

MACSIS 837 Professional Claim v5010 Information Guide

ASCX12N/005010X222A1-837 FILE SPECIFICATIONS - revised 5/16/2012						
IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
C.4	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 v5010 file.
	ISA01	Authorization Information Qualifier	00-No autho info present	ID 2/2	R	
	ISA02	Authorization Information	SPACES	AN 10/10	R	
	ISA03	Security Information 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.
	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).
	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	00501	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.

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	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.
	ISA15	Usage Indicator 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 :
C.7	GS	Functional Group Header				
	GS01	Functional Identifier Code	HC	ID 2/2	R	
	GS02	Application Sender's 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.)
	GS03	Application Receiver's 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	005010X222A1	AN 1/12	R	
TABLE 1 - HEADER						
70	ST	Transaction Set Header				
	ST01	Transaction Set Identifier Code	837 - Health Care Claim	ID 3/3	R	

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	ST02	Transaction Set 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.
	ST03	Implementation Convention Reference	005010X222A1	AN 1/35	R	New element
71	BHT	Beginning of Hierarchical Transaction			R	
	BHT01	Hierarchical Structure Code	0019	ID 4/4	R	
	BHT02	Transaction Set Purpose Code	00-Original	ID 2/2	R	
	BHT03	Reference Identification Originator Application Transaction Identifier	Batch number assigned by application sender	AN 1/50	R	This number is determined by the application sender. It will not be stored in MACSIS.
	BHT04	Date Transaction Set Creation Date	CCYYMMDD	DT 8/8	R	
	BHT05	Time Transaction Set Creation Time	HHMM	TM 4/8	R	
	BHT06	Transaction Type Code Claim or Cencounter Identifier	CH-chargeable	ID 2/2	R	MACSIS will consider for payment "CH" transaction types only.
	-- LOOP ID 1000A SUBMITTER NAME					
74	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	Name Last or Organization Name Submitter Last or Organization Name	Submitter Name	AN 1/60	R	This should be the organization name associated with the MACSIS Submitter ID provided in ISA06 and GS02. Do not use "&" in the name.
	NM108	Identification Code Qualifier	46-ETIN	ID 1/2	R	
	NM109	Identification Code Submitter Identifier	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.)
76	PER	Submitter EDI Contact Information			R	
	PER01	Contact Function Code	IC	ID 2/2	R	
	PER02	Name Submitter Contact Name	Contact Person	AN 1/60	S	This field should contain the name of the person who should be contacted if there is a technical problem with the file.
	PER03	Communication Number Qualifier	TE-Telephone	ID 2/2	R	

