB\*01418\*19990630\*WO\*11.75

Reconciliation Adjustment

TRANSACTION SET TRAILER

SE\*31\*000000001

FUNCTIONAL GROUP TRAILER

GE\*1\*1

INTERCHANGE CONTROL TRAILER

IEA\*1\*000000001

**X12 Transaction 835 TR3 005010 changes from X12 N 835 version 004010A1**

**\*\*\* Note: This is a Draft Document. Document will be finalized upon MACSIS/Diamond Vendor review \*\*\***

**835 Version 5010 - 5010 changes in Highlighted RED; New comments Highlighted in Yellow**

<b>5010</b>									<b>MACSIS COMMENTS</b>
<b>Element Identifier</b>	<b>Description</b>	<b>POS #</b>	<b>ID</b>	<b>Min/Max</b>	<b>Usage Req</b>	<b>Loop</b>	<b>Loop Repeat</b>	<b>MACSIS Values</b>	
<b>ISA</b>	<b>Interchange Control Header</b>			<b>1</b>	<b>R</b>	-----	<b>1</b>		
ISA01	Authorization Information Qualifier		ID	2--2	R			00 - No Auth Info Present	
ISA02	Authorization Information		AN	10--10	R			SPACES	
ISA03	Security Information Qualifier		ID	2--2	R			00 - No Security Info Present 01 - Password	
ISA04	Security Information		AN	10--10	R			SPACES	
ISA05	Interchange ID Qualifier		ID	2--2	R			ZZ - Mutually Defined	
ISA06	Interchange Sender ID		AN	15--15	R			Board Company Code Left-justified, blank filled	This field will contain the five character MACSIS Board Company Code, which identifies the county responsible for the adjudicated claim.
ISA07	Interchange ID Qualifier		ID	2--2	R			ZZ - Mutually Defined	
ISA08	Interchange Receiver ID		AN	15--15	R			MACSIS Submitter ID Left-justified, blank filled	This field will contain the original MACSIS-assigned UPI number associated with the provider being remitted.
ISA09	Interchange Date		DT	6--6	R			YYMMDD	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		TM	4--4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1--1	R			U- U.S.EDI Community of ASC X 12	
ISA12	Interchange Control Version Number		ID	5--5	R			00401	
ISA13	Interchange Control Number		N0	9--9	R			Same as in IEA02	Per the standard implementation guide, this field must match IEA02 or the file will fail ANSI validation edits.
ISA14	Acknowledgement Requested		ID	1--1	R			0 - No Acknowledgment Requested P - Production Data T - Test Data	
ISA15	Usage Indicator		ID	1--1	R			:	
ISA16	Component Element Separator			1--1	R			:	
<b>GS</b>	<b>Functional Group Header</b>			<b>1</b>	<b>R</b>	-----	<b>1</b>		
GS01	Functional Identifier Code		ID	2--2	R			HP	
GS02	Application Sender's Code		AN	2--15	R			Board Company Code	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		AN	2--15	R			MACSIS Submitter ID	This field will contain the original MACSIS-assigned UPI number associated with the provider being remitted.

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<b>5010</b>									
<b>MACSIS COMMENTS</b>									
GS04	Date		DT	8--8	R			CCYYMMDD	
GS05	Time		TM	4--8	R			HHMM	
GS06	Group Control Number		N0	1--9	R			Same as in GE02	Per the standard implementation guide, this field must match GE02 or the file will fail ANSI validation edits.
GS07	Responsible Agency Code		ID	1--2	R			X - Accredited Standards Committee X12	
GS08	Version/Release/Industry Id code								
GS08	Version/Release/Industry Id Code		AN	1--12	R			005010X221	
<b>ST</b>	<b>Transaction Set Header</b>	0100			R	-----	1		
ST01	Transaction Set Identifier Code		ID	3--3	R			835	
ST02	Transaction Set Control Number		AN	4--9	R			System-generated sequential number	
<b>BPR</b>	<b>Financial Information</b>	0200		1	R	-----	1		
BPR01	Transaction Handling Code		ID	1--2	R			H - Notification Only	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	Monetary Amount		R	1--18	R			Total of Net Amount Paid	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 or Debit Flag Code		ID	1--1	R			C - Credit D - Debit	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 "DDebit". 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.
BPR04	Payment Method Code		ID	3--3	R			NON - Non-Payment Data	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		DT	8--8	R			Date the 835 Transaction Was Created	
<b>TRN</b>	<b>Reassociation Trace Number</b>	0400		1	R	-----	1		
TRN01	Trace Type Code		ID	1--2	R			1-Current Transaction Trace Numbers	
TRN02	Check or EFT Trace #		AN	1--50	R			835 File Name	See Guidelines Pertaining to MACSIS for further information about file naming conventions.
TRN03	Payer Identifier		AN	10--10	R			1 + Board Tax ID	
<b>REF</b>	<b>Receiver Identification</b>	0600		1	S	-----	1		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 Qualifier		ID	2--3	R			EV	
REF02	Receiver Identifier		AN	1--50	R			Clearinghouse	
<b>DTM</b>	<b>Production Date</b>	0700		1	S	-----	1		