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	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 1/256	R	The extension, when applicable, should be included immediately after the telephone number.
-- LOOP ID 1000B RECEIVER NAME						
79	NM1	Individual or Organizational Name			R	
	NM101	Entity Identifier Code	40	ID 2/3	R	Receiver Code
	NM102	Entity Type Qualifier	2 - non-person Entity	ID 1/1	R	
	NM103	Name Last or Organization Name Receiver Name	Board Name	AN 1/60	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	Identification Code 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 - BI	BILLING PROVIDER HIERARCHICAL LEVEL				
-- LOOP ID 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						Implied max of 5000
81	HL	Hierarchical Level			R	
	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						
87	NM1	Individual or Organizational Name			R	
	NM101	Entity Identifier Code	85	ID 2/3	R	
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R	
	NM103	Name Last or Organization Name Billing Provider Last or Organizational Name	Billing Provider Name D/B/A	AN 1/60	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.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
	NM108	Identification Code Qualifier	XX- National Provider Identifier	ID 1/2	S	Required for providers with NPI. The value in this field must be "XX" or the file will be rejected. Required by MACSIS.
	NM109	Identification Code Billing Provider Identifier	Provider National Provider Identifier	AN 2/80	S	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. Required by MACSIS.
91	N3	Billing Provider Address			R	
	N301	Address Information Billing Provider Address Line	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.
	N302	Address Information Billing Provider Address Line	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.
92	N4	Billing Provider City, State, Zip Code			R	
	N401	City Name Billing Provider City Name	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.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
	N402	State or Province Code Billing Provider State or Province Code	Provider Primary Practice State	ID 2/2	S	Required if N401 is in U.S./U.S. Territories/Canada. This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.
	N403	Postal Code Billing Provider Postal Zone or Zip Code	Provider Primary Practice Zip Code	ID 3/15	S	Required if N401 is in U.S./U.S. Territories/Canada. This field should contain the primary practice location information associated with the type-2 national provider identifier assigned to the organization or subpart.
94	REF	Billing Provider Tax Identification	Billing Provider Name		R	This segment will be required to ensure proper adjudication of the claim in MACSIS.
	REF01	Reference Identification Qualifier	EI - Employer's Identification Number	ID 2/3	R	
	REF02	Reference Identification Billing Provider Tax Identification Number	Provider Tax ID Number	AN 1/50	R	This field must contain the Tax ID number associated with the provider's type-2 National Provider Identifier. 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.
	REF01	Billing Provider UPIN/License Information	1G- Provider UPIN Number	ID 2/3	S	Submitters may provide a "1G" reference qualifier and corresponding UPI value. Required by MACSIS.
	REF02	Reference Identification Billing Provider License and/or UPIN Information	MACSIS-Assigned UPI Number 12 bytes with leading zeros	AN 1/50	S	If REF01 = 1G, 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.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments	
98	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	Name Billing Provider Contact Name	Provider Contact Person	AN 1/60	S	This field should contain the name of the provider contact person who should receive questions regarding the provider's NPI.	
	PER03	Communication Number Qualifier	TE-Telephone	ID 2/2	R		
	PER04	Communication Number	Provider Contact Telephone Number	AN 1/256	R	This information should match the information provided in Section 5 of the NPI Application.	
	-- LOOP ID 2010AB PAY-TO ADDRESS 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.
101	NM1	Individual or Organizational Name			R		
	NM101	Entity Identifier Code	87	ID 2/3	R	For MACSIS it is the Billing Provider	
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R		
103	N3	Pay-To Address Name			R		
	N301	Address Information Pay-To Address Line	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.	
	N302	Address Information Pay-To Address Line	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.	
104	N4	Pay-To Address City, State, Zip Code			R		
	N401	City Name Pay-To Address City Name	Pay-To Provider City	AN 2/30	R		
	N402	State or Province Code Pay-To Address State Code	Pay-To Provider State	ID 2/2	S	Required when the address is in the U.S./U.S Territories/Canada.	

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
	N403	Postal Code Pay-To Address Postal Zone or Zip Code	Pay-To Provider Zip Code	ID 3/15	S	Required when the address is in the U.S./U.S Territories/Canada.
TABLE 2 - SUBSCRIBER DETAIL						
-- LOOP ID 2000B SUBSCRIBER HIERARCHICAL LEVEL						Implied max of 5000
114	HL	Subscriber Hierarchical Level			R	
	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	Hierarchical Level Code	22-Subscriber	ID 1/2	R	
	HL04	Hierarchical Child Code	0- No subordinate HL segment	ID 1/1	R	
116	SBR	Subscriber Information			R	
	SBR01	Payer Responsibility Sequence Number Code	P - Primary S - Secondary T - Tertiary U-Unknown	ID 1/1	R	
	SBR02	Individual 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						
121	NM1	Subscriber Name			R	
	NM101	Entity Identifier Code	IL-Insured or Subscriber	ID 2/3	R	
	NM102	Entity Type Qualifier	1-Person	ID 1/1	R	
	NM103	Name Last or Organization Name Subscriber Last Name	MACSIS Client Last Name	AN 1/60	R	
	NM104	Name First Subscriber First Name	MACSIS Client First Name	AN 1/35	S	Since all MACSIS clients are "person's", not "entities", first name should always be provided, even for pseudo-UCI's.
	NM105	Name Middle Subscriber Middle Name Or Initial	MACSIS Client Middle Initial	AN 1/25	S	
	NM107	Name Suffix 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	Identification Code Qualifier	MI - Member ID Number	ID 1/2	R	

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	NM109	Identification Code Subscriber Primary Identifier	MACSIS UCI Number	AN 2/80	R	
124	N3	Subscriber Address			S	This segment is situational but required if the patient is the subscriber (required by MACSIS). Will not be validated by MACSIS.
	N301	Address Information Subscriber Address Line	MACSIS Client/Enrollment Address 1	AN 1/55	R	
	N302	Address Information Subscriber Address Line	MACSIS Client/Enrollment Address 2	AN 1/55	S	Required when the address is in the U.S./U.S Territories/Canada.
125	N4	Subscriber City, State, Zip Code			R	This segment data is required because the patient is the subscriber, but will not be validated by MACSIS.
	N401	City Name Subscriber City Name	MACSIS Client City Name	AN 2/30	R	
	N402	State or Province Code Subscriber State Code	MACSIS Client State	ID 2/2	S	Required when the address is in the U.S./U.S Territories/Canada.
	N403	Postal Code	MACSIS Client Zip Code	ID 3/15	S	Required when the address is in the U.S./U.S Territories/Canada.
127	DMG	Subscriber Demographic Information			S	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	Date Time Period Subscriber Birth Date	MACSIS Client Date of Birth CCYYMMDD	AN 1/35	R	
	DMG03	Subscriber Gender	F-Female M-Male U-Unknown	ID 1/1	R	
129	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	Reference Identification Subscriber Supplemental Identifier	MACSIS Client SSN	AN 1/50	R	Do not include dashes.
	-- LOOP ID 2010BB PAYER NAME					
133	NM1	Payer Name			R	

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	NM101	Entity Identifier Code	PR-Payer	ID 2/3	R	
	NM102	Entity Type Qualifier	2 - Non-Person Entity	ID 1/1	R	
	NM103	Name Last or Organization Name Payer Name	MACSIS	AN 1/60	R	
	NM108	Identification Code Qualifier	PI-Payer ID	ID 1/2	R	
	NM109	Identification Code Payer Identifier	MACSIS	AN 2/80	R	
-- LOOP ID 2300 CLAIM INFORMATION						
157	CLM	Claim Information			R	
	CLM01	Claim Submitter's Identifier Patient Control Number	Provider-assigned claim-level control number	AN 1/38	R	If this element is valued and returned on the 835 in Loop 2100. Alphanumeric values are permissible, but not special characters.
	CLM02	Monetary Amount 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)
	CLM05	Health Care Service Location Information		ID 1/2	R	

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	CLM05-1	Facility Code Value Place of Service Code	See http://www.cms.gov/states/po_sdata.pdf 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.
	CLM05-2	Facility Code Qualifier	B - Place of Service Codes for Professional Services	AN 1/2	R	
	CLM05-3	Claim Frequency Type Code	1-Original	ID 1/1	R	MACSIS will not use this information for adjudication purposes.
	CLM06	Provider Signature on File	Y-Yes N-No	ID 1/1	R	Must be a "Y" for MACSIS purposes.
	CLM07	Provider Accept Assignment Code Assignment or Plan Participation Code	A-Assigned B-Assignment Accepted on Clinical Lab Services Only C-Not Assigned	ID 1/1	R	This information will not be used by MACSIS for adjudication purposes.
	CLM08	Yes/No Condition or Response Code Benefits Assignment Certification 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	I-Informed Consent to Release Medical Info 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.
	CLM10	Patient Signature Source Code	P-Physician signed due to patient not present	ID 1/1	S	Not be used by MACSIS for adjudication purposes.
	CLM11	Related Causes Information	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 EM - Employment OA - Other Accident	ID 2/3	R	

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	CLM11-2	Related Causes Code	AA - Auto Accident EM - Employment OA - Other Accident	ID 2/3	S	
	CLM11-4	State of Province Code 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	02 - Physically Handicapped Childrens' program 03 - Special Federal Funding 05 - Disability	ID 2/3	S	This information will not be used by MACSIS for adjudication purposes.
194	REF	Prior Authorization			S	Send only when an authorization number is assigned and the service on this claim was preauthorized
	REF01	Reference Identification Qualifier	G1 - Prior Authorization Number	ID 2/3	R	
	REF02	Prior Authorization Number		AN 1/50	R	
226	HI	Health Care Diagnosis Code			R	
	HI01	Health Care Code Information			R	
	HI01-1	Code List Qualifier Code Diagnosis Type Code	BK -Principle Diagnosis ICD-9 Codes ABK-ICD-10-CM	ID 1/3	R	
	HI01-2	Industry Code Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	For the claims historically requiring no diagnosis, providers will need to submit those claims using "NDX" for the diagnosis code. Please note that the code is all capital letters and there is no decimal point.
	HI02	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI02-1	Diagnosis Type Code	BF -Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI02-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI03	Health Care Code Information			S/R	Required if additional diagnosis code.