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**5010** **MACSIS COMMENTS**

DTM01	Date Time Qualifier		ID	3--3	R			405 - Production (adjudication date)	
DTM02	Production Date		DT	8--8	R			Latest MACSIS Posted Date in file CCYYMMDD	This field will contain the "APUPD" Post Date. This date can be used to crossreference the 835 to the Remittance Reports available on the web at <a href="http://www.mh.state.oh.us/ois/macsis/mac.rpts.index.html">http://www.mh.state.oh.us/ois/macsis/mac.rpts.index.html</a> . 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.
<b>-- LOOP ID 1000A PAYER IDENTIFICATION repeat 1</b>									
N1	Payer Identification	0800		1	R	1000A	1		
N101	Entity Identifier Code		ID	2--3	R			PR-Payer	
N102	Payer Name		AN	1--60	R			Board Company Code Name	
N3	Payer Address	1000		1	R	1000A			
N301	Payer Address Line		AN	1--55	R			Board Company Address	
N4	Payer City, State, Zip	1100		1	R	1000A			
N401	Payer City Name		AN	2--30	R			Board Company City	
N402	Payer State Code		ID	2--2	R			Board Company State	
N403	Payer Postal Zone or ZIP Code		ID	3--15	R			Board Company Zip	
N1	Payee Identification	0800		1	R	1000B	1		
N101	Entity Identifier Code		ID	2--3	R			PE	
N102	Payee Name		AN	1--60	R			MACSIS Vendor Name	The Payee Name information is not required; however, MACSIS felt it would be worthwhile to value this field for use by VANs or clearinghouses.
N103	Identification Code Qualifier		ID	1--2	R			XX - National Provider Identifier	
N104	Payee ID Code		AN	2--80	R			Provider National Provider Identifier	This field will contain the Type-2 NPI associated with the MACSIS Vendor Number (i.e., Pay-To Provider).
<b>-- LOOP ID 1000B PAYEE IDENTIFICATION repeat 1</b>									
N3	Payee Address	1000		1	S	1000B			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		AN	1--55	R			MACSIS Vendor Address	
N4	Payee City, State, Zip	1110		1	R	1000B			
N401	Payee City Name		AN	2--30	R			MACSIS Vendor City	

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5010										MACSIS COMMENTS
N402	Payee State Code		ID	2--2	S				MACSIS Vendor State	
N403	Payee Postal Zone or ZIP Code		ID	3-15	S				MACSIS Vendor Zip	
REF	Payee Additional Identification	1200		>1	S	1000B				
REF01	Reference Identification Qualifier		ID	2--3	R				TJ - Payee Identification	
REF02	Additional Payee ID #/ Vendor		AN	1--50	R				MACSIS Vendor Number	The MACSIS vendor number associated with the provider will be populated in this element
-- LOOP ID 2000 PROVIDER SUMMARY INFORMATION repeat 1										
Element Identifier	Description	POS #	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values		
LX	Header Number	0030		1	S	2000	>1			
LX01	Assigned #		N0	1--6	R			Sequential Number		
-- LOOP ID 2100 CLAIM PAYMENT INFORMATION repeat >1										
CLP	Claim Payment Information	0100		1	R	2100	>1			
CLP01	Patient Control #		AN	1--38	R			Provider-assigned Patient Control Number		From 837P, Loop 2300, CLM01
CLP02	Claim Status Code		ID	1--2	R			1 - Processed as Primary 2 - Processed as Secondary 4 - Denied 22 - Reversal of Previous Payment 25 - Predetermination pricing only, no payment		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 Claim Charge Amount		R	1--18	R			Provider Claim Billed amount		Value can be less than zero.
CLP04	Claim Payment Amount		R	1--18	R			MACSIS Claim Net Paid Amount		
CLP05	Patient Responsibility Amount		R	1--18	S			MACSIS Copayment + Notcovered Amount + Deductible Amount		
CLP06	Claim Filing Indicator Code		ID	1--2	R			13 - POS (for Non-Medicaid Claims) MC - Medicaid Claims		This value will identify how the claim was adjudicated (as Medicaid or Non-Medicaid) based on the MACSIS MEDEF value.
CLP07	Payer Claim Control #		AN	1--50	R			MACSIS-Assigned Claim Number		
CLP08	Facility Type Code		AN	1--2	S			Place of Service Code		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.
NM1	Patient Name	0300		1	R	2100				
NM101	Entity Identifier Code		ID	2--3	R			QC-Patient		
NM102	Entity Type Qualifier		ID	1--1	R			1 - Person		
NM103	Patient Last Name		AN	1--35	R			MACSIS Client Last Name		