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	HI03-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI03-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI04	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI04-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI04-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI05	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI05-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI05-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI06	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI06-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI06-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI07	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI07-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI07-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI08	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI08-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	
	HI08-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R	
	HI09	Health Care Code Information			S/R	Required if additional diagnosis code.
	HI09-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R	

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	HI09-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R		
	HI10	Health Care Code Information			S/R	Required if additional diagnosis code.	
	HI10-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R		
	HI10-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R		
	HI11	Health Care Code Information			S/R	Required if additional diagnosis code.	
	HI11-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R		
	HI11-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	R		
	HI12	Health Care Code Information			S/R	Required if additional diagnosis code.	
	HI12-1	Diagnosis Type Code	BF-Principle Diagnosis ICD-9 Codes ABF-ICD-10-CM	ID 1/3	R		
	HI12-2	Diagnosis Code	ICD-9 Code ICD-10-CM	AN 1/30	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.
262	NM1	Referring Provider Name			S		
	NM101	Entity Identifier Code Rendering Provider	82 - Rendering Provider		R		
	NM102	Entity Type Qualifier	2 -Non-Person Entity	ID 1/1	R		
	NM103	Name Last or Organization Name Rendering Provider Last or Organization Name	Rendering Provider Organization Name	AN 1/60	R	Do not use "&" in the name.	
	NM108	Identification Code Qualifier	XX-National Provider Identifier	ID 1/2	S		
	NM109	Identification Code Rendering Provider Identifier	Rendering Provider ID	AN 2/80	S		

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	-- 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 last iteration of the segments noted below for adjudication purposes.
295	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	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.
305	AMT	Coordination of Benefits (COB) Payer Paid 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 Payer Paid Amount	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	Monetary Amount Payer Paid 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. Include decimal points.
308	OI	Other Insurance Coverage Information			R	This information will not be used by MACSIS for adjudication purposes.

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	OI03	Yes/No Condition or Response Code Benefits Assignment Certification Indicator	N-No Y-Yes	ID 1/1	R	
	OI06	Release of Information Code	I - Informed Consent to Release Medical Information Y-Provider has a signed permission the release	ID 1/1	R	
	-- LOOP ID 2330A OTHER SUBSCRIBER NAME					This loop is required when Loop 2320 is used.
313	NM1	Other Subscriber Name			R	
	NM101	Entity Identifier Code	IL - Insured or Subscriber	ID 2/3	R	
	NM102	Entity Type Qualifier	1 -Person	ID 1/1	R	
	NM103	Name Last or Organization Name Other Insured Last Name	Other Subscriber Last Name	AN 1/60	R	
	NM104	Name First Other Insured First Name	Other Subscriber First Name	AN 1/35	S	
	NM105	Name Middle Other Insured Middle Name	Other Subscriber Middle Name	AN 1/25	S	Required when NM102=1 and is needed to identify the individual.
	NM107	Name Suffix Other Insured Name Suffix	Other Subscriber Name Suffix	AN 1/10	S	Required when NM102=1 and is needed to identify the individual.
	NM108	Identification Code Qualifier	MI -Member ID Number	ID 1/2	R	
	NM109	Identification Code Other Insured Identifier	Other Subscriber Member ID Number	AN 2/80	R	
	-- LOOP ID 2330B OTHER PAYER NAME					Although required when Loop 2320 is used, this loop will not be used for adjudication purposes in MACSIS.
320	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	Name Last or Organization Name Other Payer Organization Name	Other Payer Name	AN 1/60	R	
	NM108	Identification Code Qualifier	PI -Payer ID	ID 1/2	R	
	NM109	Identification Code Other Payer Primary Identifier	Other Payer ID Number	AN 2/80	R	