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<b>5010</b>										<b>MACSIS COMMENTS</b>	
NM104	Patient First Name		AN	1--25	R					MACSIS Client First Name	
NM105	Patient Middle Name		AN	1--25	S					MACSIS Client Middle Initial	
NM108	ID Code Qualifier		ID	1--2	S					MI - Member Identification Number	
NM109	Patient Identifier		AN	2--80	S					MACSIS Client UCI Number	
<b>NM1</b>	<b>Service Provider Name</b>	0300		<b>1</b>	<b>S</b>	<b>2100</b>					This segment is required only when the rendering provider is different than the payee.
NM101	Entity Identifier Code		ID	2--3	R					82 - Rendering Provider	
NM102	Entity Type Qualifier		ID	1--1	R					2 - Non-Person Entity	
NM103	Rendering Provider Last/Org Name		AN	1-60	S					Provider Name	
NM108	ID Code Qualifier		ID	1--2	R					XX - National Provider Identifier	
NM109	Rendering Provider Identifier		AN	2--80	R					Provider National Provider Identifier	This field will contain the Type-2 NPI associated with the provider level, not vendor level, in MACSIS, if different.
<b>NM1</b>	<b>Corrected Priority Payer Name</b>	0300		<b>2</b>	<b>S</b>	<b>2100</b>					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		ID	2--3	R					PR - Payer	
NM102	Entity Type Qualifier		ID	1--1	R					2 - Non-Person Entity	
NM103	Corrected Priority Payer Name		AN	1--35	R					ODJFS Carrier Code	This field will contain the ODJFS Carrier ID code which identifies the payer responsible for other insurance coverage for this client.
NM108	ID Code Qualifier		ID	1--2	R					PI - Payer Identification	
NM109	Corrected Priority Payer ID		AN	2--80	R					ODJFS Policy + Group + Insured	This field will contain concatenated values 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.
<b>REF</b>	<b>Other Claim-Related Identification</b>	0400		<b>5</b>	<b>S</b>	<b>2100</b>				<b>N/A</b>	
REF01	Reference Identification Qualifier		ID	2--3	R					F8 - Original Reference Number	
REF02	Other Claim Related Identifier		AN	1--50	R					MACSIS Batch Number	This field will contain the MACSIS Batch Number related to the claim associated with this remittance transaction.
<b>-- LOOP ID 2110 SERVICES PAYMENT INFORMATION</b>										<b>repeat &gt;1</b>	

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5010								MACSIS COMMENTS
<b>SVC</b>	<b>Service Payment Information</b>	0700		1	S	2110	999	
SVC01	Composite Medical Procedure Identifier				R			
SVC01-1	Product or Service ID Qualifier		ID	2--2	R			HC - HCPCS (Healthcare) ZZ -Mutually Defined (Non-Healthcare)
SVC01-2	Adjudicated Procedure Code		AN	1--48	R			HCPCS/CPT/Non-Healthcare Procedure Code
SVC-01-3	Procedure Modifier		AN	2--2	S			HCPCS/CPT Modifier
SVC01-4	Procedure Modifier		AN	2--2	S			HCPCS/CPT Modifier
SVC01-5	Procedure Modifier		AN	2--2	S			HCPCS/CPT Modifier
SVC01-6	Procedure Modifier		AN	2--2	S			HCPCS/CPT Modifier
SVC02	Line Item Charge Amount		R	1--18	R			Provider service billed amount
SVC03	Line Item Provider Payment		R	1--18	R			Net Amount
SVC05	Units of Service Paid Count		R	1--15	S			Units of Service
<b>DTM</b>	<b>Service Date</b>	0800		2	S	2110		
DTM01	Date/Time Qualifier		ID	3--3	R			472 - Service
DTM02	Service Date		DT	8--8	R			Date of Service
<b>CAS</b>	<b>Service Adjustment</b>	0900		99	S	2110		All adjustments will be reflected at the service-line level, not claim level