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
325	DTP	Claim Check or Remittance 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	Date Time Period Adjudication or Payment Date	Date claim adjudicated by other payer	AN 1/35	R	
	REF	Other Payer Secondary Identifier			S	MACSIS will need ths for populating the other carrier indicator.
	REF01	Reference Identification Qualifier	2U - Payer Identification Number	ID 2/3	S	
	REF02	Reference Identification	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 1/50	R	Required if REF01 is valued and the amount must be provided in Loop 2320, field AMT02 (COB Amount) and AMT01 must equal "D" (Payer Amount Paid).
-- LOOP ID 2400 - SERVICE LINE NUMBER						
350	LX	Service Line Number- repeat >=1			R	
	LX01	Assigned Number	Line Counter - Incremented by 1 for each service line	N0 1/6	R	

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
351	SV1	Professional Service			R	
	SV101	Composite Medical Procedure Identifier				
	SV101-1	Product/Service ID Qualifier	HC-HCPCS (incl. CPT, for Healthcare) ER-For claims which are not covered under HIPAA, i.e, Non HeathCare Service	ID 2/2	R	
	SV101-2	Procedure/Service ID Procedure Code	HCPCS/CPT/Non-Healthcare Procedure Code	AN 1/48	R	See http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html for a list of valid procedure codes which will be considered for payment in MACSIS.
	SV101-3	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	See http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html for a list of valid modifier codes which will be considered for payment in MACSIS.
	SV101-4	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	See http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html for a list of valid modifier codes which will be considered for payment in MACSIS.
	SV101-5	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	See http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html for a list of valid modifier codes which will be considered for payment in MACSIS.
	SV101-6	Procedure Modifier	HCPCS/CPT Modifiers	AN 2/2	S	See http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html for a list of valid modifier codes which will be considered for payment in MACSIS.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
	SV102	Monetary Amount 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).
	SV103	Unit or Basis for Measurement Code	UN-Unit	ID 2/2	R	
	SV104	Quantity Service Unit Count	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.
	SV105	Facility Code Value Place of Service Code	See http://www.cms.gov/states/po_sdata.pdf for a complete list of codes.	AN 1/2	S	Required for MACSIS. Must be same value reported in Loop 2300, CLM05-1.
	SV107	Composite Diagnosis Code Pointer			R	
	SV107-1	Diagnosis Code Pointer		N0 1/2	R	Only SV107-1 will be used by MACSIS for adjudication purposes.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
	SV107-2	Diagnosis Code Pointer		N0 1/2	S	Only SV107-1 will be used by MACSIS for adjudication purposes.
	SV107-3	Diagnosis Code Pointer		N0 1/2	S	Only SV107-1 will be used by MACSIS for adjudication purposes.
	SV107-4	Diagnosis Code Pointer		N0 1/2	S	Only SV107-1 will be used by MACSIS for adjudication purposes.
	SV109	Yes/No Condition or Response Code Emergency Indicator	Y-Yes	ID 1/1	S	Do not value the data element if it does not apply. Even if valued, MACSIS will not use it for adjudication purposes.
380	DTP	Date - 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	Date Time Period Service Date	CCYYMMDD	AN 1/35	R	
401	REF	Line Item Control Number			S	
	REF01	Reference Identification Qualifier Provider Control Number	6R	ID 2/3	R	
	REF02	Reference Identification Line Item Control Number	Provider-assigned line item control number	AN 1/50	R	f this field is valued, MACSIS will store this as well as the value sent in Loop 2300, CLM01. Both will be returned on the 835 file in Loop 2100. Alphanumeric values are permissible, but not special characters. See guidelines for specific requirements for AOD prevention services.
496	SE	TRANSACTION SET TRAILER			R	
	SE01	Number of Included Segments Transaction 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.

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IG PAGE	REF. DES	NAME Implementation Name	PROPOSED VALUE / FORMAT	DATA TYPE/ LENGTH	USAGE	MACSIS Comments
C.9	GE	Functional Group Trailer			R	
	GE01	Number of Transaction Sets included	# of STs	N0 1/6	R	
	GE02	Group Control Number	Same 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.
C.10	IEA	Interchange Control Trailer			R	
	IEA01	Number 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.