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CAS01	Claim Adjustment Group Code		ID	1--2	R			CO - Contractual Obligation OA - Other Adjustment PI - Payor Initiated Reductions PR - Patient Responsibility	"CR - Correction and Reversals" no longer valid will be replaced with OA
CAS02	Adjustment Reason Code		ID	1--5	R			Service Adjustment Reason Code	See <a href="http://www.wpcedi.com/codes/claimadjustment">http://www.wpcedi.com/codes/claimadjustment</a> for 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		R	1--18	R			Adjusted Amount	
CAS04	Adjustment Quantity		R	1--15	S			Adjusted Quantity	
CAS05	Adjustment Reason Code		ID	1--5	S			Service Adjustment Reason Code	
CAS06	Adjustment Amount		R	1--18	S			Adjusted Amount	
CAS07	Adjustment Quantity		R	1--15	S			Adjusted Quantity	
CAS08	Adjustment Reason Code		ID	1--5	S			Service Adjustment Reason Code	
CAS09	Adjustment Amount		R	1--18	S			Adjusted Amount	
CAS10	Adjustment Quantity		R	1--15	S			Adjusted Quantity	
CAS11	Adjustment Reason Code		ID	1--5	S				Additional Reason Codes, if needed
CAS12	Adjustment Amount		R	1--18	S				
CAS13	Adjustment Quantity		R	1--15	S				
CAS14	Adjustment Reason Code		ID	1--5	S				
CAS15	Adjustment Amount		R	1--18	S				
CAS16	Adjustment Quantity		R	1--15	S				
CAS17	Adjustment Reason Code		ID	1--5	S				
CAS18	Adjustment Amount		R	1--18	S				
CAS19	Adjustment Quantity		R	1--15	S				
<b>REF</b>	<b>Line Item Control Number</b>	<b>1000</b>		<b>1</b>	<b>S</b>	<b>2110</b>			
REF01	Reference Identification Qualifier		ID	2--3	R			6R - Provider Control Number	
REF02	Line Item Control Number		AN	1--50	R			Provider Assigned Line Item Control Number	From 837P, Loop 2400, REF02, 6R
<b>REF</b>	<b>Prior Authorization</b>	<b>1000</b>		<b>1</b>	<b>S</b>	<b>2110</b>			
REF01	Reference Identification Qualifier		ID	2--3	R			G1 - Prior Authorization Number	
REF02	Prior Authorization Number		AN	1--50	R				From 837P, Loop 2300, REF02, G1

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5010									
MACSIS COMMENTS									
Element Identifier	Description	POS #	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	
LQ	Health Care Remark Codes	1300		99	S	2110			
LQ01	Code List Qualifier Code		ID	1--3	R			HE - Claim Payment Remark Codes	
LQ02	Remark Code		AN	1--30	R			Service Level Remark Code	See MACSIS 835 Adjustment Code Crosswalk ( <a href="http://www.mh.state.oh.us/ois/macsis/codes/fy05.All835ReasonCodes.pdf">http://www.mh.state.oh.us/ois/macsis/codes/fy05.All835ReasonCodes.pdf</a> ).
PLB	Provider Level Adjustment	0100		>1	S	-----	1		
PLB01	Provider Identifier		AN	1--50	R			Provider National Provider Identifier	The Departments may choose to use this segment to report Medicaid reconciliation amounts due. This will be the Type-2 NPI associated with the billing provider (not MACSIS vendor) who owes the reconciliation amount.
PLB02	Fiscal Period Date		DT	8--8	R			The fiscal year-end date to which the reconciliation amount applies	
PLB03	Adjustment Identifier				R				
PLB03-1	Adjustment Reason Code		ID	2--2	R			WO - Overpayment Recovery	
PLB04	Provider Adjustment Amount		R	1--18	R			Medicaid Reconciliation Amount	
SE	Transaction Set Trailer	0200		1	R	----	1		
SE01	Transition Segment Count		N0	1--10	R			Total number of segments including SE and ST	
SE02	Transition Set Control #		AN	4--9	R			Same as ST02	This value must equal the value in ST01, but it will not be stored in MACSIS.
GE	Functional Group Trailer			1	R	---	1		

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GE01	# Transaction Sets Included		N0	1-6	R						
GE02	Group Control #		N0	1-9	R						Per the standard implementation guide, this field must match GS06 or the file will fail ANSI validation edits.
<b>IEA</b>	<b>Interchange Control Trailer</b>			<b>1</b>	<b>R</b>	<b>----</b>	<b>1</b>				
IEA01	# Included Functional Groups		N0	1-5	R						
IEA02	Interchange Control #		N0	9-9	R			Same as ISA13			Per the standard implementation guide, this field must match ISA13 or the file will fail ANSI validation edits.